



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



Study Guide: Protection of Children during Infectious Disease Outbreaks

Version 1

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THE ALLIANCE

The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high quality and effective child protection interventions in humanitarian settings. Through its technical Working Groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

INTRODUCTION

This study guide is a companion to *Guidance Note: Protection of Children during Infectious Disease Outbreaks*, which provides humanitarian child protection practitioners with guidance on how to engage in responses to infectious disease outbreaks to ensure children’s protection needs are taken into account in preparedness for, and during responses to, the outbreaks.

The purpose of the *Study Guide* is to increase learning, facilitate contextualization, and maximize one of practitioners’ most precious commodities: time. The format uses a Q&A approach to highlight essential points and encourage deeper understanding and use.

Throughout the *Study Guide* are “Putting it into Practice” scenarios designed to help you move beyond mere academic understanding and into real-world application. The scenarios offer you the opportunity to integrate your existing expertise with the potentially unfamiliar material in the *Guidance Note*.

To get the most value from the *Study Guide*, we recommend glancing over the study guide questions before approaching the actual *Guidance Note*. The questions will help focus your attention on key points. You can then either complete the *Study Guide* questions as you read the *Guidance Note* or use the questions as a review after reading a section to ensure you understand the material.

As with all Alliance materials, your feedback is highly valued. Please take a moment and share your experience with this guide—including recommendations for improvement—via email (info@alliancecpha.org) or the Child Protection during Infectious Disease Outbreaks forum (<https://alliancecpha.org/en/child-protection-forum-topic/guidance-protection-children-during-infectious-disease-outbreaks>).

STRUCTURE OF THE *GUIDANCE NOTE*

Using the Table of Contents, complete the table below with the main points covered in each section.

Structure of the <i>Guidance Note</i>	
Introductory information	1.
	2.
	3.
	4.
Children's particular vulnerabilities during infectious disease outbreaks	5.
	6.
	7.
Actions complementary to the (CPMS) that can protect children during infectious disease outbreaks	8.
	9.
	10.
Actions complementary to the (CPMS) that can protect children during infectious disease outbreaks	11. Annex 1:
	12. Annex 2:
	13. Annex 3:
	14.

INTRODUCTION

Rationale

1. Which of the following is true? Infectious disease outbreaks:
 - a. May arise during a humanitarian crisis
 - b. May themselves constitute a humanitarian emergency
 - c. Both a and b

Aims and Audience

2. The target audience of the *Guidance Note* is _____.
3. At what stages of outbreaks is it appropriate to use this guidance?
 - a. _____
 - b. _____

PART 1: WHY ARE CHILDREN PARTICULARLY VULNERABLE DURING INFECTIOUS DISEASE OUTBREAKS?

Children's susceptibility to infection

1. Name three ways in which children can be exposed to infection that adults cannot.
 - a. _____
 - b. _____
 - c. _____
2. Why are children more susceptible to long-term consequences from exposure to infectious diseases?

3. True or False: All children can be protected from common diseases by vaccination.
4. Why are females generally considered to be at greater risk of exposure to infectious diseases?

5. True or False: Children are always at higher risk of death from infectious disease outbreaks.

Outbreaks disrupt the environments in which children grow and develop

6. What three inter-related areas are considered in the social ecological model?
 - a. _____
 - b. _____
 - c. _____
7. List four reasons for the disruption of family structure during infectious disease outbreaks.
 - a. _____
 - b. _____
 - c. _____
 - d. _____

8. Infectious disease outbreaks can severely disrupt families' income and limit their ability to access:
 - a. _____
 - b. _____
 - c. _____
9. When children are too sick to play with their peers, they lose a valuable source of _____.
10. Even community members who do not contract infectious diseases can experience a significant _____.

Measures used to prevent, and control infectious disease outbreaks can present risks to children

11. How can preventative measures such as immunization, educational measures, and environmental measures fail to protect children from infectious diseases...or even increase children's risk?

12. Identify three commonly-used types of control measures.
 - a. _____
 - b. _____
 - c. _____
13. Newborns, infants, and younger children may not receive timely treatment due to difficulties in detecting
 - a. _____ and b. _____ of disease.
14. Why can treatment of caregivers increase children's risks of harassment, sexual violence, and abuse?

15. How can treating infectious diseases increase children's vulnerabilities to preventable morbidity and mortality? _____
16. Isolation and its associated stigma can lead to which of the following?
 - a. Childhood neglect
 - b. Decreased mental health and well-being
 - c. Unwillingness to self-admit
 - d. None of the above
 - e. All of the above

Complete the chart below identifying the three types of quarantine and two potential adverse consequences.

Potential Adverse Consequences of Different Quarantine Approaches		
Type of Quarantine	Potential Adverse Consequences	
17. a. _____	b. _____	c. _____
18. a. _____	b. _____	c. _____
19. a. _____	b. _____	c. _____

20. True or False: All infectious disease outbreaks require isolation and/or quarantine.

Putting it into Practice

You are a child protection worker in a densely-populated area with high rates of poverty and unemployment. There are two primary clinics in the area, but they are understaffed and poorly-equipped. A strain of Ebola is introduced into the community. The local school is closed and turned into a makeshift quarantine facility. You know that child protection risks can be heightened at this time due to lack of appropriate supervision for children. What are some steps you can take/advocate to address those risks?

PART 2: WHAT ACTIONS SHOULD COMPLEMENT THE EXISTING ACTIONS IN THE MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION TO PROTECT CHILDREN DURING INFECTIOUS DISEASE OUTBREAKS?

1. What guidance document helps ensure that child protection concerns are addressed when responding to infectious disease outbreaks? _____
2. The actions taken prior to an infectious disease outbreak such as developing data sharing protocols and considering potential consequences to child protection in the event of an outbreak are called _____.

Match the response actions with the appropriate CPMS standard.

CPMS Response Actions		
CPMS Standard		Response Action
3. _____	Standard 1: Coordination	A. Identify key child protection messages and develop a common dissemination strategy.
4. _____	Standard 2: Human Resources	B. Train parents and children in nonviolent approaches to stress and conflict management.
5. _____	Standard 3: Communication, Advocacy, and Media	C. Advocate for quarantine measures to be accompanied with financial or material supports to affected households and/or communities, in line with best practices around the targeting of cash and/or NFIs.
6. _____	Standard 4: Programme Cycle Management	D. Establish systems to monitor the situation of children who may be at increased risk of violence, abuse and neglect as well as those affected by disease.
7. _____	Standard 5: Information Management	E. Consider a range of delivery options for psychosocial interventions, including community-based, homebased, peer-to-peer and one-on-one care.
8. _____	Standard 6: Child Protection Monitoring	F. Engage community volunteers from different demographics, both adults and children, in identifying appropriate local messages and raising awareness about transmission sources and risks of infection.
9. _____	Standard 8: Physical Violence	G. Work with the health sector to develop and disseminate Standard Operating Procedures for identification and referral of vulnerable children, including in health centres.
10. _____	Standard 9: Sexual and Gender Based Violence	H. Identify children whose excluded status renders them more vulnerable during the infectious disease outbreak and develop strategies for mitigating their risks.

11. _____	Standard 10: Psychosocial Support and Mental Disorders	I. Ensure procedures are put in place to support continued remote or virtual contact between children and caregivers who are physically separated due to quarantine, isolation or treatment.
12. _____	Standard 12: Child Labour	J. Ensure that information sharing protocols adhere to medical ethics and respect the confidentiality of patients and family members.
13. _____	Standard 13: Unaccompanied and Separated Children	K. Ensure that appropriate psychosocial support is available and provide regular opportunities for staff to participate in creative activities, individual counselling and/or guided group discussions.
14. _____	Standard 15: Case Management	L. Provide caseworkers with in-depth intensive case management training, incorporating a range of child protection topics specific to the infectious disease outbreak.
15. _____	Standard 16: Community-Based Mechanisms	M. Establish safe alternative care arrangements for children who accompany their caregivers to treatment centres, including observation centres in case quarantine is required, and kinship care for children who are able to return to a family environment.
16. _____	Standard 17: Child- Friendly Spaces	N. Consider the protection of children in quarantine and treatment centres and communities facing restrictions on movement in assessments and situation monitoring.
17. _____	Standard 18: Protecting Excluded Children	O. Where appropriate, establish CFS in treatment centres and other places where children may be confined, as well as in locations accessible to children whose caregivers or other family members have been admitted to a care facility and/or died.

Putting it into Practice

You are a supervisor for a child protection team when SARS breaks out in your region. What steps must you take to prepare and care for your team? What added actions might you take to address potential child protection concerns your team rarely faces? What kind of community messaging might you engage in to support positive child protection—and health—outcomes?

STUDY GUIDE: ANSWER GUIDE

The correct responses to the questions in the guide are accompanied by the page on which the answer is found in the *Guidance Note*.

Structure of the *Guidance Note* (GN, 3)

1. Acronyms
2. Rationale
3. Aims and Audience
4. Structure
5. Children's susceptibility to infection
6. Outbreaks disrupt the environments in which children grow and develop
7. Measures used to prevent, and control infectious disease outbreaks can present risks to children
8. Minimum Standards to ensure a quality response
9. Minimum Standards to address child protection needs
10. Minimum Standards to develop adequate child protection strategies
11. Annex 1: Information about infectious disease outbreaks
12. Annex 2: Measures used to prevent and control infectious diseases
13. Annex 3: Types of infectious disease outbreaks
14. References

Introduction

1. C (GN, 7)
2. Child protection practitioners, advisors, and programme managers. (GN, 7)
3. a. Before outbreaks (preparedness)
b. During outbreaks (response)

Part 1: Why are children particularly vulnerable during infectious disease outbreaks?

1. a. In utero (in the womb) (GN, 9)
b. At birth
c. Through breast milk
2. Children's systems are still developing, so damage can be longer-lasting, even permanent. (GN, 9)
3. FALSE. Many vaccines are not recommended for children under certain ages. (GN, 9)
4. Their traditional roles as caregivers can put females in more sustained contact with those affected by infectious diseases. (GN, 9)
5. FALSE. Children have higher rates of disease and fatality from some diseases, while adults have higher rates for others. (GN, 9)
6. a. Child (GN, 10)
b. Family and friends
c. Community

7.
 - a. Caregiver illness (*GN*, 10)
 - b. Caregiver death
 - c. Children removed from home for treatment or to reduce chance of exposure
 - d. Children abandoned after surviving the illness due to social stigma
8.
 - a. Nutritious food (*GN*, 10)
 - b. Health care
 - c. Other basic needs
9. Social development (*GN*, 11)
10. Psychological impact (*GN*, 11)
11. Children in hard-to-reach places may not receive education or vaccines; awareness campaigns may create an additional level of stigma for children and other at-risk groups; and preventative measures may be misunderstood and/or misused. (*GN*, 12)
12.
 - a. Treatment (*GN*, 12)
 - b. Isolation (*GN*, 13)
 - c. Quarantine (*GN*, 14)
13.
 - a. Signs (*GN*, 12)
 - b. Symptoms
14. Some health facilities lack child-safe spaces, causing children to remain in public areas without appropriate supervision while caregivers are receiving treatment. (*GN*, 13)
15. Health facilities may focus so much on treating the “emergency” that less “critical” conditions go untreated. (*GN*, 13)
16. e. All of the above (*GN*, 13)
17.
 - a. Home-based (*GN*, 14)
 - b. Adverse financial effects
 - c. Adverse psychological effects (e.g. depression, anxiety, etc.)
18.
 - a. Facility-based (*GN*, 14)
 - b. Increased risk of neglect and related protection concerns for children
 - c. Risk of permanent family separation if records are not complete and well-organized
19.
 - a. Zone-based (*GN*, 14)
 - b. Adverse financial effects
 - c. Adverse social and emotional effects—both a breakdown of social systems (e.g. birth records, etc.) and interpersonal/intrapersonal wellbeing (e.g. increased stigmatization and decreased mental health)
20. False. Isolation and/or quarantine are reserved for highly contagious diseases that are transmitted from person to person. (*GN*, 15)

Putting it into Practice

- a. Advocate/develop a patient tracking system for medical facilities that maintains information on caregivers, their children, and extended family to facilitate reunification.
- b. Create child-friendly spaces in or near medical facilities to enhance emotional wellbeing and safety of children with unwell caregivers.
- c. Consider the use of cash transfers to assist families/communities during times of financial stress.
- d. Ensure advocacy/education campaigns target hard-to-reach populations, are developed for both children and adults, and focus on reducing stigma for those who become infected or exposed.
- e. Incorporate education into child protection activities to minimize the impact of school closures.
(See the CPMS Standard on Integrating Education¹.)

Part 2: What actions should complement the existing actions in the Minimum Standards for Child Protection in Humanitarian Action to protect children during infectious disease outbreaks?

1. The Minimum Standards for Child Protection in Humanitarian Action (CPMS) (GN, 19)
2. Preparedness actions (GN, 20)
3. G (GN, 20)
4. K (GN, 23)
5. A (GN, 23)
6. N (GN, 24)
7. J (GN, 24)
8. D (GN, 30)
9. B (GN, 27)
10. M (GN, 26)
11. E (GN, 25)
12. C (GN, 30)
13. I (GN, 35)
14. L (GN, 33)
15. F (GN, 34)
16. O (GN, 34)
17. H (GN, 31)

Putting it into Practice

- a. Staff must receive training on the specific infectious disease: its transmission, prevention, and treatment. They must also be trained on child protection concerns that can arise from the outbreak and strategies for mitigating them. They must also receive access to psychosocial support tailored to the situation they are facing.
- b. You, your team, or other professionals working in the area must identify new protection concerns and develop a plan for mitigating them. That may mean implementing different programming, engaging in additional advocacy, or coordinating with new entities/organizations.

- c. During infectious disease outbreaks, it is especially important to integrate health messages with child protection messages. Both impact each other, so it is important to frame messages to reach as many people as possible with key messages. These include the signs, methods of prevention and transmission of disease, and required treatment. Along with that should be child protection messages that encourage caregivers to provide for supervision of their children, heighten awareness of any financial or social supports available, and counter any existing stigma against those who become infected with or exposed to the disease.

ⁱ Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012)