



Child Protection Sub-Sector, Nigeria

Guidance Note: Child Protection Service Provision and Caring for Children in the Context of the COVID 19 Pandemic (Version 1)

1. Introduction

This note aims to provide practical guidance to child protection (CP) actors and actors in other sectors to facilitate safe child protection service provision during the COVID-19 pandemic and related control measures in north-east Nigeria. The [COVID 19 & Child Protection Resource Folder](#) will regularly be updated with global and local resources, CP tools and guidance notes, IEC and reference materials. Child Protection actors should regularly check <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and <https://ncdc.gov.ng/news/237/update-on-covid-19-in-nigeria> for timely updates on the pandemic.

The leadership of the State Ministries of Women Affairs and Social Development in Adamawa and Borno and the State Ministry of Youth, Sports, Social and Community Development in Yobe, in collaboration with other governmental ministries and agencies, remains central to coordinated and effective actions.

2. COVID 19 and Child Protection Risks

Evidence from previous infectious disease outbreaks suggest that existing child protection risks are exacerbated, and new ones emerge as a result of epidemics and pandemics and related prevention and control measures¹. In addition, delayed child protection engagement can result in increased vulnerabilities and long-term harm to children. It is therefore imperative that the protection of children is not afterthought, but is integrated in the preparedness, prevention and response measures.

In north-east Nigeria, the threats and risks by the ongoing conflict may be further exacerbated by the COVID 19 crisis and related control measures. Displaced persons living in IDP camps and host communities may be exposed to congestion, limited access to health, water and sanitation facilities and protection vulnerabilities within households including but not limited to child-headed households, unaccompanied and separated children as well as children living with elderly and other vulnerable caregivers. Children without parental care, either living on the streets or in other institutions may also be at heightened risk.

¹ [Technical Note on the Protection of Children during the Coronavirus Pandemic](#), the Alliance for Child Protection in Humanitarian Settings.

| | Protection and other COVID 19-related for children | Causes of Risks |
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| Physical Well-Being of Children | <ul style="list-style-type: none"> ▪ Reduced supervision and neglect of children ▪ Separation of children from parents/caregivers ▪ Possibility infection of children with COVID 19 virus ▪ Worsening of health and nutrition conditions including pre-existing conditions ▪ Poisoning and increased risks of injuries or other physical harm ▪ Violence against children at home and in the community | <ul style="list-style-type: none"> ▪ Closure of schools and reduction of social activities for children ▪ Isolation, quarantine, hospitalization and/or death of loss of parents/caregivers ▪ Availability and misuse of toxic disinfectants, alcohol and other substances ▪ Limited access to health services due to restrictions/diversion of resources for health interventions ▪ Reduced household income due to loss of jobs or reduced hours of work by parents |
| Mental Well-Being of Children | <ul style="list-style-type: none"> ▪ Reduced stimulation and other structured psychosocial activities ▪ Distress and increased stress levels amongst children and caregivers ▪ Worsening of pre-existing mental health conditions ▪ Increased | <ul style="list-style-type: none"> ▪ Closure of schools and reduction of psychosocial activities for children especially within camps ▪ Reduced capacities to cope with the situation ▪ Increased responsibilities for children to care for each other, caregivers and other families at home ▪ Misinformation on COVID 19 ▪ Separation or loss of or illness a caregiver/loved one ▪ Limited access to or constrained MHPSS services ▪ Inability of parents to care/support children due to their own high stress levels and anxiety including loss of livelihoods |
| Social Well-Being of Children | <ul style="list-style-type: none"> ▪ Stigmatization of children and children whose caregivers/family members are infected or are suspected to be infected ▪ Increased vulnerability and limited care services for children on the streets ▪ Increased vulnerability and limited care services for children in detention and other institutions ▪ Increased risk of online abuse including sexual abuse particularly in urban areas where children have access to internet/mobile devices/computers | <ul style="list-style-type: none"> ▪ Separation from families (unaccompanied and separated children) ▪ Social discrimination and ostracization of persons who are infected or suspected to be infected ▪ Closure of schools and places of worship that curtail children's normal social activities ▪ Limited information/misinformation for socially disadvantaged groups ▪ Limited access to resources for increased preventative measures in detention facilities |

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| Access to basic and other support services | <ul style="list-style-type: none"> ▪ Increased vulnerability to the well-being of children at risk of exploitation, abuse, neglect and violence ▪ Increased exposure of children to exploitative and hazardous labour as families are pushed towards negative coping mechanisms ▪ Risk of children being recruited into armed groups or engaged in criminal activities | <ul style="list-style-type: none"> ▪ Limited access to health, water and sanitation services, facilities and materials ▪ Narrative about COVID 19 as a ‘<i>Western control tool</i>’ ▪ Loss of or incapacitated parents/caregivers, loss or reduction in income household and food |
| Gender-based Violence | <ul style="list-style-type: none"> ▪ Increased risk of sexual abuse and exploitation including of boys (including children on the streets), child marriages and teenage pregnancies ▪ Risk of increased transactional sex/vulnerability to prostitution (negative coping mechanism) ▪ Reduced protection of girls within the household and communities ▪ Worsening of mental health conditions for existing caseloads of GBV survivors ▪ Interrupted or limited access to lifesaving GBV and related services | <ul style="list-style-type: none"> ▪ Loss of primary caregivers, loss of or reduced household income ▪ Closure of schools and isolation/hospitalization/loss of parents/caregivers resulting in additional caregiving roles for girls ▪ Constrained/overwhelmed medical services and facilities, movement restrictions and interrupted use of mechanisms for reporting incidents and accessing medical services and safety ▪ Limited access to MHPSS services |

3. Child Protection Preparedness and Response

In principle, critical child protection services should continue to be accessible for children exposed to abuse, exploitation, neglect and violence. These services are also designed to reduce exposure for children at risk. Where necessary, changes in modalities for providing these services within the context of the pandemic may be undertaken to ensure not only the safety and well-being of children, but also of child protection service providers.

| Preparedness & Response Considerations | |
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| | Case management of vulnerable children including unaccompanied and separated children |
| | <ul style="list-style-type: none"> ▪ In collaboration with health actors, educate CP case workers on the facts around COVID 19, myths, the implications on child protection, how to protect themselves and their families, and how to safely refer to health/support services in their localities. ▪ CP case workers are encouraged to build/strengthen networks with health and WASH service providers in their localities to enable them to know whom to reach for referral and service provision. This will also enable health and WASH service providers to know whom to contact should they come across vulnerable children requiring protection assistance. CP |

case workers can join the teams of **health and WASH workers** when **community awareness sessions** are being held.

- **Management of existing child protection caseloads:** Prioritize cases according to risk levels (low, medium and high) and develop a plan for follow-up; where possible consider remote follow-up including the use of phone calls where feasible. When high prioritized cases are followed up on with direct visits, CP case workers should ensure safe distancing having explained to the child/caregiver why it is necessary to do so. CP case workers can be provided with protective equipment such as masks, gloves and hand sanitizers; this will require explanation to the child/caregiver as of why they are using the equipment (refer to the *3.1 Guidance for Child Protection Case Workers* below).
- **For caseloads generated as a result of COVID 19 and related control measures (UASC, distress, neglect, child labour, etc)** these should be treated as all other case management cases based on risk attribution (low, medium, high) and handled within the precautions provided around COVID 19.
- Identify **community-based CP case workers** and develop a plan for continuity of case management cases based on attributed risk levels (see *3.2 Risk attribution for managing child protection caseloads* below).
- **Alternative care:** identify opportunities for placing children whose parents/caregivers are isolated/quarantined/hospitalized in alternative care. Develop a plan for **safe follow-up of existing caseload** of children in alternative care. Where possible, reunify children whose families have been traced and other necessary conditions for reunification have been met.
- CP case workers should be mindful of the risk of **new/exacerbated abuse, exploitation neglect and violence** as a result of the pandemic. **Health facilities** can be utilized, where safe and possible, as **entry points for identification of child protection cases**.
- Review/strengthen child protection **referral mechanisms** and strengthen **referral to health services** as per established protocols for the pandemic.
- Include **messages on COVID 19 in positive parenting skills sessions/messaging**. Inclusion of male adult family members in such sessions is important as they sometimes they do not participate or get left out.
- Consider the use of **cash, mobile cash and voucher assistance** where possible and where markets are not depressed especially in urban areas. **In-kind assistance** where it is not feasible or safe to use cash and voucher assistance. This is to support households cope with depressed household income and basic goods.
- Provide **mentoring and support to CP case workers**, community volunteers and the CBCP members to ensure their physical and mental well-being as they handle cases. This may include working in shorter or alternate shifts.

Mental Health and Psychosocial Support Services

- **Educate PSS staff and community volunteers on the facts around COVID 19**, myths, the implications on child protection, how to protect themselves and their families, and how to safely refer to health/support services in their localities. **PSS staff and community volunteers** can join the teams of health and WASH workers when community awareness sessions are being held.
- **Creative/social/recreational activities for children: review the frequency of activities and number of children attending sessions** to ensure appropriate physical distancing and reducing the risk of exposure. Where activities continue, children can be engaged in reading, singing, playing local/traditional games which do not require physical proximity.

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| | <p>CP agencies are encouraged to support the provision of materials that can be used to make local play items.</p> <ul style="list-style-type: none"> ▪ For locations/situations where COVID 19 cases have been confirmed or where authorities have restricted movements, interactive activities for children can be stopped until such time when it is deemed safe to do restart. ▪ Equip child friendly/spaces for children with handwashing facilities and soap and provide messaging on proper handwashing. Disinfect facilities frequently accessed by children and others at least once a day. ▪ Integrate messaging on facts about the virus and how to prevent its spread in ongoing PSS activities; messages should be contextualised based on age and gender groups. Where gathering of children is not possible, identify trusted community members who can safely pass messages to children within the community. Adolescent groups could provide an opportunity to support awareness for younger children so long as this is done in a safe manner. ▪ In addition to the positive parenting skills sessions, support should be provided to parents/caregivers to help them cope with anxiety and stress. Inclusion of male adult family members in such sessions is important as they sometimes they do not participate or get left out. ▪ PSS staff and community volunteers should be mindful of possible stigmatization due to fear, misinformation, illness or death of family/community members. Children who are marginalized should be referred for child protection case management. Health workers should be contacted to reinforce messages around COVID 19 where misinformation and stigmatization. Use of IEC materials that specifically demystify the myths within north-east Nigeria and provide facts including child friendly materials is encouraged. ▪ Prioritize services that can help children cope with changes brought on by the pandemic including identification and support to affected children and caregivers. In collaboration with the health sector, ensure safe referral of and support for mental health cases. ▪ Monitor the impact of the situation on the mental well-being of children to enable planning for post-pandemic MHPSS services based on lessons learnt. ▪ Provide mentoring and support to PSS staff and volunteers to ensure their physical and mental well-being. This may include working in shorter or alternate shifts. |
| | <p>Reintegration of children formerly associated with armed groups</p> |
| | <ul style="list-style-type: none"> ▪ Equip the Bulumkutu Interim Care Centre with adequate handwashing facilities and soap and ensure that former CAAG and personnel at the centre receive information about the facts of the virus and how to prevent its spread. ▪ Social workers and other staff at the Interim Care Centre must observe the guidelines and protocols put in place for prevention and control measures with respect to the pandemic. ▪ Social activities within the centre should also respect physical distancing and support should be provided to include games and activities that do not require proximity. ▪ Where possible, support the reunification of former CAAG on a case by case basis and based on review of necessary requirements for return to the community. |
| | <p>Situations of other vulnerable children/children at risk</p> |
| | <ul style="list-style-type: none"> ▪ Action required by MWASD and the State Government for the care and protection of children on the street including those involved in hawking and begging including |

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| <p>preventative measures to reduce COVID 19 related risks. Consideration must be given to children with disabilities who are on the streets.</p> <ul style="list-style-type: none"> ▪ Action required by MWASD and the State Government on the provision of adequate handwashing facilities and soap at other state facilities where children are deprived of their liberty and children’s homes/institutions; this must be accompanied by provision of facts and prevention information about the virus for children and those taking care of them. ▪ Dissemination of information on COVID 19 and preventative measures tailored for children and caregivers with disabilities and ensure that they are included in the outreach activities. |
| <p>Gender-based Violence</p> |
| <ul style="list-style-type: none"> ▪ The Gender-Based Violence Sub-Sector, north-east Nigeria has issued a separate guidance note actions to be considered for ensuring GBV service provision in the time of COVID-19 with its heightened risks; child protection service providers can refer to this note. Link: Nigeria GBV SS COVID-19 Guidance Note |

3.1 Guidance for child protection case workers²

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| <p>CP Case Workers MUST:</p> <ul style="list-style-type: none"> ▪ Wash/sanitize their hands before, during and after every visit. ▪ Explain physical distancing through considerate communication – this means explaining why physical distancing is important to protect the child and family, as well as the case worker during COVID-19. ▪ Not shake hands during the visit – please explain to the child and family kindly why these are necessary measures to take. ▪ Maintain one to two meters distance with the child and ensure the visit is performed in a ventilated room or open safe space. Adopt potential playful methods of explaining these precautions using child friendly language. ▪ If a social worker feels any of the COVID-19 symptoms, he/she contact the relevant MOH staff/facility. The social worker should then ask if they families they have been working with would like someone else to visit them. ▪ In cases where the family asks the social worker not to conduct a home visit due to concerns related to the transmission of COVID-19, case workers should be understanding, postpone the visit and try to do the appropriate follow up over the phone. ▪ Always have and be up to date regarding the referral pathway for health services in order to inform families of the safest way to refer any case. |
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3.2 Risk attribution for managing child protection caseloads

| Risk Level | <i>In case there is <u>no indication</u> of COVID-19 in the family or close community</i> | <i>In case there is <u>confirmation</u> of COVID-19 in the family or close community-based on government guidelines</i> |
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| Low Risk | <ul style="list-style-type: none"> • By phone where feasible • Use of community-based CP case workers, community volunteers and community-based CP structures who have received orientation on COVID 19 | <ul style="list-style-type: none"> • By phone where feasible • Use of community based-workers, community volunteers and community-based CP structures who have received orientation on COVID 19 |

² Adapted from [Child Protection Case Management Guidance during Covid-19, Lebanon](#).

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| | <ul style="list-style-type: none"> Reinforce messages to caregivers on taking care of children | <ul style="list-style-type: none"> Reinforce messages to caregivers on taking care of children |
| Medium Risk | <ul style="list-style-type: none"> By phone where feasible Use of community based-workers, community volunteers and community-based CP structures who have received orientation on COVID 19 Reinforce messages to caregivers on taking care of children | <ul style="list-style-type: none"> By phone where feasible Use of community based-workers, community volunteers and community-based CP structures who have received orientation on COVID 19 Reinforce messages to caregivers on taking care of children |
| High Risk | <ul style="list-style-type: none"> Visit with appropriate precautions | <ul style="list-style-type: none"> By phone where feasible, daily check-in to check on the child/family. Once the family is cleared from a health actor, case workers can visit. |
| <p><i>If restrictions are applied by government entities requiring physical distancing, all follow-up will be done by phone where feasible.</i></p> | | |

4. Intersectoral Considerations and Cross Cutting Issues

Strong collaboration between the CPSS and the other sectors is crucial to the success of preparedness and response actions to address protection and health risks for children.

Child safeguarding and prevention of sexual abuse and exploitation remain paramount considerations in the preparedness and response actions by service providers in child protection and across other sectors. Support for the continuity of confidential, safe and accessible community reporting channels for PSEA will be imperative. In situations where reporting channels as well as complaints and feedback mechanisms are interrupted as a result of physical distancing, other modes such as telephone contacts or online reporting can be utilised where feasible whilst preserving safety and confidentiality.

| Preparedness & Response Considerations | Sector/Entity |
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| <ul style="list-style-type: none"> Training of child protection service providers on facts of the virus, how to prevent its spread and how CP workers can protect themselves. | Health Sector |
| <ul style="list-style-type: none"> Provision of handwashing facilities and soap at child friendly/safe spaces and other related facilities. | WASH Sector |
| <ul style="list-style-type: none"> Development and dissemination of child friendly messages on the virus, prevention of its spread and how children can protect themselves. | Health, WASH & Education Sectors |
| <ul style="list-style-type: none"> Strengthen referral mechanisms and facilitate referral of cases requiring medical attention and child protection in a timely manner. | Health Sector |
| <ul style="list-style-type: none"> Facilitate referral for care of child survivors of GBV. | GBV Sub-Sector |
| <ul style="list-style-type: none"> Explore possibilities for teachers within community to provide support to vulnerable children and to be involved in PSS activities where possible. | Education Sector |
| <ul style="list-style-type: none"> Facilitate verification and referral of vulnerable children requiring food and NFI assistance. | Food Security & Livelihoods, CCCM/Shelter/NFI Sector |

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| <ul style="list-style-type: none"> Facilitate referral of children under 5 years who may be affected or at risk of malnutrition as a result of reduced household income and goods or inadequate care of children/loss of caregivers. | Nutrition Sector |
| <ul style="list-style-type: none"> Advocacy for child protection service providers (CP case workers and PSS counsellors) to be considered as essential services staff especially MWASD social workers. Assignment of CP case workers /social workers at isolation centres where children could be isolated. | State Government Health Sector |
| <ul style="list-style-type: none"> Explore possibilities for safe use of cash, mobile and voucher assistance. | Cash Working Group |

5. Other Resources

NCDC Toll-free Number: 080097000010
 SMS: 0809955577 / Whatsapp: 07087110839 / Mobile: 07036708970
 Twitter/Facebook: @NCDCgov WWW.NCDC.GOV.NG


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080099999999

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[Sphere Standards and COVID 19 Guidance](#) (additional guidance is available from the [website](#))