

### **Myanmar Child Protection Working Group**

### **Emergency Preparedness and Planning 2020/21**

#### **Context Analysis and Situation overview**

Myanmar has been experiencing Civil war since independence with this affecting selected parts of the country at different times and with different drivers. The HRP 2020 pointed out factors including armed conflict, inter-communal violence and natural hazards as drivers for humanitarian needs of the most vulnerable in Myanmar resulting into displacements, distraction of life and property and other humanitarian consequences leaving a total of almost one million people in need currently. With the advent of COVID-19, these needs have taken an additional toll on humanitarian assistance available. The HRP addendum 2020 identifies total of nearly one million (950,861) People in Need (PIN) with at least 37% of these being children.

2020 presents an added challenge to deliver interventions in the light of COVID-19. This means increased pressure to deliver under added risks of spreading virus, movement restriction as a result of health measures as well as consideration to put in place preventative and responsive measures for COVID-19 in each situation. Preparedness and response actions are critical in ensuring alertness and sensitivity to the changing humanitarian situations and detecting risks in order to prevent and respond to the Child Protection Risks Children are faced with and ensuring protection from abuse, neglect and exploitation.

This Preparedness and Response document for Child Protection identifies humanitarian scenarios and outlines risks for Child Protection at National level and acts as a guide for all actions for Preparedness and Response. It will be used as a basis for State level Coordination to adapt according to the specific context i.e. humanitarian risks, likely population to be affected as well as specific partners responsible for each preparedness and response action. It provides screen shot summary of the explanations below in annexes outlining preparedness and response actions for each identified scenario.

## Scenarios and Preparedness and Response actions.

#### **Pandemic**

Myanmar has not been exceptional to the COVID Pandemic and while these are not as sporadic as other countries and has seen children be affected indirectly and directly. COVID-19 has been a main cause closing of services which have included Child Protection services leading to the heightening the risk of exposure to negative environments and consequently child abuse, neglect and exploitation in the form

of trafficking to reduce the economic and psychosocial burden on the family as a result of changes in the family dynamics, Child Labor and caregiver ability to continue to provide for the family reduces, gender based violence, Mental Health and Psychosocial Distress negative practices to cope with the situation.

Pandemics also meant that access to services is reduced for children in need of care and protection. This lack of access to humanitarian assistance further puts children at risk in their environment. To reach children, service providers have to find innovative and context specific methods to deliver services to children. For example, while Child Protection actors I most places have not been able to access children in quarantine centers, Child Protection actors have trained Health workers accessing quarantine centers to detect child protection issues and refer to service providers for acute cases as well as distribute Child Protection food and non-food items to children in quarantine centers.

Although children were not found to be directly impacted by migrant returnee populations, they could be impacted by loss of income to households. This could result in issues of Child Labor and early marriages as families strive to cope and adapt to the new challenges.

#### **Preparedness actions**

- Engagement and Capacity building for local and other sector actors by local coordination. This to include training on Prevention of Sexual Exploitation and Abuse (PSEA) Child Protection Minimum Standards, MHPSS and Case Management for a Care team/Rapid Response Team.
- 2. Develop strategies to to support localization by investing in equipment and strategies that ensure continued support to affected communities.
- 3. Identification and development of service mapping/referral pathways.
- 4. Development of services where gaps exist for essential services.
- Awareness raising and Prevention od Sexual Exploitation and Abuse (PSEA).
- 6. Engage Government in preparedness planning particularly departments working in Health and Child Affairs.
- 7. Prepositioning of supplies including review of Child Protection messages and other materials.

### **Response actions**

- 1. Establishment of service provision: Case management and MHPSS.
- 2. MHPSS interventions including safe set-up of Child friendly spaces in line with safety guidelines under the pandemic.
- 3. Engage Government (DoR, DSW and Health Department) in response interventions.

#### **Conflict**

The conflict in Myanmar it is characterized by sporadic incidences in different states that are intercommunal violence and armed conflict in different parts of the country and with different drivers. The HRP shows how the situation in Rakhine has been declining since August 2017, while in Norther San, outbreaks of armed conflict have occurred in 2018 and 2019. A look at Kachin in the recent past also reveals that while previous conflicts have led to over 97,00 IDP's from 2011, there has been limited conflict and displacement since August 2018 (HRP 2020:12). UNHCR update for Myanmar issues on June 30, 2020, reported ongoing fighting in Northern Rakhine resulting in displacement of a total of over 2,800 people. This number included IDPs from Rathedaung who was hosting 14,575 IDPs already. In

addition, conflict also continues to hamper Humanitarian access to affected populations in need of services.

The conflict situation has an aftermath of mass displacements of populations, Unexploded ordinances, reports of grave violations, families separated, children and care givers in desperate need of Mental Health and Psychosocial Services (MHPSS).

# Preparedness actions have been identified as;

- 1. Training in basics of Child Protection response and services including Child Protection minimum standards, Rapid Assessments, Simulations, MRE, Psychosocial First Aid and PSEA, Alternative care and Child Safeguarding for a core team/Rapid Response Team.
- 2. Development and strengthening of Referral pathways.
- 3. Awareness raising on Child Protection risks and services for children in need of care and protection.
- 4. Protection monitoring training including Monitoring Rights Mechanisms (MRM).
- 5. Engage Government in Preparedness Planning.
- 6. Prepositioning of supplies including review of Child Protection messages and other materials.

### Response actions include:

- 1. Case management including identification, documentation, tracing and reunification (IDTR).
- 2. Coordination with service providers and other sectors humanitarian actors.
- 3. MHPSS activities for Group and individual as well as for children and care givers using strategies to include communities.
- 4. MHPSS interventions including safe set-up of Child friendly
- 5. Reintegration services.
- 6. Child Protection awareness raising including MRE.
- 7. Child Protection Risk mapping with children.
- 8. Engage Government with Response actions.
- 9. Protection monitoring including MRM.

#### Landslides, Tsunami, Cyclone and Floods

HRP 2020 points out that Myanmar is amongst the most disaster-prone countries in the world with these disasters affecting more than 13 million people since 2002 (HRP 2020:12). Kachin State is specifically prone to Landslide with the last landslide having occurred in June 2020 and others in August 2019 and 2018. This situation results in displacements, loss of lives and property and significant disruption of essential services. It leaves children additionally vulnerable to Child Protection risks associated with family separation, vulnerability of households, disruption in protection mechanisms at household and community level.

As a result of floods and landslides, unexploded ordinances can often shift and become a danger in onconflict affected areas. This call for additional risk analyses and mapping to adequately address the dangers associated with these shifts.

#### **Preparedness actions**

- 1. Development and strengthening of Referral pathways.
- 2. Training of core national team/Rapid Response Team in training of key Child Protection issues including Child Protection Rapid Assessments, Simulations, Child Protection Minimum Standards, MHPSS and Case Management.
- 3. Awareness raising on Child Protection risks and services for children in need of care and protection.
- 4. Prepositioning of supplies including review of Child Protection messages and other materials.
- 5. Training of core national team/Rapid Response Team in training of key Child Protection issues including Child Protection Rapid Assessments, Child Protection Minimum Standards, MHPSS and Case Management.
- 6. Engage Government in Preparedness planning.
- 7. Risk mapping for and awareness/EORE.

### Response actions include:

- 1. Case management including identification, documentation, tracing and reunification (IDTR) in the case of Family separation as well as alternative care.
- 2. Coordination with service providers and other sectors humanitarian actors.
- 3. MHPSS interventions including safe set-up of Child friendly Spaces.
- 4. Engage Government in Response actions.
- 5. Risk mapping for and awareness/EORE.

#### Drought

While drought was identified as a risk that is least likely to happen, Myanmar experienced drought in 1972, 1979, 1982, 1983, 1986 and 1987 and 2010 (http://drought.unccd.int/drought/Asia-Pacific\_files/Myanmar.pdf). This scenario is likely to have an adverse impact as it affects the household food security of a large part of the population. Drought affect household food security especially for agriculture reliant communities. It mainly impacts the agricultural fields, farmers, drinking water scarcity and livestock. As agriculture is the basis for household food security, it affects large populations with its effects threatening to spiral into chronic poverty and risking social protection safety nets which are a key component of a good Child Protection system.

The increased household vulnerability puts children and communities at risk of negative copying mechanisms. These may include sexual related abuses which vulnerably communities are already at risk of including sex for food, early marriages and trafficking, child labor and other abuse, exploitation and neglect related risks.

# Preparedness actions

- 1. Ensure that drought preparedness actions by other sectors take considerations for Children and ensuring their protection.
- 2. Migration awareness.
- Training of humanitarian actors in Child Protection minimum Standards, Child Safeguarding, MHPSS and PSEA.
- 4. Engage Government and other agencies in Preparedness Planning.
- 5. Prepositioning of supplies including review of Child Protection messages and other materials.

# Response actions

- 1. Activation of referral mechanisms.
- 2. Awareness of services, social protection programs and migration.
- 3. Awareness for PSEA.
- 4. Engage Government in Response actions.

#### Conclusion

Even with the scenarios identified, it is possible to have humanitarian developments that are unprecedented either is scale or nature. This document also recognizes the possibility of developments in humanitarian situations which may be unprecedented. In this regard, it recognizes the need for rapid assessments to detect the Child Protection Risks and Vulnerabilities associated to the situation and apply the Child Protection risk management strategies in line with Child Protection Minimum Standards. It recognizes situations that are new including Pandemics as COVID-19 at the start of the pandemic as well as the influx of migrant workers returning to Myanmar from neighboring countries are situations that need to be monitored to determine how they affect children and appropriate responses to be applied. Finally, this document is valid for 2020 and will be reviewed every six months or based on changes in the humanitarian situation.

# Annexes

# **Pandemic**

Refer to excel sheets

# Conflict

Refer to excel sheets

# Tsunami, Landslide, Flood and Cyclone

Refer to excel sheets

# Drought

Refer to excel sheets

Contingency Plan									Monitoring				
	preparedness/res	Activities	Priority	Indicators	target	Resource Needed	Responsible	Comments	Start Date	Due Date	% complete	Note	
	ponse						organizations						
PSEA and child safeguarding	Preparedness	Ensure that children and their caregivers know their rights to receive humanitarain services and how to complaints when they face a problem or want to share their opinions.	High	# of CP actors equiped with MHPSS and PFA tools wihin the CVD-19 context	100%	CP AOR IM	CP AoR	CP AoR request all partners to update their presence and capacity of service and reflect them to the referral pathway.	24/04/2020	1/05/2020	0%		
case management	Preparedness	Continue capacity strengthening options for caseworkers and community volunteers on Case Management and Alternative Care within the COVID-19 context through distance learning, mentoring and coaching.	High	#/% of affected children at higher risk identified and targeted for CP response activities	CP actors	CPWG							
Priority activity	Preparedness	Ensure coordination with Health actors for sensitization of children and their caregivers on prevention against COVID-19 and for the protection and safeguarding children in quarantine (tipsheet is being prepared) also coordinate with MASH actors on prevention of COVID-19 through handwashing and related activities.	High	- # of identified child protection actors including local actors with capacity to respond to the CVD-19	DSW and Health Department	CPWG, UNICEF	UNICEF, UNICEF Emergency and CP sections		01/09/2020				
Priority activity	Preparedness	Update and strengthen multi-sectoral referral pathways at national and sub-national levels to include adapted child protection, health, education, GBV, MHPSS, risk mitigation and resources translated in local languages and ensure wide dissemination among service providers and communities.	High	<ul> <li># of identified child protection actors including local actors with capacity to respond to the CVD-19</li> </ul>	CP actors and partners	CPWG and memebrs	CPWG		01/09/2020				
Priority activity	Preparedness	Ensure risk mitigation and services (where appropriate) to address child protection risks are integrated in the multi- sector preparedness and response plans to COVID-19	High	- Identified needs for affected girls and boys (data disaggregated by age, pop. group and location) - W of affected children in need of CP services (data disaggregated by population group, age and location)	CPWG members	prepositioning of applicable resources e.g. IEC material	CPWG and members	in line with localization strategies, preposition resources needed to ensure providing support to local ofices is feasible.	01/10/2020				
case management	Response	Support case management providers to conduct follow-up through visits or remotely (based on the health status in the area and level of restrictions of movement) and determine frequency of follow-up by risk level	High	#/% of affected children at higher risk identified and targeted for CP response activities	Case Management Task Force	Cas management meetings	UNICEF, Save the Children						
MHPSS	Response	Identify ways to provide remote PSS activities and messages and alternative methods of service delivery through public health services, media, social media, phone messages, etc. for children and their caregivers.	High	# of existing and accessible CP services identified and registered	CPWG, CPWG members, Felld Coordination	Appropriate play material and guidance	CPWG and members						
Priority activity	Response	Ensure coordination with Health actors for sensitization of children and their caregivers on prevention against COVID-19 and for the protection and safeguarding children in quarantine (tipsheet is being prepared) also coordinate with MSSH actors on prevention of COVID-19 through handwashing and related activities.	High	- # of identified child protection actors including local actors with capacity to respond to the CVD-19	CPWG, CPWG members, Feild Coordination, Government	coordination	Government, CPWG, CPWG members	Engagement of relevant Government Departnments in providing humanitarian response is key.					
							1						
					<b> </b>	l	1						
							İ						
l	<b> </b>				1	l	1		-		-		
	<del>                                     </del>				<b> </b>	<del>                                     </del>	1		-				
	<b> </b>				<b> </b>	<b> </b>	<del>                                     </del>						
	ļ				<b></b>	ļ	1				-		
								<u> </u>					

#### Child Protection Preparedness and Response Plan Template

agreed on: date

Contingency	Plan								Monito	ring		
Programmati	preparednes	Activities	Priority	Indicators	targe	Resource	Responsibl	Comments	Start Dat	Due Date	% complete	Note
c Area	s/response				t	Needed	e organizati ons					
PSEA and child safeguarding	Preparedness	Ensure that children and their caregivers know their rights to receive	High	# of CP actors equiped with MHPSS and PFA tools	100%	CP AoR IM	CP AoR	CP AoR request all partners to update their	24/04/202 0	1/05/2020	0%	
auregosiumg		humanitarain services and how to complaints when they face a problem or		wihin the CVD-19 context				presence and capacity of service and reflect				
		want to share their opinions.						them to the referral pathway.				
case management	Preparedness	Continue capacity strengthening options for caseworkers and community	High	#/% of affected children at higher risk identified and	100%	COVID19 Guidance on	UNICEF/SCI	All case management actors and Government	9/04/2020	31/8/2020	75%	Many agenices/government
		volunteers on Case Management and Alternative Care within the COVID-19		targeted for CP response activities		Case Manageme		(both DSW and Medical Social workers) to be				were already trained but there are plans to train
		context through distance learning, mentoring and coaching.				nt/Alternati ve care		trained on COVID19 adaptation to ensure				more volunteers and caseworkers to reach all
case management	Preparedness	Update the directory of existing services and likelihood of access under COVID-	Medium	#/% of affected children at higher risk identified and	100%	Update service	Child Case Management	Case management dashboard is made	1/05/2020	31/12/202 0	50%	
		19 restrictions		targeted for CP response activities		provider mapping	Agencies/ CMTF	available/coordination with other sectors				
						information	members: WVM, TDH,	needs to be enhanced in some locations				
							RMO, KMSS, DRC, SCI,					
							Plan, IRC, WPN, KBC,					
							CFSI, RI, UNICEF					
case management	Response	Ensure remote supervision is available for caseworkers to continue receiving	High	#/% of affected children at higher risk identified and	100%	Coaching and	UNICEF/SCI	Roll-out of training to case management	1/03/2020	31/10/202 0	25%	Some organizations have already been trained in
		support on challenging cases and for their own safety and well-being		targeted for CP response activities		Mentoring Training		partners				2019 and others have been trained early 2020
						modules						(KMSS, RMO, WPN, organiations in Rakhine)
												more trainings will be planned
case				#/% of affected children at	100%		Child Case					
case management	Response	Identify and prioritize children who are more likely to be at greater risk due to the implications of COVID-19 pandemic	High	#/% of affected children at higher risk identified and targeted for CP response	100%	Risk Rating Matrix / Interagency	Child Case Management Agencies/					
		(refugees, IDPs, children on the move,		targeted for CP response activities		Case Manageme	Agencies/ CMTF					
		children in conflict with the law, children in institutional care, survivors				nt SOPs	members: WVM, TDH,					
		of sexual abuse and exploitation, children with disabilities, child labor,					RMO, KMSS, DRC, SCI, Plan, IRC.					
		children working and/or living in the streets, etc.)					WPN, KBC, CFSI, RI.					
Alternative Care	Preparedness	Identify, train and mentor frontline	High			COVID19	UNICEF, ILO UNICEF/SCI		- 10- 10-00	31/12/202		
Alternative Care	Preparedness	workers such as child protection, health, WASH etc. in preventing family	High			Guidance on Case	UNICEF/SCI		1/05/2020	0	50%	
		separation and identifying and referring				Manageme nt/Alternati						
		children who are unaccompanied and separated (UASC)				ve care Adaptations						
Alternative Care	Response	Strengthen social welfare systems to prevent separation, engage in family	High			CP Specific Referral	Case Management		1/05/2020	31/12/202	50%	
		tracing and reunification, and provide family-based alternative care for UASC				Pathways / SOPs	Agencies/DS					
Alternative Care	Response	Ensure children who are separated from	High			COVID19	Case		1/05/2020	31/12/202	SON	
Alternative Care	перине	their caregivers have regular opportunities to communicate with				Guidance on Case	Management Agencies/DS		4,00,000	0		
		them				Manageme nt/Alternati	w					
						ve care Adaptations						
MHPSS	Preparedness	Analyze context and identify priority	High	# of existing and		Child	CPWG					
		groups and their specific needs (for example: children in institutional care,		accessible CP services identified and registered		Protection Rapid						
		children separated from caregivers due to death or isolation, children with pre-				Assessment tool						
		existing mental health conditions, etc.); identify resourc										
MHPSS	Response	Identify ways to provide remote PSS	High	# of existing and accessible CP services		Remote services	UNICEF/Meta					
		activities and messages and alternative methods of service delivery through public health services, media, social		identified and registered		(hotline, online	e Pya Tike					
		media, phone messages, etc. for children and their caregivers.				mobile						
MHPSS	Preparedness	Promote distance learning and	High	# of existing and		application etc.) Training	UNICEF/Meta					
mnraa	reparedness	Promote distance learning and continued capacity strengthening options for MHPSS and case	g11	# of existing and accessible CP services identified and registered		Training Modules and	noia/SCI/Wor					
		management staff related to MHPSS and Psychological First Aid within the				Packages (PFA and	Vision/PLAN/ DRC/Triangle					
		COVID-19 context				MHPSS)	other CPWG members					
EORE	Response	Provide Emergency Explosive Ordnance	Medium	# of men, women, boys		EORE Tools	MRWG					
		Risk Education (EORE)		and girls accessing Emergency EORE			Members					
			-									

agreed on: date

				Contingency Plan				Monitoring					
Programmatic Area			Priority	Indicators	target	Resource Needed	Responsible organizations			Due Date	% complete	Note	
PSEA and child safeguarding	Preparedness	Ensure that children and their caregivers know	High	# of CP actors equiped with MHPSS and PFA	100%	CP AoR IM	CP AoR	CP AoR request all partners to update their presence and	24/04/2020	1/05/2020	0%		
case management	Preparedness	Continue capacity strengthening options for	High	#/% of affected children at higher risk identified and	100%	COVID19 Guidance on Case Management/Alte	UNICEF/SCI	All case management actors and	9/04/2020	31/8/2020	75%	Many agenices/governm ent were already	
case management	Preparedness	Update the directory of existing services	Medium	#/% of affected children at higher risk identified and	100%	Update service provider mapping information	Child Case Management Agencies/ CMTF	Case management dashboard is made available/coordina	1/05/2020	31/12/2020	50%		
case management	Response	Ensure remote supervision is available for	High	#/% of affected children at higher risk identified and	100%	Mentoring Training modules	UNICEF/SCI	Roll-out of training to case management	1/03/2020	31/10/2020	25%	Some organizations have already been	
case management		Identify and prioritize children who are more	High	#/% of affected children at higher risk identified and	100%	/ Interagency Case Management SOPs	Child Case Management Agencies/ CMTF						
Alternative Care	Preparedness	Identify, train and mentor frontline workers such as	High			COVID19 Guidance on Case Management/Alte	UNICEF/SCI		1/05/2020	31/12/2020	50%		
Alternative Care	Response	Strengthen social welfare systems to prevent	High			CP Specific Referral Pathways / SOPs	Case Management Agencies/DSW		1/05/2020	31/12/2020	50%		
Alternative Care	Response	Ensure children who are separated from their	High			COVID19 Guidance on Case Management/Alte	Agencies/DSW		1/05/2020	31/12/2020	50%		
MHPSS	Preparedness	Analyze context and identify priority groups	High	# of existing and accessible CP services identified		Child Protection Rapid Assessment tool	CPWG						
MHPSS	Response	Identify ways to provide remote PSS activities and	High	# of existing and accessible CP services identified		Remote services (hotline, online mobile application	UNICEF/Metanoia, SCI/Mee Pya Tike	(					
MHPSS	Preparedness	Promote distance learning and continued capacity	High	# of existing and accessible CP services identified		Training Modules and Packages (PFA and MHPSS)	UNICEF/Metanoia, SCI/World Vision/PLAN/DRC/	1					
EORE	Response	Provide Emergency Explosive	Medium	# of men, women, boys and girls accessing		EORE Tools	MRWG Members					clone	

#### Child Protection Preparedness and Response Plan Template

agreed on:

Contingency Plan										Monitoring						
preparedness/respo contingency r							Responsible									
Programmatic Area	nse	Activities	Priority	Indicators	target	Resource Needed	organizations	Comments	Start Date	Due Date	% complete	Note				
_								CP AoR request all								
		Ensure that children and their						partners to update								
		caregivers know their rights to receive humanitarain services and how to		# of CP actors equiped with MHPSS and PFA				their presence and capacity of service and	24/04/2020	1/05/2020		D%				
		complaints when they face a problem		tools wihin the CVD-19				reflect them to the								
PSEA and child safeguarding	Preparedness	or want to share their opinions.	High	context	100%	CP AoR IM	CP AoR	referral pathway.								
		Continue capacity strengthening options for caseworkers and						All case management actors and Government								
		community volunteers on Case						(both DSW and Medical								
		Management and Alternative Care		#/% of affected children		COVID19 Guidance on		Social workers) to be	9/04/2020	31/8/2020	7	5% Many agenices/government were				
		within the COVID-19 context through		at higher risk identified		Case		trained on COVID19				already trained but there are plans to				
case management	Preparedness	distance learning, mentoring and coaching.	High	and targeted for CP response activities	1009/	Management/Alternativ e care Adaptations	UNICEF/SCI	adaptation to ensure buisiness continuity				train more volunteers and caseworkers to reach all				
case management	riepareuriess	coaching.	riigii	response activities	100/6	e care Adaptations	UNICEF/3CI	Case management				to reactifall				
							Child Case Management	dashboard is made								
				#/% of affected children			Agencies/ CMTF members:	available/coordination	1/05/2020	31/12/2020	5	0%				
		Update the directory of existing		at higher risk identified			WVM, TDH, RMO, KMSS,	with other sectors needs to be enhanced	,,	,,						
case management	Preparedness	services and likelihood of access under COVID-19 restrictions		and targeted for CP response activities	100%	Update service provider mapping information	DRC, SCI, Plan, IRC, WPN, KBC, CFSI, RI, UNICEF	in some locations								
												Some organizations have already been				
		Ensure remote supervision is available		#/% of affected children								trained in 2019 and others have been				
		for caseworkers to continue receiving		at higher risk identified				Roll-out of training to	1/03/2020	31/10/2020	2	5% trained early 2020 (KMSS, RMO, WPN,				
case management	Response	support on challenging cases and for their own safety and well-being		and targeted for CP response activities	1009/	Coaching and Mentoring Training modules	UNICEF/SCI	case management partners				organzations in Rakhine) - more trainings will be planned				
case management	Response	their own salety and wen-benig	riigii	response activities	100%	Hailling modules	UNICEF/3CI	partilers				trainings will be plained				
		Identify and prioritize children who are														
		more likely to be at greater risk due to														
		the implications of COVID-19 pandemic (refugees, IDPs, children on the move.														
		children in conflict with the law.														
		children in institutional care, survivors					Child Case Management									
		of sexual abuse and exploitation,		#/% of affected children			Agencies/ CMTF members:									
		children with disabilities, child labor, children working and/or living in the		at higher risk identified and targeted for CP		Risk Rating Matrix / Interagency Case	WVM, TDH, RMO, KMSS, DRC. SCI. Plan. IRC. WPN.									
case management	Response	streets, etc.)		response activities	100%	Management SOPs	KBC, CFSI, RI, UNICEF, ILO									
case management	NC3p013C	Jacob, etc.)		response activities	10070	Wildring Cities Co. 3	ROC, CI SI, III, OHICEI, IEO									
		Identify, train and mentor frontline														
		workers such as child protection,							1/05/2020	31/12/2020		0%				
		health, WASH etc. in preventing family separation and identifying and referring				COVID19 Guidance on Case			1/05/2020	31/12/2020	-	U76				
		children who are unaccompanied and				Management/Alternativ										
Alternative Care	Preparedness	separated (UASC)	High			e care Adaptations	UNICEF/SCI									
		Strengthen social welfare systems to														
		prevent separation, engage in family							1/05/2020	31/12/2020		D%				
		tracing and reunification, and provide				CP Specific Referral	Case Management		,,	,,						
Alternative Care	Response	family-based alternative care for UASC	High			Pathways / SOPs	Agencies/DSW									
		Analyze context and identify priority groups and their specific needs (for														
		example: children in institutional care,														
		children separated from caregivers due					1		l							
		to death or isolation, children with pre-		# of existing and accessible CP services		Child Destroyles D. 11	1		l							
MHPSS	Preparedness	existing mental health conditions, etc.); identify resourc	High	accessible CP services identified and registered		Child Protection Rapid Assessment tool	CPWG		l							
		Promote distance learning and	- a								1					
		continued capacity strengthening					1		l							
		options for MHPSS and case		# -6		Totales Mandelles	UNICEF/Metanoia/SCI/Wo		l							
		management staff related to MHPSS and Psychological First Aid within the		# of existing and accessible CP services		Training Modules and Packages (PFA and	rld Vision/PLAN/DRC/Triangle		l							
MHPSS	Preparedness	COVID-19 context	High	identified and registered		MHPSS)	other CPWG members		l							
							<b>+</b>	1			1					
1							<b>+</b>	1			1	+				
											1					
-								-				+				
												1				
											<u> </u>					
	· ·															
							<b>+</b>	1			1					
							-	-		1	1					
	1					1	1				1					