



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

2.2 BILLION CHILDREN:
HOW DO WE ENSURE THEIR
PROTECTION AND WELL-BEING
AMIDST AN INFECTIOUS
DISEASE OUTBREAK?

BACKGROUND PAPER FOR THE 2020
ANNUAL MEETING FOR CHILD
PROTECTION IN HUMANITARIAN ACTION:
INFECTIOUS DISEASE OUTBREAK & THE
PROTECTION OF CHILDREN

2.2 billion children: How do we ensure their protection and well-being amidst an infectious disease outbreak?

A background paper for the 2020 Annual Meeting for Child Protection in Humanitarian Action

Raj, 16 years old, sat in his hut with his 4 younger brothers and sisters. He had just heard on the loudspeaker that schools are closing because of a disease attacking people. Questions flooded his mind: Where would his siblings get their breakfast and lunch if not at school? How could he take care of them when he had to work? Were they going to die?

Beulah, 14 years old, walked slowly home from school. She was trying to figure out what she had just heard: no more school, stay at home, wash your hands, and wear a mask. But staying at home meant her older brother was around more – more time to sexually abuse her. She felt exhausted, isolated, afraid and helpless. School had given her a break and safety. What was going to happen now?

Jonas, 8 years old, kicked a stone in the yard outside his orphanage. Kids were everywhere but he just wanted to be alone. What did this disease mean? Would he ever find his mom? He hated it at the orphanage; the only good thing was that at least he got some food. But what now - he can't even run away...¹

COVID-19 is a public health crisis engulfing the world, confining and separating populations, and transforming lives. Rapidly imposed nation-wide containment, control, and mitigation strategies have included constraints on movement; regional and national-level border closures; procedures for quarantine and isolation; social distancing; school closures; suspension of care structures' activities; restrictions on access to health and social services; reduced public transport; and the closure of non-essential businesses. Secondary impacts – those relating to these containment, control and mitigation measures – have complicated and harmed the lives of many children, families, and communities.

Children are experiencing poverty, hunger, abuse, neglect, exploitation and violence at alarming rates. 1.8 billion children live in 104 countries across South Asia, Eastern Europe, Central Asia, the Caribbean and Americas, where protection services have been disrupted.² This includes violence prevention and response services. At the peak of the lockdown, over 90 per cent of children worldwide – that is 1.5 billion children³ – were affected by school closures. This impacted on their education and futures, as well as their access to protective services provided by schools. Before COVID-19, children made up one third of the world's population, yet they were half of the population living in extreme poverty.⁴ Up to 66 million more children could fall into extreme poverty as a result of this disease.⁵ The long-term risks to children as a result of the pandemic are severe.

The world has seen infectious disease outbreaks and associated child protection risks before. During a cholera outbreak in Yemen in 2017 children coming to treatment centres with their caregivers would be exposed to abuse and harassment by community members when waiting outside.⁶ Children isolated during the West Africa Ebola outbreaks in 2014⁷ and 2017⁸ lacked care and nurture, even after watching loved ones die. When school doors closed to an estimated five million Sierra Leoneans, the well-being of children suffered. Children had reduced supervision and care and were no longer able to play with their friends or take part in learning.⁹ Many out-of-school children and their families reported sexual violations by relatives and neighbours. This led to a nation-wide spike in teenage pregnancy.¹⁰

In April 2020, António Guterres, Secretary General of the United Nations, stated that COVID-19 was showing “an alarming pattern...about the wellbeing of the worlds’ children”.¹¹ Children’s best interests, protection and participation rights were being eroded.¹² The UN Convention on the Rights of the Child (UNCRC) is foundational to the Minimum Standards for Child Protection in Humanitarian Action (CPMS). The CPMS, updated in 2019, integrated lessons from infectious disease responses.

Child protection humanitarian actors and stakeholders have a critical role in advocating for the rights of children. We have an ethical responsibility to apply these rights equally when designing and implementing humanitarian action. This paper uses the socio-ecological approach to examine what is happening to children throughout the COVID-19 pandemic. By examining all levels – the child, family, community, state/society – humanitarian actors and stakeholders can ask the critical questions, define the gaps, and prepare for any future infectious disease outbreaks.

The socio-ecological model



This paper aims to support the upcoming discussions during the 2020 Annual Meeting for Child Protection in Humanitarian Action by:

- Examining the gaps that have occurred in protecting children during the COVID-19 response.
- Looking at how the application of children’s rights has either been non-existent or fragmented.
- Identifying changes necessary so that the best interests of children are at the centre of the continued response to COVID-19 as well as future Infectious Disease Outbreaks (IDOs)



The centre: The child

What began as a public health concern has evolved into a crisis touching all aspects of children's well-being and development. COVID-19 and states' containment, control, and mitigation measures have impacted children's lives in ways that extend far beyond health. They affect children's education, mental health, developmental tasks, and physical and online safety. New risks continue to emerge and existing protection risks are exacerbated as children struggle for their basic needs, whilst protective systems have weakened.

Ironically, efforts to keep the population healthy may have caused unintended harm to children, especially where public health interventions have not adopted a child-centred approach. Due to extended confinement, many children have been exposed to increased violence within the home, now being referred to as the 'shadow pandemic'.¹³ Some children have faced separation from their caregivers and been placed in alternative care. Others have had to take on additional responsibilities as a result of illness or poverty due to income loss, sickness and death within their families. For some, this has meant child labour, child marriages and pregnancies. School closures have meant social isolation for children; they have had fewer opportunities to meet with peers; they feel uncertain about their education and futures; and some are more exposed to online exploitation.¹⁴ All these factors impact on children's mental health and psychosocial well-being. Vulnerable children with mental health issues may consider or resort to self-harm.¹⁵ Alongside their own experiences and fears, children's psychosocial distress and anxiety are compounded by increased tension in the community and family.

As certain risks for children have increased, protections have reduced. Services or other protective influences, such as extended family members and teachers, have been withdrawn and/or access has been limited due to lockdown. Few efforts have been made to seek children's views; to ask them to point out the risks they face; to describe the impacts of these risks; or to identify protective factors. Children have the right to participate and engage in matters that directly affect them (UNCRC, Article 12), but this right is not respected when child protection actors fail to seek and listen to their voices. "Children's insights and expertise carry tremendous weight and values, demanding attention, response and accountability. Their lens goes beyond the immediate face of COVID-19 to its multifaceted impacts."¹⁶ On-going disregard for children's perspective casts doubt on the appropriateness of responses to date and the relevance of future planned actions.

Key questions: The Child

- How do we ethically engage with children so that they can define and helps us understand
 - The risks they face?
 - The protective factors around them?
- How can we access marginalised children and adjust our approaches to their realities?
- How do we advocate for children's participation in all the decisions that affect them?
- How do we protect at-risk children when they are isolated from us?



The family

Children are part of family structures. Lockdowns have meant that families have often had to fend for themselves when it comes to caring for their household. Caregivers generally provide food, shelter, clothing and responsive care for their children. In the context of COVID-19 many have also had to assume new or additional responsibilities for children's education, health, nutrition, overall development, and well-being. For this reason, it is crucial to consider whether and how we have been able to reach families.

COVID-19 has made it challenging for families to care for their children. This difficulty is heightened for families in refugee/Internally Displaced Persons (IDP) camps, those who are homeless, those with mental health issues, and those facing poverty and/or increased safety risks. Job losses have led to economic strain. Globally half a billion people have been pushed into poverty.¹⁷ School closures have forced some caregivers to balance work responsibilities with teaching their children or staying at home to provide care. With these compounding pressures, many caregivers have struggled to provide structured education support, affecting the developmental outcomes of their children. Mental, physical and economic stressors have been linked to rising rates of violence within the home. In 37 countries it was found that children whose schools were closed reported higher levels of violence in the home (17%) than those attending school in person (8%).¹⁸

There has been a decline in the mental health of family members. Whether parents have become hypervigilant, passive or maintained normalcy in looking after their children, they too have suffered from isolation. For many at-risk families, case management services have adapted by using phone and Internet technology. Child protection responses have reached families through, for example, remote psychosocial support and mental health services; helplines; cash transfers; remote education and positive parenting programmes; and community-based public health messaging. In some instances, social service workers have been safely providing in-person services, information, and follow-up to those most at risk.

Despite some success, it is unclear if families have been reached in the way that they need. For example, many programmatic efforts rely on access to a television, the Internet or a phone. The digital gender gap may mean girls and women do not have access to the technology needed to access support.

It is also unclear if and how protective services have taken into account diverse families and families at the margins of society. Within, across and between contexts the needs of families varies. A child, a single person, or grandparents may head up the household. A family may comprise of foster, step,

The 'shadow pandemic': Countries have shown signs of a surge in domestic violence:

- UNFPA estimates an additional 15 million cases of GBV for every three months of lockdown.¹⁹
- Zimbabwe: Calls to helpline have tripled.²⁰
- Lebanon: 54% of vulnerable women reported an increase in violence and harassment during COVID-19.²¹
- Colombia: 94% increase in violence against women March to May.²²
- Paraguay: 35% jump in abuse cases as compared to last year.²³

and/or adopted family members. Family sizes may be greater or smaller. There is little evidence to show adaptation to the range of forms that families may take.

With few exceptions, humanitarian actors have not sufficiently consulted with families when planning and carrying out advocacy and implementing programme actions. When we fail to ask and listen, families remain silent and we are unable to meaningfully respond to their needs.

Key questions: The family

- How do we access families when they are isolated from us in a pandemic?
- How do we assess the risks/protective factors and adjust our responses?
- How do we include families in the decision-making process around the rights of their children?
- How do we build our programmes to adapt to family systems and structures?



Community

Communities are a collection of people living in proximity to each other. Individuals within communities recognise themselves or are recognised by others as sharing cultural, religious or other social features. These commonalities create a joint identity and influence.

Containment measures, adopted by more than 140 countries,²⁴ sharply restricted individual movement and have thus reduced direct contact between children and members of their community. Communities also have more limited contact with families. These shifts in daily life may have eliminated or reduced certain forms of communal risk for children – for example street violence; child separation; or engagement of children in paid work outside the home. However, the virus is also changing intra-household dynamics in ways that may create new child protection risks. Certain ethnic or racial groups are being discriminated against based on assumptions that they have contributed to the spread of the virus. For example, Rohingya refugees have been accused of carrying the virus in Bangladesh.²⁵ Individuals' and/or households' variable adherence to public health measures is creating tension. Those who, for example, frequently wash their hands and wear a mask, are expressing anger towards those who do not.

Mitigation and containment actions have hampered communities' ability to organise for the protection of children. Communities are no longer the decision-makers. The economic crisis has cut the budgets needed to provide support. Security actors enforce government-imposed restrictions reducing community groups' ability to organise. Without a formal mandate community structures do not have the authority to meet with or access individuals and families at-risk. Furthermore, public health campaigns may have inadvertently caused household-level fear and stigma towards

community actors. Public health responses to the virus may have more deeply entrenched socio-cultural norms that marginalise certain households and children.

Global humanitarian actors' support to community-level approaches during the COVID-19 pandemic has been lacking. This is despite the fact that international and national actors have previously been working with and through community-level structures. In too many communities, systems have not been in place during containment for (1) identifying community actors both formal and informal; (2) understanding what actions are taking place within communities; and (3) determining how formal and informal actors can offer support. International and national actors who wish to encourage and facilitate community-level approaches have not yet designed interventions and established communications and information sharing mechanisms that can overcome the current restrictions in movement.

Despite factors that have prevented action at the community-level, promising practice is evident in certain settings. In Zimbabwe, advocacy for the categorisation of community-level actors as essential service providers permitted them to continue their work. In Syria virtual training of community volunteers and hotline staff has enabled on-going child protection referral and case management. In Zimbabwe and Mozambique SIM cards and phone credit have helped community mobilisers to access and refer to vital protection services.²⁶

Key questions: Community

- How can we put preparedness systems in place that enable us to map community efforts and mobilise community level actors when infectious disease outbreaks prevent access?
- How can international and national level formal actors better facilitate and support the actions of community-level non-formal actors?
- How can we engage marginalised segments of communities in risk mapping and decision-making so they receive necessary tailored support?



Nations, societies, and cultures

Some states responded quickly to the COVID-19 threat, putting forward swift and significant social programs worth trillions of dollars, reaching 1.7 billion people.²⁷ Other governments provided virtually no safety nets and have left their citizens struggling to survive. Seven in ten families who have suffered economic losses due to the pandemic have reported that they did not receive support from their government.²⁸

Fifty-five percent of people globally are lacking any form of government social protection. Women and children are most affected.²⁹ Even education services, which most governments were able to provide at some level, have been withdrawn or curtailed, risking the life chances of a whole generation.

Within various societies some children are more valued than others. This may be dictated by gender and social norms, racial/ethnic differences and inequities, citizenship, faith systems and traditional

values. Societies and governments often neglect marginalised children, leaving them with no or limited access to pandemic response efforts. For example, asylum seeking, refugee, and migrant children are often left with no support in their host country and no access to any assistance from their country of origin. Other children such as those living and working in the street, children with disabilities, indigenous children or the girl child may not be included in government assistance and therefore are at increased risk of abuse, neglect, exploitation, and violence.

Some of the challenges facing governments include: finding increased resources during a time when economies are shrinking; reopening schools versus reopening businesses; funding social protection programmes that reach the poorest families; prioritising children and families especially the most vulnerable; having capacity and systems to implement assistance; including child protection across all their programmes and sectors of work; taking into consideration the viewpoints of children and their caregivers; and monitoring the implementation of protective strategies.

Too many children are being harmed by the lack or ineffective application of protection systems and policies. These systems and policies decide, without consultation and transparent consideration for risks, which children are valued and supported, and which are not.

Key questions: Nations, societies, and cultures

- How do we advocate with governments to apply the Convention on the Rights of the Child and enact the principle of the best interest of the child during a pandemic?
- How can we promote earmarked funding for the protection of children?
- How should child protection be linked to social protection?
- What systematic reforms are necessary for the protection of marginalised or excluded children who have no voice?

Conclusion: The role of humanitarian actors

As the world has collectively scrambled to determine how to respond to the COVID-19 pandemic, humanitarian actors, including child protection actors, have struggled to be timely, effective, relevant and inclusive. Child protection actors know that the pathways to abuse, neglect, exploitation, and violence operate across societies and time. We know that in humanitarian settings risks are heightened by (1) pre-pandemic levels of poverty; (2) gender and social inequality; and (3) poor access to health care, education, livelihoods, and social services. Quality protection of children requires a contextual approach to prevention and response. But how do we do this when: (1) crucial services and economic functions are shut down throughout the world, (2) governments' decisions are based on politics and the economy rather than best interest of children, (3) the rights of children have been side-lined, and (4) support to children and their families is provided through telephones or the Internet?

Crises are an opportunity for us, child protection actors, to reflect and evolve in order to do our work better. Young lives are dependent on getting this right. While we have done our best in many ways, we have lacked the agility and foresight to adapt to the constraints being faced. While child protection actors may recognise and promote children's rights, they are not the main drivers of systems, policies and procedures regarding the management of infectious disease outbreaks. As we reflect on the COVID-19 response to date, using the socio-ecological lens, many questions arise that have the potential to lead us to new ways of working with children and their families and offering them protection.

Final questions

- How do we systematically engage with children so that their thoughts and views are taken into account in all humanitarian action?
- How do we identify risks and address the COVID-19 exacerbated risks at all levels of the socio-ecological model?
- How do we work with key local stakeholders – such as families, informal community-level structures, grassroots and faith-based organisations – to identify vulnerable and marginalised children and families?
- How can we develop quality contextualised response and prevention systems and structures?
- How do we work across sectors so that child protection is integrated into all aspects of the humanitarian response – including actions led by health; WASH; food security; education; and social protection/CASH sectors?
- How can we advocate for children so that their well-being and protection is better taken into account by governments? So that governments make the best interests of children central to their decisions, budgets, social protection and crisis response actions?
- How are we held accountable for ensuring adherence to the CPMS and the rights of children in all our work?

The global pandemic has demonstrated that a coordinated and collaborative effort between all levels of societies, including children, families, formal and informal networks at the community-level, and state actors is critical for a preventive and protective response. COVID-19 has shown us that we need to “localise” our interventions. Protecting children requires that humanitarian actors from all sectors understand and apply the rights of children. Systems and structures need to change so that all children are seen within their context, and risk and protective factors are clearly identified. COVID-19 has taken far too many lives, and negatively impacted upon the lives of many more. The repercussions for all are being felt now and will be for months, maybe even years, into the future. Tragically, COVID-19 has shown us we must change in order to better address the next infectious disease outbreak. We were not prepared for a global pandemic. We need to be sure we can respond better to future waves of the COVID-19 pandemic and to any other infectious disease outbreaks. Children's lives depend on this.

“My message for leaders is that I’m speechless since they didn’t take us into account.”³⁰

- Boy, 17 years old El Salvador

¹ These are fully fictitious stories based on issues raised and descriptions of cases that have been shared with child protection actors during the COVID-19 outbreak.

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³ World Health Organization (April 2020). Leaders' statement - [Violence against children: A hidden crisis of the COVID-19 pandemic](#).

⁴ Save the Children. (May 2020). *Child Sensitive Social Protection: An Essential Foundation For Achieving Children's Rights and Poverty Reduction*.

⁵ World Vision. (June 2020). [Policy Brief: Covid 19 and Urgent Need for Child Sensitive Social Protection](#).

⁶ Fischer, H.-T., Elliott, L., and Lim Bertrand, S. (2018). [Guidance Note on the Protection of Children During Infectious Disease Outbreaks](#), The Alliance for Child Protection in Humanitarian Action. Interview with humanitarian child protection responder to the cholera outbreak in Yemen, September 28, 2017.

⁷ VOA News. (2017). [After Ebola, Liberians Slowly Embrace Mental Health Care](#).

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¹⁰ Ibid

¹¹ Guterres, A. (April 2020). *Protect our children*.

¹² Specific rights under threat include: children's best interests (article 3); right to non-discrimination, protection from violence, sexual abuse, trafficking and exploitation (article 2, 19, 34,35, 36); right to life, survival and development (article 6) including education (article 29); and their right to be heard (article 12).

¹³ UN Women. (27 May 2020). [Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19](#).

¹⁴ In India the Child Protection Fund reported a 95 percent increase in traffic searching for child sexual abuse content since before COVID-19. Save the Children (2020) [Beyond the Shadow Pandemic](#).

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¹⁶ Save the Children (September 2020). [The Hidden Impact of COVID-19 on child rights](#). A Global Research Series.

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²⁰ UNICEF (May 2020) [UNICEF Global COVID-19 Situation Report No. 6 15-28 May 2020](#).

²¹ Washington Post. (6 September 2020). *For women and children around the world, a double plague: Coronavirus and domestic violence*.

²² Ibid.

²³ Ibid.

²⁴ Financial Times. (26 August 2020). *Exiting lockdowns: tracking governments’ changing coronavirus responses*.

²⁵ The New Humanitarian. (2020). [*The coronavirus pandemic is aggravating tensions between Rohingya refugees and local communities in Bangladesh, underscoring long-held grievances on the margins of the massive aid response.*](#)

²⁶ Global Protection Cluster (June 2020) [*COVID-19 Protection Risks & Responses Situation Report No.6 As Of 30 June 2020: The Coping Crisis: The rise of adverse survival strategies*](#)

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³⁰ Save the Children. (September 2020). *The Hidden Impacts of COVID-19 on child rights*