



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Transcript of the Pre-recorded Presentation on Protection of Children during Infectious Disease Outbreaks

Video: <https://youtu.be/288y2n6lQZs>

It's important for child protection practitioners to understand what public health measures will likely be enforced in different contexts to prevent and control the spread of disease, and knowing what these prevention and control measures are will provide us with much better insight into what some of the potential protection risks are.

Introduction

Hanna-Tina Fischer: Hi, my name is Tina Fisher. I'm a child protection practitioner and researcher, focusing primarily on international humanitarian child protection. I am a member of the [Proteknon Consulting Group](#) that compiled this guidance note on the protection of children in infectious disease outbreaks, and I'm also a doctoral candidate at the Mailman School of Public Health at Columbia University.

***Joanna Wedge:* Can you introduce the guidance note and briefing paper, taking into account how was it structured and what is the content? What's there when people take a look at the whole paper?**

Hanna-Tina Fischer: The [Guidance Note](#) on the protection of children during infectious disease outbreaks aims to provide practitioners with guidance on how to engage in responses to infectious disease outbreaks, to ensure children's protection needs are taken into account.

It's essentially divided into two parts. The first part explains why children are particularly vulnerable during infectious disease outbreaks and the second part describes some recommended actions that could compliment the actions that are already in the [Minimum Standards for Child Protection in Humanitarian Action](#) to better ensure that children's protection needs are addressed.

There is also an annex to the Guidance Note, which provides information for child protection practitioners about infectious diseases. Included in the annexes are, for example, descriptions of how infectious diseases are transmitted, what modes of transmission are. We also describe what causes infectious diseases and also described are some of the public health measures that are used to prevent



and control the spread of infectious diseases, which are important for us to know about to inform our responses.

There is also a [briefing paper](#) that was developed to accompany the guidance, and essentially the briefing paper provides a summary of the content of the guidance, and aim to try to make the Guidance Note more accessible to child protection practitioners, and to give them an insight into some of the content that's further described and fleshed out in the Guidance Note.

Joanna Wedge: Can I ask you to get more specific about children, and why do we need a guidance note that particularly looks at protecting children?

Hanna-Tina Fischer: Children are particularly vulnerable to infectious disease outbreaks mainly for three reasons. There are three reasons we wanted to emphasize within this guide.

The first reason is that children have specific susceptibility to infection due to their developmental stage, due to their evolving capacities, but also due to their proximity to caregivers and their dependence on caregivers. Children are actually both uniquely or have unique exposure pathways to infections. They can be infected, for example, in utero. They can be infected during delivery. They can be infected through the giving of breastmilk by a mother. These are ways that actually are unique to children that adults don't have. They are also much less likely in many contexts to adhere to some of the hygiene awareness raising, behavioral messaging around prevention of infections. So they are less likely to wash their hands and other routine acts that can prevent or reduce infections.

The second reason why children are particularly vulnerable during infectious disease outbreaks that we highlight in the guidance is that there is a recognition that outbreaks can actually disrupt, and they do disrupt often, the social ecologies or the environments within which children grow and develop. Infectious disease outbreaks can disrupt families in terms of how families function. There can be a loss of income in the family due to caregiver's illness. Infectious disease outbreaks can disrupt large communities in terms of the cultural way of life. Fear and anxiety can present themselves, disrupting social interactions. You can also find disruptions just in terms of children's, their closeness to their caregivers if you have a caregiver who is put into quarantine or has to be isolated due to their potential illness or illness. This can have huge effects on children, especially those who are young and who really seek proximity for their own development.

The third and last reason we emphasize in the guidance the reason why children are particularly vulnerable during infectious disease outbreaks has to do with the prevention and control measures that are used within public health to prevent and control the spread of disease. As much as they are necessary and absolutely important to controlling the spread, they can actually expose children to additional and new risks. Examples of public health measures, (again I want to stress absolutely important and critical to prevent and control the spread of diseases) the ways in which they can potentially pose new and additional risks for children include both in the preventive measures that they cover and in the control measures.



Some examples of preventive measures, and the potential risks these can bring to children or expose children to are in the area of immunizations. During immunization campaigns, there are often children who are out of the scope of the campaign, either because they are living in the streets or because they are otherwise "invisible or marginalized". These are children who may not be reached, not because it isn't the intention of the campaign to reach these children, but just because they are not necessarily part of the remit. These children by not being immunized are, of course, at additional risk of infection.

In terms of educational measures, we also know that these measures, unless they are very carefully tailored and they are targeted to different age groups and the understanding of these age groups, they can in fact also create fear and anxiety. And they can illicit or induce behavior that also put children at additional risk.

In terms of prevention measures, environmental measures can also create risks. These are measures that essentially try to prevent the spread of disease. So an example could be vector control. Vectors are conduits of disease, for example mosquitos. Mosquitos is a commonly found vector. So in our effort to control these vectors, mosquitos for example, those efforts can actually also put children at additional risk. An example, there, is when the control measures are actually misused for other reasons. There is an example in East Africa where mosquito nets were distributed. Instead of being used to protect particularly children under five from being bitten by vectors or mosquitos, they were actually used for fishing. What I have just described are some examples of preventive measures that can create additional risks for children.

There are also control measures within public health measures that can also raise additional risks or expose children to additional risks. Control measures include both treatment, treating a disease or controlling it's spread, but also by actions such as isolation or quarantine.

So in terms of treatment, how can treatment create additional risks for children? We've identified that this can happen in a number of ways. Health facilities, for example, may not have specialized training or even medical supplies that speak to the clinical care of children. Children may not receive timely treatment or they may not be diagnosed in a timely manner because the way they illustrate and show symptoms might be different to adults. It might even be that during treatment, caregivers cannot provide the type of attentive care that they normally would provide to their children, just by the virtue of being in a treatment center and not being with them.

In terms of isolation, isolation very specifically can create heightened risks for children when, for example, children are admitted into designated isolation units. Caregivers will be unable to provide the attentive care they usually do. It might also be the fact that parents, the caregiver, is admitted into an isolation unit, in which case the child might be unattended to or uncared for. But also patients who have been in isolation units often become or are at risk of becoming stigmatized. This is an aspect that was heightened, repeatedly mentioned during the Ebola virus disease outbreak in West Africa, and that stigmatization of just having been in an isolation unit can create extra risks for children.



In terms of quarantine, they are generally three types of quarantine that are used. There's home-based quarantine, facility-based quarantine and what's called zone-based quarantine or quarantine at the level of the community or village. Each of these can prevent specific risks for children. I can just mention a few. For example, within facility-based quarantine, children may be admitted but the child's family information may not adequately registered, which makes it difficult to contact and reunite the children with their families once they are released, if and when they are released from the facility. Quarantine individuals, children, may not access [places] tailored to their specific needs within the quarantine centers. Oftentimes, quarantine centers are designed for adults. Then when children are placed within them, there's inadequate attention to their specific needs and the services that are required.

Zone-based quarantine also can present specific risks to children although many of these that we have identified were indirect. And I will explain what I mean. When zone-based quarantine has been used, for example in the bylaws that were passed during the Ebola virus disease outbreak, we identified that these zone-based or village-based quarantine measures can actually limit the ability of family members to work. They can limit the engagement that family members used to have in agricultural activities in areas, for example, where farming is a communal activity. When you are not actually allowed to engage in social activities because of the risks of transmission, they are not allowed to farm together. This has an impact not only on families' abilities to get food, but that in turn has an impact on families to be able to get an income and other expressed needs that children have. Access to markets is also logically restricted if families are not allowed to move outside of their village or community. They cannot access markets and again that can have an impact on families and their ability to care for their children. Zone-based quarantines can also have an impact on family separation. What came out of the Ebola virus disease outbreak from some of the reviews highlighted the fact that some family members were actually separated at the time of the quarantine announcement, and that in essence prolonged the separation because family members were not able to reunify during that time. Zone-based quarantine can also have an impact on issues of health and civil registration services. During the time that communities and villages are not allowed to move outside of their own boundaries can curtail access to things like birth registration, which of course has implications for children's wellbeing and protection in the future.

***Joanna Wedge:* What additional actions would you say are required beyond the CPMS?**

Hanna-Tina Fischer: The part two of the Guidance Note identifies how we can ensure the protection of children is a key component to humanitarian responses, and in doing so it identifies a set of actions that are recommended in line with different standards. As I mentioned, it uses the Minimum Standards for Child Protection in Humanitarian Action as a frame, and describes within each of the standards what are some of the examples or what some of the recommended preventive and response actions that can compliment what's already described within the standards, like ensuring that specific protection risks for children are identified and responded to, and thirdly, ensuring adequate strategies to addressing these risks are developed. In the same way, these three pillars are used in the standards, the guidance note also reflect these three pillars.



Just some examples of the actions that are included. Within the coordination standard there for example, it's clearly recommended that child protection actors engage much more closely with health actors in the coordination of responses in infectious disease outbreaks, and this doesn't just mean engaging with coordination groups when and if an outbreak occurs, but it actually encourages child protection practitioners to identify and engage with coordination mechanisms in different contexts where there are heightened risks of outbreaks to see how within the emergency preparedness planning and the preparedness work around outbreaks, some of the protection risks can be identified and incorporated. It also highlights that many of the responses we have traditionally had that employ a cluster approach or a refugee coordination model, in fact many of the outbreaks have occurred have different coordination structures. So we, as child protection actors need to be quick to identify what those structures are and how best to engage.

Within the protection risks pillar, our protection risks that are highlighted relate to infectious diseases across all of the risks that are in there. But specifically, there are risks related to family separation and working with separated and unaccompanied children as well as heightened risks of psychosocial distress are explored within the guidance, and actions on how together with health actors, we can better identify which children are at risk of separation, particularly around the issues of quarantine and isolation that we referred to earlier and what some of the psychosocial support needs are for those are in fact separated in these contexts. So we incorporated these considerations related to that.