MINI-GUIDE: PREVENTING

Child Protection in Outbreaks:

Preventing harm to children in infectious disease outbreaks

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

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

The prevention of harm to children in settings impacted by infectious disease outbreaks requires an integrated and intersectoral approach. This Mini-Guide is aimed at humanitarian personnel working in health and child protection as well as those specialising in mental health and psychosocial support and members of the social service workforce. This Mini-Guide is for use during the preparedness, response and recovery phases of an outbreak, in settings that are in crisis or that become a humanitarian setting.

This Mini-Guide aims to support relevant personnel in:

- **Understanding** potential harm to children in the context of infectious disease outbreaks;
- **Identifying** appropriate prevention strategies based on the root causes of harm; and,
- **Implementing** key intersectoral actions at each step of the project cycle to prevent harm to children in outbreaks.

How do we define harm to children, and its prevention, in outbreaks?

Harm to children[1] includes both **physical and psychological** damage, trauma, or injury that may lead to the short-, medium-, or long-term impairment of children's developmental outcomes, including their social, emotional, intellectual, behavioural and physical development. In certain cases, it may lead to death. Harm may be **intentional or unintentional** and may result from something the child experiences or witnesses. It may be perpetrated by an individual or caused by an event, an activity, or an object.

Infectious disease **outbreaks may directly and/or indirectly create conditions that increase the likelihood of harm to children.** Children can be

- **Directly** infected by the disease – leading to illness or possibly death; and/or
- **Indirectly** affected by the outbreak – the disease and any associated public health and social measures that are put in place to contain and control disease transmission may **increase risk factors and limit protective factors.** For example,
  - Children may be unexpectedly separated from their parent/caregiver during isolation and treatment for infection.
  - Children may be unable to attend school during an outbreak, limiting their access to learning opportunities as well as their social networks and support services.
  - Economic shocks resulting from the outbreak may lead to a loss of income within the household, triggering a rise in child labour, including economic or sexual exploitation and abuse.

Harm to children during outbreaks can contribute to both negative protection and negative health outcomes for children.

Prevention interventions address the root causes of harm to children. They identify and mitigate the underlying risk factors that may cause children to experience negative child protection outcomes. Social determinants that may lead to negative health outcomes – such as economic and food insecurity, lack of shelter, discrimination, and violence[2] – correlate strongly with the causes of negative child protection outcomes.[3]

The public health model of prevention identifies three levels of prevention: primary, secondary and tertiary. In humanitarian settings, the child protection model of prevention adopts a similar approach, as shown in the table on the next page.

The prevention of harm to children in infectious disease outbreaks includes all actions aimed at stopping, reducing, or mitigating the root causes of harm to children.

SECTOR-SPECIFIC DEFINITIONS OF PRIMARY, SECONDARY AND TERTIARY PREVENTION IN INFECTIOUS DISEASE OUTBREAKS[4]

CHILD PROTECTION	HEALTH
PRIMARY PREVENTION	
Addresses the root causes of harm at the population level[5] to reduce the likelihood of harmful outcomes.	Actions taken to prevent a disease from manifesting.
TARGET Population or community wide[5]	
SECONDARY PREVENTION	
Addresses threats to and/or vulnerabilities of children identified as being at high risk of negative child protection outcomes.	Early detection, which can improve the likelihood of positive health outcomes.
TARGET Individual children or sub-groups of children at high risk	
TERTIARY PREVENTION	
Addresses immediate needs, threats and vulnerabilities to reduce long-term impact or likelihood that negative child protection outcomes will reoccur.	Aims to slow or reduce the effects of disease on infected individuals.
TARGET Individual children who are already affected	

TOP TIPS:

To determine which prevention actions should be implemented, it is necessary to first understand…

- The forms of harm that posed a threat to children in the relevant location/context before the disease outbreak;
- How these may be exacerbated as a result of a disease outbreak and/or the associated public and social health measures; and,
- New sources of harm that may arise during various types of infectious disease outbreaks.

Once the forms of harm that must be addressed are determined, the root causes of these forms of harm must be analysed. Appropriate prevention strategies should then be identified to address these root causes.

- All activities aimed at preventing harm to children must be adapted to align with the recommended infection prevention and control (IPC) measures and any wider public health and social measures put in place during an outbreak.
- Prevention actions must also understand and build on the protective factors that existed before the outbreak.

What are the most common forms of harm to children in outbreaks?

Examples of negative child protection outcomes that may be exacerbated or created in infectious disease outbreaks include:

- Adolescent pregnancy and parenthood.[6]
- Child labour – inside and outside the home.[7]
- Child marriage.[8]
- Domestic violence and intimate partner violence.[9]
- Family separation.[10]
- Child detention.[11]
- Kidnapping.[12]
- Physical abuse.[13]
- Sexual violence,[14] including child sexual exploitation in the context of prostitution.[15]
- Psychological maltreatment.[16]
- Serious psychological impacts[17] and anxiety.[18]
- School dropout.[19]
- Child recruitment and use by armed forces and groups.[20][21]

What are the root causes of harm to children in outbreaks?

The root causes of harm to children in infectious disease outbreaks are the factors or conditions that cause children to experience harm. Examples of root causes of harm to children that are either exacerbated and/or introduced by the outbreak of an infectious disease include:

- Economic, food and shelter insecurity and shortages.
- Death or illness of parent/ caregiver.
- Negative impact on parents/ caregivers' mental health.
- Diminished supervision and nurturing care.
- Social isolation and erosion of social safety nets.
- Limited access to play and peer support.
- Stigma and discrimination related to disease infection.
- Reinforced harmful gender norms and gender inequality.
- Disrupted health services and supply chain for children and their caregivers.
- Disruption of learning, protection, and social services.
- Disruption to political and justice systems.
- Security force violence

targeting children and other community members to enforce public health and social measures.

Guiding principles for the prevention of harm to children

All actions undertaken to prevent harm to children during infectious disease outbreaks should respect certain underlying principles. These include:

Principles for the prevention of harm to children:

- **Contextualise** all actions.
- Adopt a **multi-sectoral approach.**
- **Operate** at all levels of the **socio-ecological model.**[22]
- **Measure outcomes** and share information on harm to children.
- **Build resilience.**
- Enable **community ownership to ensure sustainability.**
- Adopt a **child-centred and inclusive** approach.
- Work across the **humanitarian–development–peace nexus.**

Protection Principles from the Sphere Handbook:

- Enhance people's **safety, dignity and rights,** and Do No Harm.
- Ensure people's **access to assistance** according to need and without discrimination.
- Assist people in **recovering** from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation.
- Help people to **claim their rights.**

Prevention and response programming work together. **While prevention strategies can reduce the incidence of harm to children, they are unlikely to ever eliminate it fully. Prevention actions should always be accompanied by a range of interventions that respond to the needs of children who have already experienced harm.**

How to prevent harm to children in outbreaks: six key actions

1 **Assess** how infectious disease outbreaks and associated public health and social measures might:
- Exacerbate the context-specific root causes of harm; and/or,
- Introduce new root causes of harm to diverse children.

2 **Collaborate** across multiple sectors, working together with health, child protection and mental health and psychosocial support (MHPSS) actors, when preparing for and responding to infectious disease outbreaks aimed at preventing harm to children.

3 **Share** data on harm to children relating to infectious disease outbreaks. This can help with advocacy, securing funds, and awareness-raising. Potential stakeholders may include donors, government, service providers, communities, families and diverse children.

4 **Design** programmes that address the root causes of harm before, during, and after outbreaks. For example:
- Child protection actors can support efforts to prevent the spread of disease[23] while also preventing harm to children.
- Routine health interventions in outbreaks can be designed to address some root causes of harm to children,[24] thus preventing harm.

5 **Provide** child-friendly and inclusive MHPSS services for diverse children and their parents/caregivers.[25] MHPSS lies at the intersection between health and child protection action.

6 **Measure** the impact and costs of prevention interventions, using evidence-based documentation to demonstrate the efficacy of prevention strategies in infectious disease outbreaks.

CASE STUDY

ADAPTING PARENTING INTERVENTIONS TO PREVENT INCREASED HARM TO CHILDREN DURING COVID-19

Reports of escalating global rates of domestic violence, including violence against children, made parenting interventions an ongoing priority during the COVID-19 pandemic.[26] Delivery of parenting sessions aimed at preventing violence against children had to be significantly adapted for outbreak settings. Save the Children used different implementation methods in various contexts:[27]

- **Nepal:** Sessions from the Parenting without Violence course were adapted into radio broadcasts. Social Mobilisers in regular contact with parents/caregivers assessed the effectiveness of the radio sessions on an ongoing basis.[28]
- **Guatemala:** An existing diploma was adapted into written modules and videos. These were shared via WhatsApp. The materials were accompanied by group phone calls.
- **Ivory Coast:** Staff working at the community level and civil society partners participated in short e-learning sessions on Parenting without Violence.

PRACTICAL ACTIONS FOR PREVENTING HARM TO CHILDREN:

HEALTH AND CHILD PROTECTION ACTORS TOGETHER

Child protection and health case management and referral pathways

- Establish systems for safe and appropriate detection and referral of children requiring further case management, particularly in new isolation and treatment centres. 2 3
- Train health staff in the detection and referral of child protection concerns. 2 3
- Link contact tracing with family tracing/referral to alternative care for children whose parents/caregivers have to go into isolation/treatment. 1 2 3
- Advocate for services that can address the root causes of protection concerns and the social determinants of negative health outcomes for children – for example, advocate for livelihood support in contexts associated with increased child labour. 1

Mental health and psychosocial support services

- Establish MHPSS/well-being activities for parents/caregivers. 1 2 3
- Identify, refer and respond to children experiencing distress as a result of the outbreak and/or associated public health and social measures, such as school closures. 3
- Reinforce or establish community-level psychosocial support activities. 1 2 3
- Provide culturally sensitive MHPSS services drawing on the expertise of local mental health professionals. 1 2 3
- Establish 'telemental' health services (i.e., mental health care delivered through videoconferencing or telephone) for children or their parents/caregivers.[29] 2 3

Risk communication & community engagement (RCCE)

- Put in place RCCE strategies that work through existing communication platforms that reach children and their families – for example, children's group activities.[30] 1 2
- Develop messages that are adapted for and target diverse children, including out-of-school children. 1 2
- Disseminate positive parenting messages through community-level action and home visits. 1 2
- Raise awareness of negative health outcomes related to escalation in child protection concerns during an outbreak. The concerns may include, for example, child labour, child marriage and violence within the home. 1 2

Economic strengthening

- Refer parents/caregivers and unaccompanied children to cash and voucher assistance/livelihoods assistance as part of the case management. 2 3
- Monitor child-related outcomes of multi-purpose cash to identify the impact on the prevention of harm. 2 3

Justice for children

- Collaborate with health actors to support justice/security sector actors on appropriate ways to enforce public health and social measures without harming children. 1 2
  - Advocate for child-sensitive infection prevention and control measures in detention facilities.
  - Work with child protection actors to facilitate training of justice/security sector actors.

Joint programming and integration skills

- Provide learning for health workers on child-friendly service provision and communications. Learning frameworks for health professionals working with children and families enable them to prevent, detect and refer child protection cases.[31] 1 2 3
- Provide in-depth skills development to select groups of health workers who will serve as 'child focal points' in health facilities, working in isolation, quarantine, observation or treatment centres to prevent child separation. 1 2 3
- Provide e-learning for child protection workers on the public health and social measures being taken to contain, control and mitigate disease spread. 1

1 2 3 indicate if actions are primary, secondary or tertiary level prevention actions based on the target population, given this is common to both sectors.

PRACTICAL ACTIONS FOR PREVENTING HARM TO CHILDREN:

CHILD PROTECTION ACTORS

Assessment and monitoring

- Analyse outbreak data through a child protection lens to provide child-focused recommendations to both children protection and health actors. 1

  This may include, for example,
  - Building an understanding of the indirect impact on children of the disease and associated public and social health measures can help in the development of both child-friendly containment measures and RCCE.
  - Identifying essential adjustments needed to child protection activities so as to prevent disease spread.

Group activities for child well-being

- Disseminate prevention messages developed in collaboration with health actors. 1
- Implement skills-building and behaviour-change activities for diverse children. Include disease transmission methods and mitigation measures – how to wear a mask, handwashing, food preparation as well as life skills for protection – for example, protection from intimate partner violence – or ways to address distress. 1 2

Strengthening family and caregiving environments

- Provide parenting support through home visits or telecommunications. 1 2 3
- Run online and/or face-to-face parenting skills workshops and group support activities, in line with public health and social measures. 1 2 3
- Disseminate messages at the community level on (i) how to keep families and children safe and (ii) preventing transmission of the disease among children. 1

Community-level approaches

- Strengthen community detection and referral of child protection cases. 2 3
  - (i) Re-contact existing, known community-level actors.
  - (ii) Confirm their levels of contact with children and communities.
  - (iii) Advise them as to what supports are available to children during the outbreak.
  - (iv) Provide them with guidance and personal protective equipment (PPE) to enable them to stay safe.

Family tracing and alternative care

- Adapt existing or set up systems for family tracing, linking them to isolation, quarantine, observation or treatment centres. 2 3
- Identify temporary, alternative care options for children. 2 3

  This may be children who have experienced:
  - Separation from parents/caregivers who are in isolation, quarantine, observation or treatment centres.
  - Death of parents/caregivers.

Strengthening the workforce

- Raise awareness in the social service workforce of the direct and indirect harm to children that may result from outbreaks. 1
- Train the social service workforce to identify children who are at risk of harm, and how they should respond to prevent future harm relating to any outbreaks. This may involve referral, advocacy for services, etc. 2

PRACTICAL ACTIONS FOR PREVENTING HARM TO CHILDREN:

HEALTH ACTORS

Epidemiological and outbreak analysis

- Disaggregate all data according to sex, age and disability, at a minimum. 1
- Define age categories that distinguish children and adolescents from others. (0–10, 11–17, 18–19 years). 1

Infection prevention and control

- Engage child-focused organisations and child and youth representatives in the process when developing any infection prevention and control (IPC) standard operating procedures (SOPs) so that these are designed in ways that do not harm children. 1
- Adjust public health and social measures so they do not contribute to the root causes of child protection concerns 1

Logistics

- Adapt treatment centres, isolation units and other health facilities based on the needs of diverse children. This includes putting in place referral pathways and training staff on the detection of child protection risks. 1 2 3

*See: Making your isolation and treatment centre child-friendly.

Surveillance, case investigation and contact tracing

- Train health workers on child-friendly communication to prevent distress to children. 1
- Maintain confidentiality to prevent stigma and possible harm to children. 1

Laboratory and diagnostics

- Use child-friendly methods and communication techniques adapted to diverse children: 2 3
  - Use informed consent/assent processes with children and their parents/caregivers.
  - When collecting samples from a child, do so in appropriate child-friendly way.
  - When giving a child's test results, communicate in way that parents/caregiver and child understands.

Vaccinations

- Where a vaccine is available and recommended for children, plan for child-friendly vaccination rollout to increase access, promote uptake and prevent distress among children. 1

*See: child-friendly vaccination rollout

Maintaining essential services

- Maintain adolescent-responsive sexual reproductive health and rights services. 2 3
- Provide nutritional support and advice and infant and young child feeding (IYCF) services for children and their parents/caregivers. 1 2 3
- Support children with long-term health conditions. 3
- Provide telehealth – the remote provision of healthcare through telecommunications.[32] 2 3
- Maintain birth registration processes for children. 1

Working together to prevent harm to children throughout the project cycle

STEP 1
Preparedness

What root causes of harm to children may be exacerbated or introduced by outbreaks? What protective factors may be weakened? What different scenarios should be prepared for?

STEP 2
Needs assessment & situation analysis

How have the root causes of harm to children been affected by the outbreak and any associated public and social health measures? How have protective factors been affected? How are diverse children being impacted and protected differently?

STEP 3
Design & planning

How should existing interventions be adapted in line with public and social health measures and/or infection prevention and control measures? What new interventions should be put in place to address critical risks? What protective factors should be reinforced?

STEP 4
Implementation & monitoring

How is the situation of children changing? How do implementation plans need to adapt? How can programmes remain responsive to the changing needs of children and their families?

STEP 5
Evaluation & learning

What interventions have been impactful in preventing harm to children during the outbreak? What are elements of success?

Questions to include in your health and child protection needs assessment:

- What forms of harm to children have increased since the outbreak?
- What new forms of harm to children have been introduced since the outbreak?
- What causes this harm to children?
- What actions can address the root causes of harm to children in the context of the outbreak?

Together child protection and health actors should…

Child protection actors should…

Health actors should…

STEP 1: ACTIONS TO PREVENT HARM TO CHILDREN DURING THE PREPAREDNESS PHASE

- Input actions that prevent negative child protection outcomes into outbreak/emergency preparedness plans.
- Establish a set of alternative scenario-based programme plans based on the different ways in which the infectious disease outbreak and associated public health and social measures will (i) exacerbate or create root causes of harm and/or (ii) impact child protective mechanisms.
- Advocate for resources (human, financial and logistical) to prevent harm to children during infectious disease outbreaks.
- Establish/engage in structures that facilitate coordination between child protection and health actors that may be activated at the outset of any outbreak.[33]
- Agree on ways of working between health, child protection and mental health actors to prevent harm to children. This may include developing:
  - SOPs
  - Referral pathways
  - Information sharing protocols

- Understand risk and protective factors for children in the context.
- Map out actions to protect children implemented by both formal and informal actors.
- Consider what actions may be implemented when formal protection systems are limited.
- Develop preparedness plans based on different potential outbreak scenarios that address (i) the root causes of harm to children and (ii) the weakening of protective factors.
- Share and socialise these plans with health actor colleagues.
- Engage diverse families, community members and other stakeholders with frequent contact with children in the analysis of risks. Prioritise safe consultation with diverse children.

*See Mini-Guide 6: Prioritising child participation in infectious disease outbreaks

- Invite child protection actors to co-create multi-sectoral outbreak preparedness plans to ensure they fully address the likely needs of children and their parents/caregivers.
- Consider the unintended negative protection consequences of frequently recommended public health and social measures to identify mitigation strategies.

STEP 2: ACTIONS TO PREVENT HARM TO CHILDREN DURING THE NEEDS ASSESSMENT AND SITUATION ANALYSIS PHASE

- Coordinate the design of sectoral and cross-sectoral needs assessments.

Adapting needs assessments:

- Integrating a child focus into a health sector needs assessment process may be achieved by…
  - Integrating questions on:
    - The forms and frequency of harm to children since the outbreak began.

- Map out mechanisms, structures, and actors that protect children from harm.
- Gather existing information from multi-sector sources on the root causes of harm to diverse children.
- Review how the infectious disease outbreak and any context-specific associated public health and social measures impact on child protection. This

- Map out mechanisms, structures, and actors that protect children from negative health outcomes.
- Identify existing health service providers who are able to deliver child-friendly interventions.
- Look at how children's age and stage of development, activities, and behaviour may

STEP 2 CONTINUED

- The root causes of harm to children.
- Identifying community and state actors who have frequent contact with children in the context.
- Facilitating these actors' participation through key informant interviews or focus group discussions during needs assessment.
- Collecting and analysing data relating to child well-being. Seeing how this has changed due to the outbreak or related public health and social measures.

- Integrating a health perspective into a child protection sector needs assessment process may be achieved by…
  - Integrating questions about:
    - Negative health outcomes for children relating to the infectious disease outbreak.
    - Gathering data on the determinants of negative health outcomes for children.

- Disaggregate all data by age, gender, disability and other locally relevant characteristics.
- Collaborate to analyse assessment data – bringing together data from both sectors.
- Collaborate with a range of stakeholders at different levels across sectors in accordance with the socio-ecological model[34] to plan for implementation of preventive action based on data gathered through the assessment process.

may be achieved by…

- Including questions about disease infection and related indirect harm to children in child protection needs assessments.
- Analysing how the infectious disease outbreak and any associated public health and social measures impact…
  - The root causes of harm to children
  - Protective factors.
- Sharing a summary of this information with health and mental health actors, including the government (that is the Ministry of Health).

- Engage diverse families, community members and other stakeholders who are in frequent contact with children in assessment processes. Prioritise safe consultation with diverse children.

*See Mini-Guide 6: Prioritising child participation in infectious disease outbreaks.

- Support community-led analysis of the root causes of harm to children and protective factors.
- Adapt methods for consultation with children and community members in line with public health and social measures.

*See 'Operating Safely During Outbreaks' (page 5 of Mini-Guide 1: Adapting child protection programming in infectious disease outbreaks

impact on their experiences during an outbreak. For example, how it influences disease transmission; effects of the disease; and treatment needs in the context of an outbreak.

STEP 3: ACTIONS TO PREVENT HARM TO CHILDREN DURING THE DESIGN AND PLANNING PHASE

- Advocate for and establish intersectoral coordination mechanisms to address children's needs during major disease outbreaks.
- Collaborate with a range of stakeholders at different levels across multiple sectors in the socio-ecological model to agree on priority actions to prevent negative health and child protection outcomes during infectious disease outbreaks.
  - Select a range of prevention actions that focus on primary prevention approaches to address harm to children.
  - Complement primary prevention with secondary prevention that focuses on children who are at risk and tertiary prevention that supports efforts for individual children who have already experienced harm.
- Adhere to ways of working agreed during preparedness phase (including SOPs, referral pathways, and information sharing protocols).
- Develop an infectious disease prevention, response and monitoring plan that integrates actions that address the root causes of harm to children. This may be achieved by
  - Developing a contextualised theory of change that outlines how integrated child protection and health interventions may prevent harm to children.
  - Prioritising actions based on (i) feasibility of addressing the identified root cause(s); (ii) the projected impact that addressing a given root cause can have in reducing the likelihood of the harm that need to be prevented; and (iii) the possibility that addressing the root cause(s) will simultaneously prevent multiple forms of harm.
- Set out budget and resource plans that align with the different scenarios.

- Prepare a theory of change based on assessment data. This should explain how you think prevention activities will (1) strengthen protective factors and (2) prevent the root causes of harm to (3) avoid negative child protection outcomes.
- Develop a set of indicators that monitor, over time, changes in…
  - Root causes of harm (e.g., poverty, school dropout, food scarcity, child separation).
  - Protective mechanisms (e.g., availability of MHPSS services, parenting classes, and awareness-raising campaigns).
  - Child well-being.[35]

- Review standard outbreak response pillars to ensure budgeting for and integration of actions to prevent harm to children. For example,
  - consider child-friendly adaptations to the design and implementation of isolation and treatment units
  - develop protocols for intake, treatment and discharge that prevent family separation.

*See Mini-Guide 3: Collaborating with the health sector in infectious disease outbreaks

STEP 4: ACTIONS TO PREVENT HARM TO CHILDREN DURING THE IMPLEMENTATION AND MONITORING PHASE

- Implement a range of prevention actions that focus on primary prevention – population-level approaches – to address negative protection and health outcomes for children.
- Complement primary prevention with secondary prevention that focuses on children who are at risk and tertiary prevention that supports efforts for individual children who have already experienced harm.
- Adapt and implement changes to the interventions based on changing context (i.e., the ways in which the disease is being transmitted; information known about the root causes of harm; and public and social health measures designed to control, contain and mitigate disease transmission) and monitoring data.
- Implement (i) actions needed to address the root causes of harm to children and (ii) adaptations to interventions that are needed to prevent disease transmission.

- Engage diverse families, community members and other stakeholders who are in frequent contact with children in monitoring processes. Prioritise safe consultation with diverse children.

*See Mini-Guide 6: Prioritising child participation in infectious disease outbreaks.

- Adapt any public health and social measures and IPC measures as well as health interventions that may indirectly and unintentionally cause negative child protection outcomes, based on learning from implementation.

STEP 5: ACTIONS TO PREVENT HARM TO CHILDREN DURING THE EVALUATION AND LEARNING PHASE

- Estimate the extent to which prevention interventions have contributed to reducing harm to children during infectious disease outbreaks.
- Assess the potential benefits and protection risks associated with public health and social measures, documenting lessons learned.
- Choose participatory evaluation tools that (i) are able to measure the impact of prevention efforts; (ii) are suitable for use during the

- Engage diverse families, community members and other stakeholders who are in frequent contact with children in any evaluation and learning processes. Prioritise safe consultation with diverse children.[36]

*See Mini-Guide 6: Prioritising child participation in infectious disease outbreaks

- Document and disseminate data gathered and lessons learned on the links between outbreaks, and the escalation of negative protection and health outcomes for children. This information can be used to strengthen future prevention of harm to children in outbreaks and ongoing preparedness efforts (Phase 1).

STEP 5 CONTINUED

outbreak; and (iii) adhere to any associated containment, control and mitigation measures.

- These may include, for example, (a) outcome mapping/results journals; (b) outcome harvesting, and (c) most significant change evaluations.

- Share validated findings nationally and at the regional and global levels so that prevention actions in future outbreaks can be informed by lessons learned.

CASE STUDY

CASE STUDY: COMMUNITY-LEVEL MENTAL HEALTH SERVICES AS PART OF THE CHOLERA RESPONSE IN HAITI[37]

In response to the 2010 Haiti earthquake and subsequent cholera outbreaks, Zanmi Lasante and Partners in Health sought to address the root causes of emotional distress using social and political action to accompany their clinical interventions. The programme was designed to address the core determinants of poor health, including food shortages, lack of housing or poor water quality and supply. More than a quarter of the displaced population were children under five, and so they delivered a package of child- and family-specific activities. The interventions included social activities, memorial services, games for children, community educational and psychosocial support activities, psychoeducational meetings, group activities for children and systems for referring unaccompanied children to child protection supports. The work was implemented in collaboration with the government, international humanitarian actors, community-level religious leaders and the media. Notable outcomes included improved social functioning; reintegration into school; and reduced stigmatisation of cholera survivors and those experiencing mental health issues.

ENDNOTES

[1] The definition of the term "harm to children" used here was developed by the author, Hannah Thompson, with Nidhi Kapur and in collaboration with colleagues from across the child protection, health, and mental health sectors.

[2] WHO (date unknown), Social determinants of health, available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

[3] Abbasi, M.A., Saeidi, M., Khademi, G., & Hoseini, B.L. (2015), Child Maltreatment in the World: A Review Article. International Journal of Pediatrics, 3, 353–365, https://ijp.mums.ac.ir/article_3753_0e23d8037107a5441a5815d4d4fd8a92.pdf.

[4] The child protection prevention definitions come from Wisniewski, Susan (2021) Primary Prevention Framework For Child Protection in Humanitarian Action, The Alliance for Child Protection in Humanitarian Action; The health prevention definitions for primary and secondary prevention come from: World Health Organization Regional Office for the Eastern Mediterranean (2023), Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity, available at: https://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html. The health sector definition of tertiary prevention is based upon language and concepts presented by the CDC (date unknown), CDC Prevention: Picture of America, available at: https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf.

[5] "At the population level" can also mean a particular segment or sub-group of a population.

[6] Kostelny K, Lamin D, Manyeh M, Ondoro K, Stark L, Lilley S, Wessells M. (2016) "Worse than the war": An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone.

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KEY REFERENCES AND RESOURCES

The following materials provide further guidance on collaboration between health and child protection actors to prevent negative health and protection outcomes for children.

- Global Health Cluster and Global Protection Cluster (February 2023), Joint Operational Framework Health and Protection, available at: https://healthcluster.who.int/publications/m/item/health-and-protection-joint-operational-framework.
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- InterAction (May 2021), Gender-Based Violence Prevention: A Results-Based Evaluation Framework, available at: https://www.interaction.org/wp-content/uploads/2021/05/GBV-Prevention-Evaluation-Framework-05-26-21.pdf.

- **The Alliance for Child Protection in Humanitarian Action (2021), Primary Prevention Framework for Child Protection in Humanitarian Action, available at: https://alliancecpha.org/en/primary-prevention-framework. In particular, this provides further references with guidance on the development of evaluation tools (page 29), while annex 4 can help in the prioritisation of risk and protective factors.**
- **Identifying and Ranking Risk and Protective Factors: A Brief Guide, available at: https://alliancecpha.org/sites/default/files/technical/attachments/identifying_risk_and_protective_factors_a_brief_guide.pdf.**