Child Protection
Cox's Bazar Child Protection Sub-Sector

Alternative Care during Covid-19 – Interim Guidance Note[1]

Objective: The threat of the global COVID-19 pandemic reaching the Kutupalong refugee camp represents a multitude of child protection risks, including the risk of family/caregiver separation or loss due to the disease. The following guidance note has been developed as a framework for minimum preparedness and response actions for a potential increase in the number of unaccompanied or separated children in need of alternative care[2]. In line with the Child Protection Minimum Standards, **alternative care should remain a last resort**, applicable only when it is demonstrably in the best interest of the child**. Family-based care is significantly preferred to residential care[3]**. Remember that **a key guiding principle is to maintain family unity**.

Prevention and preparedness measures:

- ✓ Orient communities on the COVID-19 treatment measures and their implications on a temporarily family separation
- ✓ **Support communities to map out children at high risk of family separation** (older caregivers, caregivers with chronic diseases, children and caregivers with disabilities, those rendered more susceptible to contracting the virus)
- ✓ **Support communities to pre-identify preferred alternative caregivers** in the event of temporary separation by putting in place community-based plans at the sub-block level
- ✓ Support individual families to pre-identify preferred alternative caregivers for their children, if a parent/caregiver becomes ill, within ongoing Case Management process. Kinship care to be prioritized.
- ✓ Secure willingness of prospective foster caregivers to temporarily care for children whose parents undergo treatment
- ✓ **Link/inform communities with pre-identified and trained[4] stand-by foster caregivers** willing to host children affected by COVID-19
- ✓ Maintain up-to-date referral pathways in consultation with CP Focal Points
- ✓ Ensure adequate support for **a regular remote contact between children and caregivers** who are physically separated
- ✓ **Sensitize and engage community members**, including religious leaders, to combat stigma attached to infected children and those previously exposed to infected individuals

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[1] This guidance note was adapted to the context of Cox's Bazar Rohingya Refugee Response drawing from a global CM guidance note developed by Tdh, the UAC/AC Guidance for Iraq CP sub-sector and the Technical Note on Children and Alternative Care during the Covid-19 pandemic. This Interim Note is temporarily complementing the Inter-agency Standard Operating Procedures for Foster Care Programming for Refugees from Myanmar.

[2] For monitoring and evaluation purposes, any arranged overnight stay in any type of alternative care to be counted as having benefitted from alternative care arrangement

[3] Brief definitions of the applicable types of alternative care as well as the flowchart to facilitate an in-field operationalization are listed at the end of the Note.

[4] Additional orientation on the care during the COVID-19 outbreak is recommended

Scenario 1: Caregiver is in treatment/care, while a child is not in treatment/care		
Care Arrangement	**Guidance**	**Note**
Kinship care	Ensure that children, adolescents and their families are consulted to pre-identify alternative caregiver in the event parent(s) are temporarily placed in isolation.	Kinship care is by far the preferred modality of AC particularly where there is minimal disruption to the child's routine and place of residence.
Foster care	Placement of children under care of pre-identified and trained alternative caregivers *(pre-COVID standby pool of caregivers).* Ensure contact details are available to support caregivers` regular communication with a child.	This option should be considered when adequate kinship care is unavailable and the child/children are too young/vulnerable for supported independent living.
Supported semi-independent living arrangements / child-headed household (including temporarily while a primary caregiver is in treatment)	Older children/child-headed households[5] are informally supported by a trusted adult living nearby. Children fulfill responsibilities normally attributed to adults. Children are closely monitored and supported by a designated trusted adult / "mentor" within an immediate neighborhood by supervising their wellbeing, assisting with daily tasks and acting as a point of reference for children.	Consent from older children/ child-headed household to identify and assign a "mentor" should be obtained. Pre-identification of trusted adults/ "mentors". If no mentors are available, stand-by alternative caregivers could be activated.
Scenario 2: Caregiver is not in treatment/care, while a child is in treatment/care		
Alternative care is not applicable. Refer to treatment center.	A CP focal point (either community-based, trained health staff, case worker or CP staff) should be assigned to follow-up on any potential MHPSS and	In case there are limitations in the provision of health care services and a child cannot be accompanied by a

[5] Depending on an assessment of the child/children's individual capacities, this type of care can be considered for children aged 14-15 and older.

	protection needs of the child and to support the child to maintain family linkages.	caregiver, linkages/communication between them shall be maintained.
Scenario 3: Caregiver and a child are in treatment/care		
Alternative care is not applicable. Refer to treatment centers.	The child is not considered as unaccompanied.	If there are CP risks, health focal point to contact CP focal point. Advocacy with health service providers may be needed to ensure children and caregivers are not separated.
Response measures:[6] ✓ Provide in-kind (if possible) and psycho-social support and guidance to kinship carers and foster families ✓ Strengthen monitoring and support for children currently in alternative care to minimize threat of abandonment and/or secondary separation during COVID-19 ✓ Ensure family tracing and reunification/reintegration support for caregivers and /or children discharged from hospital ✓ Plan and identify longer-term care solutions in case of a caregiver`s death or child`s abandonment following COVID treatment ✓ Ensure remote monitoring of alternative care arrangements and ensure children have access to an adequate reporting mechanism ✓ Provide PSS, PFA and accurate information[7] to support children and caregivers coping with disease, grief and distressing experiences		

During the COVID-19 response the following types of alternative care were identified is feasible and recommended:

a) Kinship Care: Placement of a child with a member of the extended family other than the primary caregiver. Such placement can be with brother, sister, uncle, aunts, cousins, grandparents etc based on best interest determination.
b) Foster care: Temporary or long-term placement/guardianship of unaccompanied and separated children to pre-identified, vetted and trained caregiver subject to the results of family tracing and best interest determination.
c) Supervised/supported Independent Living: A care type common with child-headed families who are unwilling to be placed in any of the other available care types. Children in supervised independent living are assigned welfare custodians who regularly visits to ensure their wellbeing.

[6] Preparedness and response measures require coordination with the Health Sector and the Communicating with Communities Working Group which can be supported by the CPSS/CMTF as well as with the CiC, legal actors and CP focal points to facilitate alternative care arrangements. **Coordination with communities themselves is of paramount importance.**
[7] Please contact krhayes@unicef.org for a range of resources to support PSS, PFA and COVID-19 validated information

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