

# A critical analysis of the recent developments in alternative care space across South Asia amidst the Covid-19 crisis

**Kiran Modi, Gurneet Kalra, Leena Prasad, Rajeshwari Narsimha & Jyoti Singh**

## **Abstract**

In many situations of conflicts, natural disasters, or pandemics, it is always the children who are the most vulnerable. With the world shutting down due to the invisible threat to civilisation, the most affected are the children living in alternative care settings and the children who are on possible verge of family breakdown and ending up in institutions. Their limited knowledge and lack of independence often results in an increased exposure to several risk factors such as abuse, maltreatment, deprivations, and violations. This paper aims at focusing on the recent developments in policies and arrangements in the alternative care space in the South Asian countries, namely Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka, amidst the COVID-19 pandemic. The purpose of the study is to understand the impact of COVID-19 on alternative care space in South Asian countries, its effect on the children living in alternative care, and to understand the measures taken by respective governments in these countries to support them during the pandemic. An assessment of the recent developments in the policies related to alternative care space in different countries is crucial for understanding the problems faced when dealing with children in institutional care as well as the impact on the de-institutionalisation process due to COVID-19. This paper is a secondary review of desk research on such developments to understand the possible post-COVID-19 impacts on functionary and regulatory changes in alternative care systems for 'Children without Parental Care' in the South Asian region.

## **Keywords**

Alternative care, COVID-19, South Asia, family care, children in care, childcare institutions, foster carer

## **Corresponding author:**

Kiran Modi, Founder and Managing Trustee, Udayan Care, Dehli, India,  
[kiranmodi@udayancare.org](mailto:kiranmodi@udayancare.org)

## **Introduction**

### **COVID-19 in South Asia in the alternative care context**

Unfortunately, with the unprecedented disaster in the form of a pandemic, COVID-19 has paralysed all the progress made on children's rights, such as education, health, nutrition, safety, and well-being. Not only did it upend the lives of 600 million children in South Asia, but also jeopardised their future (UNICEF, 2020). Additionally, social workers, care staff, and administrators were also left defenceless and had to face the pandemic's wrath. It has become clearer now that the pandemic is much more than a mere health crisis; it is a socio-economic crisis, humanitarian crisis, security crisis, and human rights crisis according to the United Nations Comprehensive Response to COVID-19 published in September 2020.

Since 1989, when the UN Convention on the Rights of the Child was passed, until 2020, most nations have been working to bring about a change in the existing legislation to provide better care to children living in alternative care settings. Subsequently, the Committee on the Rights of the Child, i.e., the body of independent experts responsible for reviewing progress made by State parties in implementing the Convention on the Rights of the Child, devoted its 2020 Day of General Discussion to the issue of children living in alternative care. The main aim of this discussion was to examine the current situation regarding alternative care, its identity and complexity, as well as areas concerning the unnecessary separation of children from their families, and to find appropriate ways to respond to child separation and family in cases where it is unavoidable (OHCHR, 2020). With each new hurdle, both the governmental and non-governmental organisations have worked towards providing the best possible care for children.

The pandemic has not only directly exposed these children to health hazards but has also further pushed them, especially the most vulnerable ones into unknown socio-economic problems. The children, on the vulnerable side of the society, lack access to sanitation, proper nutrition, adequate water supply, and access to soap, sanitisers which are necessary to prevent the spread of COVID. Due to the

deteriorating quality of the diets and the havoc created by the pandemic and its containment measures, more of the vulnerable children are becoming malnourished (UNICEF, 2020). 'At least 463 million students around the globe remain cut off from education, mainly due to a lack of remote learning policies or lack of equipment needed for learning at home during this pandemic' (UNICEF, 2020). Additionally, many children were susceptible to domestic violence with an increased risk of trafficking. Further, reports from the South Asian countries indicated that the immunisation report has dropped by 49% in March compared to February (WHO, 2020).

Acting upon these apprehensions, some professionals and agencies have come forward in various countries to provide some sort of psychological support and counselling services for children and young people. In most cases, these services are often not well-organised and not directed towards the specific needs of children (Dong & Bouey, 2020). UNICEF along with the Better Care network and The Alliance has prepared a list of recommendations that states/countries should follow in response to the COVID-19 outbreak. These recommendations are the guiding principles to support child protection practitioners and the government officials in their immediate response to the child protection concerns who are at risk of separation or are residing in alternative care during the COVID-19 pandemic (UNICEF, 2020).

For most of the 1.13 million children, institutional care had remained the only care option in South Asia. There have been quick changes to the on-ground child protection mechanisms, grave economic fallouts for families and institutions, availability of limited availability of resources, causing major caregiver burnout in the child care homes, and finally to the breakdown of social networks. In the early phases of the pandemic, complete lockdown of children's institutions led to a severe limitation to seek external help. Children residing in Child Care Institutions (CCIs) felt marginalised and deprived of education and learning more than ever, due to the inadequate reach to technology to access online education. The additional burden of keeping stocks for a longer duration of time, hygiene materials added greater financial burdens to the already stretched resources, due to donor diversion and fallout. The arrival of a new child into the

CCI or restoration of a child residing in the CCI amidst the lockdown, with limited staff available in CCIs while following the health advisories and catering to the psychosocial needs of the child and following the procedural guidelines remains to be one of the greatest challenges. Being confined in small spaces at home, while wearing mask and maintaining social distancing negatively impacts the emotional, physical, and mental well-being, which results in high stress among children as well as residential staff.

International standards, national policies, and guidelines on children's rights and alternative care remains applicable even during times of a crisis, however, there was widespread unavailability of professional staff in these spaces who lacked training in dealing with the new ramifications. Many institutions were instructed by the Child Welfare Committees (CWCs) to send the children back into the communities, due to the lack of space in the CCIs. The strategy was proposed without a careful deliberation of situations back home, and without any proper investigations and follow-ups. This was being done without a proper assessment of the readiness of the families, additional support, and absolutely no monitoring protocols in place which led to further cases of abandonment. Correspondence published by Lancet Child Adolescent Health, expressed concerns about how the best interests of the children might not be met in such a scenario. A report about the rapid return of children in residential care to family because of COVID-19 surveyed 67 NGOs and found that the participants:

...frequently noted concerns that antecedents to the original placement into residential care were not resolved before the rapid return. For example, if a child was originally placed in residential care due to neglect, it was unlikely that the underlying reason for placement (i.e. neglect) was adequately addressed before the child being returned to parental care. NGOs further expressed concern that this would complicate the child-caregiver relationship and decrease the likelihood of long-term placement success (Wilke et al., 2020, pp. 110-119).

## **The pandemic and the South Asian Association of Regional Cooperation (SAARC) response**

South Asia is one of the least developed world's regions with a large population. Thus, the South Asian region with less developed medical infrastructure and lack of availability of elaborate health and hygiene measures, is at high risk and more vulnerable to this infectious disease. Despite some media reports and sporadic studies on the situation in care homes, not much attention has been drawn towards children residing in care homes, or towards children, who were restored to their families, or even those who are at risk of being placed in residential institutions. Around the world, reports have emerged of various residential institutions for children being closed due to the pandemic. With the breakdown of a pandemic, residential care providers across countries are presumed to receive comprehensible guidance from respective governments, in South Asia, regarding managing symptoms, preventive measures, and measures to ensure quarantine measures inside institutions. Various resources and guidelines have been developed to support administrative staff to prepare themselves for the immediate response. The UNESCO recommendations give more strategic importance to the caregivers and child protection practitioners and for government officials who have to take immediate steps to prevent child rights abuse and give them a safe environment during the pandemic.

All the countries in the South Asian Association of Regional Cooperation, namely Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka have tried to implement the given 'Safe to Learn during COVID-19' recommendations in their respective capacities. The pandemic has not only impacted children in institutional care but its impact is also visible on foster care and adoption. As this has created an uncertain environment, critical components of foster care including home inspections have been stopped as most of the officials have been directed to work from home. Also, as research shows that neglect and abuse happen more often in high-stress situations, the doctors and teachers who typically report such cases in foster homes often fail to keep an eye on children during this environment. With government offices and courts closed in many

states, parents who had planned to finalise adoptions are also now navigating a radically changed landscape (Dodge, 2020).

This paper is based on secondary data collection of material available, through which information on the impact of COVID-19 issues of alternative care and recent developments in the alternative care institutions during COVID-19 was studied. The paper highlights some of the major concerns alongside the recent developments in the South Asian Association of Regional Cooperation countries (SAARC) and concludes with recommendations for better planning during emergencies.

## **Afghanistan**

Afghanistan, a country that has been exposed to deadly and prolonged wars in the past, continues to suffer the aftermath. Often relief efforts by international agencies remain insubstantial, as much more needs to be done in terms of structural changes. With high-intensity conflict zones adding to the pressure for many children and families, Afghanistan is on the verge of experiencing grave violations of child rights. Even before the pandemic had hit the streets of Afghanistan, famine was already an issue faced by most of the locals living there. This not only puts children at risk of malnutrition and impoverishment but also a risk of separation. A report by UNICEF (2015) says up to 80% of children between the ages of four and 18 living in orphanages were not orphans but were from families that could not provide basic services to their children. As the global pandemic began to infiltrate the nation, Afghanistan faced yet another crisis, namely, 'Seven million Afghan children risked hunger' (BBC, 2020). Based on findings of a report provided by the Ministry of Public Health 2.9% of the people infected with COVID in Afghanistan were children. It was stated that out of 9,794 children who were in orphanages before the pandemic, 8,133 of them were handed over back to their families or relatives and only 1,661 of them were quarantined in the orphanages.

In a report titled, 'Humanitarian Needs Overview Afghanistan', A representative of Save the Children stated that the country will be enduring a 'perfect storm of hunger, disease, and death' unless is acknowledged for the same by the

international community. This statement was released after the findings of an initial report looking into the circumstantial conditions of children amidst the COVID-19 crisis, which had indicated that an estimated 7.3 million children in Afghanistan were to face food shortages. Save the Children also further managed to identify the ongoing challenges for children in Afghanistan and is working towards building local capacity for a humanitarian response, especially in the areas that are prone to disaster. Save the Children has also developed a disaster risk reduction toolkit for schools to mitigate the impact on education. Additionally, to cope with the economic hardships arising from no source of income, there has been an increase in the rates of child labour, child marriage, and sending the child off to distant relatives or wealthy benefactors, thereby increasing the risk of trafficking and exploitation (UNFPA, 2020). This, therefore, puts children at a high risk of separation from parental care.

It has set provisions of child protection services, particularly psychosocial support for children, adolescents, and caregivers, and provided masks, sanitizers to the caregivers. It has further created tools to address stress and anxiety, particularly during the lockdown or when a family member falls sick. As part of its child protection efforts, UNICEF has provided over 7,000 bars of soaps and around 8,000 masks to promote handwashing practices and the safety of children across the country (UNICEF-ROSA, 2020). As the country's response has been majorly targeted towards dealing with the hunger pandemic, not much information on government interventions specific to alternative care could be derived even after thorough secondary data research.

## **Bangladesh**

As the countries across the globe began to impose lockdowns, officials in Bangladesh too ordered a 'complete lockdown'. The initial response was to close down the educational institutions, followed by non-essential businesses and services. Migration from the cities too was closely monitored to avoid a migration crisis. Bangladesh's efficient civil society machinery took immediate action by organising campaigns to increase awareness and disseminate information in the society.

According to SOS Children's Villages, there are around four million children without parental care in Bangladesh. But the country's department of social services holds records of about 200,000 children who live in 85 'Shishu Paribar' (government-run children's homes), and four thousand private orphanages). Many orphanages, particularly those attached to educational institutions such as madrasas, are closed and local guardians have been asked to remove children. In the wake of COVID-19, non-governmental organisations are also taking steps to fight and safeguard their children. Because the government and NGOs are falling short of hygiene safety measures such as soaps and disinfectants, local authorities have encouraged the NGOs to send the children home or to kinship care. (Chandan, 2020). Organisations, especially the non-governmental ones, have been falling short on finances and the donations have stopped or have been diverted towards other emergency funds due to the lockdown. 'Due to the coronavirus outbreak, many donations have stopped. In this deadlocked situation, we are also unable to look for new donors. If the situation does not improve, many orphanages in our country will not be able to feed their children', said Prof Samad (Chandan, 2020).

While government-run children's homes enjoy regular funding, they too were affected by a lack of staff. Due to the closure of government offices, caregivers and other staff could not be regularly at work. Hence, the staff is required to stay in children's homes for at least a week so that the needs of children are better catered to. International organisations like UNICEF supported the government in developing an emergency helpline for destitute children as the situation may worsen further. At the beginning of the crisis, Joining Forces Bangladesh and Child Rights Now (2020) praised the government for the nationwide lockdown and appealed for the necessary steps to be taken for the wellbeing of the most vulnerable children. It urged the government to adopt policies and allocate funds for COVID-19 responses, particularly concerning child protection (Relief Web, 2020).

Other organisations such as Distressed Children & Infants (DCI) are attempting to distribute books and study materials in children's homes so that the children can continue their learning. However, as resources are rapidly depleting, the

CCIs face additional risk in sustaining the finances. A statement issued by one of the representatives of the NGO Universal Disabled Care-Taker Social Welfare Society, Ms. Kaur, revealed that there is a 90% drop in receiving donations. This drop is particularly alarming as a lot of children who remain in child care intuitions are also in need of immediate medical attention. Bangladesh issued an interim guidance note for alternative care institutions in response to the increased risk of COVID-19 in the country on 20 May 2020 about prevention and preparedness for COVID-19 and the temporary separation of children from their caregivers. Communities were asked to identify children who are at a high risk of family separation and in case of separation to identify the preferred alternative caregivers. Another issue is the stigma faced by those infected with the virus.

## **Bhutan**

The Ministry of Health is responsible for the stewardship of health in Bhutan. Health is considered one of the foremost sectors in Bhutan and all residents are entitled to free medical care services.

The National Health Policy of the nation expresses that the state will 'give free admittance to essential general health administrations in both modern and traditional medicines' as drafted in the constitution. Hence, The Royal Government of Bhutan and the World Bank signed a \$5 million COVID-19 Emergency Response and Health Systems Preparedness Project to help in prevention, detection, and responding to the pandemic across the country, including care homes. The project was set to facilitate Bhutan's capacity to provide emergency support whenever required. The project was implemented by the Ministry of Health as it focused on advancing strategies like prompt contact tracing, early warning systems, training of frontline workers, procuring testing kits and laboratory equipment, etc. Additionally, Give2Asia too partnered with other local non-profit organisations to support the front-line workforce and child care institutions. The response programme focused on providing financial support for quarantine facilities and frontline healthcare workers along with securing medical supplies (Give2Asia, 2020).

In terms of engagement in general, more than 16 thousand people (Desuung volunteers, volunteer groups, local leaders, youth volunteers and CSOs, and school health co-ordinators), were engaged to reach a large population in the country with messages on COVID-19 prevention and access to services. By June 2020, 550 participants in total have been trained in the use of the Bhutan Child Development Screening Tool (BCDST) via Zoom. Bhutan's Centre of Media and Democracy (BCMD) also made efforts to educate the mass by sharing useful tips on how to verify the information and sources related to COVID-19 by distributing multi-lingual online, printed, and audio versions of education materials. The Centre conducted many training workshops on advocacy and development of effective and efficient communication materials. UNICEF's Youth Ambassador was engaged to advocate and educate young people and the public on COVID-19. There is insufficient information provided by the Bhutan government to indicate any substantial change in responding to the needs of vulnerable children amidst COVID.

## **India**

COVID-19 pandemic has had multifaceted impacts on children, including psychological, physical, mental, cultural, and social (Dalton et al., 2020). Research indicates that nearly 41 percent of India's population is under 18 years of age, which means that they fall under the laws applicable for children as per the definition by the UN Convention on the Rights of the Child. Their mental health must be addressed both during the pandemic and post-pandemic. These effects are not restricted to general well-being and health but extend to many dimensions of children's lives, including their safety, education, and poverty (UNICEF, 2020a). Other factors, including poor nutrition, abuse, and violence where children continued to live in proximity to their abusers in lockdown, also play an irrefutably major role (Sengupta, 2020.)

As a result of lockdown, many children have had no physical access to schoolmates, friends, peers, and relatives for over many months. Limited opportunity for any kind of outdoor play and socialisation has had an adverse impact on children, making them frustrated, irritable, easily bored, and angry. In

India, there are approximately 370,000 children in more than 9,500 CCIs. The crisis due to COVID-19 has not only added additional pressure on the children residing in CCIs but has also negatively affected the ability of the CCIs to take care of children already present there (Mazumdar, 2020). The Apex Court has issued several Standard Operating Procedures (SOPs) for child care institutions at a national level since April 2020 to address the risk to the children in CCIs and put in place the preventive preparedness to the risk of COVID-19. These institutional level guidelines are laid down at children-centric and staff-centric levels and include procedures specific to utility and services, medical support, health and well-being, and capacity building of staff (WCD, 2020). Guidelines on handwashing/sanitisation practices, social distancing, cleanliness, medical consultation, awareness are mandatory for all care homes.

Despite curbs, a spike in child trafficking and child marriages was recorded during the pandemic and ChildLine had to intervene in many cases and the states' governments scrambled to cope and set up more monitoring systems (Chopra, 2020). The nationwide lockdown has brought all sorts of despair, stress, and anxiety (Kumar et al., 2020). The Supreme Court of India has suggested providing audio-visual means to maintain a connection with the outside world and continuity of psycho-social support and learning. India's Ministry of Women and Child Development has issued guidelines stating that the caregivers should make themselves available for the children and assure them of their wellbeing if they are ill or stressed out. Separate guidelines for disinfecting public places, including compulsory posters, are also issued by the Ministry of Health and Family Welfare.

The Health Ministry set up a national emergency helpline number (1075) and state/union territory helpline numbers. ChildLine intervened in more than thirty-five thousand cases of child marriage and received an estimated 4.3 million calls till September 2020 (ChildLine, India). Moreover, organisations like the National Indian Child Welfare Association have provided various resources to give foster children and their caregivers accurate information about the ongoing pandemic. Many organisations in India had responded quickly to the immediate needs of affected populations by working in collaboration with a host of local

organisations to provide food assistance, nutrition, water filters, and hygiene kits to children in care homes. In state governments protection of child rights services have said staff and officials in childcare institutions should take extensive precautionary measures for COVID-19. Several INGOs, and NGOs have played a crucial role in ensuring that these guidelines are appropriately followed hence safeguarding children's and care staff's well-being. The [Guidance for Persons in Charge of CCIs under the JJ \(Juvenile Justice\) Act, 2015](#) has been used to prevent and control the spread of COVID-19 in CCIs (New Concept & UNICEF, 2020).

CARA has issued certain advisories on procedures for adoption and foster care to be followed for safeguarding children during the pandemic. Limited virtual interactions, major co-ordination via mails and phone calls, virtual meetings with CWCs, and speedy process followed by online counselling sessions and feedback are certain measures directed to be followed post June 2020.

## **Nepal**

Nepal's statistics reveal that out of 11.5 million children around a million are without parental care. Often these children are abandoned and forced to live on the streets, while some of them are also coerced into child labour. Although several organisations were working towards protecting the children without parental care by providing basic needs like food, shelter, education and medical care, the current crisis has put a lot of strain in the process. Initially, Nepal reported only two cases of patients infected by the deadly virus. However, in four months, the numbers had spiked exponentially. With over 17,000 confirmed cases and 40 deaths by June 2020, Nepal faced a huge challenge ahead in containing the spread. A spokesperson for Sukraraj Tropical and Infectious Disease Hospital in Kathmandu said:

...what we are now witnessing is the community spread of the virus. Each day only 300 people are tested for free on a first-come, first-serve basis, though the number of persons visiting the hospital varies between 1,000 and 1,200. Unfortunately, those who are unable to get tests would have to return to their

homes as the hospital cannot manage more than 300 patients (Jha, H. 2020).

Beyond the Orphanage has partnered with several other local organisations to deliver education and awareness workshops to help children understand and maintain good hygiene standards. While such initiatives were taken by several organisations, a report by Al Jazeera highlights the growing number of 'fake orphanages' that try to attract donations by exploiting the children for profit. A study stated that more than 80% of the orphans are trafficked from remote areas to make profit through deception. The National Child Rights Council issued a public statement instructing 153 childcare homes in Nepal to reintegrate children with their families. It was reported that 1,503 children from 38 childcare homes were reunified with their families (Bhushal, 2020).

Several NGOs, including Save the Children, collaborated with ministries, and submitted insights and evidence garnered through the 'Ministers with Children' campaign to promote the child-centred policies and plans to protect the rights of children during emergencies.

## **Pakistan**

With the help from international and national humanitarian and development partners, the government of the Islamic Republic of Pakistan has responded by strengthening co-ordination, case management, contact tracing, testing services, and community mobilisation. The country saw cases of transmission of the virus from the elderly to the children in a family. This led to the separation of children from their parents and many of these children have been thereby sent to care homes (International Crisis Group, 2020).

In the wake of spreading awareness about health and hygiene, WHO Pakistan prioritised the Clean Care initiative as integral to the government's response to COVID-19. UNICEF found that changes in their care home life are somewhere linked to increased stress in children along with reduced patience in caregivers. As a result, many social service professionals have been trained in psychosocial support along with prevention based on a UNICEF's support response.

## **Sri Lanka**

Christian Care Reforms in Sri Lanka are working with the government to facilitate and improve family-based care. Using fostering and domestic adoption routes, attempts are being made to find ways to offer family-based care. World Vision is also setting up operations in Sri Lanka by working with the community to promote development and relief programmes. Amnesty International highlights how the school closures due to COVID-19 have increased the risk of a child's exposure to abuse, exploitation, violence as well as child labour. Female children continue to be the most affected by this situation. Lack of robust child rights protection services and mechanisms exacerbates such risks among the vulnerable children without parental care. Save the Children Sri Lanka says there is an increase in child abuse cases reported to the National Child Protection Authority (NCPA). The NCPA helpline data revealed that the number of reported incidents increased by 40%, alerting government authorities to take immediate steps to reform policies and services. These data are particularly alarming as according to CRSA 2018, there is a high prevalence of physical and sexual abuse against children in Sri Lanka.

UNICEF introduced digital case conferencing which has been adopted in Northern, Eastern, UVA, and, Central provinces. Standard Operating Procedures (SOPs) on digital case conferencing were developed, supported by the Department of Probation and Child Care Services. The SOPs were to be translated to both local languages and distributed to all divisional secretaries for implementation. UNICEF through this programme had already managed to reach 83 children in need of care and protection and 18 children were supported on proper alternative care arrangements by August 2020. The lockdown brought with itself a range of mental health issues for children. Staying at home has induced stress, boredom, anxiety, and depression. UNICEF is establishing a virtual psychosocial support network via NCPA (National Child Protection Authority) psychosocial team with the partnership of NCPA, Save the Children, LEADS, and World Vision Lanka. Furthermore, Mental Health and Psychosocial Support (MHPS) networks have been established in the Eastern and Northern

Provinces for effective Psychosocial First Aid (PFA) support, counselling, and further referrals.

UNICEF has partnered with the National Institute of Social Development (NISD) to reach the children in quarantine centres for PFA support. UNICEF Child Protection Programme is also working with the national NGO, Advocating the Rights of Children (ARC), for the prevention of violence against children, through social media targeting parents, caregivers and children.

## **Conclusion**

India and Bangladesh have done major work and provided appropriate guidelines that comply with the recommendations of UNICEF, Better Care Network, and The Alliance for responding to COVID-19. They have more specific guidelines to cater to the needs of children in alternative care spaces.

The pandemic is leading to the re-institutionalisation of many children due to government orders or due to the shortage of basic necessities in poor families such as in Bangladesh and in India (Khan Chandan, 2020).

Our desk review also suggests the other countries reviewed have general guidelines and orders in place but nothing for child care institutions spaces specifically. In Afghanistan, where the most pressing issue is the hunger pandemic, little work in the area of children in need of care and protection has been done. Most of the recent developments that took place in these South Asian countries have been initiated primarily by governments, international organisations such as WHO, UNICEF, SOS Children's Village International, Better Care Network and Save the Children. The national governments of India and Bangladesh have supported these initiatives to a great extent. There is also a lack of proper governmental guidance particularly focused on preventive measures and ways of implementing the WHO guidelines in an institutional setting, as with most of the guidance in general. Several care homes do not have enough space for social distancing, and no proper health care provisions due to lack of funds. Several countries, such as the Maldives, Bhutan, or Sri

Lanka, could not provide substantial data on the number of children affected by COVID-19.

### **Advocate for clear and child-friendly intake and discharge procedures to promote family unity and reduce the risk of separation**

Authorities could support the transition to family-based and community-based programmes and services for children in an organised and planned manner, including those children, who find themselves homeless or orphaned after this pandemic. Kinship care is the most broadly used form of out-of-home care for children unable to live with their parents. Kinship families should be strengthened to take care of children who need out-of-home care support. Due to the vulnerability of older people to COVID-19, some grandparents or other relatives might not be able to care for kin children. Discrimination worsens when resources are scarce, and therefore it is even more essential that child care institutions and facilities are appropriately supported to have funds to sustain the livelihood of the children without parental care, and carers. Work with relevant authorities to establish a registration system to prevent long-term separation and to facilitate reunification is required. Facilitation of safe and regular communication between children and parents/caregivers who are temporarily separated should be encouraged.

### **Develop an inter-agency plan, in collaboration with relevant authorities, to strengthen the care of vulnerable children**

Developing common standard procedures for documenting and referring the cases of children between child protection and health services to ensure children receive appropriate, safe, and family-based care even during the pandemic is needed. Collaboration is required to ensure child-friendly health facilities or access to health care, including direction for health staff on communicating in a child-friendly manner and ensure special measures to support children's psychosocial well-being.

## **Health, nutrition, and hygiene**

Identification of alternative mental health and psychosocial support along with educational activities is required for children in care homes. Ensuring the provision of child friendly, safe and hygienic promotion activities before and during a pandemic outbreak, including the development of infographics and posters targeting children and caregivers, is crucial. Other supports include child safeguarding training for health workers, collaboration on safety audits to assess and address any safety needs at wash facilities, and ensuring that children in self-isolation or quarantine in care homes have access to adequate nutritional support.

## **Education**

It is necessary to use child friendly distant education methods in alternative care spaces, such as TV, radio, or online learning, thereby limiting the impact of school interruption. Advocating with government and other private employers is required for a flexible working arrangement for caregivers who may have little or no experience in this regard, and thereby enable them to continue care and education of children in care home facilities. Support providers need to work with schools to ensure safety messages and protection are delivered to children and caregivers in a way that limits distress and panic. It is also important to ensure that teachers and volunteers have the required knowledge and skills related to risk mitigation, child safeguarding, prevention of sexual exploitation and abuse, and safe referral practices.

## **Working across sectors and with governments: timely response, advocacy with government, collaboration with other sectors, and child protection-specific programming are key priorities for the COVID-19 response**

Immediate decision and timely co-ordination are vital. It is important to ensure that care homes do not run out of essential supplies, along with developing and imparting training on safety measures to caregivers and children. A co-ordinated

approach for protecting and caring for the children and youth is required along with ensuring all efforts for monitoring children who are living in or going out of the residential care systems. Child protection specialists can advocate for measures to address COVID-19 which accord with international standards, in line with WHO and UNICEF advice and are human rights-based, proportionate, and non-discriminatory. The vulnerability of children can be reduced by engaging them proactively and including the perspectives of children. Governments and NGOs can work with community members to develop child-friendly messages on COVID-19.

### **Work with caregivers**

Targeted support to interim care centres and caregivers should be provided, including child-headed households and foster families, to support children emotionally and engage in appropriate self-care. Provide training and support to caseworkers and existing child helplines on COVID-19, including basic facts and myths, impact on child protection concerns, and support services. Revision of the existing SOPs with the health sector and others basis the current situation is necessary to ensure the safe identification and referral of children at risk, as is identification of risk mitigation measures for caseworkers and alternative methods for follow-up if home visits become impossible.

It is vital to assess the long-term impact of the pandemic to prevent this crisis from turning into an epidemic of abuse in South Asia. It will take a long time to heal the ruptures and breakdowns and to rebuild the social and economic infrastructure. We should establish safe, child-friendly complaints and feedback mechanisms in care homes to keep children at the centre. Collective action on the part of the civil society and political will and commitment are non-negotiable. Central and state governments across South Asia must continue to engage with civil society and practitioners to understand the realities and produce new policies and priorities. Awareness of alternative care and the implications of COVID-19, and recommendations of NGOs should be spread to the public by governments wherever lacking. This can be achieved through webinars and social media awareness campaigns. Training for staff working in alternative care

should be functionalised to deal with emergencies especially in dealing with issues related to mental health. In order to deal with the impact of a pandemic, it is important to work with individual countries' local health officials, school districts, child care accreditation bodies, child care licensing boards/bodies, health consultants, and other community partners to determine the most appropriate plan and actions to protect the children and other stakeholders in the alternative care space from the aftermath of COVID. The role of mental health carers and counselling is paramount to mitigate the increased risk of anxiety, violence, abuse, and care-giver burnout. Regular monitoring of each child under care and protection is necessary to mitigate the risk of abuse.

## References

- Asia-Pacific Regional Network for Early Childhood (2020). *A survey on Perspectives on the impact of COVID-19 on young children and early childhood development in the Asia-Pacific region*.  
<https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/child-development-and-covid-19/a-survey-on-perspectives-on-the-impact-of-covid-19-on-young-children-and-early-childhood-development>
- BBC (2020, May 1). *Coronavirus: Seven million Afghan children risk hunger - — report*. Retrieved from: <https://www.bbc.com/news/world-asia-52488792>
- Bhushal, K. P. (2020). *Public notice to child care homes*. National Child Rights Council. <http://www.ncrc.gov.np/notice/public-notice-to-child-care-homes>
- Centers for Disease Prevention and Control (2020). *Child Development Basics*. <https://www.cdc.gov/ncbddd/childdevelopment/facts.html>
- Central Adoption Resource Authority, MWCD. (2020). *ChildLine*. <https://www.childlineindia.org/a/knowledgecenter>
- Chopra, R. (2020, October 12). Untold story of lockdown: sharp surge in child trafficking. *The Indian Express*. <https://indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/>
- Committee on the Rights of the Child. (2020). *United Nations Human Rights Office of the High Commissioner*. OHCHR.org. Retrieved from: <https://www.ohchr.org/EN/HRBodies/CRC/Pages/Discussion2020.aspx>

New Concept & UNICEF (2020). Child Care Institutions under JJ Act. [http://newconceptinfosys.net/Tarang/Upload/Training/Modules/Module%206\\_English.pdf](http://newconceptinfosys.net/Tarang/Upload/Training/Modules/Module%206_English.pdf)

Dalton. L., Rapa. E., Stein. A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet Child & Adolescent Health*, 4(5), 346-347. [https://doi.org.10.1016/S2352-4642\(20\)30097-3](https://doi.org.10.1016/S2352-4642(20)30097-3)

DD news (2020, June 24). *Immunization dropped 49 percent in April due to COVID-19 pandemic in Bangladesh-UNICEF*. Retrieved from: <http://ddnews.gov.in/international/immunization-dropped-49-percent-april-due-covid-19-pandemic-bangladesh-unicef>

Dodge, D. (2020, April 1). *How Coronavirus is affecting surrogacy, foster care and adoption*. *The New York Times*. <https://www.nytimes.com/2020/04/01/parenting/coronavirus-adoption-surrogacy-foster-care.html>

FAO, IFAD, UNICEF, WFP, & WHO. (2020). *The state of food security and nutrition in the world 2020: Transforming food systems for affordable healthy diets*. <https://doi.org/10.4060/ca9692en>

Flagothier, C. (2016). *Alternative child care and deinstitutionalisation in Asia: Findings of a desk review*. <https://www.sos-childrensvillages.org/getmedia/1b925bf1-5587-4f7f-976a-92293ddfeb09/Asia-Alternative-Child-Care-and-Deinstitutionalisation-Report.pdf>

Fore, H., Dongyu, Q., Beasley, M., & Ghebreyesus, T. (2020). Child malnutrition and COVID-19: The time to act is now. *The Lancet*. doi: [10.1016/S0140-6736\(20\)31648-2](https://doi.org/10.1016/S0140-6736(20)31648-2)

UN General Assembly (2010, February 24). *Guidelines for the Alternative Care of Children* [Resolution]. <https://digitallibrary.un.org/record/673583/?ln=en>

Give2Asia (nd). 2020. *Support COVID-19 Coronavirus response in Bhutan*. Retrieved from: <https://give2asia.org/covid-19-pandemic-response-bhutan/>

Government of India (2020). *#India fights Corona Covid-19*. Retrieved from: <https://www.mygov.in/covid-19/>

Humanitarian Programme Cycle (2020, December). *Humanitarian needs overview Afghanistan*. Retrieved from: [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg\\_humanitarian\\_needs\\_overview\\_2020.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afg_humanitarian_needs_overview_2020.pdf)

International Crisis Group (2020, August 7). *Pakistan's COVID-19 crisis*. Retrieved from: <https://www.crisisgroup.org/asia/south-asia/pakistan/b162-pakistans-covid-19-crisis>

Jha, H. (2020, September 3). *Containing COVID-19 crisis in Nepal*. Observer Research Foundation. <https://www.orfonline.org/expert-speak/containing-covid-19-crisis-in-nepal/>

Jha, P., Neill, Z., Gyngell, A., Lim, D., & Dixon, T. (2020, June 11). *India's response to the Coronavirus crisis*. Retrieved from: <http://www.internationalaffairs.org.au/australianoutlook/indias-response-to-the-coronavirus-crisis/>

Joining Forces Bangladesh/Child Rights Now (2020, April 5). *Joint Appeal for effective response and mitigation of impact of COVID-19 on the children in Bangladesh*. Retrieved from: <https://bettercarenetwork.org/sites/default/files/2020-04/Joint%20Appeal%20of%20Joining%20Forces%20Bangladesh%20April%205%202020.pdf>

Kamal, S. (2020, May 16). *How Bangladesh is addressing the Covid19 pandemic*. Retrieved from: <https://www.orfonline.org/expert-speak/how-bangladesh-is-addressing-the-covid19-pandemic-65601/>

Khan Chandan, M. S. (2020, March 31). Covid-19 Outbreak: Little souls left exposed: Orphans, street children now even more vulnerable for lack of hygiene products, basic medical services. *The Daily Star*. <https://www.thedailystar.net/frontpage/news/covid-19-outbreak-little-souls-left-exposed-1888006>

Kumar. A., Nayar. R., & Bhat. L. 2020. Debate: COVID-19 and children in India. *Child and Adolescent Mental Health*, 25(3), 165-166. <https://doi.org/10.1111/camh.12398>

Maharjan, L., & Paudel, A. (2020, August 27). *Youth in Nepal use data to respond to COVID-19* (Worldbankblogs). Retrieved from: <https://blogs.worldbank.org/endpovertyinsouthasia/youth-nepal-use-data-respond-covid-19>

Ministry of Health and Indigenous Medical Services. (2020). *Interim guidelines for field maternal and child care services during the outbreak of COVID-19 infection*. <https://www.mohfw.gov.in/pdf/GuidelinesonOperationalizationofCoVIDCareServicesforChildrenandAdolescents14062021.pdf>

Mohapatra, D. (2020, May 13). Rise Against Hunger India (RAHI) #Covid19 Response Update (March 31). Riseagainsthungerindia.org, accessed October 2020. Retrieved from: <https://www.riseagainsthungerindia.org/rise-against-hunger-india-rahi-covid19-response-update-march-31/>

Relief Web (2020, September 16). *Immediate socioeconomic response to COVID-19 for Bangladesh*. Retrieved from: <https://reliefweb.int/report/bangladesh/immediate-socioeconomic-response-covid-19-bangladesh>

Roy, R. (2020, October 9). *SC Seeks NCPCR response on restoration of children from child care institutions to families*. Retrieved from: <https://www.livelaw.in/top-stories/sc-issues-notice-to-ncpcr-in-suo-moto-case-on-child-protection-homes-164194>

Save the Children (nd). *Help children in Afghanistan*. Retrieved from: <https://www.savethechildren.org/us/what-we-do/where-we-work/greater-middle-east-eurasia/afghanistan>

Sengupta, S. (2020). *The impact of Covid-19 on children, adolescents health*. Outlook Poshan. Retrieved from: <https://poshan.outlookindia.com/story/poshan-news-the-impact-of-covid-19-pandemic-on-children-adolescents-health/361206>

SOS-Childrenvillages. (2017). *International Annual Report 2016*.

The Hindu (2020, April 08). *Coronavirus lockdown: Govt. helpline receives 92,000 calls on child abuse and violence in 11 days*. Retrieved from: <https://www.thehindu.com/news/national/coronavirus-lockdown-govt-helpline-receives-92000-calls-on-child-abuse-and-violence-in-11-days/article31287468.ece>

UN General Assembly. (2010, February 24). *Guidelines for the Alternative Care of Children*. Retrieved from: [https://www.unicef.org/protection/alternative\\_care\\_Guidelines-English.pdf](https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf)

UNICEF (2020, August). *COVID-19: Are children able to continue learning during school closures?* Retrieved from: <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>

UNICEF. (2020, May). *Handwashing data to inform the COVID-19 response*. Retrieved from: <https://data.unicef.org/resources/handwashing-data-covid-19-response/#12047-5>

UNICEF. (2020a). *UNICEF data warehouse* [https://data.unicef.org/resources/data\\_explorer/unicef\\_f/?ag=UNICEF&df=GLOB](https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOB)

[AL\\_DATAFLOW&ver=1.0&dq=.DM\\_POP\\_U18.&startPeriod=2008&endPeriod=2018](#)

UNICEF. (2020b). *Children in monetary poor households and COVID-19*. <https://www.unicef.org/documents/children-monetary-poor-households-and-covid-19>

UNICEF-Better Care Network, & The Alliance for Child Protection in Humanitarian Action. (2020). *Protection of children during the COVID-19 pandemic: Children and alternative care*. <https://www.unicef.org/documents/protection-children-during-covid-19-pandemic-children-and-alternative-care>

UNICEF-ROSA. (2020a). *UNICEF in South Asia COVID-19 Situation Report No. 6*. UNITED NATIONS, UNICEF. <https://reliefweb.int/report/afghanistan/unicef-regional-office-south-asia-covid-19-situation-report-no-6-april-08-14-2020>

UNICEF-ROSA. (2020b). *UNICEF in South Asia COVID-19 Situation Report No. 13*. UNITED NATIONS, UNICEF. <https://www.unicef.org/media/102946/file/UNICEF%20ROSA%20COVID-19%20Situation%20Report,%2031%20May%202021.pdf>

United Nations Population Fund and United Nations Children's Fund. (2020). *Child marriage and other harmful practices: A desk review of evidence from South Asia*. <https://www.unicef.org/rosa/reports/child-marriage-and-other-harmful-practices>

Wilke, N.G., Howard, A. H., & Goldman, P. (2020). Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations. *Child Abuse & Neglect*, 110(2), 110-119. <https://doi.org.10.1016/j.chiabu.2020.104712>

World Bank (2020). World Bank fast-tracks \$5 million for Bhutan's COVID-19 (Coronavirus) response. Retrieved from: <https://www.worldbank.org/en/news/press-release/2020/04/16/world-bank-fast-tracks-5-million-for-bhutans-covid-19-coronavirus-response>

World Meter (2020). *Global COVID-19 data: View by country*. Retrieved from: <https://worldmeter.com/coronavirus/#countries>

World Vision (2020, October). *World Vision supports the government of Nepal in the fight against COVID-19*. Retrieved from: <https://www.wvi.org/stories/coronavirus-health-crisis/world-vision-supports-government-nepal-fight-against-covid-19>

Yangchen, S. (2020). *Bhutan's preparedness and response to COVID19*. Retrieved from: <https://www.orfonline.org/expert-speak/bhutans-preparedness-and-response-to-covid19-64711/>

## **About the authors**

Dr Kiran Modi is the founder managing trustee of Udayan Care. Holding a doctorate in American Literature from IIT Delhi, she has 27 years of experience in working on Child Rights and Alternative Care. She is the founding member of several other trusts, working for the disadvantaged, including children's theatre and health; as well the bi-annual academic journal, Institutionalised Children: Explorations and Beyond, a journal focused on alternative care of children out of home care. She has been responsible for organising many training sessions, consultations, national and international conferences on alternative care.

Dr. Gurneet Kaur Kalra is a trained criminologist, with a PhD in social work from Jamia Millia Islamia University and is committed to research and field-work practice for the past seven years. She is currently engaged as an assistant manager in the Advocacy and Research Department in Udayan Care. Within the advocacy, research and training department, she is responsible for facilitating International Collaborations for various field-based research. She is also an administrator to Institutionalized Children: Explorations and Beyond.

Ms Leena Prasad, LLB, is a lawyer by profession and currently placed as associate director in the Advocacy and Research Department, Udayan Care. She specialises in litigation, advocacy, and training on women and child rights issues.

Ms. Rajeshwari Narsimha is a communications executive at Masoom Education, Mumbai, and is also in her final year of master's in social work from S.N.D.T. Women's University, Churchgate, Mumbai. Rajeshwari graduated in psychology from Banaras Hindu University. She is a writer and editor at The Social Construction Club.

Ms. Jyoti Singh is in her final year of a master's in social work from S.N.D.T. Women's University, Churchgate, Mumbai. Jyoti graduated in history from Banaras Hindu University.