



# Guidelines for restarting PSS activities in emergency setting

Version 2.0, 1/9/20. please send comments, suggestions and requests for support to [ksevenants@unicef.org](mailto:ksevenants@unicef.org)

This document intends to provide some basic guideline for child protection actors who intent to restart PSS activities after no or strongly reduced service delivery due the covid-19 pandemic. These activities can take place in Child Friendly Spaces (CFS), in schools or in the community.

This document is NOT an endorsement to restart activities. The decision to restart activities should be based on guidelines from the state authorities and from the WHO. This document does NOT encourage or refrain actors from starting.

## 1. What we should know:

- Safety is the first priority. Follow all hygiene advice as promoted by WHO and the authorities.
- Take into account that different children experienced the absence of PSS activities in different ways.
  - For some children it might have been a period of bonding with their family.
  - For other children it was a stressful period in which the emotional availability of caregivers declined due to anxieties in the family about covid19 and food security.
  - For some children significant others might have passed away.
  - Some children had anxiety out of fear of catching the disease or losing significant others.
  - The lack of social contact that PSS activities provided might cause depressions or make depression worse. This is especially so for adolescents.
  - COVID-19 caused a sharp rise in physical violence against children.
  - Children may have witnessed domestic violence at home and in the community
- For most children, the restarting of PSS activities is a feast, a sign that the normality that they were familiar with and felt safe in is coming back. Yet, different children react and cope with the past period in different ways.
  - Some children need to tell how they experienced what happened again and again.
  - Extrovert children might turn temporarily introvert and become quiet.
  - Some children will act out, including becoming uncooperative or aggressive.
  - Some children will have body aches that can medically not be explained.
  - Some children will behave younger than they used to behave.

Always react in a calm, patient and understanding way. Work with case managers in case you feel that a child is in danger: violent behavior, exposure to continuous violence at home, severe adolescent depressions, suicidal thoughts, being at risk for child marriage, malnutrition, unaddressed medical conditions...<sup>1</sup>

<sup>1</sup> For more guidance psychosocial skills you can use the following document that is available in various languages : [Basic Psychosocial Skills: A Guide for COVID-19 Responders](#) and the Save the Children

- For many children, the boundaries of their comfort zone have changed. It can be that initially they are reluctant to come out of their homes for long periods. Consider starting PSS activities with a short duration and gradually build up to previous levels.
- Partners providing Child Friendly Spaces (CFS) should have adequate personnel, so that staff can observe children to be able to pick out those children that may be in need of specialized counselling/therapy and support them to access these services

## 2. Guidelines for restarting PSS activities

- Supervise at the start of every PSS session that all precautions are taken of:
  - If possible, take the temperatures of the children as they come into the Child Friendly Spaces and schools for PSS activities. Contact the caregivers of children with fever for follow-up and referral to health facilities.
  - Upon entering the location of the PSS activity, ask all children individually how they feel and if any family members are not well. Children who themselves or their family members have symptoms of COVID-19 can temporarily not participate in the activities. Ensure staff is present for these children for follow-up and comforting the children.
  - Carry out PSS activities in open air. If not possible, disinfect the space.
  - Plan and allow only a number of children inside a space so that a 2-meter social distancing can be respected. If necessary, work in shifts to cater for children.
  - Ensure correct hand-washing procedures are followed by all staff and children
  - At least 2 units of COVID-19 customized hand-washing facilities with all cleaning accessories should be in place in each meeting venue/ CFS facility.
  - Each session can start with a fun ice-breaker reminding children about the COVID-19 control measures e.g. a song: <https://www.youtube.com/watch?v=iGMJBahJXCo> .
  - Select PSS activities that do not require physical contact among children and staff.
  - Use masks if available and required.
  - Reduce as much as possible the use of objects that are touched by several children. Disinfect the objects when these cannot be omitted (e.g. a ball).
  - Explain the above rules at the beginning of every session.
  - Remind children not to touch their face.
  - CFS provider could display posters with COVID-19 prevention and symptoms and alert children to report any concerns to designated CFS staff.
  - Ensure the space is accessible to vulnerable children, e.g. children with disability.
- Pay attention to which children used to participate in activities and are now absent. They might need help or encouragement. Join hands with outreach workers and case managers to have them rejoin the activities.
- Take time to have a talk with all children individually. Take stock of their situation and of their coping mechanisms. Share concerns with colleagues for further monitoring or action.
- Check – through the case workers if possible – which referral pathways are intact. Stay in contact with other service providers.
- Maintain contact with schools. A CFS can never be a substitute of a school. Preferably, PSS activities are integrated into the functioning of the school.
- CFS staffs need to organize sessions with children disaggregated by age and gender as appropriate. For younger children, engage them in singing games and storytelling with a theme of building hope. The best way to start off these sessions is to identify things that

made them happy as well as those that made them sad. Help them to verbalize both positive and negative feelings, correct misconceptions and inspire hope.

- CFS staff should carry out child rights and protection awareness sessions, explore together with children what they understand as their rights, child violence, different types of violence, signs of child abuse, who children can talk to in case they are in need of help, and assure them they shall not be victimized but will be supported to access help. All these should be taught in a fun way and friendly way, e.g. through songs and stories that CFS staff can prepare.
- In case a child abuse case is reported or noted by CFS staff, follow due processes laid out in the case management guidelines or refer the case to agency offering case management services for children in your area.

**Tips:**

- Use the Welcome Back Check-in Guidance when restarting PSS activities. It is mainly developed for schools, but it can equally be used for restarting PSS activities. You can find it [here](#).
- You can find a list of safe activities [here](#) and [here](#)

### 3. Restarting PSS activities in schools

Schools will be among the first places with access to children as society begins to re-open. Therefore, providing PSS services at schools and facilitating referrals from schools to more specialised MHPSS services will be important.

- Provide teachers with basic training and ready-to-use materials/activities for Psychological First Aid (PFA) and MHPSS, including Social-Emotional Learning (SEL).
- Discuss with teachers and school management to ensure that different groups of children get ample time, space and are supported to play, i.e scheduling time for play for different ages and gender. Help the school management to understand why PSS is very important for children especially at this point in time.
- Link up schools to the MHPSS service providers in your location, either directly or through your organisation for referrals of either students or teachers who may need specialised therapy/support/counselling.
- When scheduling PSS activities, be aware of school timetables which may have changed.
- Be mindful that teachers and school administrators have also had a stressful and turbulent period during school closures.
  - Think about using PSS in schools in ways that ease the situation for them and the adjusted school requirements (*e.g. reduced class sizes may require only half of the students to be in the classroom/school at one time. The other students could potentially be occupied with PSS activities in an outside/other location*).
  - Consider, and where possible, address the PSS needs of teachers and school personnel.

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