Child Protection & Health
Care for Children in Health Facilities during COVID-19
Cox's Bazar

Purpose

COVID-19 is anticipated to have a significant impact on the wellbeing and unity of children and their families in Cox's Bazar. Health and Child Protection actors alike are preparing for various scenarios in which caregivers and children will have to make difficult decisions regarding care arrangements. The following document is to be read in conjunction with the CXB Alternative Care Guidance for COVID-19 and provides further information on:

- terms to promote shared understanding and language between the two sectors
- an understanding of Guiding Principles as it relates to COVID-19 and alternative care
- identified risks and proposed mitigation measures
- guidance for health actors to conduct referrals
- scenario planning for various health facilities
- discharge protocols
- relevant resources

Target Audience: Health and Child Protection actors

Glossary

Glossary	Descriptor
Child Carer	Health worker with specific training on child protection who provide care in the health facilities.
Child Protection Volunteers	Pre-existing CP volunteers that live within the vicinity of the Quarantine Centres and provide psychological first aid, psychosocial support, facilitating communication with the caregiver when needed, etc. Volunteers do not stay overnight in the Centres.
Child Protection Focal Points (CPFP)	Coordinated under the CPSS, there is 1-2 CPFPs designated per camp. CPFPs are from different CP organisations and act as a focal point to receive child protection referrals from all sectors/actors.
Contact	A person who has been in close proximity (within 1m for at least 15 mins) or in direct contact with a suspect or confirmed COVID-19 patient within the last 14-days of their getting sick, without using appropriate personal protective equipment.
Isolation	Separation of ill persons who are suspected or confirmed cases of COVID-19, for the purpose of treatment and / or to decrease the risk of infection transmission. This can be at home, community facility or at a referral facility
Quarantine	Separation of healthy persons who have been in contact with a COVID-19 suspect or confirmed case, for the purposes of early identification and treatment Can be at home or at a community facility
SARI Isolation and Treatment Centre (SARI ITC)	Health facility that can manage mild to moderate and severe - critical cases. Has access to supportive therapies (i.e. has available tanked oxygen or oxygen concentrators)
Unaccompanied and Separated Children	**Note:** The separation status of a child can change overtime. Therefore, while in the centre, they may be temporarily considered separated or unaccompanied. The main questions to ask are: 1) Does the primary caregiver know where the child is? 2) Has the primary caregiver approved of the child's care arrangement or the person accompanying the child (i.e. a neighbour brings the child to the centre)? 3) Is the child still able to communicate with their primary caregiver?

Separated Child:	Those separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members
Unaccompanied Child	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Guiding Principles & Guidance

The fundamental guiding framework underlying this document is that children and caregivers need the most **accurate accessible information** to make **informed decisions.** Key principles that should be followed include:

- **Best Interests of the Child**: The best interests of the child take into account public health risks with the specific needs of children based on their age and developmental stage. The right to life is the primary consideration in the best interest of the child.
- **Do no harm**: All efforts should be made to minimize the risk of spreading the virus to high-risk children, caregivers and staff.
- **Informed consent**: To the extent possible, placement in alternative care should be done with the caregiver's and child's consent based on accurate and accessible information regarding the nature of the facilities, communication channels in place, and risks. CP and Health actors need to be transparent about what we don't know, therefore only relying only on health advice that is accurate, and evidence based.
    - No one should force a caregiver to separate from his/or her child unless there is a significant risk to the child or caregiver's health and/or safety.
    - No one should force a person to care for a child. If a caregiver refuses to take a child either back into their own home or into a foster family. Help dispel any rumours and help to address their concerns, but the child should not be left in their care without their consent even if they by law or custom have care responsibilities for the child.
    - In the event that both the caregiver and child are unwilling to separate, provide information on the need for separation.
- **Participation**: Children and caregivers should be able to fully participate in decision making, placement options, and care planning. To actively participate, information should be shared in a language and format that both the child and caregivers understand, including those children and caregivers with disabilities.
- **Prioritise family-based care and limit family separation:** COVID-19 poses a risk of separation of children from their caregivers. In preparation, communities are being encouraged to identifying alternative caregivers should families need to be separated. Every effort must be made to plan with high risk caregivers on who could provide care for their children should they fall ill, keep children in safe families, and identify how children can keep in contact with family members if they need to be separated due to illness.[1]
- **Strengths-based:** All caregivers and children have strengths and should be involved in problem solving, decision making process and risk management in a respectful and empowering manner. Children and caregiver's fears and concerns should be heard and listened to.

[1] https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-note-alternative-care-during-covid-19

In addition,

- Ensure access to child-friendly materials suitable for children 0-17 to engage in PSS activities while in the centres (i.e. toys, drawing materials, etc.). This can help to stimulate the child and mitigate against further distress.
- Ensure dedicated "Child Carers" in all centres, who will provide care to unaccompanied children while in the centre. The Child Carer's are likely to be health facility staff who have received training from Child Protection actors on PFA, psychosocial support, communicating with children, etc. Each Child Carer should care for a maximum of eight children with the following caveats:[2]
    - Out of the total number of 8 children, there should be a maximum of five children under the age of 8.
    - Of these 5 children, a maximum of three should be under the age of 5
    - There may be no more than one child under the age of one

Key Risks

Risk	Mitigation
Child leaves the centre with someone who is not their caregiver, risk of exploitation.	Ensure CP actor is present at discharge and has verified the relationship of the caregiver to the child.
Child is extremely distressed watching the health status of the caregiver rapidly deteriorate.	CP actor to provide guidance on PSS in the home and support in identifying a safe and supportive adult to care for the child.
Formerly healthy adults accompany their child to the SARI ITC and contract COVID-19	Ensure that their decision to enter is ***informed*** and completely their own. It should also include a health risk assessment. Provide appropriate level of PPE (as a minimum: medical mask).
Formerly healthy children accompany their caregiver to the SARI ITC and contract COVID-19	Identify alternative care options as it is unlikely the caregiver will be able to care for the child in the ITC due to their health condition.
Child's caregiver dies while in the SARI ITC	CP actor to proactively meet with high risk caregivers to identify alternative care arrangements. See Cox's Bazar Alternative Care SOPs (comprehensive guidance created prior to COVID-19) for more information.
Children of caregiver who have been admitted to the SARI ITC been left without adequate childcare in place	CP actors are supporting communities to identify preferred caregivers and alternative care options in the event they need to separate from their child. As a last resort option (as this is likely to involve moving the child to another camp and separating them from other support networks) and in the event that no preferred caregiver is available, the CPSS has a pool of standby foster caregivers available to provide care. Health team should ask about caregiving responsibilities at intake and inform CP if any follow up is needed in home
Child (including babies) are abandoned at the SART ITC	Child Carers to provide emergency care for the child until the CP actor can identify a suitable alternative (i.e. kinship or foster care). CP actor to engage nutrition team for specific needs of babies
Health teams do not collect vital Family Tracing and Reunification (FTR)	CP actor train health teams and provide visual aids for key FTR information to collect.

[2] Interagency Working Group on Unaccompanied an Separated Children (2013). Alternative Care in Emergencies Toolkit.

information leading to delays/failure to reunify the child	
Children (especially adolescents) run away from the centres	Child-friendly explanations for why they are in the ITC, risks to leaving and methods for reporting needs/complaints. Provision of PSS and recreational materials
Caregiver/child does not consent to be separated even though it is in the best interest of the child	Ensure that both the child and caregiver have relevant information regarding the nature of separation (i.e. that it will be temporary), methods of maintaining communication, and the conditions in the centre and available resources.
Children who are/were known to be symptomatic are subjected to violence, abuse or neglect due to social stigma relating to COVID-19	CP actors to conduct sensitization with the community at large and disseminate positive parenting messages. All actors to ensure safe reporting mechanisms are available.
Children with disabilities or special needs	Provide modifications **(**consider wearing a clear mask or a cloth mask with a clear panel, if interacting with people who rely on reading lips), and assistance **(**disable friendly toilets and bathing facilities, behavioural therapists or local mental health or behavioural health agencies to provide consultation for specific concerns) for children with disabilities and special needs
Symptomatic infants or toddlers admitted in the isolation centre/SARI ITC with asymptomatic caregiver Or, asymptomatic infants or toddlers admitted in the isolation centre/SARI ITC with symptomatic caregiver	• Children younger than two should not wear masks. • A face shield could increase the risk of sudden infant death syndrome (SIDS)or accidental suffocation and strangulation. • Ensure use of mask strictly by the caregiver including compliance to handwashing with soap and water, regardless of his/her COVID -19 status. • Consider arranging separate corner to prevent spread of infection to other asymptomatic caregivers present in the centre.
Children aged 10-18 years overlapping Adolescent age range admitted to the isolation centre/SARI ITC	• Ensure addressing specific needs of children based on their age, sex and developmental stage; considering best interest of the child. The child should have full respect and freedom to take their own decision and make choices through informed understood consent regarding health care services and the implications of the decisions made.

Conducting Referrals

Under the coordination of the Child Protection Sub Sector, there is a list of trained Child Protection Focal Points in each camp who are available to receive referrals. Child Protection Focal Points list is available here: https://www.humanitarianresponse.info/en/operations/bangladesh/infographic/cox%E2%80%99s-bazar-child-protection-focal-point-and-emergency-referral
Weekly movement plans are also available and updated for each camp on the CPSS website: https://www.humanitarianresponse.info/en/operations/bangladesh/child-protection

The documents below include key contact information. For any concerns or challenges, please contact Krissie Hayes;

(krhayes@unicef.org).

Scenario Planning

The following provides guidance to health and child protection actors for decision-making; however, each recommendation needs to be considered in light of the individual child and families' circumstances (considering health, age, ability, care responsibilities, risk, etc.). For complex cases, or further consultation or questions, please contact the Child Protection Focal Point in your camp. The CP Focal Point will then refer to relevant person/actor.

The CPSS has developed more in-depth guidance on alternative care, UASC and other related matters in COVID-19.

	Child	Caregiver
1	Symptomatic	Symptomatic
2	Symptomatic	Asymptomatic
3	Asymptomatic	Symptomatic
4	Child's caregiver dies in the facility	
5	Child is unaccompanied	
6	Child is in centre (quarantine or treatment) without caregiver	

In several scenarios, it is recommended to discuss options with the caregiver so they can make an informed understood decision. The following provides guidance for what can be said to caregivers:

- Although we put in all safety measures we can, the centre has patients with COVID-19 and therefore we can't guarantee that you won't contract it.
- A health risk assessment (i.e. age / co-morbidities) of the asymptomatic caregiver or child should always be undertaken to determine any pre-existing risks by the admitting isolation unit and treatment centre first.
- If you decide to enter with your child, we will provide you with the appropriate level of Personal Protective Equipment (PPE) (as a minimum this will be a facemask, hand washing materials and information on respiratory and hand hygiene, safe distancing, safe infant feeding with precaution, COVID-19 symptoms, paediatric danger signs and when to call for emergency) and training on how to use and safely dispose the PPE.
- You will need to stay in the "red zone" of the SARI ITC for the duration of your stay. If you leave the red zone of the SARI ITC, you will need to quarantine for 14 days for being a contact, so stay at home.
- You won't be able to leave the SARI ITC and come back during the time when caring for your child
- If you would like another family member to accompany your child, please put down their full name, phone number, location/address, and relationship to the child. They must be over 18 years old, and we ask that you pick up the child when they are discharged.
- Consider who will care for any other children who are not sick, remember they should be cared for by someone over the age of 18.

Child	Care-giver	1. QUARANTINE CENTRE	2. SARI ITC
		Contact and Monitored for Symptoms	**Moderate → Severe Cases**
Scenario 1		Quarantine together - As per descriptor in 2 or 3	Isolate together wherever possible Child sleeping arrangements to be determined on a case by case basis accounting for age and gender. Ensure rooming in with mother for the new-borns. Family unity preserved.
Symptomatic	**Symptomatic**		
Scenario 2		In most cases, this scenario would require the child to be admitted to an isolation/treatment centre. Caregiver and family members are in quarantine (as contacts). Communication will be facilitated between child and caregiver for duration of separation. In event that the child is an infant or needs to remain with their caregiver due to a lack of care options and/or developmental needs (i.e. child with a disability) or is the expressed wish of the caregiver, they may enter the isolation and treatment centre with the child as per descriptor in 2 & 3.	Where possible, explore the feasibility of the caregiver remaining with the child. If the caregiver decides to go with the child, explain the rules of the SARI ITC, how to use, change and safely dispose the PPE and where to ask questions or make complaints. Counsel the caregiver regarding respiratory and hand hygiene, safe distancing, probable COVID-19 symptoms, grave symptoms of COVID-19, benefits of facilitating breastfeeding and mother-newborn bonding, paediatric danger signs and when to call for emergency If the child is admitted without the caregiver to the ITC, please ensure that

Symptomatic	Asymptomatic		you document the phone number and address of the caregiver and agree on means for updating the caregiver. Ensure that the child and caregiver have a method of contacting the CP team if needed.
Child	**Care-giver**	**1. QUARANTINE CENTRE**	**2. SARI ITC**
		Contact and Monitored for Symptoms	**Moderate → Severe Cases**
Scenario 3			

Asymptomatic	**Symptomatic**	Where the child is an infant or needs to remain with their caregiver due to a lack of care options and/or developmental needs (i.e. child with a disability), it is likely that the child would be admitted to the Isolation and Treatment centre with the caregiver. Key consideration needs to be given to whether the child is at risk (has a pre-existing condition, malnourished, etc.). In quarantine centres, children without caregivers will be supported by CPO volunteer through daily visits. After quarantine some children may be able to go to immediate or extended families, but others will need some form of alternative care if/when extended family and communities: - Feel unable to care for them or reject them - have underlying health conditions within the family that make them unable to provide care until after quarantine for fear of infection - there is no extended family member available to care for them.	Where possible, have the infant / children stay with the caregiver. Counsel the caregiver regarding respiratory and hand hygiene, safe distancing, probable COVID-19 symptoms, safe infant feeding with precaution, benefits of facilitating breastfeeding and mother-newborn bonding, paediatric danger signs and when to call for emergency If not possible to accommodate them together or caregiver is severely sick, CP team to work with the caregiver to identify alternative care, preferably kinship care. In that case, possible arrangements should be made for newborn and younger child to get access to expressed breast milk from mother to ensure proper nutrition. For older children “contacts” they would be placed in quarantine with other family members. In case where child is in quarantine without caregiver, CP volunteer will provide daily visits to the child and provide basic support Identify and document the name and phone number, and location, of an alternative caregiver. However, explain the care givers when to seek and not to

			seek for healthcare services including the danger signs. After the 14 days quarantine, if caregiver is still in treatment, the child may be able to go to immediate or extended families, but others will need some form of alternative care if/when extended family and communities: - Feel unable to care for them or reject them - have underlying health conditions within the family that make them unable to provide care until after quarantine for fear of infection - there is no extended family member available to care for them.

Scenario 4	

Child's caregiver dies in the facility	- Contact the alternative caregiver provided at the time of admission.
	- Have CP staff conduct verification.
	- If the CP staff are unable to support, and in the event that the child is also in the ITC, the health actor needs to inform the child of the death,
	  ○ Have someone that the child is familiar with
	  ○ Use simple, age appropriate language
	  ○ Acknowledge children will have varying responses
	  ○ Allow for silence
	  ○ Allow child to express his/her emotions
	  ○ Don't put a time limit on the conversation
	  ○ Do not make any promises
	  ○ If possible and if the child requests, allow him/her to see the body
	- If the alternative caregiver cannot be identified, the CP team will identify alternative care options
	- CP team to continue to follow up with the child.

Scenario 5	
Unaccompanied Children	**Steps:** - Collect and record basic information about the child if you can, without probing: name, age, parents' names - If the child was brought by an adult, ask them to stay to speak to the CP team. Inform them that they can remain anonymous if they wish. - Inform the CP team - Keep children's belongings including clothes if they have been changed/removed - Keep the child where they are, unless the child is in immediate danger, do not move them - CP team to meet with the UASC, explain the reason for being quarantined, and potential risks of leaving - CP team to start FTR procedure and identifying longer-term alternative care options - Provide regular follow up and PSS to the child
	Key Considerations: - Where a child is separated from their caregiver(s), ensure links and communication between the family and their child (i.e. through phone, letters, visits through plexi-glass) - Do not allow a UASC to leave the ITC without a child protection actor or verified caregiver present - As soon as UASC enters the ITC, inform the CP Focal Point. This will allow the case management team to start family tracing and reunification (FTR) and identify longer term care options for when the child leaves the ITC. - Health actors play a critical role in FTR, we ask you to gather key information (listed above) and keep the child's belongings - Do not discharge a UASC without verifying the relationship between the child and adult

Scenario 6	
Child is in centre (quarantine or SARI ITC) without caregiver *(ex. the caregiver and child are in the quarantine centre, but then the caregiver needs to be taken to a treatment centre)*	**Quarantine Centre** ○ Health actor to contact CP Focal Point ○ CP volunteer(s) will support separated children through ▪ Communicating with child ▪ Providing basic PFA ▪ Facilitating communication with caregiver in treatment centre CP volunteers will not be required to sleep in the quarantine centre but will provide daily visits to the child to check on well-being ○ Health sector to ensure safe, gender sensitive, child-specific sleeping quarters for children in quarantine centres **Treatment Centres** • In a scenario where a child is admitted to a treatment centre without primary caregiver: ○ Health sector to ensure at least one health staff/volunteer in that centre is designated as a Child carer ○ Child carer will have received additional training on communication with children, child friendly PFA and child safeguarding ○ Child carer should be skilled on Infant and young child feeding (IYCF) and Integrated management of childhood illness (IMCI) ○ Child carer will support facilitation of communication between child and caregiver ○ Child carer will communicate with Child Protection actors as needed (through CPFP) ○ Health sector will ensure safe, gender sensitive child sleeping quarters in treatment centres

Referral and Discharge Protocol

- COVID suspected/confirmed newborn/child emergencies should be received and managed with no delay in care in the health facilities. In case of any limitations in the treatment, the sick newborn/child should be referred to nearby higher centre following initial stabilization and management.
- The health facilities should have referral pathway in place with contact details for newborn/child emergencies and have arrangement for a medical escort along the way to hospital.
- If the caregiver is asymptomatic, then they are discharged with the child as a CONTACT and they will need to self-quarantine for 14 days.
- If at the point of child discharge the caregiver is symptomatic, with mild or moderate symptoms, they are a CASE (patient) they will be discharged for home-based care – Community Health Team to monitor symptoms (community management of mild and moderate care guidelines developed by WHO).

- For patients who are discharged with significant caregiving responsibilities, follow up with the CP team to help support the caregiver to have other members of the household help with childcare while he/she recovers.
- If at the point of child discharge the care giver is showing severe symptoms – and meets the admission criteria for ITC admission – they will remain in the ITC as a patient.
- For all UASC, CP Community Workers to follow up as per case management guidance

Relevant Resources

COVID-19 Guidance for Interim Care Centres

https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-note-remote-cp-case-management-coxs-bazar (guidance note on remote case management in Cox's Bazar)

CXB Alternative Care Guidance for COVID-19

PROTECTION OF CHILDREN During the COVID-19 Pandemic Children in Alternative Care Immediate Response Measures

UN Guidelines for the Alternative Care of Children

https://alliancecpha.org/en/series-of-child-protection-materials/protection-children-during-covid-19-pandemic (child protection COVID-19 resources)