Child Protection Program Adaptation for COVID-19

March 30, 2020

Introduction

In times of rapid change and increased likelihood of a general confinement of populations due to the COVID 19 outbreak, the adaptation of child protection programming is needed. You will find below some suggestions to adapt your program. Some of them will be more or less relevant to your context.

IRC organizational and Child Protection program related top three priorities during this pandemic:

1. **Staff Safety:** IRC staff have the knowledge and supplies needed to work safely, and the organization has the right policies and safeguards in place to support staff, and mitigate risk for staff.
2. **Program Business Continuity:** Ensuring continuity of IRC pre-existing programs and services, recognizing the broader impact of major disease outbreaks on populations.
3. **Additional outbreak response activities:** Support containment efforts and further mitigate the impact of the outbreak within communities in which the IRC works.

Risks for children related to COVID-19 and ensuring we maintain essential services

Child protection prevention and response programs are an essential part of an emergency response, including for outbreaks such as COVDI-19. Child protection services and support is life-saving and needs to be considered an essential package of support and response to ensure children are protected from violence and abuse and supported.

The impact and measures taken to respond to COVID-19 around the world include 'shelter in place' and quarantines, schools closures and lack of participation in group activities or suspension of essential services that support the safety, development and wellbeing of children and adolescents. Shelter in Place policies and quarantines can result in children remaining at home for extended periods of time, missing out on social interactions as well as essential education services. Additionally, confusion and lack of understanding of why shelter in place measures are taken and what COVID-19 is, could result in changes to children's behavior, confusion and fear.

Some specific risks which children may face as a result of COVID-19 mitigation measures include:

- Increased violence and child abuse within the home, due to increased psychosocial distress amongst caregivers and increased family tensions within the home. This may include increased risk of sexual violence, exploitation and abuse.
- Reduced supervision and neglect of children as schools close, caregivers need to continue working, or due to illness/isolation/quarantine of caregivers
- Reduced access to child protection services as movements are restricted; thereby, limiting the identification of at risk and vulnerable children
- Increased emotional distress of children due to death, illness or separation of a loved one, or fear of the virus. This could lead to worsening of mental health conditions
- Increased engagement of children in hazardous or exploitative labor, due to school closures and loss or reduction of household income.

- Loss of caregivers or separation from caregivers due to the disease or quarantine measures. Children may also be sent away by caregivers to stay with other family members in non-affected areas. This will lead to family separation and may increase the risk of violence and abuse as well as increase the risk of emotional distress.
- Increased risk of children living/working on the streets due to death of caregivers or to support family income.

Child friendly feedback mechanisms that have been set up should also be adapted, to enable children, caregivers and the community to raise any feedback, especially any program related risks or exploitation that may arise as a result of the program adaptation or suspensions that may not have been anticipated. For example, feedback committees could be replaced with hotlines, text messaging in collaboration with M&E/specific focal points, or directly provided to the child protection staff member working remotely with the child.

Ensure we maintain services for children and offer continued support to families is essential to reduce the above risks and provide life-saving support to children. These essential services include:

- Case management services for the high risk cases to ensure children and families continue to receive adequate support. Case Management would classified as a PC1, 2 or 3 where:
    - PC1 – are high risk cases, such as sexual abuse, physical violence and maltreatment, unaccompanied children who have no care arrangement or abusive care
    - PC2 – are medium risk cases, such as certain types of exploitation and abuse
    - PC3 – are low risk cases, including separated children who are in appropriate care arrangement
- Parenting messages and support to address parental stress and provide guidance on how to understand and support children during isolation, quarantine and other shelter in place measures. These are essential as we know that violence in the home WILL increase during this time – alternative ways of sharing messages needs to be identified (radio, SMS etc.).
- Providing PSS support to children and adolescents and help them to prepare and understand what is happening and why. Depending on context – PSS support will need to be provided remotely and through parenting messages to explain and speak with children/adolescents about COVID and what is happening.

Below you will find a table which outlines IRC's core interventions, the risks associated with continuing the intervention and what measures can be taken, at the different COVID-19 category levels to ensure services can continue to be provided, what may need to be temporarily suspended and what adaptations can be made to ensure essential services and support continues. Additionally, you may find some further guidance here, including links to additional resources which have been reviewed by IRC's Child Protection TAs.

Note: this is guidance and we recognize that each context where we operate may have specific restrictions in place (e.g. curfew/freedom of movement restrictions) and social norms to consider. Please do discuss child protection program activities and the specific adjustments required with your country support TA to work through what is appropriate and safe in your context and in line with the current category of the emergency for your programming locations.

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	Risks	IRC Stance (category) - risk is indicated by color	Implementation of Case Management interventions	Resources
Household programming [Includes Case management interventions]	1. IRC staff conducting home visits come into contact with a sick person with COVID-19 resulting in possible infection. 2. IRC staff who is sick conducts home visit and transmits the infection to others.	**Alert (1) – low** *No confirmed cases COVID-19*	Continue as usual - begin developing risk communication messaging and begin discussing with communities/clients and households	Phone credit to allow follow up over the phone, phone numbers of caregivers, masks and hand gel where possible for face to face follow up visits; procure identified needed supplies to continue support.
		Preparedness (2) - low-medium *Confirmed COVID-19 cases not in IRC area of operation*	**Case management adaptation:** Planning and preparation –identification of critical versus non-critical HH visits for case management, explore telecommunications feasibility, train staff on COVID-19 prevention, referral, preposition of needed supplies, community awareness raising, update the service mapping to include any changes or specificity related to COVID 19.	
			PREPAREDNESS: Review the existing case plans to identify cases that cannot do without follow up and cases that can receive support through caregivers (e.g. where parental/home relationship has been supportive and progressively supportive). Inform caregivers of the likely changes to the visits. It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Readiness (Category 3). Please work with your TA to discuss preparedness actions required to transition to Readiness (Category 3).	
		Readiness (3) – Medium *Confirmed COVID-19 cases not in IRC area of operation*	**Case management adaptation:** Planning and preparation –identification of critical versus non-critical HH visits for case management, explore telecommunications feasibility, train staff on COVID-19 prevention, referral, preposition needed supplies, community awareness raising, update the service mapping to include any changes or specificity related to COVID 19. Discuss with communities around high risk criteria and appropriate referral pathway as preparation for category 4 and 5, so that children who may be at high risk once IRC is	

		no longer present in the community can be referred for CM support. (discuss with your TA).
		PREPAREDNESS: Review existing case plans to identify cases that cannot do without follow up and cases that can receive support through caregivers (e.g. where parental/home relationship has been supportive or progressively supportive). Inform caregivers of the likely changes to the visits. It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas, including appropriate training delivery modalities that will be required for Response (Category 4). Please work with your TA to discuss preparedness actions required to transition to Response (Category 4).
	Response (4) – High *Confirmed COVID-19 cases in-country and in IRC area of operations*	**Case management adaptation:** Limit home visits to high risk cases such as reports of ongoing violence, unaccompanied children without care appropriate arrangement or other high risk cases and prioritize remote check-in via telephone if possible. When visiting the family, stay outside in a well ventilated space, 1 meter away from family members, while maintaining confidentiality. This approach may not be appropriate for very sensitive cases. In this situation, try to identify a close space but big enough to be at least 2 meters away from each other. If this is not possible, prioritize remote follow up. Ensure that case workers wear a mask if possible and use hand sanitizer regularly. If hand sanitizer is not available, use a bottle of water and soap. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick.
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 5). Ensure that all case workers are trained on COVID 19 and when to refer case to the appropriate health center. Please work with your TA to discuss preparedness actions required to transition to Response (Category 5).
	Response (5) - Very High *widespread COVID-19 transmission*	**Case management adaptation:** Limit home visits to high risk cases such as reports of ongoing violence, unaccompanied children without appropriate care arrangements or high risk cases and prioritize remote check-in via telephone if possible. When visiting the family, stay outside in a well ventilated space, 1 meter away from family members, while maintaining confidentiality. This approach may not be appropriate for very

		sensitive cases. In this situation, try to identify a close space but big enough to be at least 2 meters away from each other. If this is not possible, prioritize remote follow up. Ensure that case workers wear a mask (if available and if case requires close contact) and use hand sanitizer regularly. If hand sanitizer is not available, use a bottle of water and soap. Sick case workers should not be working.	
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Post-COVID-19 Recovery. Please work with your TA to discuss preparedness actions required to transition to Post-COVID-19 Recovery. Ensure that all case workers are trained on COVID 19 and when to refer case to the appropriate health center.	
	Post COVID-19/Recovery	Case Management: continue to provide support to high risks cases, ensuring a home visit is conducted. For all cases that received limited or no follow up, support cases workers to reconnect with families. Anticipate increased need to scale up case management services following 'shelter in place' and quarantine mitigation measures as we know from previous outbreaks that exposure to violence and child maltreatment, abuse and GBV increase. Discuss with your TA on how to prepare for this phase.	

Additional Intervention Specific Considerations

Case management is one of the lifesaving services that we must to maintain and adapt while keeping staff and clients safe. Our staff may also be affected and required to quarantine, making it difficult to continue case management as usual. During this period, a prioritization matrix could be developed so that high risk cases continue to receive the needed amount of support, while medium and low risk cases may be deprioritized.

Alternative care during COVID 19.

The CP AoR has identified 3 main scenario in which children may need alternative care arrangement.

1. Child separated from caregiver: Children whose caregivers fall ill, are quarantined, hospitalized or die, are at high risk of being left without protection and care. Children whose family members are sick can be stigmatized, socially excluded and discriminated against.
2. Child identified as separated in hospital or health/quarantine facility at the camp level: Children do not seem to be at high risk of severe COVID 19 symptoms that would require hospitalization. However, children with mild symptoms can be isolated from the rest of the family and be deprived of attention and care. In addition, we have little visibility, as of today, on the impact of COVID 19 on children with other medical condition, such as acute malnutrition or HIV positive; however, we can assume that children with these comorbidities will likely experience more severe symptoms of COVID-19.
3. Children in institutions: Children in detention, state homes and children with their parents in prison may be exposed to the virus. Measures taken to prevent the spread of COVID-19 could impact scheduled activities and visitations in the institutions. Children with their parents in prison may require alternative care if parent undergoes quarantine or treatment.

The alternative care options for children without appropriate, care arrangements should be the same, ensuring that family based care is prioritized as much as

possible. Therefore kinship care or foster care should be the first options explored and sought wherever possible. However, it is important to note that in the context of COVID-19, children may require to be placed in isolation or quarantine for a period of up to 14 days, following separation from an infected caregiver. This temporary emergency isolation, can provide time to identify the appropriate kinship or foster care arrangement for the child, where possible, or alternative arrangements where family based care is not possible while closely monitoring the child's symptoms and health status. The isolation period can also be used to alleviate any concerns of extended family or foster family of further infection. (Please discuss with your TA for more context specific alternative care arrangements during COVID 19).

Safe Space Programming [Includes FMD, SHLS and SAFE interventions]	Risks	IRC Stance (category) - risk is indicated by color	Implementation of FMD, SHLS and SAFE activities	Resources
	1. Individuals with COVID-19 attend the space and spread the infection to other people and staff. 2. IRC staff who is sick attends work and transmits the infection to others. 3. Potentially large numbers of individuals in a confined space which would promote the spread of a respiratory pathogen. 4. Poor environmental cleaning resulting in increased fomite	**Alert (1) – low** *No confirmed cases COVID-19*	Continue as usual - begin developing risk communication messaging and begin discussing with communities	Handwashing stations Handwashing materials (soap, paper towels, hand sanitizer) Thermoflash IEC materials Time allocated for staff training Functional referral pathway Internet connection Skype Zoom Healthy trained staff/volunteers
		Preparedness (2) - low-medium *Confirmed COVID-19 cases not in IRC area of operation*	1. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. 2. Strict participant sickness policy implemented – participants must not attend the space if they are sick. • Planning and preparation – adapt SOPs/protocols, train staff, awareness raising with clients and participants, preposition needed supplies, plan for alternative delivery of critical services (non-face-to-face) through telecommunications.	
			PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Readiness (Category 3). Please work with your TA to discuss preparedness actions required to transition to Readiness (Category 3).	
		Readiness (3) – Medium *Confirmed COVID-19 cases not in IRC area of operation*	1. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. 2. Strict participant sickness policy implemented – participants must not attend the space if they are sick. 3. Implement access control and screening measures – ensure participants and visitors practice hand hygiene on entry to the space. Screen all participants and visitors for a fever. Do not permit access to anyone who is unwell or has a fever. Make sure guards	

transmission of COVID-19. 5. Very young children – difficulties in implementing individual level prevention measures (social distancing, no touch, hand hygiene etc.).		or SHLS leaders are trained on how to use the Thermoflash. 4. Reduce the number of participants attending the spaces to 5 -8 per group with at least 1m between each participant. Do not permit access to people with fever• Planning and preparation – adapt SOPs/protocols, train staff, awareness raising with clients and participants, preposition needed supplies, plan for alternative delivery of critical services (non-face-to-face) through telecommunications.
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 4). Please work with your TA to discuss preparedness actions required to transition to Response (Category 4). Collect phone number of caregivers participating in FMD or SHLS and of adolescent activities participants interested in accessing information remotely. **FMD/SHLS caregiver adaptation:** Prepare caregivers in advance that the session schedule will likely be disrupted due to the changing situations and/or based on government directives. Reinforce message that the changes is to ensure everyone is safe from the pandemic. **Adolescent activities:** for literate adolescents, you can: -Print a booklet with information and exercises that mirror the life skills curriculum - Print activities that they can do at home with their siblings; - Print articles and other information that they can read; - Distribute these materials as appropriate in country; - Consider also giving these materials through other teams that might already conduct distributions door to door
	Response (4) – High *Confirmed COVID-19 cases in-country and in IRC area of operations*	1. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. 2. Strict participant sickness policy implemented – participants must not attend the space if they are sick. 3. Implement hand hygiene measures at the space. 4. Implement access control and screening measures – ensure participants and visitors practice hand hygiene on entry to the space. Screen all participants and visitors for a fever. Do not permit access to anyone who is unwell or has a fever. 5. Reduce the number of participants attending the spaces.

		6. Implement environmental cleaning and disinfection measures. 7. Plan for alternative delivery of critical services via telecommunications (e.g. remote counselling/case management support) or alterations of physical spaces (fewer people, increased ventilation, social distancing)
		FMD adaptation: For participants of ongoing FMD programs, as well as any other caregivers, family member interested, send SMS and where possible set up WhatsApp groups, organized by children's age group. Share information about: • Activities they can do with children indoor, including adapted SEL activities • Parenting tips extracted from the FMD curricula (including FMD videos) • MHPSS for parents and children: relaxation tips, audio file with meditation, indoor culturally relevant exercises, activities from the coping and health toolkit, the 4 steps of empathy • Explaining COVID 19 to children and understanding what children are going through and how they can support them • Risk communication and health messages reinforced
		Adolescent activities: If adolescents have access to WhatsApp: maintain virtual life skills groups and send them links to videos, documents to read and exercises to complete. This will help enhance a sense of community, break the sense of isolation and contribute to reduce negative thoughts some of them may experience. Organize online challenges such as a poem competition, physical exercise challenge (in their homes or respecting social distancing and quarantine rules) and send them virtual symbolic rewards such as a medal or a star. These can be complemented with awareness messages on how to stay safe, prevention of GBV, etc. as protection risks tend to increase during disease outbreak. If adolescent have access to a phone, but not a smart phone, adapt the above to be text messages.
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 5). Please work with your TA to discuss preparedness actions required to transition to Response (Category 5).
	Response (5) - Very High	In situations of widespread COVID-19 transmission in IRC areas of operation, temporary closure of IRC spaces. Closure of safe spaces and schools has in the past resulted in increased cases of child maltreatment and GBV – anticipate, increased need for case management services following temporary program suspension – reinforce

	Widespread COVID-19 transmission	new referral pathways for critical incidences for children or caregivers. **FMD adaptation:** For participants to ongoing FMD programs, as well as any other caregiver, family member interested, you can set up a WhatsApp group , organized by children's age group or send SMS, to share information about: • Activities they can do with children indoor, including adapted SEL activities • Parenting tips extracted from the FMD curricula (including FMD videos) • MHPSS for parents and children: relaxation tips, audio file with meditation, indoor culturally relevant exercises, activities from the coping and health toolkit, the 4 steps of empathy • Risk communication and health messages reinforced	
		Adolescent activities: If adolescents have access to WhatsApp: maintain virtual life skills groups and send them links to videos, documents to read and exercises to complete. This will help enhance a sense of community, break the sense of isolation and contribute to reduce negative thoughts some of them may experience. Organize online challenges such as a poem competition, physical exercise challenge (in their homes or respecting social distancing and quarantine rules) and send them virtual symbolic rewards such as a medal or a star. These can be complemented with awareness messages on how to stay safe, prevention of GBV, etc. as protection risks tend to increase during disease outbreak. If adolescent have access to a phone, but not a smart phone, adapt the above to be text messages.	
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Post-COVID-19 Recovery. Please work with your TA to discuss preparedness actions required to transition to Post-COVID-19 Recovery. Ensure that all case workers are trained on COVID 19 and when to refer case to the appropriate health center.	
	Post COVID-19/Recovery	Closure of safe spaces and schools will result in increased cases of child maltreatment, abuse and GBV – anticipate, increased need for case management services following temporary program suspension – reinforce new referral pathways for critical incidences for children or caregivers. Please discuss with your TA.	

	Risks	IRC Stance (category) - risk is indicated by color	Implementation of mass meeting and gatherings	Resources
Mass Meetings & Gatherings [Includes awareness raising interventions]	1. Individuals with COVID-19 attend the meeting and spread the infection to other people and staff. 2. IRC staff who is sick attends the meeting and transmits the infection to others.	**Alert (1) – low** *No confirmed cases COVID-19*	Increase all risk communication and community engagement	
		Preparedness (2) - low-medium *Confirmed COVID-19 cases not in IRC area of operation*	1. Review criticality of meetings – post-pone non-critical meetings (PC3 and PC4) 2. Modify critical meetings • Can these meetings happen in a different format not face-to-face e.g.) telecommunications, webinar, radio etc.? • Limit the number of people attending to ensure social distancing can be practiced. • Adjust venue for meeting to be in a bigger space to enable social distancing and good ventilation. • Ensure no-one sick attends the meeting. 3. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. Awareness raising activities: Planning and preparation–. Implement mitigation measure. Limit the number of people attending to ensure social distancing can be practiced. Adjust venue for meeting to be in a bigger space to enable social distancing and good ventilation. Ensure no-one sick attends the meeting.	
			PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Readiness (Category 3). Please work with your TA to discuss preparedness actions required to transition to Readiness (Category 3). **Activities:** develop radio messages, posters, identify radio stations to work with, prerecord messages	

		Readiness (3) – Medium *Confirmed COVID-19 cases not in IRC area of operation*	1. Review criticality of meetings – post-pone non-critical meetings (PC3 and PC4) 2. Modify critical meetings • Can these meetings happen in a different format not face-to-face e.g.) telecommunications, webinar etc.? • Limit the number of people attending to ensure social distancing can be practiced. • Adjust venue for meeting to be in a bigger space to enable social distancing and good ventilation. • Ensure no-one sick attends the meeting. 3. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. **Awareness raising activities:** Planning and preparation. Implement mitigation measure. Limit the number of people attending to ensure social distancing can be practiced. Adjust venue for meeting to be in a bigger space to enable social distancing and good ventilation. Ensure no-one sick attends the meeting.	
			PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 4). Please work with your TA to discuss preparedness actions required to transition to Response (Category 4). Activities: develop radio messages, posters, identify radio stations to work with, prerecord messages	
		Response (4) – High *Confirmed COVID-19 cases in-country and in IRC area of operations*	Suspend all in-person mass meetings– Switch to radio message, awareness raising songs, posters, phone calls	
			PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 5). Please work with your TA to discuss preparedness actions required to transition to Response (Category 5).	
		Response (5) - Very High	Maintain suspension of all types of in-person meetings - Switch to radio message, awareness raising songs, posters, phone calls	

		widespread COVID-19 transmission	**PREPAREDNESS:** It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Post-COVID-19 Recovery. Please work with your TA to discuss preparedness actions required to transition to Post-COVID-19 Recovery.	
		Post COVID-19/Recovery	Explore avenues to re-engage with communities. Discuss with your TA.	

	Risks	IRC Stance (category) - risk is indicated by color	Implementation of distribution of PSS kits	Resources
Distributions [Includes PSS kits]	1. Individuals with COVID-19 attend the distribution and spread the infection to other people and staff. 2. IRC staff who is sick attends the distribution and transmits the infection to others.	**Alert (1) – low** *No confirmed cases COVID-19*	Increase all risk communication and community engagement	PSS kits for adolescents and families
		Preparedness (2) - low-medium *Confirmed COVID-19 cases not in IRC area of operation*	• Planning and preparation – identification of critical versus non-critical distributions (See Program Criticality Guidance above), preposition supplies, arrange larger pre-emptive distribution of supplies/items to populations ahead of COVID-19 transmission in area of operations, train staff. • During the early stages of the outbreak, anticipate increases in transmission will occur. Arrange a larger distribution to take place before this happens, to minimize the need for a distribution during the height of the outbreak.	
			PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Readiness (Category 3). Please work with your TA to discuss preparedness actions required to transition to Readiness (Category 3).	
		Readiness (3) – Medium	• Planning and preparation – identification of critical versus non-critical distributions (See Program Criticality Guidance above), preposition supplies, arrange larger pre-emptive distribution of supplies/items to populations ahead of COVID-19 transmission in area of operations, train staff.	

	Confirmed COVID-19 cases not in IRC area of operation	• During the early stages of the outbreak, anticipate increases in transmission will occur. Arrange a larger distribution to take place before this happens, to minimize the need for a distribution during the height of the outbreak.	
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 4). Please work with your TA to discuss preparedness actions required to transition to Response (Category 4).	
	Response (4) – High *Confirmed COVID-19 cases in-country and in IRC area of operations*	1. Review criticality of the distribution – if non-critical then delay (PC3 and PC4). If critical: • Perform multiple distributions rather than one large distribution in order to reduce the number of people attending. • Perform the distribution outside, in a large and well ventilated space. • Crowd control measures to enable social distancing of at least 1m between people. 2. Ensure hand washing/hygiene measures are available. 3. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick.	
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Response (Category 5). Please work with your TA to discuss preparedness actions required to transition to Response (Category 5).	
	Response (5) - Very High *widespread COVID-19 transmission*	No distribution	
		PREPAREDNESS: It is critical as country programs role out actions under this IRC stance, that they are also prepositioning materials, human resources and building capacity around new technical areas and/or delivery modalities that will be required for Post-COVID-19 Recovery. Please work with your TA to discuss preparedness actions required to transition to Post-COVID-19 Recovery. Ensure that all case workers are trained on COVID 19 and when to refer case to the appropriate health center.	
	Post COVID-19/Recovery	Discuss with your TA.	

Additional Intervention Specific Considerations
The distribution of PSS kits for children and adolescents can contribute to keep children engaged and stimulated during confinement, and thus contribute to prevent violence in the home. One kit per family, tailored for various age group can be distributed along with a list of activities and games they can play. See a link to a suggested list of Games and list of items that you can adapt to your context. Caveat: depending on the context and how other primary needs are met, additional awareness on the benefit of child play for their development may be needed to prevent parents from selling the PSS kit. Delays in procurement, and distribution should also be considered before opting for this approach. If available, consider using existing SHLS stock of materials that you can replenish after the crisis.

Risk Communication and Community Engagement	Risks	IRC Stance (category) - risk is indicated by color	Implementation of risk communication and community engagement	Resources
		Alert (1) – low *No confirmed cases COVID-19*	Business as usual, but staff should practice prevention measures and incorporate risk messaging into all aspects of existing programming. In this stance, **IRC should carry out maximum possible risk communication and community engagement activities** (balancing security, financial and operational limitations) as a preemptive measure that as transmission increases the number of modalities for these activities will become limited. **Example Activities:** Integrate risk communication messaging across all sectoral activities with community groups and stakeholders; carry out mass outreach to disseminate key messages; and prepare for community mobilization by sensitizing and building trust with female and male community and religious leaders, youth groups/actors and other influential stakeholders. In contexts where appropriate and feasible, consider platforms such as Signpost or other digital tools in Alert stance so that they are established and socialized prior to restrictions and/or limitation in more traditional modes of risk communication and community engagement activities.	Child friendly communication messages on COVID 19.

		Preparedness (2) - low-medium *Confirmed COVID-19 cases not in IRC area of operation*	Business as usual, but staff should practice prevention measures and equip teams to interact safely with clients to communicate about risks mitigation, and to continue other community engagement activities. In this stance, **IRC should carry out slightly modified risk communication and community engagement activities** as transmission rates are beginning to increase and certain modalities will become more limited. IRC should begin reducing large group awareness raising and shift to smaller group discussions on COVID-19. Consider incorporating mixed modes of communication by incorporating fewer interpersonal approaches and begin including some of the printed materials listed in Readiness (3) below. Build capacity of local focal points to identify child protection risks and vulnerable children as defined by high risk criteria. Update established referral pathways considering COVID-19 modifications and strengthen referral pathways with the community and raise awareness of referral process. **Example Activities:** Integrate risk communication messaging across all sectoral activities with community groups and stakeholders; carry out specific face-to-face outreach to disseminate key messages with prevention measures practices; and begin working through critical focal points for reach/scale and to build networks for risk communication (e.g., female and male leaders, youth groups, etc.).
		Readiness (3) – Medium *Confirmed COVID-19 cases not in IRC area of operation*	**IRC should modify traditional community engagement activities and begin shifting to more remote modalities to risk communication** as transmission rates have substantially increased. **Example Activities:** Public gathering should include a maximum of 25 in-person participants and all participants should practice prevention measures (this number should be reduced according to demographics – if participants are predominately older persons, consider lower numbers and strict social distancing practices should be enforced. If participants are children under 5 consider lowering the number for greater supervision of positive hygiene practices. Consider group meetings to be held in outdoor areas that are well ventilated. Increase fliers, signs and other printed materials, in appropriate languages and visual representations. Collaborate with journalists and other media outlets. Consider incorporating mixed modes of communication and engagement including some of the digital and remote options listed in Response (4&5).

Response (4) – High *Confirmed COVID-19 cases in-country and in IRC area of operations*	**IRC should avoid traditional community engagement activities and shift to entirely alternative remote modalities for risk communication** as transmission rates are widespread. **Example Activities:** No gatherings permitted, unless directly supporting COVID-19 medical response and with vigilance on prevention measures. Leverage networks of influential stakeholders across the community for risk messaging. Use alternative remote modalities for risk communication and community engagement such as digital platforms (websites and social media), SMS, WhatsApp, loud speakers, radio broadcasts.
Response (5) - Very High *widespread COVID-19 transmission*	**IRC should avoid traditional community engagement activities and shift to entirely alternative remote modalities for risk communication** as transmission rates are widespread. **Example Activities:** No gatherings permitted, unless directly supporting COVID-19 medical response and with vigilance on prevention measures. Leverage networks of influential stakeholders across the community for risk messaging. Use alternative remote modalities for risk communication and community engagement such as digital platforms (websites and social media), SMS, WhatsApp, loud speakers, radio broadcasts.
Post COVID-19/Recovery	Explore ways to approach and reconnect directly with communities, through established community structures. Discuss with your TA.

Additional Intervention Specific Considerations

Designate a focal point(s) for risk communication and community engagement coordination across sectors – it is **critical at this stage that messaging and activities are complimentary and consistent across the IRC.** Attend MoH meetings to clarify parameters/protocols for risk communication messaging and community engagement activities (some contexts may be more prescriptive than others). Prepare a risk communication and community engagement strategy (based on steps 1-5 outlined in this document), identify focal points within each program that will harmonize risk communication and community engagement according to the strategy. Frontline staff need to be trained in the strategy and messaging to deliver on activities and consistency as well as collect information for adaptive messaging. Establish a support plan for frontline teams who may have questions/concerns or referrals and develop clear communication channels for support and SOPs for referrals. For country programs in Alert (1), Preparedness (2), please consider conducting an assessment or an analysis exercise to support the design of the risk communication and community engagement strategy (dependent on access, resources – HR, financial and operational etc.).