**Introduction**

This Guidance Note provides child protection practitioners with guidance on how to ensure that children’s protection needs are considered in preparation for, and in response to, infectious disease outbreaks.

Children are particularly vulnerable during infectious disease outbreaks for three main reasons. First, children have specific susceptibilities to infection during outbreaks. Second, infectious diseases can disrupt the environments in which children grow and develop. Finally, public health measures used to prevent and control the spread of infectious diseases can expose children to increased protection risks.

**Overview**

The Guidance Note was developed by the Child Protection Minimum Standards Working Group of the Alliance for Child Protection in Humanitarian Action (co-led by Terre des hommes and Save the Children) under the leadership of Plan International (Germany), in response to an identified gap in available guidance for child protection responses during public health emergencies.
Minimum standards related to ensuring a quality response

Humanitarian responses to infectious disease outbreaks must focus on preventing and controlling disease transmission. In doing so, responses should also consider the impacts of outbreaks on children, their families and communities.

The Guidance Note’s recommended actions to protect children during infectious disease outbreaks complement the existing actions outlined in the Minimum Standards for Child Protection in Humanitarian Action.

There are six minimum standards related to ensuring a quality response to an infectious disease outbreak:

- **Coordinate** humanitarian, health, child protection, government and other actors, both before and following an outbreak.

- Maintain a database of the available human resources experienced in responding to infectious disease outbreaks; and provision of physical and psychosocial supports for staff before, during and after deployment.

- Establish policies and processes for communication, advocacy and media activities surrounding outbreaks. Lifesaving messages - even those that are aimed only at adults - should be phrased to avoid causing undue distress to children or their caregivers.

- Include programme cycle management (e.g. child protection needs assessments and ongoing situation monitoring) that address the needs of children in quarantine centres, treatment centres and communities facing restrictions on movement.

- Develop information management protocols by health and other key actors that adhere to standards of medical ethics, confidentiality and the best interests of the child.

- Implement child protection monitoring that includes dis-aggregated data (age, sex and disability), identification of causal factors for risks (where possible), and monitoring of children at increased risk of violence, exploitation, abuse and neglect.
An additional six minimum standards related to addressing child protection risks

- Mitigate physical violence, sexual violence and other harmful practices that can arise during outbreaks. Interventions should include ensuring or establishing safe access to appropriate care for child survivors of violence and raising awareness of caregivers and community members at large about the health risks of harmful traditional practices.
- Provide psychosocial support to address heightened levels of anxiety, fear and worry. Interventions should use a range of delivery options and be tailored to the nature of the infectious disease outbreak, its impact on children and families, and the degree to which people can safely gather.
- Mitigate the potential for child labour by advocating for quarantine measures to be accompanied with financial or material supports to affected households and/or communities.
- Address the needs of unaccompanied and separated children by ensuring good record-keeping by health providers, educating the community on disease transmission and providing separated children with appropriate alternative care.
- Minimise the incidence and effects of child neglect by promoting children's mental stimulation and ensuring frequent, responsive contact between children and their families, including family members in observation or treatment centres.
Case management should ensure in-depth training for caseworkers on the basics of infectious disease, the potential impacts of an outbreak on child protection concerns, the children who are most vulnerable and why, and the support services available.

Community members and community-based mechanisms can raise awareness about disease causes and transmission and follow up on children at risk of protection violations and/or those in temporary alternative care.

Child-friendly spaces (CFS) need to be adapted in infectious disease settings. CFS may be established in treatment centres and other places where children are confined. Staff must be trained in proper sanitisation of CFS equipment, alternatives to interactive games and activities, and mitigation strategies for disease transmission. CFS must never become an additional source of disease transmission.

Children who are discriminated against or isolated by the community and their peers due to their illness (either from contracting it themselves or living in proximity to those who have contracted it) must be protected by identifying children most at risk, conducting awareness raising to dispel myths about the disease and working with lead health actors to provide excluded children with needed services.

The Guidance Note's Annex can be used for training workers on the fundamentals of infectious disease. It also includes basic information on infectious disease outbreaks, measures for preventing and controlling infectious diseases, considerations for prevention and control measures related to child protection, and typologies of infectious disease outbreaks.

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