This guidance note aims to ensure continuity of case management service provision as well as appropriate response to cases associated with the disease during the COVID-19 crisis in Myanmar. Outlined below are priority areas that Child Protection Case Management agencies should focus on:

1. **Promoting Awareness in Communities**

   Case management actors should have the knowledge and understanding of:

   - Preventative measures including handwashing, sneezing and coughing into elbow, wearing a mask when in public, staying at home, and social distancing (a distance of two meters / six feet is recommended);
   - Facts about COVID-19 including symptoms, means of transmission, and incubation period;
   - Myths and rumors about COVID-19 that spread in communities;
   - Mechanisms for reporting and referrals to appropriate health service providers when cases associated with COVID-19 are identified;
• Possibility that child protection and Gender-Based Violence (GBV) risks will increase during the COVID-19 outbreak, and child protection services that will be sustained;

COVID-19 ကာလအတြင္း ကေလးသူငယ္ကာကြယ္ေစာင့္ေရွာက္ေရးႏွင့္ က်ား/မေရးရာအၾကမ္းဖက္မႈ ျဖစ္ရပ္မ်ားပိုမိုျမင့္မားလာႏိုင္ပါသည္။ ထို့ေၾကာင့္ ကေလးသူငယ္ကာကြယ္ေစာင့္ေရွာက္ေရး၀န္ေဆာင္မႈမ်ားသည္ ၄င္းတို့အတြက္အက်ိဳးရွိေစမည္ျဖစ္ပါသည္။

• The importance of preventing all forms of stigma and social discrimination – ensuring community members are encouraged to report any concerns without a fear of being discriminated against, when they are experiencing symptoms;

လူမႈေရးအရခြဲျခားဆက္ဆံျခင္းကုိ ကူညီေျဖရွင္းရန္ႏွင့္ ရပ္ရြာလူထုမ်ားမွ တစ္စံုတစ္ခုေသာ ေရာဂါလကၡဏာမ်ားကုိခံစားသိရွိေနလွ်င္ ေဒသအာဏာပုိင္မ်ားကုိ စုိးရြံ ႔ျခင္းမရွိပဲ အစီရင္ခံတင္ျပရန္ျဖစ္သည္။

• The particular vulnerability of elderly caregivers and those with underlying health issues – and the need for younger adults and children to protect their elderly caregivers from possible infection;

အထူးသျဖင့္သက္ၾကီးရြယ္အုိမ်ားအား ျပဳစုေစာင့္ေရွာက္သူမ်ား၊အဖိုး/အဖြားမ်ား ႏွင့္ ေရာဂါအခံရွိသူမ်ား၏ ပိုမိုထိ ခိုက္လြယ္မႈကိုသိရွိရန္လိုအပ္သည္။ လူငယ္မ်ား ႏွင့္ ကေလးမ်ား မွ ထိုသူမ်ားအေပၚ ေရာဂါကူးစက္ႏိုင္ေျခကို ကာကြယ္ေပးရန္လုိအပ္သည္။

• The key considerations for home quarantine in line with Ministry of Health and Sports (MOHS) home quarantine guidelines;

ေနအိမ္တြင္အ သြားအလာကန့္သတ္ေစာင့္ၾကပ္ၾကည့္ရႈမႈခံယူရာတြင္ အဓိကထည့္သြင္းစဥ္းစားရမည့္ အခ်က္မ်ားအား က်န္းမာေရးႏွင့္အားကစားဝန္ၾကီးဌာန၏ အသြားအလာကန့္သတ္ေစာင့္ၾကပ္ၾကည့္ရႈမႈ လမ္းညႊန္ခ်က္မ်ားကိုဖတ္ရႈပါ။

• The importance of informing the local MOHS focal point by phone of individuals who recently returned from abroad, even when they are not showing the symptoms;

ႏိုငံရပ္ျခားမွေလာေလာလတ္လတ္ျပန္လာသူတစ္ဦးကုိ ေတြ႔ရွိၾကားသိရလွ်င္ ေရာဂါလကၡဏာမရွိေသးေသာ္လည္း က်န္းမာေရးဝန္ၾကီးဌာမွတာ၀န္ရွိသူထံသုိ႔ ဖုန္းျဖင့္ အေရးတၾကီး အေၾကာင္းၾကားရမည္။

• Existing Information Education and Communications (IEC) materials that are endorsed by the health cluster which are made available on the Myanmar Information Management Unit (MIMU) in different ethnic languages.

က်န္းမာေရးအဖြဲ႔မွ အသိ အမွတ္ျပဳထားေသာ သင္ေထာက္ကူျပဳ သတင္းအခ်က္အလက္ပစၥည္းမ်ားကို တိုင္းရင္းသား ဘာသာစကား မ်ားျဖင့္ the MIMU တြင္ရရွိႏိုင္ပါသည္။

2. Ensuring Referrals to Appropriate Health Service Providers:

• Child protection actors need to have up to date information on health focal points in different townships, township level medical officers, and GAD (where appropriate) to ensure that appropriate health facilities and health focal points are included in child protection referral pathways for children and families with suspected COVID-19.

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2 see https://www.mohs.gov.mm/Main/content/page/covid-19-contact for all focal points across the country.
Child Protection actors to refer children and families in need to WASH services, for example hygiene kits. Note: caseworkers have to understand who is distributing hygiene kits and working on hygiene promotion in the areas where they work.

• Current caseload: It is important that child protection case management services are continued for children currently receiving case management support in ways that are safe for children and families, as well as caseworkers and community social volunteers. Cases determined as high risk can be more complex in the context of COVID-19, and therefore should be prioritized. All case management teams need to review their existing caseloads to ensure the risk determination of all cases is appropriate. The review of prioritization should be facilitated by case supervisors during the outbreak of COVID-19.
Cases associated with COVID-19 (e.g. increased distress, a lack of appropriate care by parents and caregivers, intra marital violence and rape, violence, child labour etc.) and new high-risk cases identified: Case Management SOPs apply to all cases associated with COVID-19; caseworkers need to take necessary COVID-19 precautions. Where needed, caseworkers consider using alternative platforms for communications such as phone or Viber/WhatsApp to provide appropriate case management and psychosocial support. Caseworkers ensure that a child is in a safe environment when conversations are happening.

1. Trained camp-based staff
   
2. Trained community leaders, community-based volunteers/social workers, and community support group members

3. Use phone contact of extended family members or neighbors

Note: If children and/or families do not have phones caseworkers must find alternative modes of communications, taking into full account the best interests of the child and confidentiality principles. These will include:

3. If restrictions are applied by Government entities requiring physical distancing, all follow-up will be done by phone unless permission from relevant authorities taken for life saving situations.
Practical Guidance

Case Workers will

- Explain about necessary COVID-19 precautionary measures including wearing masks and avoiding to shake hands, in a way children and families can understand;
  COVID-19 ကာလအတွင်း ကေလးသူငယ်ကာကြယ်စာရင်းထောက်တွန်းရန် လမ်းညွန်းထားကြသော အရာများကို လက်တမ်းစာနားပါ။
- Wash/sanitize their hands before, during and after every visit;
  လက်ဆောင်တွင် ဆောင်ရွက်ကြသောနေရာများမှာ အခြားသော လက်ဆောင်များကို သံုးပြီးရန်လိုအပ်သည်။
- Wear masks and carry hand sanitizers and gloves to protect themselves;
  မိသားစုအဖြစ် ကြက်စောင်တွင် အကြောင်းပြုသော သက်၍ဆက်ရောက်ထားသော အခြေအနေများကို လက်ဆောင်တွင် သိပ်သားပါ။
- Practice social distancing during home visits – this includes explaining why social distancing is needed to protect children/families and caseworkers during COVID-19;
  ေနရာစွဲတွင် လက်ဆောင်များကို သက်၍ဆက်ရောက်ထားသော အခြေအနေများကို လက်ဆောင်တွင် သိပ်သားပါ။
- Not shake hands;
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- Inform supervisors immediately and stay at home when caseworkers develop any of the COVID-19 symptoms. Speak to children and families by phone and explore if another caseworker who covers your absence is needed;
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- Postpone visits and follow up by phone when children and families are concerned about receiving caseworkers at home due to COVID-19 risks;
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။

Case Supervisors will

- Review all cases with case workers in 1 on 1 meetings, starting with high risk cases, using the following questions to guide discussion:
  လက်ဆောင်များကို လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- What is the likelihood of the situation of the child deteriorating?
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- What is the severity of the situation of the child deteriorating?
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- What mitigation measures can be put in place?
  လက်ဆောင်များကို လုပ်ခဲ့သောနေရာများကို သိပ်သားပါ။
- Consider phone communication
  ဖြင့် လက်ဆောင်များကို သိပ်သားပါ။
- Consider visits by community members
  လက်ဆောင်များကို သိပ်သားပါ။
- Consider safety planning for the child and/or caregiver
  လက်ဆောင်များကို သိပ်သားပါ။
- Consider what resources and preparedness measures are needed (i.e. phone credit, ensuring the child/family has the phone number etc.)
  လက်ဆောင်များကို သိပ်သားပါ။

- Ensure that caseworkers understand basic facts about COVID-19, including modes of transmission and risks of infection, so that they can effectively combat myths that stigmatize children and families;
  လက်ဆောင်များကို သိပ်သားပါ။

Child Protection Case Management Guidance during COVID-19

COVID-19 ကာလအတွင်း ကေလးသူငယ်ကာကြယ်စာရင်းထောက်တွန်းရန် လမ်းညွန်းထားကြသော အရာများကို လက်တမ်းစာနားပါ။
### Case Workers will

- Ensure their availability at all times via phone for extremely vulnerable groups and also inform the families they can call them whenever needed;

- Understand stress being experienced by children, caregivers and families due to the COVID-19 crisis and support positive coping;

- Have updated hotline numbers and information on service provider mapping/referral pathways with them;

- Be able to make referrals to appropriate services including food, health, shelter, education, social protection, MHPSS;

- Ensure that children receive clear, child friendly and gender-sensitive information about COVID-19 by using the available IEC material (by referring to the MIMU website);

- Promote self-care. Use stress management techniques.

### Case Supervisors will

- Closely monitor COVID-19 situations and updated Government Announcements / Guidelines in locations where they work and share them with caseworkers on an ongoing basis;

- Make themselves available all the time by phone for supporting caseworkers in responding to high risk cases that required their immediate support;

- Conduct check-ins with all caseworkers at least twice a week (depending on caseload) by phone or video calls;

- Ensure caseworkers have all necessary protective materials including masks and hand sanitizers;

- Share information on updated service provider mapping and referral pathways, as well as the phone number of health focal point persons with caseworkers;

- Provide support for caseworkers on high risk complex cases;

- Give caseworkers guidance as to how psychosocial support should be provided remotely;

- Ensure that caseworkers are fully aware of information on this case management guidance during COVID-19 response. Set up regular group calls to generate a common understanding of it and facilitate peer to peer learning;
Case Workers will
ျဖစ္ရပ္စီမံခန့္ခြဲသူမွ

Case Supervisors will
ျဖစ္ရပ္ၾကီးၾကပ္ပံ့ပိုးသူမွ

- Promote wellbeing of caseworkers. Caseworkers may need to work on weekends or overtime. Encourage caseworkers to take enough rest;
- Promote self-care. Use stress management techniques. Share skills if caseworkers do not know them;
- Ensure that case information is adequately documented in a timely manner.

While conducting phone calls with children and their families, caseworkers should consider the below dos and don’ts of communicating with children or families who are distressed:

**Dos**

✔ Focus on immediate safety risks, particularly life-threatening health risk, injuries caused by abuse (particularly when a child is with the abuser), and signs of suicide, and take urgent actions to ensure safety of children.

✔ Engage with children and families slowly; show your calmness and patience. Make sure trust/confidence is built between caseworkers and children.

✔ Speak slowly and clearly so children can understand; and communicate with empathy and calmness/warmth in a way that shows care.

*ibid.*

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*Child Protection Case Management Guidance during COVID-19*
**Dos**

✔ Use open questions (what, where, who and when – be mindful not to ask why), ask one question at a time and avoid interpreting what the caller is saying.

- Are you comfortable about talking right now? Do you agree to continue this talk now over the phone? Or do you prefer we schedule at a different time?
- Is this the right number to call? Or do you prefer me to call another number?
- Are you taking the call from where you have a space to speak privately and confidentially? If this is not possible, no worries, we will manage and I can ask you some questions to which you can answer yes or no if that makes it easier for you, does that sound ok?

✔ Where possible, use video chat if network allows.

✔ Ensure that nobody else is hearing before starting conversations; following questions can be asked to confirm:

<table>
<thead>
<tr>
<th>Question</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you comfortable about talking right now? Do you agree to continue this talk now over the phone? Or do you prefer we schedule at a different time?</td>
<td>“I understand your concerns and most people do think a lot about the situation ... It is very natural to be sad, angry, upset or … I hear what you are saying, about having to … I fully understand that you are feeling this way … In this situation, your reaction is quite natural ... Maybe we can discuss possible solutions ... What we can offer is … I am concerned about you, and would like to suggest to refer you to someone who can help you”</td>
</tr>
</tbody>
</table>

✔ (If video calls are not available) Be aware that children cannot see your facial expressions; nonverbal communications will not work. A pause can make children feel anxious. Use key psychosocial phrases effectively to convey interest and empathy.

- I understand your concerns and most people do think a lot about the situation ... It is very natural to be sad, angry, upset or … I hear what you are saying, about having to … I fully understand that you are feeling this way … In this situation, your reaction is quite natural ... Maybe we can discuss possible solutions ... What we can offer is … I am concerned about you, and would like to suggest to refer you to someone who can help you

✔ Listen more than you speak to identify concerns by using probing questions when needed and by allowing processing and ventilation of emotions.

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5 If a child and caseworker agree to have a relevant family member prior to the call for effective case management implementation, this does not apply.
Dos

✔ In cases of extreme stress, worry, fear or loss of control, reassure and normalize these reactions by explaining that such feelings are normal. Acknowledge the worry by saying:

- It is a challenging situation as there are many things that are still not known about the virus, and it’s quite normal to worry.

- What you are telling me are common. Many are concerned about falling ill or spreading the virus to others especially loved ones. Many have fear about losing their livelihood or being stigmatized by others.” (Recognize internal resources and capacity to cope)

✔ Listen to children and families’ options and help them make decision. Ask the child and family what they usually do to cope with difficult situations and feel better. Have them list a few and discuss if they can be useful in this situation:

- It is a difficult situation, and I do understand it’s very challenging. Let’s discuss if there is anything you can do to make the situation more tolerable.

✔ Provide fact-based information about COVID 19. Be honest about what you don’t know. This is a new virus that we are all learning about.

✔ Make a next appointment on the phone and do keep the promise that you will call back.
Don’ts
ဗျူဟ္းများ

✗ Pressure others to speak if they do not want to speak.
အာဏာယူ သူ့ကြက်မှုများစွာကို မှန်ကန်စွာ ပြောမှုများစွာစွီစဌမှုများစွာပါတီးခြင်း

✗ Ask why this or that.
ဗျနုပြောက်မှုသားများကို မှန်ကန်စွာ မှားယူစွာပါတီးခြင်း

✗ Be judgmental.
သရုပ်ဖြူးသူများကို မှန်ကန်စွာ သရုပ်ဖြူးပါတီးခြင်း

✗ Use technical terminology.
ကြက်ကြက်ဒဏ္ဍာရီသားများကို မှန်ကန်စွာ သိရှိစွာပါတီးခြင်း

✗ Talk about yourself or personal issues or troubles.
အေရာင်းယောင်ကြည့်မှုများ သိရှိစွာပါတီးခြင်း

✗ Give false promises or false assurances.
မှန်ကန်စွာ သိရှိစွာပါတီးခြင်း

✗ Share someone else’s stories or experiences.
သူများ၏ အေတြချင်းတစ်ပွဲတစ်ခုအား မှန်ကန်စွာ ပေးခြင်း

✗ Exploit the trust and confidentiality established.
သိရှိစွာ သိရှိစွာပါတီးခြင်း

✗ Rush or speak fast.
အေရာင်းယောင်ကြည့်မှုများစွာပါတီးခြင်း

✗ Use long sentences and give opportunities for children and caregivers to share their experiences and views.
ရောက်သက်ရောက် သိရှိစွာပါတီးခြင်း

✗ Make long phone calls – be mindful that children cannot focus on long conversations.
အချိန်ကြည့်မှုအရာကို မှန်ကန်စွာ ပေးခြင်း
Key Considerations for data protection and information sharing during remote support for caseworkers:

- Caseworkers must obtain consent / assent from children and caregivers via phone.

- The space in which a caseworker is conducting a follow-up phone call with a child must allow for safety and privacy needed to ensure confidentiality.

- Assure the child and the family that the tool used for communications is safe and confidential.

- Simplify forms if information is to be collected by caseworkers over telephone.

- Ensure no confidential / sensitive information is written down.

- Ensure that only necessary and relevant information is shared and recorded from children / families.

- Avoid using identifiable information when gathering information by phone.

- Only use case code when information is shared with case supervisors or other service providers for referrals via phone and phone messages.

- Phone conversations should not be recorded / if recording is necessary valid justification must be provided and approval obtained from the case supervisor; in addition, consent on recording must be obtained from the caregiver and the child.

- Modes of communication or information sharing on cases should not be done on social media platforms (such as Facebook messenger); where possible the use of WhatsApp or VIBER is recommended.

- As much as possible, caseworkers should work on documentation by using case forms in a timely manner, and delete text messages on their phones as soon as a conversation is done.
• If caseworkers have access to office laptops, all casefiles must be password protected (and no paper files will be required); if caseworkers use personal laptops/tablets/phones, all information must be password protected. After the case data is documented and stored in an appropriate space (ex. office server used by the case management team only), it should be completely deleted.

### 4. Reinforcing Gate Keeping and Facilitating Alternative Care Appropriately: Due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die. Alternative care solutions need to be identified for children when a caregiver is reported sick (before hospitalization or death) in line with the existing child protection specific SOPs. Caseworkers must ensure that family separation is prevented and the hierarchy of care (kinship care, foster care, and residential care) is respected in any situations. If alternative care has to be arranged, caseworkers need to provide remote case management support by phone or WhatsApp or VIBER.

Please see Key Considerations for Children and their Caregivers during Quarantine, Isolation and Hospitalization due to COVID-19 for more information.

This guidance note was developed based on the discussions among the members of Case Management Task Force in Myanmar.

### References:


Remote Psychological First Aid during the COVID-19 outbreak - Interim guidance, Psychosocial Centre International Federation of Red Cross and Red Crescent Societies, March 2020.
