MINI-GUIDE: ADAPTING

Child Protection in Outbreaks:

Adapting child protection programming in infectious disease outbreaks

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

ACKNOWLEDGEMENTS

This Mini-Guide has been authored by Nidhi Kapur, with support from Hannah Thompson. Anita Queirazza of Plan International, Lauren Murray of the READY Initiative led by Save the Children, and Audrey Bollier of the Alliance for Child Protection in Humanitarian Action played a crucial role in overseeing the development of this guidance. Thanks also go to all those who generously shared their experiences of working in outbreak settings at local, regional and global levels, and those who invested time in reviewing earlier drafts, including colleagues with diverse backgrounds in child protection, health and MHPSS.

These Mini-Guides have been made possible by funding from USAID, the Oak Foundation and Irish Aid. The contents are the responsibility of the READY initiative and Plan International and do not necessarily reflect the views of USAID, the United States Government, the Oak Foundation or Irish Aid.

Who is this mini-guide for & how should it be used?

This Mini-Guide is designed primarily for child protection practitioners and the social service workforce in settings impacted by infectious disease outbreaks. It provides an overview of why and how to adapt national and community-level child protection interventions during outbreaks. The focus is on:

CASE MANAGEMENT | HOTLINES & HELPLINES | GROUP ACTIVITIES | CHILD PARTICIPATION

Because outbreaks can create opportunities to strengthen systems, this Mini-Guide also offers suggestions on how child protection adaptations can lead to better outcomes for children and their caregivers in the long-term.

In addition to adaptations of child protection interventions, steps should be taken to ensure that child protection considerations are integrated throughout the outbreak response.

*** See Mini-Guide on collaborating with the health sector in infectious disease outbreaks.**

Understanding infectious disease outbreaks: Key concepts

What is an 'infectious disease outbreak'?

An outbreak occurs when cases of a particular infectious disease are – often suddenly – more than the normal number expected within a given population, location, or season. An **epidemic** is an outbreak that occurs in a restricted geographical area (i.e., community, country, or region). A **pandemic** is an outbreak that has spread to multiple countries and continents, usually affecting large numbers of people.[1]

What causes an outbreak and how do infectious diseases spread?

Outbreaks can be caused by **endemic** diseases – i.e., diseases that are already present or limited to a given location, region, or population.[2] Ebola Virus Disease, for example, is endemic in certain African countries.[3] Similarly, malaria is endemic to tropical regions. However, outbreaks can also be caused by **emergent** diseases, such as Severe Acute Respiratory Syndrome (SARS),[4] Middle East Respiratory Syndrome (MERS),[5] and the novel coronavirus, COVID-19.[6]

Infectious diseases themselves are caused by microbes, including viruses, bacteria, and parasites. There are two main modes of transmission: direct transmission and indirect transmission.[7]

What are the implications for child protection programming?

Infectious diseases that require quarantine and isolation measures are often accompanied by other movement restrictions. They are therefore significantly disruptive to children and their caregivers. In addition, certain infectious diseases can result in more severe illness and higher rates of death among children than in adults. Health actors commonly refer to the rate of illness in a given population as **morbidity**[8] and to the death rate as **mortality**.[9]

THERE ARE TWO MAIN MODES OF TRANSMISSION:

DIRECT TRANSMISSION

In direct transmission, a disease spreads from person to person by:

- **Direct contact:** Ebola is spread through physical contact with the bodily fluids of an infected person, even one who has died.
- **Droplet spread:** SARS, MERS and COVID-19 are spread through respiratory droplets sprayed during sneezing and coughing.

INDIRECT TRANSMISSION

In indirect transmission, a disease is either airborne or spread through vehicles or vectors:

- **Airborne:** Measles can be transmitted to another child up to two hours after an infected child has left the room, given that the virus can remain suspended in the air.
- **Vehicle-borne:** Cholera and diphtheria can be spread by contact with infected water or food. Coronaviruses can be spread through contact with infected surfaces or inanimate objects.
- **Vector-borne:** Malaria can be transmitted between humans by mosquito bites. Rodents and other animals can act as vectors that transmit diseases such as Lassa fever.

OPERATING SAFELY DURING OUTBREAKS: TOP TIPS

- Review any existing in-person or face-to-face interventions to mitigate risk of infection by strictly following enhanced health and safety measures and switching to remote delivery of activities.[10]
- Enable child protection staff and volunteers[11] to work from home where there are adequate tools and appropriate safeguards to enable them to maintain and adhere to critical data protection, confidentiality and other standards of work.
- Train child protection staff and volunteers on essential information about the infectious disease outbreak, including symptoms, modes of transmission, and infection prevention and control measures, so that they can take appropriate safety precautions, effectively identify and refer to suspected cases, and combat myths and misinformation.
- Provide appropriate personal protective equipment (PPE) for staff and volunteers.
- Put infection prevention and control measures in place at work – for example, changes to allow for physical distancing, improved ventilation, or additional hygiene and sanitation supplies.
- Advocate to ensure that child protection practitioners, including caseworkers and helpline staff and volunteers, are classified as 'essential' service providers. This is to enable them to continue their work even if large-scale movement restrictions are announced and to make sure that they are prioritised during the distribution of PPE or vaccinations.[12]
  *See Mini-Guide: *Advocating for the Centrality of Children and Their Protection in Infectious Disease Outbreaks.*
- Facilitate access to, or put in place additional support services to address, increased mental health and well-being concerns amongst child protection staff and volunteers, including appropriate self-care resources and adequate supervision.
- Adjust existing payment modalities so that staff and volunteers can continue to receive their salaries and other benefits on a timely basis – for example, through telephonic cash transfer.
- As part of contingency planning, plan and budget for the adaptations that are necessary for continuing to operate safely and effectively in outbreak settings.

Understanding key factors – such as mode(s) of transmission, morbidity, and mortality – in an outbreak helps you to:

- **appropriately adapt child protection interventions; and**
- **adopt health and safety measures that are necessary for operating safely.**

How should we approach case management during outbreaks?

Case management is essential and life-saving. It cannot be suspended entirely – even during an infectious disease outbreak.[13] However, outbreaks may create health and safety concerns affecting the availability and accessibility of caseworkers. Newly implemented containment, control and mitigation measures can limit case management to remote activities, as well as increase reliance on community-based volunteers and actors from other sectors. Case management programming may need to be scaled back or adapted to ensure safe and continuous service provision for the most vulnerable children. In many cases, such adaptations can be anticipated as part of outbreak preparedness efforts.

During infectious disease outbreaks, the steps in the case management process do not change. Rather, each step should be reassessed and potentially implemented in a different way – perhaps with additional support or new modalities for communication. Here are some top tips:[14]

HERE ARE SOME TOP TIPS:

ADVOCATE

- Where restrictions are placed on the social service workforce, undertake advocacy on the life-saving nature of child protection services to ensure that caseworkers have continued access to children, families, and communities, and that children and their caregivers can continue accessing support services.
- Argue for the need for PPE for caseworkers and priority access to vaccinations (if any).

CURRENT CASELOAD

- Adjust case prioritisation criteria in the light of the prevailing outbreak and its implications for children.
- Reassess current cases. Caseworkers and supervisors should work together to assign updated risk levels, taking into consideration the child's current situation and how their protection risks or support needs may have changed as a result of the outbreak.
- Prioritise high-risk cases.
- Medium to low-risk cases should be dealt with based on safety and risk assessment as well as caseworker availability. Explore safe support options within the community in the interim.
- Where possible, continue with face-to-face services in the home or at another safe location, using PPE and other safety measures including regular site-specific risk assessments.
- When risk of infection to caseworkers and clients is high, switch to remote case management and supervision. Where available, use the telephone or internet as a supplement or alternative to face-to-face visits if informed consent or assent is obtained and a safe means of communication can be identified.

Remember that 'case management' means different things to different people. Here we are talking about the management of child protection cases. However, for those who work in the health sector during outbreaks, 'case management' would be understood as the management of infected patients.

- Explore options to facilitate communication (phone credit, for example) for regular case meetings.[15] Depending on the age of the child, communication may require greater involvement of a safe caregiver, although efforts should still be made to speak to children directly wherever possible.[16] ***See *Mini-Guide on communicating with children for additional tips on speaking to children by telephone.***
- If movement restrictions limit caseworker access, another measure is to rely on community-level support and follow up, focusing on high-risk cases requiring immediate support. Community-level case management should be used only where there is no risk of further intentional or unintentional harm to the child.
- Update safety plans for each case.
- Allocate back-up caseworkers for each client and introduce them to the clients. This caseworker is assigned in the event that the primary caseworker falls ill or is subjected to isolation or quarantine measures.

NEW INTAKE

- Update case management criteria for intake of new cases. This should include eligibility criteria relating to children or caregivers who are affected by the infectious disease either directly (for example, through experiencing family separation, or death of caregiver) or indirectly (for example, through exposure to domestic violence or sexual exploitation and abuse).
- Seek ways to build the relationship with the child when face-to-face meetings are not possible. The caseworker may wish to have a series of shorter calls to gather basic data. The caseworker can send text messages, if children are literate and have access to some form of Short Message Service (SMS).
- It may be possible to visit children and talk to them from a distance. Doing this whilst seated would be better than standing, as it demonstrates that the caseworker has time for the child.

For more ideas, see *Mini-Guide on communicating with children.*

REVISE REFERRAL PATHWAYS

- Where services are functioning differently, update referral pathways to take any changes into account.
- Identify back-up service providers if facilities are offering adjusted service modalities, have shut down due to an outbreak, or are overwhelmed due to high demand.
- Regularly communicate any changes in referral pathways to other caseworkers, service providers, children and community members.

ALTERNATIVE CARE

- Be aware that existing foster families may be unwilling to care for newly placed children due to fear of infection or social stigma.
- Put in place extra support for foster families, including adequate PPE and accurate information on risks.
- Identify additional alternative care options for children who have lost caregivers due to outbreak, children who are coming from residential, rehabilitation or detention facilities, and street-connected children.

INFORMATION MANAGEMENT

- Information should be kept safe and confidential. Case codes should continue to be used for each child. Caseworkers should identify a private and quiet space from which they can conduct calls. Data protection remains a priority even when working remotely.
- Adjust ways of working to account for the fact that remote case management relies more heavily than usual on paper-based modalities. For example, assign responsibility for data entry of paper files, or allow staff additional time to input data to relevant information management systems.

How can hotlines & helplines be used to protect children during outbreaks?

During infectious disease outbreaks, children's contact with extended family, neighbours, teachers, and other community members may be limited by movement restrictions, school closures, and other public safety measures. Formal and non-formal protection actions by community volunteers, caseworkers, and other child protection personnel may also have decreased. Given these weakened mechanisms for protecting children, **hotlines and helplines become increasingly important during outbreaks.**

An outbreak is not the time to launch a new child helpline without careful preparation.[17] If no helpline exists, it may be better to limit support via telephone to existing case management interventions that can involve remote service delivery due to an outbreak.

Where a child helpline structure is already in place, adaptations can be made during outbreaks. Key considerations include the following:

HOW CAN CAPACITY BE SCALED UP?

- Train helpline staff and volunteers on the necessary risk mitigation measures, the possible use of alternative technology, and the impact an outbreak is likely to have on child protection depending on its type and severity.
- Assess existing capacity and the potential need for, or availability of, additional personnel with specific expertise (for example, in mental health or positive parenting).
- Coordinate where possible with government and non-government actors across sectors to increase response capacity.
- Consider how to temporarily reallocate existing staff with specialist skills, for example through secondments or roster deployments. Staff should receive orientation on how child helplines work.
- If specialised personnel are limited, train staff and volunteers on Basic Psychosocial Skills,[18] with specific modules on Psychological First Aid (PFA) for children,[19] and how to make effective referrals to more specialised mental health or other services when these are necessary.
- Look for additional funding or capacity by approaching mobile operators, social media platforms and donors.

WHAT'S THE DIFFERENCE? Although HOTLINES and HELPLINES sound similar, they are not the same:

A HOTLINE is used for reporting cases, with some limited advice and support provided in turn. Children, their families, and the general public can report suspected or confirmed cases. Hotlines will refer cases for action where possible. A hotline generally functions 24 hours a day, seven days a week.

A HELPLINE can be used by members of the general public (including children) to discuss concerns or incidents of abuse. Individuals may seek more immediate active support, such as counselling, either directly on the telephone or via referral to additional services. Helplines usually function within more limited hours than helplines.

HOW COULD THE HELPLINE BE BETTER KNOWN AND UTILISED?

Ensure that the helpline is free of charge for children and community members.

Raise awareness among children and community members about why and how to use a child helpline.

Integrate targeted and inclusive messaging for children and adults into ongoing sensitisation campaigns or risk communication and community engagement (RCCE) during outbreaks.

A call to a child helpline must always be answered – even if this means that the service is offered only for a limited number of hours rather than 24 hours a day.

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If possible, identify a phone number which is easy to remember or in the form of a short-code.

Establish how to reach marginalised groups, such as children with disabilities as well as children in the most disadvantaged settings, by using diverse dissemination channels and communication formats.
**See Mini-Guide on communicating with children in infectious disease outbreaks* and *Mini-Guide: Collaborating with the Health Sector in Infectious Disease Outbreaks.*

TOP TIP

Many of the considerations above could be explored as part of outbreak preparedness activities or contingency planning.

How can we manage and facilitate group activities with children during outbreaks?

During infectious disease outbreaks, group activities with children can serve as important entry points for: (i) peer-to-peer interaction, social networks and recreation; (ii) life skills training; and (iii) access to additional support services and onward referrals. This is especially important in contexts where schooling may be disrupted and children are otherwise unoccupied or confined to their homes. Depending on the type and severity of the outbreak, group activities may require significant adaptation to continue operating safely and effectively.

An initial decision needs to be made as to whether or not existing group activities can be continued:

- Consider the temporary suspension of face-to-face activities that are deemed too unsafe or are not essential and life-saving.
- Facilitate virtual group activities where: (i) activities involve older children or adults; (ii) appropriate technology is available and accessible; and (iii) groups are established enough to continue to be beneficial to participants.
- Depending on the nature of the outbreak, including its transmission pathways, it may be possible to continue group activities that do not involve sharing of materials and can be done with appropriate physical distancing, a limited number of participants, or on a one-to-one basis.
- As part of contingency planning, identify alternative modalities for communication and engagement should group activities be restricted as part of wider public health measures.
- Regularly review decisions to continue, suspend or adapt group activities as the outbreak evolves.

Increased risks of abuse, neglect, exploitation and violence during infectious disease outbreaks coupled with the interruption of services for children make adapted group activities even more critical.[20]

HERE ARE SOME TOP TIPS WHEN CONTINUING FACE-TO-FACE ACTIVITIES:

- Adopt protocols to determine when staff, volunteers, children, and/or caregivers stay at home and avoid attending group activities if they have symptoms of infection or have been in close contact with a suspected or confirmed infection case.
- Provide children with simple and accurate key messages on the associated risks and necessary prevention measures to protect themselves from infection.
- Develop child-friendly and disability-sensitive information, education and communication (IEC) materials on infection prevention and control measures and any updated referral information.
- Enhance hygiene and sanitation measures based on the disease's mode of transmission. These measures may include, for example, (i) regular disinfection of indoor and outdoor spaces, washrooms, and any recreational or learning materials; (ii) improved ventilation; and (iii) suspending the provision of food or drink.
- Ensure that the necessary infection prevention and control measures are adapted and accessible to children. For example, provide child-sized masks and other PPE as necessary; provide hand-washing facilities at the entrance of spaces where face-to-face group activities will take place, and conduct supervised hand-washing before and after group activities; reduce the maximum number of participants at any one time to allow for adherence to physical distancing, and stagger or extend hours of operation to ensure accessibility to all children, including girls who may have more domestic chores to complete.
- Continue to monitor at-risk children and identify children with symptoms of psychosocial distress or other harms for further follow up.
- Work together with other sectors such as health, nutrition, mental health and psychosocial support (MHPSS), and water, sanitation and hygiene (WASH), so that group activities can provide holistic support services to children and their caregivers.

How can we ensure the safe & meaningful participation of children during an outbreak?

Infectious disease outbreaks often limit opportunities to engage directly with diverse children. The meaningful participation of a range of children in decisions that affect them is not only a fundamental right, but also crucial to the success of any outbreak response strategy and essential to maintaining accountability. Engagement can help policy-makers and practitioners to understand children's ideas, feelings, and fears – in addition to gaining insight into the changing risk and protective factors they experience during outbreaks.

PARTICIPATION DURING OUTBREAKS CAN ALSO HELP TO:

- Improve children's understanding of and adherence to public safety measures.
- Mitigate associated child protection risks.
- Manage the excessive amount of information about the disease that may be incorrect, misleading or unreliable.
- Plan tailored and targeted advocacy and awareness-raising.
- Amplify the voices of children.
- Ensure that the needs of diverse at-risk children are taken into account.
- Overcome fear or avoidance of testing, treatment and vaccination.

Building for the future

Outbreaks provide opportunities to build on existing efforts, review ways of working, introduce reform, and strengthen systems to better protect children in the future. Short-term interventions designed to meet immediate needs can sometimes be maximised to achieve positive change and realise long-standing goals. While this would look different in each context, the following are examples of the kind of child protection outcomes that could emerge from outbreaks:

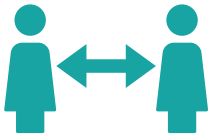
• Using the closure of care institutions to shift government policy towards prioritising family-based alternative care;

• Establishing and ensuring the effectiveness of hotlines and helplines as supplementary reporting, referral and response pathways;

HERE ARE SOME TOP TIPS FOR MAKING CHILD PARTICIPATION AS SAFE AND INCLUSIVE AS POSSIBLE DURING OUTBREAKS:

Use innovative technology for virtual engagement with diverse individuals and groups, including through peer-to-peer interaction. This can involve phone, SMS, WhatsApp, Viber, or other social media.

Support home-based activities with drop-off points for the distribution of paper copies of educational, recreational or research materials.



Hold face-to-face discussions with limited group sizes in which you conduct activities outdoors or in well ventilated areas, use PPE, maintain physical distance, and adhere to any other relevant health and safety precautions.

Engage with diverse groups that represent a wide variety of children and adolescents – for example, student associations, children's councils and parliaments, scouts, children's ombudspersons, children's commissioners, girls' and boys' clubs, and child or disability rights organisations.

Make individual accommodation for children with a wide variety of abilities and disabilities – by, for example, using a sign language interpreter, translating materials in braille or providing easy-to-read and/or large print formats, and ensuring that in-person activities are held in accessible locations.

- **Negotiating the release and reintegration of children associated with armed forces and armed groups;**

- **Securing the release of children deprived of their liberty, and preventing the detention of additional children;**

- **Acknowledging the importance of addressing the MHPSS needs of children and their caregivers;**

- **Working across sectors more effectively to provide holistic child protection, education, health, nutrition and other services; and**

- **Investing in digital information management systems for case management in child protection and gender-based violence.**[21]

ENDNOTES

[1] World Health Organization (2018), Managing epidemics: Key facts about major deadly diseases, available at: https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf. See also, UN Term, 'infectious disease', available at: https://unterm.un.org/unterm/display/record/who/na?OriginalId=7602.

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[3] World Health Organization (2021), Fact sheet: Ebola virus disease, available at: https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease.

[4] World Health Organization, Overview: Severe acute respiratory syndrome, available at: https://www.who.int/health-topics/severe-acute-respiratory-syndrome#tab=tab_1.

[5] World Health Organization, Overview: Middle East respiratory syndrome coronavirus, available at: https://www.who.int/health-topics/middle-east-respiratory-syndrome-coronavirus-mers#tab=tab_1.

[6] World Health Organization, Overview: COVID-19, available at: https://www.who.int/health-topics/coronavirus#tab=tab_1.

[7] Some infectious diseases can have more than one mode of transmission.

[8] UN Term, 'morbidity', available at: https://unterm.un.org/unterm/display/record/unhq/na?OriginalId=57576.

[9] UN Term, 'mortality', available at: https://unterm.un.org/unterm/display/record/wmo/na?OriginalId=0547b0d7-8b2a-4a57-ba5d-dc1e600afed3.

[10] Global Social Service Workforce Alliance, IFSW, International Federation of Social Workers, the Alliance for Child Protection in Humanitarian Action, UNICEF, United Nations Children's Fund (2020) Social service workforce safety and well-being during COVID-19 response: Recommended actions, available at: https://resourcecentre.savethechildren.net/document/social-service-workforce-safety-and-wellbeing-during-covid-19-response-recommended-actions/.

[11] 'Staff and volunteers' is a term understood to encompass the full range of roles fulfilled by child protection practitioners and the social service workforce, including full-time, part-time, consultancy and volunteer positions.

[12] Global Social Service Workforce Alliance, IFSW, International Federation of Social Workers, the Alliance for Child Protection in Humanitarian Action, UNICEF, United Nations Children's Fund (2020) Social service workforce safety and wellbeing during COVID-19 response: Recommended actions, available at: https://resourcecentre.savethechildren.net/document/social-service-workforce-safety-and-wellbeing-during-covid-19-response-recommended-actions/.

[13] See Mini-Guide: Advocating for the Centrality of Children and Their Protection in Infectious Disease Outbreaks (legal foundations section).

[14] Many of these tips have been adapted from the Alliance for Child Protection in Humanitarian Action (2020), Technical note: Adaptation of child protection case management to the COVID-19 pandemic, version 3, available at: https://www.alliancecpha.org/en/child-protection-online-library/technical-note-adaptation-child-protection-case-management-covid-19.

[15] As part of preparedness activities, efforts should be made to explore context-specific accessibility issues related to telephonic and internet services and to understand what children are comfortable in using as means of communication.

[16] To understand lessons learnt from remote case management during the COVID-19 pandemic, see: Child Protection Case Management Task Force, Lebanon (2021), Remote case management survey: Findings report, available at: https://www.dropbox.com/sh/0d6sy37010rsyeh/AABhJM7S3gjHZ3LF-56lTgAqa/Remote%20CM%20Support%20Evaluations?dl=0&preview=Remote+Case+Management+Survey-Findings+report+(004).pdf&subfolder_nav_tracking=1.

[17] The Alliance for Child Protection in Humanitarian Action, Child Helpline International, Child Protection Area of Responsibility, UNICEF (2020), Technical note: Child helplines and the protection of children during the COVID-19 pandemic, available at: https://www.alliancecpha.org/en/child-protection-online-library/technical-note-child-helplines-and-protection-children-during-covid.

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[19] See International Federation of Red Cross and Red Crescent Societies (2020), Psychological First Aid for children in the COVID-19 outbreak response, available at: https://pscentre.org/?resource=online-pfa-training-for-covid-19-additional-module-pfa-for-children&selected=single-resource.

[20] Metzler, J.; Gabriel, A.; Mwebe, F.; Savage, K. (2021), From place to space: Field insights on adapting child-friendly spaces during COVID-19. Forced Migration Review, 66: 40–43, available at https://www.fmreview.org/issue66/metzler-gabriel-mwebe-savage.

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