

Supporting Children, Families, and Communities during COVID-19: A Learning Module for Community Volunteers

Facilitator Guide

ACKNOWLEDGEMENTS

Numerous individuals contributed their time and expertise in developing this learning module. As the co-leads of the Learning and Development Working Group, Katie Robertson (Plan International) and Elena Giannini (UNICEF) led the development of this module in consultation with Working Group members. Their leadership was instrumental in moving the work forward.

Our special thanks to the Alliance members and Secretariat who supported the development of this module: Hani Mansourian, Audrey Bollier, Colleen Fitzgerald, Laura Lee, Claire Whiting and Judi Fairholm.

PUBLISHING/CITATIONS

©2021 The Alliance for Child Protection in Humanitarian Action

The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings.

Through its technical working groups and task forces, the Alliance develops interagency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

For more information on the Alliance's work and joining the network, please visit <https://www.alliancecepha.org> or contact us directly at: info@alliancecepha.org

This facilitator's guide is made possible by the generous support of the American people through the Bureau for Humanitarian Assistance (BHA) at the United States Agency for International Development (USAID). The contents are the responsibility of the Alliance, and do not necessarily reflect the views of USAID or the United States Government.

For readers wishing to cite this document, we suggest the following:

The Alliance for Child Protection in Humanitarian Action (2021). *Supporting Children, Families, and Communities during COVID-19: A Learning Module for Community Volunteers Facilitator Guide*.

COURSE OVERVIEW

Course aim: To enhance the knowledge and skills of community volunteers to support the protection and well-being of children in COVID-19 and other infectious disease outbreaks (IDOs) at the community level.

Course objectives: By the end of the course, participants will be able to:

- Identify the increased risks that children may be exposed to during COVID-19 and other IDOs.
- Describe ways to avoid family separation in the context of COVID-19 and other IDOs.
- List adaptations for safe identification and referral in the context of COVID-19 and other IDOs.
- Explain the risks associated with stigmatization and how to mitigate them.
- Reflect on their own safety and well-being.

Target audience: Existing community volunteers who might receive a stipend, and who support basic child protection case identification and referral, awareness raising, and/or child-friendly spaces.

Prerequisites:

- Knowledge of child protection risks in the community prior to the outbreak.
- Familiarity with safe identification and referral processes prior to the outbreak.
- Ability to refer identified child protection cases.

Sample Agenda: An overview of the session topics and length is shown below. You should deliver the sessions in the order they are presented here, but remove any sessions which are not required by the learners in your context. To decide which sessions are required, please review the session level learning objectives provided throughout the guide. Sessions should be scheduled in the way which is most suitable for your learners. For example, one session per week could be given over a period of weeks.

Session title	Duration
Welcome and Introductions	45 minutes
What are Infectious Disease Outbreaks and COVID-19?	35 minutes
CP Risks During COVID-19 and other IDOs	90 minutes
The Impact of School Closures	30 minutes
Family Separation During COVID-19 and other IDOs	65 minutes

Safe Identification and Referral During COVID-19 and other IDOs	90 minutes
Stigma and your Role in Preventing it!	60 minutes
Safe Awareness-raising During COVID-19 and other IDOs	70 minutes
Protecting and Maintaining your Well-being	70 minutes
Evaluation and Close	45 minutes

Equipment, materials, and preparation required:

- 4 flip charts
- Assorted colored markers (enough for 4 groups to use simultaneously)
- Post-it notes
- Ball of string

Supporting information:

- The facilitator should be familiar with the referral pathways and service mapping for case management for the volunteers in the area of coverage.
- The facilitator should review the following guidance notes:
 - [COVID-19 technical guidance note](#)
 - [The interagency guidance for alternative care during COVID-19 Children, Isolation and Quarantine: Preventing Family Separation and Other Child Protection Considerations During the COVID-19 Pandemic](#)
 - [Save the Children *Psychological First Aid Training Manual for Child Practitioners*](#)
 - [Working with communities to keep children safe](#)
 - [Community Engagement in Case Management report briefing](#)
- Recommended group size: 16-24 participants.

Face-to-face delivery:

Before delivering the training in person, ensure you are following relevant COVID-19 regulations and precautions. These may include:

- Conducting the training outside, if possible.
- Limiting the number of participants.
- Requiring the training room to be a certain minimum size.
- Providing handwashing facilities or hand sanitizer and personal protective equipment such as face masks.
- Arranging the room to allow appropriate distance between participants.
- Increasing air flow by opening windows and doors.
- Limiting the sharing of equipment and resources by, for example, allocating a marker and Post-it notes to each participant for the duration of the course.

Note: This course has been designed for face-to-face delivery. If you plan to deliver it remotely, we recommend referring to the tip sheet on [Delivering Training Remotely](#). For more support, contact the L&D Working Group at learning@alliancecpha.org.

Overview of Sessions & Learning Objectives

Session 1: Welcome and Introductions

Session aim: To introduce participants to the course, each other and the facilitation team.

By the end of the session, participants will be able to:

S1. O1: Recall the structure and objectives of the course.

S1. O2: Introduce the facilitators and their fellow participants.

S1. O3: Outline expected behaviors in the training room.

Session 2: What are Infectious Disease Outbreaks and COVID-19?

Session aim: To provide participants with basic knowledge on what COVID-19 and other IDOs are and how they spread.

S2. O1: Explain what COVID-19 is and how IDOs such as COVID-19 are transmitted.

S2. O2: Recall accurate sources of information on COVID-19.

Session 3: CP Risks During COVID-19 and other IDOs

Session aim: To introduce participants to the role of children's environments in their protection and to highlight the increased risks that children might be exposed to in the context of COVID-19 and other IDOs.

S3. O1: Explain the different components of children's environments that influence the protection of children

S3. O2: Identify the increased risks that children may be exposed to in the context of COVID-19 and other IDOs.

Session 4: The Impact of School Closure

Session aim: To explore how the absence of face-to-face schooling — due to school closure or extended isolation — may impact the protection and well-being of children.

S4. O1: Describe the impact of school closure on children.

S4. O2: Explain how school closure affects protective and risk factors for child protection and well-being.

Session 5: Safe identification and Referral During COVID-19 and other IDOs

Session aim: To provide participants with the foundations for adapting safe identification and referral in the context of COVID-19 and other IDOs.

S5. O1: Describe ways to safely identify cases in the context of COVID-19 and other IDOs.

S5. O2: Explain how to safely refer child protection cases during COVID-19 and other IDOs.

Session 6: Stigma and your role in Preventing it!

Session aim: To introduce participants to stigma and discrimination in the context of COVID-19 and other IDOs and how to prevent and respond to it in the community.

S6. O1: Describe the risk of stigma.

S6. O2: Identify the occurrence of stigmatization within the community.

S6. O3: Describe ways to prevent and respond to stigmatization.

Session 7: Safe Awareness-Raising During COVID-19 and other IDOs

Session aim: To introduce participants to key considerations in adapting child protection awareness-raising in the context of COVID-19 and other IDOs.

S7. O1: Outline the importance of continued child protection awareness-raising during COVID-19 and other IDOs.

S7. O2: Explain adaptations for safe continuity of child protection awareness-

raising during COVID-19 and other IDOs.

S7. O3: List the types of key COVID-19 messages to mainstream in adapted awareness-raising activities.

Session 8: Protecting and Maintaining your Well-being

Session aim: To remind participants of the importance of their own safety and well-being while volunteering and to provide an opportunity to discuss.

S8. O1: Reflect on ways to maintain their own safety.

S8. O2: Recognize that it is normal to experience stress during a pandemic.

S8. O3: Reflect on their own psychosocial well-being.

Session 9: Evaluation and Close

Session aim: To collect participant feedback, recap key learning points and close the course.





S9. O1: Identify key learning from the course.


S9. O2: Evaluate the course and provide feedback to the facilitators.



Welcome and Introductions

SESSION PLAN:

Session Length 	45 minutes
Aim and Learning Outcomes 	<p>Session aim: To introduce participants to the course, each other and the facilitation team.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Recall the structure and objectives of the course.• Introduce the facilitators and their fellow participants.• Outline expected behaviors in the training room.
Key learning points 	Not applicable for this session.
Related Materials & Supporting Information 	<p>Think about the learning environment. Behaviors you may want to elicit from participants include:</p> <ul style="list-style-type: none">• Participation• Respect• Punctuality• Listening• Openness to new ideas and perspectives• Readiness to learn• Willingness to share experiences




	Note: Be sensitive to potential power dynamics within the community. Encourage participation among all, being sensitive to gender dynamics and other identities related to power.
Preparation Required 	Not applicable for this session.

Time	Facilitator Notes:
5 min.	Welcome Introduce yourself and welcome participants to the course. Outline the course objectives and structure.
10 min.	Icebreaker Put the participants into groups of around four people. Give groups 3 minutes to make a list of things they like about being a volunteer or draw small pictures of what they love about being a volunteer. While you time the 3 minutes, write down or draw your own answer about what you love about your role. Bring the large group back together, share your own answer and ask each group to share one or two of their examples.
15 min.	Introductions Invite any co-facilitators and each participant to briefly introduce themselves to the group, sharing their name and something they love about their role.
10 min.	The learning environment In plenary, ask: How do we want to work together? What behaviors do we commit to, to make the most of our time together? Facilitate the discussion and make a note of the commitments on a flip chart, then display this on the wall of the training room.
5 min.	Wrap up Wrap up this session, checking for any questions.



What are Infectious Disease Outbreaks & COVID-19?



SESSION PLAN:

Session Length 	35 minutes
Aim and learning outcomes 	<p>Session aim: To provide participants with basic knowledge on what COVID-19 specifically and IDOs generally are and how they spread.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain what COVID-19 is and how IDOs such as COVID-19 are transmitted.• Recall accurate sources of information on COVID-19.
Key learning points 	<ul style="list-style-type: none">• COVID-19 is an infectious disease caused by a coronavirus. COVID-19 can spread from person to person when tiny parts of the virus get into the air onto surfaces when a person with the virus breathes, talks, laughs, sings, coughs or sneezes. COVID-19 can be severe and has caused deaths and long-lasting health problems to people around the world.• Because COVID-19 spreads from person to person, transmission can be reduced with measures that reduce exposure to the virus in the air or on surfaces. This is why physical distancing, wearing a mask, hand washing and/or sanitizing as well as containment measures including isolation (when a person has the virus) and quarantine (when a person may have been exposed to the virus) are important to preventing COVID-19.• There are other types of infectious diseases that spread in different ways and require different approaches to reducing transmission. For

example, malaria is transmitted by mosquitoes. Diseases like HIV/AIDS can be sexually transmitted.

- COVID-19 affects different people in different ways. Common symptoms of COVID-19 include: raised temperature, dry cough, tiredness. Less common symptoms include: headache, aches and pains, sore throat, diarrhea, loss of taste or smell, shortness of breath, chest pains. Some people who have COVID-19 have no symptoms (asymptomatic), but they can still spread the virus to others.
- Most people who get COVID-19 will develop a mild to moderate illness and recover without hospital treatment. If you are otherwise healthy and have mild symptoms, you should isolate at home. If you have serious symptoms, you should seek immediate medical attention, but always call the medical facility first, before visiting.
- Fewer children have been sick with COVID-19 compared to adults, but children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms (“asymptomatic”) can still spread the virus to others.
- There is a lot of information about COVID-19, but it is important to get accurate information, because false news can increase fear among communities and keep individuals, households and communities from practicing the correct prevention and control measures. We are also continually learning new things about this new virus, including some information proving false.

You can stay up to date on the latest public health information by visiting the [World Health Organization](#) (WHO) website and consulting your national and local public health authorities. Where internet access is not available, volunteers should identify reliable local sources of information.

<p>Preparation Required</p> 	<p>Print infographics with most relevant facts on preventing transmission from WHO.</p> <p>The WHO Transmission Package is available here.</p>
<p>Related materials & supporting information</p> 	<ul style="list-style-type: none"> • Infectious disease outbreaks (IDOs) occur when there are more cases of an infectious disease than is normally expected in a given community, geographical area or season. Outbreaks that occur in a restricted geographical area are called epidemics. Those that spread over multiple countries or continents, affecting large numbers of people, are called pandemics. • Epidemics and pandemics can be caused by a disease that has a constant presence in an area like dengue fever and malaria, or by newly emerging diseases, such as COVID-19 or SARS. • Infectious diseases can be classified into two groups: those that do not spread via person to person contact and do not require containment and mitigation measures to control the spread, such as yellow fever and Zika; and those that can spread via person to person contact, such as COVID-19 and Ebola. These can require containment and mitigation measures, such as quarantine or isolation. • See here: Guidance on child protection in infectious disease outbreaks for more information.




Time	Facilitator Notes
3 min.	<p>Introduction</p> <p>Introduce the session aim and objectives.</p>
20 min.	<p>What are IDOs</p> <p>Put a true sign and a false sign on opposite walls of the training space. Explain that you will read a series of statements and the participants should move to the true sign, if they believe it is true, and towards the false sign, if they believe it is false.</p> <p>Check understanding then read each statement in turn. After each statement discuss any different opinions with the participants and clarify the correct answer as required.</p> <p><i>COVID-19 is an infectious disease caused by a coronavirus. (True.)</i></p> <p><i>COVID-19 can spread from person to person. (True: it spreads when tiny parts of the virus get into the air and onto surfaces when a person with the virus breathes, talks, laughs, sings, coughs or sneezes.)</i></p> <p><i>COVID-19 can be severe and can cause deaths and long-lasting health problems. (True: COVID-19 has caused deaths and long-lasting health problems around the world.)</i></p> <p><i>Physical distancing, wearing a mask, hand washing and/or sanitizing are important to prevent COVID-19. (True: because COVID-19 spreads from person to person, transmission can be reduced by measures that reduce exposure to the virus in the air or on surfaces.)</i></p> <p><i>Measures including isolation (when a person has the virus) and quarantine (when a person may have been exposed to the virus) are NOT important to preventing COVID-19. (False: because COVID-19 spreads from person to person, transmission can be reduced when people that have the virus isolate and when people who may have the virus quarantine. These measures contain the virus and reduce its spread.)</i></p> <p><i>COVID-19 affects different people in different ways. (True: common symptoms of COVID-19 include raised temperature, dry cough, tiredness. Less common symptoms include headache, aches and pains, sore throat, diarrhea, loss of taste or smell, shortness of breath, chest pains.)</i></p> <p><i>Most people who get COVID-19 become very ill and need to go to hospital for treatment. (False: most people who get COVID-19 will develop a mild to moderate illness and recover without hospital treatment.)</i></p>



	<p><i>Children can be infected with the virus that causes COVID-19 but cannot get sick from it.</i> (False: though fewer children have been sick with COVID-19 compared to adults, children can develop symptoms.)</p> <p><i>If you are otherwise healthy and have mild symptoms with COVID-19, you should isolate at home.</i> (True. If you have serious symptoms, you should seek immediate medical attention. But always call the medical facility first, before visiting.)</p> <p><i>All infectious disease outbreaks require containment measures like quarantine and isolation.</i> (False: these types of containment measures are only required for person-to-person transmitted infectious diseases. There are other types of Infectious diseases that spread in different ways and require different approaches to reducing transmission. For example, malaria and Zika are transmitted by mosquitoes.)</p> <p>Invite participants to return to their seats and ask if there are any questions.</p>
<p>10 min.</p>	<p>Information sources</p> <p>Explain that false news and rumors often occur when people do not have enough accurate information and understanding about a disease. They can occur when there are strong cultural beliefs surrounding a disease or prevention measures, or where there are contradictory messages coming from different sources. False news and rumors can increase fear among communities, which can keep individuals, households and communities from practicing the correct prevention and control practices. This means that providing accurate information to increase knowledge and understanding about coronavirus disease (COVID-19) and its transmission is important. Accurate information can stop myths and misconceptions.</p> <p>Explain that you will talk more about awareness raising later in the course. For now, the important point is knowing where to get accurate information about an infectious disease outbreak, such as COVID-19.</p> <p>One way to stay up to date on the latest public health information is by visiting the World Health Organization (WHO) website and consulting your national and local public health authorities.</p> <p>In plenary, ask: How else can you stay up to date? Where can you find reliable information on health and the COVID-19 situation in your local context? What about in communities where there is limited access to the internet? Make a list of the suggestions on a flip chart and display this in the training space.</p>
<p>2 min.</p>	<p>Wrap up</p> <p>Wrap up the session, checking for any questions.</p>



CP Risks During COVID-19 and other IDOs

SESSION PLAN:

<p>Session Length</p> 	<p>90 minutes</p>
<p>Aim and learning outcomes</p> 	<p>Session aim: To introduce participants to the role of children’s environments in their protection and to highlight the increased risks that children might be exposed to in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain the different components of children’s environments that influence the protection of children• Identify the increased risks that children may be exposed to in the context of COVID-19 and other IDOs.
<p>Key learning points</p> 	<ul style="list-style-type: none">• A child’s world is like a spider web. The child sits at the center but feels what happens in any parts of the web. When we talk about a child’s environment we talk about the child’s social web.• The child’s environment/spider web can be represented with a diagram with the child at the center, surrounded by a number of rings which represent things that can affect their life. The ring closest to the child represents the things and the people closest to them such as their family. The rings further away are about people and things in the community or in the society that can also affect the child’s life.• Infectious diseases like COVID-19 disrupt the environments in which children grow and develop. Some prevention and control measures, such as home containment, school closures and restrictions on movement impact children and their caregivers. For example,

	<p>these measures may change daily routine, reduce contact with friends and increase stress for parents and caregivers. This may increase risk factors and decrease protective factors.</p> <ul style="list-style-type: none"> • During a time of crisis, most of the components of a child’s environment are negatively impacted. Protective factors may reduce the likelihood of children being abused or neglected. Risk factors are linked to the likelihood of abuse and neglect. • The impact of IDOs, such as COVID-19, on risk and protective factors depends on the child’s environment and the prevention and control measures in place. <p>NOTE: This session uses the socio-ecological model to frame the exercises, but it does not use the term <i>socio-ecological</i>. Instead, the term <i>children’s environments</i> is used.</p>
<p>Preparation Required</p> 	<ul style="list-style-type: none"> • Review the list of roles for the first exercise and adapt/add to the list based on your specific context. • Write or print out the role labels so there is one for each participant. If the participants are not literate, use pictures to identify each role. • Draw a big copy of the socio-ecological model (approx. 50 cm or larger). • Read the COVID-19 slide, found in the supporting information below, to help you prepare for the session.
<p>Related materials & supporting information</p> 	<p>Case Study:</p> <p>Michael’s Story</p> <p>Michael is an eight-year-old boy. He lives in a refugee camp with his mother, father and two siblings. Michael’s parents are not literate. He finds school difficult. Before COVID-19, he had found some stability in the temporary learning space. The teacher always supported him by giving extra hours to finish his lessons and understand the topics. However, after the disruption of school during COVID-19, the teacher was not able to provide support.</p>

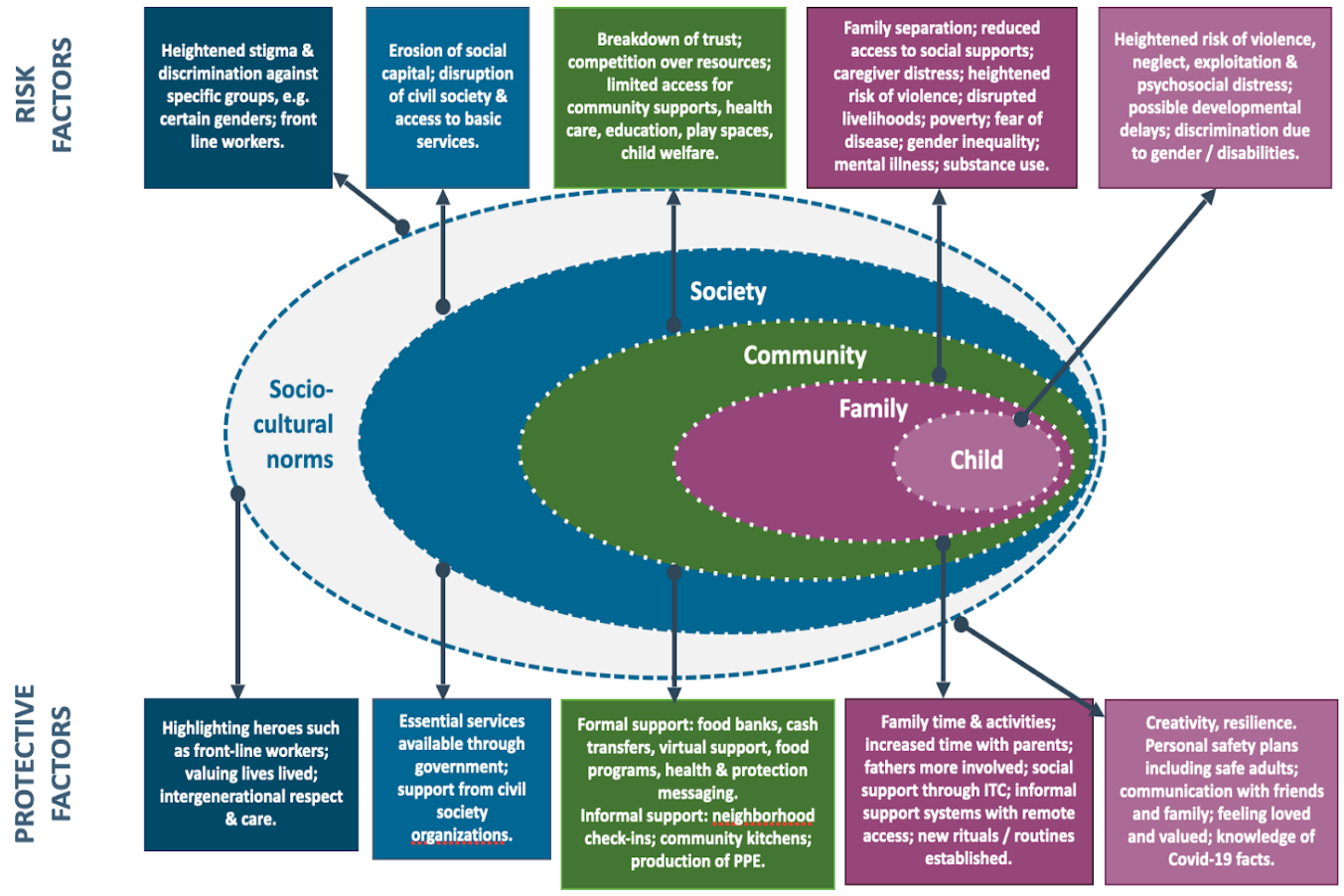
Due to lockdown Michael has been unable to play with his friends.

Michael and his older siblings are attending school online, but one mobile phone is not enough for all three children. Michael is struggling to use the online system and to follow the lessons. Overall, Michael's siblings are doing OK. Both of them have attempted to support Michael in accessing online classes, but it is too difficult to help him on such a small screen. Their neighbor is a teacher who had helped Michael with his homework in the past.

Michael's father is lucky to continue work as a cleaner at a local health facility. But he worries about what would happen to his family if he got sick. Michael's mother was selling sweets, but she has lost her source of income. She seems depressed: first the war; now coronavirus. She misses meeting up with her sisters and a local group of women that she joined when they arrived at the camp. She often states that she cannot cope anymore and that she has no hope for the future.

- **Risk factors:** internal displacement status and camp setting; parental illiteracy; external support (from teacher) ceased due to public health measures; school closed and lack of access to appropriate distance education technology; reduced social support; parental stress due to health and lost income; mother's mental health/depression.
- **Protective factors:** living at home; caring, responsive caregivers; sibling support; family income from father's employment; supportive adults connected to the family (neighbors).

Socioecological model pictured on the next page.






Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Introduce the session aim and objectives.</p>
20 min.	<p>Impact of COVID-19</p> <p>Explain that infectious diseases like COVID-19 disrupt the environments in which children grow and develop.</p> <p>Ask: What restrictions have been imposed in your community?</p> <p>Explain that some prevention and control measures, such as home containment, school closures and restrictions on movement impact children and their caregivers.</p> <p>In plenary, ask: What might be some impacts on children and their caregivers if:</p> <ul style="list-style-type: none"> • A family member gets COVID-19. • Schools are closed. • Movement is restricted. • Parents are not able to work. • Social gathering is not permitted. <p>Repeat for each point and facilitate the discussion, referring to the layers of the socio-ecological model and key points as shown on the slide (see supporting information).</p> <p>Summarize that during a time of crisis, most of the components of children’s environments are negatively impacted. Changes to children’s routine, reduced contact with friends and increased stress for parents and caregivers may increase risk factors and decrease protective factors.</p> <p>Clarify that protective factors are things which may reduce the likelihood of children being abused or neglected, while risk factors are linked to the likelihood of abuse and neglect. Provide an example of each:</p> <ul style="list-style-type: none"> • Risk factor: caregiver stress, lack of access to education. • Protective factor: consistent, responsive caregiver, attending a safe school, stable household income. <p>Say: “We are going to work on these concepts in some more activities.”</p>

<p>20 min.</p>	<p>Case study</p> <p>Explain that the impact of IDOs on risk and protective factors depends on the context and the prevention and control measures in place. Organize the participants into small groups of three to four people. Explain that you will read a short case study (Michael’s story: see supporting information above). They should read it and identify protective and risk factors within it.</p> <p>Give the groups 15-20 minutes to work on this.</p>
<p>20 min.</p>	<p>Plenary feedback</p> <p>Bring the group back together and invite each group to call out two protective and two risk factors they identified. After going through each group, ask if there are any more risk or protective factors that have not been mentioned. Discuss any points which are not agreed between groups and clarify anything which is not well understood.</p>
<p>5 min.</p>	<p>Wrap up</p> <p>Recap the key learning points and wrap up the session, checking for any questions.</p>





The Impact of School Closure

SESSION PLAN:

Session Length 	30 minutes
Aim and learning outcomes 	<p>Session aim: To explore how the absence of face-to-face schooling — due to school closure or extended isolation — may impact the protection and well-being of children.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Describe the impact of school closure on children.• Explain how school closure affects protective and risk factors for child protection and well-being.
Key learning points 	<ul style="list-style-type: none">• In many contexts, safe, quality education can offer a protective environment for children and youth who are at risk of abuse, exploitation and neglect. It gives children access to adults who can keep them safe during school hours and to community support networks that help protect them. These networks can be an important part of the referral process for protection related issues.• School closures and extended periods of isolation at home may negatively impact the development and mental health and well-being of children and youth and may place them in dangerous situations (e.g., violence in the home, increase in child labor, increased risk of child marriage and early pregnancy).• The impact of school closures can be felt at multiple levels. <p>- <i>Learning:</i> Some schools will provide</p>

online learning opportunities, but access and quality may vary. Some children may not have developed skills to use the technology or may not have access to the devices needed. Certain groups, such as children with disabilities, girls and others may have less access to the necessary technology.

- *Safeguarding risks:* Online learning or more time spent online increases the risk of online bullying, abuse and exploitation.
- *Peer support and play opportunities:* Children who are out of school lose opportunities to engage and play with their peers.
- *School-based services:* Access to services such as psychosocial support or other referrals (health and social services) that can be made through schools are lost.
- *Nutrition:* Children dependent on school meals for access to at least one nutritious meal a day go without.
- *Increase vulnerability to abuse, exploitation and neglect:* children being home may put additional stress on parents or caregivers accustomed to the support offered through schools or/and place already vulnerable children at increased risk. This risk of abuse and neglect is increased in particular for children and young people with disabilities as well as children already at risk of violence/abuse/neglect in the home.
- Children, families and communities have in many contexts found ways to creatively support children's learning and well-being. For example, parents have learned how to support children through creating a positive learning environment at home where distance learning was possible (establishing a routine,

	<p>rotating devices, working with neighbors, etc.). Additionally some children and parents expressed appreciation for the additional time together, as it made their relationships stronger. These protective factors should be recognized and built upon in responses to support children impacted by school closures.</p> <ul style="list-style-type: none"> • Child protection and well-being should be central considerations when weighing up decisions on school closures and reopening.
<p>Preparation Required</p> 	<p>Select the two most appropriate animated videos for your context. To access The Alliance's YouTube channel to view videos and transcripts click here.</p>
<p>Related materials & supporting information</p> 	<p>Not applicable for this session.</p>




Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Explain that in this session you will look more specifically at one of the possible outcomes of prevention and control measures: school closures, and their impact on children and their families.</p> <p>Introduce the session aim and objectives</p>
20 min.	<p>Children's stories</p> <p>Explain that school should be a safe environment for children, so in most (although not all) cases when schools are closed, children have less protection and are faced with more risks.</p> <p>Explain that you will show two short videos. These are fictional stories but have been designed based on the real risks to children when schools are closed.</p>

	<p>Ask the participants to make a note of any specific risks and impacts on the child of school being closed as they watch the videos.</p> <p>Show the first video. Ask: How did school closures impact [insert child's name]? Feed in any additional points from the video notes.</p> <p>Explain that the context and specific environment of a child will also impact how school closures affect them. Say: "We will watch another video about a different child. Make a note of the risks and impacts on [insert child name]."</p> <p>Show the second video. Ask: How did school closures impact [insert child's name]? Feed in any additional points from the video notes.</p>
5 min.	<p>Wrap up</p> <p>Summarize the key learning points and wrap up the session, checking for any questions.</p>





Family Separation During COVID-19 and other IDOs

SESSION PLAN:

Session Length 	65 minutes
Aim and learning outcomes 	<p>Session aim: To introduce participants to the increased risk of family separation in IDOs such as COVID-19 and explore the role of community volunteers in preventing and responding to separation.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain the risks of separation that children may face during COVID-19 and other IDOs.• Describe actions to prevent separation during COVID-19 and other IDOs.
Key learning points 	<ul style="list-style-type: none">• Public health measures implemented in response to COVID-19 may lead to, or increase the likelihood of, family separation. These measures have included things like social distancing, movement restrictions, curfews, border closures, quarantine and self-isolation.• In these contexts children may become separated from their families, as, for example, when:<ul style="list-style-type: none">- The caregiver needs to self-isolate or quarantine in a place other than the family home because they have caught or been exposed to COVID-19 (note that facility-based isolation or

quarantine should be a last resort where for a specified reason, home-based isolation or quarantine is not possible if a child needs to be admitted for facility-based isolation or quarantine they should not be separated from the primary caregiver/close relative).

- The caregiver dies of COVID-19.
 - The caregiver cannot reach his/her children because of border closures or movement restrictions.
 - The child has been admitted into the hospital where caregivers are not allowed to be present, due to infection prevention measures.
 - The child is sent to an institution or other family member in an attempt to keep them safe from COVID-19 or because of a loss of income linked to the COVID-19 public health emergency.
- Children who are left without adequate care and supervision due to the primary caregiver getting COVID-19 or who are isolated or quarantined in a facility are at increased risk of violence, sexual exploitation, abuse and neglect. This is particularly true for younger children, children with special needs and girls (although boys are also at risk).
 - Volunteers should be aware of the risks of family separation during COVID-19 and raise awareness in the community, to help prevent family separation from occurring. You should also identify cases and potential cases of separation and connect these with the child protection focal point of a local organization or the government so that the child and family can be appropriately supported.

<p>Preparation Required</p> 	<p>Ensure you are aware how and to whom volunteers should report any identified or potential cases of family separation so that you can provide specific details during the session.</p>
<p>Related materials & supporting information</p> 	<p>Not applicable for this session.</p>

Time	Facilitator Notes
<p>5 min.</p>	<p>Introduction</p> <p>Introduce the session aim and objectives</p> <p>Remind participants that, as we saw in the last session, sometimes governments and leaders make decisions during COVID-19 and other outbreaks to try to decrease the spread of the virus. These are called public health measures. Public health measures are necessary but may also lead to risks to children’s protection and well-being.</p>
<p>15 min.</p>	<p>Risks of family separation</p> <p>In plenary, ask: Which public health measures during COVID-19 might increase the risk of a child being separated from their family?</p> <p>Take some suggestions from the group and ensure the following points are covered:</p> <ul style="list-style-type: none"> • Curfews and other restrictions of movement. • Quarantine at home or in other designated areas in the event of contact with someone with the infection. • Self-isolation at home or in a designated facility if the infection has been contracted. • Admission to hospital for treatment. • Weakened support structures (e.g., unavailability of supportive neighbors, grandparents and services). <p>Ask: “What might cause a child to become separated from his or her family or caregiver?”</p>




	<p>Take some suggestions from the group and ensure the following points are covered:</p> <ul style="list-style-type: none"> • The caregiver needs to self-isolate in a place other than the family home. • The caregiver is required to quarantine in a place other than the family home. (Note: facility-based isolation or quarantine should be a last resort where for a specified reason, home-based isolation or quarantine is not possible. If a child needs to be admitted for facility-based isolation or quarantine they should not be separated from the primary caregiver/close relative.) • The caregiver has died. • The caregiver cannot reach his/her children because of border closures or movement restrictions. • The child has been admitted into the hospital where caregivers are not allowed. • The child is sent to an institution or other family member in an attempt to keep them safe from COVID-19 or because of a loss of income linked to COVID-19. <p>Explain that:</p> <ul style="list-style-type: none"> • Children who are left alone or are without enough care and supervision are at increased risk of violence, exploitation, abuse, and neglect, including physical, emotional and sexual. • During COVID-19, this situation may be due to the primary caregiver getting sick or the child being separated from caregivers (due to separation for isolation or quarantine in a facility) or general support being weakened by the situation. • This situation is particularly risky for younger children, children with special needs and girls (although boys are also at risk).
<p>5 min.</p>	<p>Volunteers' role</p> <p>Ask: Why is it so important for community volunteers to understand the risks of family separation during COVID-19 and other IDOs?</p> <p>Elicit these answers:</p> <ul style="list-style-type: none"> • Volunteers have a role in raising awareness of risks in the community. • Volunteers have a role in identifying cases and potential cases of separation and referring these on. <p>Explain that the group will think about each of these actions in more detail now.</p>
<p>20 min.</p>	<p>Awareness-raising</p> <p>Explain that volunteers can help to prevent family separation by raising awareness of the risks in their community.</p> <p>Divide the participants into groups of three or four.</p>

	<p>If messages were already created, ask them to discuss and write down:</p> <ul style="list-style-type: none"> • What key messages have been used in their community to raise awareness of the risk of family separation during COVID-19? <p>If messages have not yet been created in the community, ask them to discuss and write down:</p> <ul style="list-style-type: none"> • What messages can they think of which would be useful to raise awareness in the community of the risk of family separation during COVID-19? <p>Allow 10 minutes for these discussions and then bring the group back together.</p> <p>In plenary, ask some groups to share examples of their key messages. Collect the written down key message(s) from each group. Explain that you will review these and share them at the end of the training for the volunteers to use in their awareness-raising sessions with families and community members.</p> <p>Mention that later in the course you will have a session on safe awareness-raising, where you will consider more about the practicalities of doing awareness-raising work in the community during an infectious disease outbreak.</p>
<p>5 min.</p>	<p>Identifying children at risk of separation</p> <p>Explain that another key action for volunteers is to identify children at risk of family separation and refer these to caseworkers so that the child and family can be supported. Say: “We are going to talk about how to safely identify children at risk in the next session.” Check for questions.</p>
<p>10 min.</p>	<p>Wrap up</p> <p>Ask participants to spend a moment identifying their key learning from this session and making a note (or discussing with a partner) anything they will do differently in their volunteer role.</p> <p>Then recap the key learning points and wrap up the session, checking for any questions.</p>





Safe Identification and Referral During COVID-19 and other IDOs

SESSION PLAN:

Session Length 	90 minutes
Aim and learning outcomes 	<p>Session aim: To provide participants with the foundations for adapting safe identification and referral in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Describe ways to safely identify cases in the context of COVID-19 and other IDOs.• Explain how to safely refer child protection cases during COVID-19 and other IDOs.
Key learning points 	<ul style="list-style-type: none">• Safe identification is about finding the children who are at risk of harm or who need support to stay safe, happy and healthy.• During COVID-19, volunteers might have less community interaction than usual due to public health measures. This may limit possibilities for identifying children that may need support. There are ways to adapt approaches to support continued identification and referral during COVID-19.• Whenever interactions are possible, volunteers should not put themselves at risk. They should use the necessary protective equipment and respect social distancing measures. Choose outdoor places for meeting, wherever possible.• Use these interactions to let the community know how you can be reached in a safe manner and share COVID-19 relevant awareness messages.

- Reach out to key actors (health professionals, community leaders, religious leaders) in your community for regular catch-ups. These can be organized over the phone if feasible to limit your exposure.
- If allowed by public health measures, maintain social distancing and use protective equipment when you follow up with the most vulnerable families in the community who, in the context of the COVID-19 outbreak, may be experiencing further hardship.
- While checking in on vulnerable families and children, key community volunteers should:
 - Listen to children and caregivers, without judging them, pressing them or forcing them to share information, particularly information not related to SGBV.
 - Ask children or caregivers if they would like to be linked to supportive services and community supports.
 - Explain what to expect if a case worker follows up with the child or caregiver.
- If you know that a helpline has been set up, ask for access to relevant material so you can advertise it locally (i.e., through community boards).
- If the referral pathway has been updated, ask for access to the updated version so that families know which services they can reach out for directly and how. You can use community boards to advertise these changes.
- If there are places where children are still spending time, apply relevant safety measures and continue to visit and chat with children.
- Remember the importance of maintaining the confidentiality of cases and conversations. Make calls from a private location where you will not be overheard. Store information safely and only share through the appropriate channels.

<p>Preparation Required</p> 	<ul style="list-style-type: none">• Draw a large diagram on a flipchart page of the case management referrals process in your context as it was before COVID-19, and as it is now, adapted to working during the pandemic.• Adapt the list of vulnerability criteria to your context, as these are set at local level.• Check whether phones and air time are provided to volunteers. If they are not, encourage organizations to think of this possibility in the wake of an infectious disease outbreak.• If possible, draw illustrations to accompany the possible signs of distress in a child and display these on the wall of the training space.• Create handouts showing the referral pathway pre-COVID-19 and the referral pathway in the context of COVID-19, and duplicate enough copies for one per participant.
<p>Related materials & supporting information</p> 	<p>Not applicable for this session.</p>

Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Introduce the session aim and objectives.</p> <p>Say “Safe identification is about finding the children who are at risk of harm or who need support to stay safe, happy and healthy. In the context of COVID-19, volunteers might not be able to have as much community interaction as usual due to public health measures. This may limit possibilities for identifying children who may need support. There are ways to adapt approaches to support continued identification and referral during COVID-19.”</p>
5 min.	<p>Which children should be referred?</p> <p>Say: “In the last session, we learned that children who are at risk of being separated should be referred to case management.”</p> <p>Ask: “Who are other children that we should be noticing in our community who we should help link to case management services?”</p> <p>Complement information provided by participants with examples relevant to your context, which may include:</p> <ul style="list-style-type: none"> • Sexually exploited children. • Gender based violence survivors. • Stateless children. • Smuggled/trafficked children. • Migrant/refugee children. • Arrested/detained children. • Children with disabilities. • Children with serious health concerns. • Street children. • Children associated with armed forces and groups. • Child mothers. • Physically or psychologically abused children. • Children living with vulnerable caregivers. • Children involved in the worst forms of child labor. • Child-headed households. • Children with mental health challenges.
5 min.	<p>Recognizing signs of distress</p> <p>Often children show that something is wrong through their behavior.</p> <ul style="list-style-type: none"> • Big changes in behavior in a child is a warning sign — this is sometimes called “acting-out behavior” — which is “big behavior” that we can see on the outside. These are behaviors such as stealing, big moods/temper tantrums and acting disruptively.

- Behavior that is not suited to their age and stage of development — for example, bed wetting in an older child, or not wanting to be away from parents in older children — could be a sign of something wrong.
- Withdrawal is another warning behavior —this is “going-inside behavior” — like being silent, fearful, sitting alone, not wanting to play with other children.

It is important to remember that these behaviors can also be signs that a child has been psychologically affected by the traumatic experiences they have been through. These warning-sign behaviors can actually be calls for help. Engaging with the child can help uncover the root causes of these behaviors and help connect them to the support they need.

In plenary, ask the participants to recall other examples of signs of distress. Correct or clarify any points as needed.

Emotional/Behavioral

- Sadness/anxiety.
- Difficulty concentrating.
- Being withdrawn.
- Aggression/self-destructive behavior.
- Difficulty trusting others.
- Lack of interest in school/previous activities.

Physical

- Problems sleeping.
- Headaches.
- Extreme reactions to loud noises.
- Flashbacks.

Remind participants that signs of psychosocial distress can be **physical, emotional and/or behavioral**. How severe or how often behaviors occur will depend on each individual child and their experiences.

40 min.

Identifying cases in context of COVID-19

Explain that during COVID-19 it may not always be possible to interact with children and families in the ways that we are used to due to public health measures. This may limit possibilities for identifying children who may need support. There are ways to adapt approaches to support continued identification and referral during COVID-19.

In small groups, ask participants to answer the following questions:




- How have you been identifying cases prior to COVID-19?
- How do you think you can identify cases while following public health measures in this context?



	<ul style="list-style-type: none"> • What are specific child protection issues that you think you need to be most aware of in your context? <p>Allow 20 minutes for discussion</p> <p>Ask one group to present on the way its members have been identifying cases prior to COVID-19 and another group to present ideas on how to identify cases in the new context. Allow for the other groups to complement (but not repeat). Summarize the key points and highlight anything major you feel was missing (see the session key learning points for ideas).</p>
<p>30 min.</p>	<p>The referral pathway</p> <p>In the same small groups hand out two drawings:</p> <ul style="list-style-type: none"> • One of the referral pathway pre-COVID-19. • One of the referral pathway in the context of COVID-19. <p>(Or to simplify, hand out only the current referral pathway.)</p> <p>Ask participants to discuss what has changed in how referrals are happening due to COVID. If there are no major changes in the referral pathway, ask how making referrals has changed during COVID-19.</p> <p>Allow 15 minutes for discussion and to mark any changes on the pathways on their own copes.</p> <p>Back in plenary, ask each group to present one or two ways in which the referral pathway has changed.</p>
<p>5 min.</p>	<p>Wrap up</p> <p>Summarize the key learning points and wrap up the session, checking for any questions.</p>



Stigma and your role in preventing it!

SESSION PLAN:

Session Length 	60 minutes
Aim and learning outcomes 	<p>Session aim: To introduce participants to stigma and discrimination in the context of COVID-19 and other IDOs and how to prevent and respond to it in the community.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Describe the risk of stigma.• Identify the occurrence of stigmatization within their community.• Describe ways to prevent and respond to stigmatization.
Key learning points 	<ul style="list-style-type: none">• Social stigma in the context of health is the negative association between a person or group of people and a specific disease. During COVID-19, this may mean people are labelled, discriminated against or treated differently because of the link with the disease. This includes those that have the disease, have recovered from the disease, have travelled from overseas and/or spent time in quarantine, or are linked to someone that contracted, died of or recovered from the disease. It is often based on false beliefs about the disease.• Discrimination against people who have been stigmatized in this way may include refusal to associate with them; refusal to provide services; exclusion from groups; exclusion from public spaces and transport; denial of access to jobs, education, health, housing, etc.; verbal attacks like naming or insults; and/or physical attacks.

	<p>Such treatment negatively affects the people being discriminated against, as well as their caregivers, family, friends and communities.</p> <ul style="list-style-type: none"> • At the individual level, stigma can cause fear, isolation and anxiety/depression; drive people to hide the illness to avoid discrimination; prevent people from seeking health care; and discourage them from adopting healthy behaviors. • Remember: COVID-19 is highly contagious and does not discriminate. This means that anyone can have the virus. When someone has or gets COVID-19, it is no one’s “fault.” • Community volunteers can reduce stigma by: <ul style="list-style-type: none"> - Sharing the facts about COVID-19 transmission. - Saying something when you hear myths and wrong information being repeated. - Being kind and understanding to those affected by stigma. - Offering support and friendship (safely, and in line with social distancing measures that are in place) to people who may feel stigmatized or face the consequences of stigma. - Referring children and families who have been stigmatized for psychosocial support.
<p>Preparation Required</p> 	<p>Print out and cut out a copy of the Stigma dos and don’ts” cards for each group of four participants. Cut these into squares so that each group will be ready for the sorting exercise toward the end of the session.</p>
<p>Related materials & supporting information</p> 	<p>Not applicable for this session.</p>

Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Introduce the session aim and objectives.</p>
10 min.	<p>What is stigma and why is it dangerous?</p> <p>Read the case study to the group:</p> <p><i>Erina lives with her husband Gabriel and their three children in a rural community. Erina grows vegetables and sells these at the local market, while Gabriel works in the nearest town. He stays overnight in the town during the week and comes back to the village at the weekends. During the COVID-19 outbreak, there have been times when Gabriel could not come back to the village due to movement restrictions.</i></p> <p><i>Six weeks ago, Erina contracted COVID-19 and was unwell, isolating at home with her children so as not to risk transmitting the infection to others. During this time, she contacted a neighbor who she is friendly with by telephone and asked if this neighbor could help to care for her crops while she was isolating. The neighbor was not as friendly as usual on the phone and said she would not be able to help because she was too busy. Erina was surprised by her response.</i></p> <p><i>Erina has now recovered and has tested negative for COVID-19. She has started tending to her crops again. Her children have returned to school, and Erina has been back to the market for the first time. At the market, Erina was happy to see her friends and neighbors, but people were not so pleased to see her. Some friends would not speak to her, and the bus driver told her she could not board in case she made other people sick. As she walked home, she heard people calling insults after her.</i></p> <p><i>Erina notices her children are very quiet when they get home from school and seem distracted. Now they do not want to go to school. Erina talks to them to find out what is upsetting them. They tell Erina that some of the other children at school have been mean to them. Their friends did not want to play with them or sit next to them in class. Even the teacher said that they are spreading the disease and should be at home.</i></p> <p>Ask participants to join with the person next to them and discuss: What happened to Erina and her children in the story? How did that affect them?</p> <p>After 5 minutes, bring the group back together. Explain that the story was about someone being stigmatized during the COVID-19 pandemic, and this can happen with other diseases too. Social stigma in the context of health is the negative</p>

association between a person or group of people and a specific disease. During COVID-19, this may mean people are labelled, discriminated against or treated differently because of the link with the disease. This includes those that have the disease, have recovered from the disease, have travelled from overseas and/or spent time in quarantine, or are linked to someone who contracted, has died of or recovered from the disease. It is often based on false beliefs about the disease.

Ask:

- What negative attitudes and beliefs did you hear in the story?
- In what ways were Erina and her children treated differently because of their family's connection to COVID-19?

Ensure the key points are covered and summarize the following key points:

- Stigma may mean people are labelled, discriminated against or treated differently because of the link with the disease. This can include those that have the disease, have recovered from the disease, have travelled from overseas and/or spent time in quarantine, or are linked to someone who contracted, died of or recovered from the disease.
- Discrimination against someone who has been stigmatized may include refusal to associate with them, refusal to provide services, exclusion from groups, exclusion from public spaces and transport, denial of access to job, education, health, housing etc., verbal attacks, naming, insult and/or physical attack. Such treatment can negatively affect those affected, as well as their caregivers, family, friends and communities.
- At the individual level, stigma can cause fear, isolation and anxiety/depression; drive people to hide the illness to avoid discrimination; prevent people from seeking health care; and discourage them from adopting healthy behaviors.

5 min.

Stigma in your community

Remind participants that COVID-19 is highly contagious and does not discriminate. Anyone can have the virus and it is no one's fault if someone has or gets COVID-19.




Ask: What examples of stigma have you heard in your own community since the COVID-19 outbreak started?



<p>20 min.</p>	<p>Preventing and responding to stigma</p> <p>Explain that we all have a role to play in preventing stigma and discrimination. COVID-19 is stressful for everyone. It is important to stay informed and be kind and supportive and have zero tolerance for stigmatization and discrimination.</p> <p>To help reduce stigma community, volunteers can:</p> <ul style="list-style-type: none"> • Share the facts about COVID-19 transmission. • Say something when you hear myths and wrong information being repeated. • Be kind and understanding to those affected by stigma. • Offer support and friendship to people that may feel stigmatized or face consequences of stigma (safely, and in line with social distancing measures that are in place). • Refer children and families who have been stigmatized for psychosocial support. <p>Explain that you will now think about some specific “dos and don’ts” to help combat stigma. Divide the participants into new groups of four people. Give each group a set of cards. Explain that they should read each card and decide if it is a “do” or a “don’t.”</p> <p>Allow 10 minutes for the sorting activity.</p> <p>Bring the group back together and check the answers in plenary, making sure to correct anything which has been sorted incorrectly.</p>
<p>5 min.</p>	<p>Wrap up</p> <p>Recap the key learning points and wrap up the session, checking for any questions.</p>



Safe Awareness-Raising During COVID-19 and other IDOs

SESSION PLAN

Session Length 	70 minutes
Aim and learning outcomes 	<p>Session aim: To introduce participants to key considerations in adapting child protection awareness-raising in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Outline the importance of continued child protection awareness-raising during COVID-19 and other IDOs.• Explain adaptations for safe continuity of child protection awareness-raising during COVID-19 and other IDOs.• List the types of key COVID-19 messages to mainstream in adapted awareness-raising activities.
Key learning points 	<ul style="list-style-type: none">• To conduct awareness-raising activities safely during COVID-19 or another infectious disease outbreak, they might need to be adapted to comply with public health measures and reduce the transmission of the virus.• Adaptations for social distancing might include the use of loudspeakers or the distribution of flyers or games.• Awareness-raising that is conducted remotely might use radio, phone, posters, the internet, or community bulletin boards.• Incorporate accurate COVID-19 messaging into existing activities, including messaging

	<p>on child protection and well-being in COVID-19. This may include messaging on:</p> <ul style="list-style-type: none"> - Modes of transmission and risks of infection. - Methods to prevent transmission, such as hand washing, social distancing and the use of masks or other protective equipment. - COVID-19-specific health referral pathways and hotline numbers. - Child helplines and hotlines. - Positive parenting and mental health and psychosocial support messaging. - GBV support services. - Importance of family unity. - Child labor and increased (sometimes harmful) forms of work. - Sexual health information for young people and parents. - Community-specific resources to support children and families (e.g., learning centers, centers for the distribution of food or learning materials).
<p>Preparation required</p> 	<p>Not applicable for this session.</p>
<p>Related materials & supporting information</p> 	<p>Not applicable for this session.</p>

Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Introduce the session aim and objectives.</p> <p>Explain that to conduct awareness-raising activities safely during COVID-19 or another infectious disease outbreak, these activities might need to be adapted to comply with public health measures and reduce the transmission of the virus. These adaptations might include ensuring social distancing or using remote methods.</p>
30 min.	<p>Adapting awareness raising</p> <p>In plenary, ask: What awareness raising methods and approaches did you use before COVID-19? (Provide an example topic which is relevant in your context, for example: child protection, HIV, malaria.)</p> <p>Make a note of the examples on a flipchart.</p> <p>Divide the participants into pairs and allocate two examples from the flipchart to each pair. Ask them to consider these two examples and discuss how they would need to adapt each awareness raising activity during COVID-19. Encourage them to think about both socially distanced and remote options. Allow 10 minutes for the discussion.</p> <p>Circulate between the groups to support as required while they discuss.</p> <p>Bring the group back together and ask for feedback on each idea from the original list.</p>
30 min.	<p>Key messages</p> <p>Explain that it is also important to incorporate accurate COVID-19 messaging into existing awareness-raising activities, including messaging on child protection and well-being in COVID-19.</p> <p>Ask each pair to select one of their awareness-raising approaches from the previous exercise.</p> <p>Then ask each pair to join with another pair, to create groups of four. In these new groups, they should describe their chosen awareness-raising approach and decide together what COVID-19 messages they could and should fold in. Allow 15 minutes for the groups to discuss.</p> <p>Bring the whole group back together and ask each four-person group to share one example of a revised message.</p>

Summarize key items to include messaging on different themes. This may include some or all of the following (select what is most appropriate for your context):

- Modes of transmission and risks of infection.
- Methods to prevent transmission, such as hand washing, social distancing and the use of masks or other protective equipment.
- COVID-19-specific health referral pathways and hotline numbers.
- Child helpline and hotline numbers.
- SGBV reporting mechanisms and support services.
- Positive parenting and mental health and psychosocial support.
- Importance of family unity.
- Child labor and increased (sometimes harmful) forms of work.
- Sexual health information for young people and parents.
- Any community-specific resources (e.g., learning centers, centers for distribution of food or learning materials).

**5
min.**




Wrap up

Summarize the key learning points and wrap up the session, checking for any questions.





Protecting and Maintaining your Well-Being

SESSION PLAN:

Session Length 	70 minutes
Aim and learning outcomes 	<p>Session aim: To remind participants of the importance of their own safety and well-being while volunteering and to provide an opportunity to discuss.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Reflect on ways to maintain their own safety.• Recognize that it is normal to experience stress during a pandemic.• Reflect on their own psychosocial well-being.
Key learning points 	<ul style="list-style-type: none">• Across the world, populations are experiencing loss, illness, death and economic stress. People experience fear and worry (. For example, “will I contract the virus? Will my loved ones be safe? Will I be stigmatized? What will isolation be like?”) In addition to these typical worries and fears, volunteers face additional burdens with the expectations placed on them by NGOs, community members and their own families. Volunteers may also be exhausted by demanding tasks and never-ending needs. They may be affected by difficult situations, such as witnessing the exploitation of children or the death of someone they supported.

- **Maintaining your own safety:** During COVID-19, maintaining your own safety while volunteering may require additional actions, like:
 - Keeping at least one meter (three feet) distance between yourself and others.
 - Washing/sanitizing hands thoroughly with an alcohol-based hand rub or soap and water.
 - Avoiding touching the eyes, nose and mouth.
 - Practicing respiratory hygiene by covering your mouth and nose with your bent elbow or tissue when you cough or sneeze and disposing of the used tissue immediately.
 - Wearing a mask properly. Sanitize hands and then cover mouth and nose, making sure there are no gaps between your face and the mask. Avoid touching the mask while using it; if you do, sanitize your hands with alcohol-based hand rub or soap and water. Replace the mask with a new one as soon as it is damp; do not re-use single-use masks. Remove the mask from behind (avoid touching the front of the mask); discard immediately in a closed bin; sanitize hands again.
- **Maintaining your own well-being:**
 - Practice self-care, taking care of your body, heart, spirit and mind.
 - Use peer support to help reduce stress and support ways of coping. A buddy system, where two volunteers or a volunteer and staff member are paired together to watch out for and support each

	<p>other, can help. Buddies may work side by side in the field, enhancing safety and checking in with each other during the day to see how the other person is coping. The buddy can suggest that the volunteer takes a break, if he/she sees signs of stress emerging, or even recommend that the other stops working if the stress is serious.</p> <ul style="list-style-type: none"> - Set aside times to come together as a group of volunteers, where possible, following COVID-19 guidelines, to debrief and support each other. - Stay in touch with loved ones, take breaks and make sure that you eat and drink throughout the day. - Ensure you and your colleagues know the referral pathways to access psychological support.
<p>Preparation Required</p> 	<p>If you would like more information on this topic before facilitating the session, it is recommended to read the IFRC Key actions on caring for volunteers in COVID-19: mental health and psychosocial considerations.</p> <ul style="list-style-type: none"> • Optional: Print copies of the “dos and don’ts” table (see supporting information in the section below) to give to participants. <p>Note that activities in this session are based on the content of the IFRC’s brief guidance note on caring for volunteers in COVID-19 and the IFRC’s caring for volunteers: a psychosocial support toolkit.</p>
<p>Related materials & supporting information</p> 	<p>Basic self-care tips for volunteers (from IFRC Psychosocial Centre) on the following page:</p>

Do	Don't
<ul style="list-style-type: none"> ✓ Personal well-being is a priority – yours! ✓ Make sure to be well before taking up voluntary duty ✓ Know your limits, speak to a supervisor should you feel the task is too much to handle ✓ Remember that having reactions during a COVID-19 response is a natural response ✓ Find time to rest, relax and feel calm ✓ Talk to someone you trust if you feel overwhelmed by events ✓ Seek support from more experienced and professional colleagues ✓ Get adequate sleep, eat regularly, and exercise ✓ Manage your emotions in a positive way ✓ Keep in touch with family, friends, and loved ones ✓ Engage in rejuvenating activities such as meditation, prayer, or relaxation to renew your energy 	<ul style="list-style-type: none"> ✓ Handle more tasks than you are prepared to ✓ Set unrealistic expectations or demands- don't be a hero or heroine ✓ Use substances as a way of managing difficult emotions ✓ Withdraw from social networks, family or friends ✓ Bottle it up and keep silent if disturbed by your feelings or work






Time	Facilitator Notes
5 min.	<p>Introduction</p> <p>Introduce the session aim and objectives. Remind the group that throughout this course you have talked about how volunteers can keep themselves safe while volunteering. In this session, the participants will have a chance to discuss their own safety and well-being practices.</p>
10 min.	<p>COVID-19 safety tips</p> <p>Say: “You all might know that there are some precautionary measures we can take to avoid the spread of COVID-19. Can we brainstorm together about what these are?” Take suggestions from plenary and complement with information in key learning points.</p>
15 min.	<p>Do's and don'ts</p> <p>Explain that you now will be talking about some tips for how volunteers can take care of their bodies, their hearts, their spirits, and their minds. (This is called self-care.)</p> <p>Place two flip charts at the front of the room and divide the participants into two groups. Explain that you will play a game to introduce the tips. Each team will send one person up to the flip chart. These people will be given a tip and must draw a picture on the flip chart to represent the tip. The rest of the team should try and guess the tip. Once someone has guessed, from either team, you will confirm the answer. New people will then be nominated to draw and the process will be repeated, with another tip. Ask if there are questions about the game before you begin.</p> <p>Invite the first two people up and quietly read the first tip to them. Run the activity, then repeat for each tip on the list.</p> <ul style="list-style-type: none"> • Talk to someone you trust if you feel overwhelmed by events. • Seek support from your supervisor or trusted members of the child protection team.

	<ul style="list-style-type: none"> • Get adequate sleep, eat regularly and exercise. • Manage your emotions in a positive way. • Keep in touch with family, friends, and loved ones. • Engage in activities such as meditation, prayer or relaxation to renew your energy. • Know where to go for psychological support for yourself or a colleague. <p>Say “well done!” to the groups and invite everyone to return to their seats. Share a copy of the “dos and don’ts” tips (see supporting information) or read through any points which were not covered by the activity.</p>
<p>10 min.</p>	<p>Reflection</p> <p>Explain that “we will now think about our own practices.” Ask the participants to think on their own for 2 minutes about the question: How are you looking after yourself?</p> <p>After 2 minutes, organize the participants into pairs with the person next to them and ask them to continue discussing the question for 5 minutes.</p>
<p>25 min.</p>	<p>Peer support</p> <p>Explain that talking to another volunteer can provide what we call <i>peer support</i>, which can help you to reduce stress you might be feeling. Peer support can help you learn more about your own ways of coping and discussing with someone else can give you ideas of other ways to cope.</p> <p>Note that peer supporters share experiences and provide each other short-term assistance, but they are NOT counselors. Peer support does not aim to replace professional help.</p> <p>One way of providing peer support is through a buddy system. This is where two volunteers or a volunteer and staff member are paired together to watch out for and support each other. They may work side by side in the field, enhancing safety and checking in with each other during the day to see how the other person is coping. The buddy can suggest taking a break, if signs of stress are emerging, or even recommend that the other stops working if the stress is serious.</p> <p>Ask the participants to rejoin their partner from the previous exercise and discuss this question: What behaviors are important in a buddy?</p> <p>Allow 10 minutes for the discussions then bring the group back together and ask for feedback in plenary. If an interest is recorded, you may note whom the volunteers would identify as their preferred buddy.</p>
<p>5 min.</p>	<p>Wrap up</p> <p>Summarize key points from the session. If applicable, highlight where volunteers can get support with their safety and well-being. Wrap up the session, checking for any questions.</p>



Evaluation and Close

SESSION PLAN:

Session Length 	45 minutes
Aim and learning outcomes 	<p>Session aim: To collect participant feedback, recap key learning points and close the course.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Identify their key learning from the course.• Evaluate the course and provide feedback to the facilitators.
Key learning points 	Not applicable for this session, since these are identified by the participants on an individual basis.
Preparation Required 	Ensure you have reviewed the awareness-raising messages written by participants earlier in the course. Create and print a handout of the finalized messages, with enough copies for one per participant.
Related materials & supporting information 	Not applicable for this session.

Time	Facilitator Notes
20 min.	<p>Course recap</p> <p>Congratulate participants on reaching the final session of the course and briefly outline what will happen in this session.</p> <p>Ask the participants to stand and form two lines, facing each other, so each person is facing a partner. Explain that you will call out different topics that have been covered during the training, and the volunteers should talk with the person opposite them about what they remember about that topic.</p> <p>Work through the list of topics:</p> <ul style="list-style-type: none"> • What is COVID-19? • Risks to children • School closures • Family separation • Safe identification and referrals • Avoiding stigma • Safe awareness-raising • Volunteer well-being
10 min.	<p>Awareness-raising messages</p> <p>Remind participants that earlier in the course they created some awareness-raising messages, and that you have been reviewing these. Explain that you will now share these with the group, so that they can use them in their awareness-raising sessions with families and community members.</p> <p>Share the awareness-raising messages verbally, and then provide the handout you prepared earlier to each participant.</p>
10 min.	<p>Wrap up and close</p> <p>Give each participant a Post-it note and ask: How useful did you find the training? Ask them to draw one of three faces on the note:</p> <ul style="list-style-type: none"> • A smiley face, for “very useful.” • A neutral face, for “useful.” • A sad face, for “not useful.” <p>Then collect the Post-it notes or have the participants add them to a flip chart page.</p> <p>Thank the participants for their feedback, and for their engagement throughout the sessions.</p> <p>Refer them to any further support available after the course.</p>