

**MINI-GUIDE: ADVOCATING**

# Child Protection in Outbreaks:

**Advocating for the centrality of children and their protection in infectious disease outbreaks**

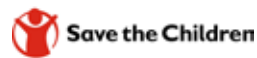


**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

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

This Mini-Guide is designed primarily for child protection practitioners and managers in settings impacted on by infectious disease outbreaks. It can also be used by coordinators of inter-agency groups or technical task forces, members of the social service workforce, and actors in health, mental health and psychosocial support (MHPSS) and other sectors engaging with children as part of outbreak management. In addition, personnel working in roles related to advocacy, communications and fundraising would find this Mini-Guide useful.

As the Mini-Guide explains, children are especially vulnerable during outbreaks. This is due not only to their individual biological and behavioural characteristics and level of agency and autonomy, but also to the potential consequences of public health measures. To help you to better advocate for the centrality of children and their protection during infectious disease outbreaks, this Mini-Guide provides you with:



INFORMATION ON THE PROTECTION OF CHILDREN DURING OUTBREAKS



EXAMPLE OF KEY MESSAGES & RECOMMENDATIONS FOR USE WITH DECISION-MAKERS, DONORS & THE GENERAL PUBLIC



GUIDANCE ON WHO SHOULD ADVOCATE WITH CHILDREN & HOW

# Why are children more vulnerable during outbreaks?

Depending on the type of disease,<sup>1</sup> children may be more susceptible to certain infectious diseases than adults, with direct impacts such as higher morbidity (illness) and mortality (death) rates. Examples include measles, cholera and Ebola Virus Disease. In these cases, **children's susceptibility to infection is linked to their developmental stage, evolving capacities and degree of dependence on caregivers.**

## DIRECT IMPACTS OF DISEASE ON CHILDREN

For socio-behavioural and biological reasons, children may:

- Be exposed to the virus in unique, specific ways that differ from adults (for example, before birth, during childbirth, or through breastmilk).
- Have lower defences against infection because their immune systems are still developing.

- Be more likely to suffer from malnutrition than adults, which increases their risk of infection.
- Be more likely to receive delayed treatment – for example, early symptoms of Ebola may mimic commonplace diseases such as malaria.
- Be less able to communicate the symptoms they are experiencing – for example, in the case of infants and younger children, or children with certain disabilities.
- Be more likely to be excluded from vaccination. Even if available, some vaccines are licensed for use only with older children or adults.
- Be less likely to understand and fully adhere to recommended behaviour and hygiene practices. In particular:

- Children may be more prone to infection, given their tendency to put objects in their mouths.
  - Children, especially those below the age of 5, need physical closeness with their caregivers and family members, and will therefore struggle to comply with guidelines on physical distancing.
  - Children are not adequately targeted by awareness-raising campaigns or other risk communication and community engagement (RCCE) work during an outbreak response.
- Be more at risk of directly transmitted infection due to differences in age, gender and disability:
- For example, due to socio-culturally determined norms, adolescent girls may be engaged in cleaning and caregiving roles that may increase exposure.
  - Depending on the type or severity of disability, children with disabilities may be more prone to infection.<sup>2</sup>

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**A child is any person under the age of 18, as defined by the United Nations Convention on the Rights of the Child.<sup>3</sup>** Remember that children are a **diverse group**, one that encompasses infants and toddlers, school-age children, and adolescents. Children have differing sexual orientations as well as gender identities and sex characteristics. They also differ in their abilities and disabilities, as well as in other aspects of diversity, such as social, cultural, religious and economic background. These **differences impact on the individual child's experience of outbreaks** and associated harms.

## INDIRECT IMPACTS OF DISEASE ON CHILDREN:

In other cases, children may have notably lower fatality rates, or less severe symptoms of disease, but will likely experience the indirect impacts related to the containment, control and mitigation measures put in place during an infectious disease outbreak. These impacts may be significant because infectious disease **outbreaks can seriously disrupt the environments in which children grow and develop.**

Regardless of children's direct susceptibility to the disease, infectious diseases that require isolation and quarantine measures tend to be significantly disruptive to children and caregivers. This can limit or suspend children's access to social, educational and economic opportunities. Caregivers, on whom children are dependent, may be placed in isolation, fall sick, or be unable to work. Health services may be overwhelmed, reducing the capacity of medical facilities to respond to health needs. Education may be disrupted, sometimes for extended periods. Individual and communal resilience may diminish during prolonged and cyclical outbreaks. These physical and mental harms are multiplied when disruptions are repeated and frequent.

All of these factors may have a range of consequences for children, including the following:

- Children may experience family separation due to isolation, quarantine, or medical treatment (theirs or that of their caregivers), or due to public health measures such as movement restrictions and border closures. This could significantly increase the likelihood of further harms, such as child marriage and the worst forms of child labour.
- The death of family, friends, and community members may lead to profound emotional reactions, including anxiety, fatigue, depression, and even suicidal thinking. This may be compounded by the inability to mourn in customary ways and by the absence of the usual social support systems due to public health measures.
- Children's education may suffer due to school closures, further impacting their wellbeing by reducing their access to the protective factors that schools offer, such as socialisation, play and access to nutritional meals.<sup>4</sup>
- Children may experience social stigma and discrimination as perceived 'carriers' of the illness.
- Children may experience secondary distress reflecting the highly stressful experiences of their caregivers. Increased economic and emotional stress and anxiety experienced by caregivers may also result in children's witnessing or experiencing increased violence in the home.
- Health services may be difficult to access or may be too busy to address childhood illnesses and injuries and to implement routine immunisation.
- Children with disabilities and chronic illness may lose access to necessary support services or treatment, as resources are diverted to respond to the outbreak. HIV+ children may have delayed access to crucial anti-retroviral (ARV) treatment.
- Movement restrictions may limit children's access to peer interaction, thus increasing social isolation and reducing opportunities for play. Play is crucial to children's learning, development and well-being.

# What are the rights of children in infectious disease outbreaks?

The paramount concern of governments during outbreaks is the health and safety of the general public. **Governments are legally allowed to limit certain individual rights and freedoms to achieve legitimate public health goals.** Even so, these **decisions must be guided by the principles of necessity, proportionality, and non-discrimination – as per the 2005 International Health Regulations.** These regulations provide an overarching legal framework defining how governments should handle cross-border public health events and complementing other instruments of global health law.<sup>5</sup>

Public health measures implemented by national and local authorities to contain and control outbreaks may – both directly and indirectly – impact on many of the rights of children enshrined in the United Nations Convention on

the Rights of the Child.<sup>6</sup> **The Convention on the Rights of the Child is universally applicable to all children, even during times of disease outbreak.** Therefore, governments must continue to respect, protect and fulfil all children's rights. This includes children's rights to protection and education, as well as to meaningful participation in decisions that affect them.<sup>7</sup>

When viewed collectively, both global health law and child rights law make clear that ensuring the continued provision of essential services for the most vulnerable community members, including children, is necessary during outbreaks. **Protective services for children – such as case management, alternative care, and psychosocial support – must, therefore, be allowed to continue, even if some degree of adaptation is required to make them as safe as possible.**<sup>8</sup>

## What are the key messages?<sup>9</sup>

- 1 During outbreaks children face increased risks – even if they do not get sick.
- 2 Measures to contain, control, and mitigate outbreaks may unintentionally put children's physical and psychological safety at risk.
- 3 Children cannot wait – their protection is an essential and life-saving responsibility that demands adequate and timely human and financial resourcing.
- 4 Children are central to the success of any outbreak response and recovery plan.
- 5 All sectors have a shared responsibility to protect children as part of their work through safe, inclusive and integrated programming in outbreaks.



## ADAPTING KEY MESSAGES TO CONTEXT

Key messages by child protection actors must always be adapted to context. The ones provided here are evidence-based and applicable during all outbreaks that involve isolation and quarantine measures. They can be integrated into existing advocacy strategies, briefing notes, and campaigns. They can also be used as talking points at conferences and coordination meetings; during inter-sectoral and donor meetings; at public engagements; and when being interviewed by journalists. Also use them in your situation updates and press releases. They can form the basis of suggested posts for sharing on TikTok, YouTube, WhatsApp, Twitter, LinkedIn, Facebook, Instagram and other social media platforms.<sup>10</sup> Select your media platform based on what is most effective in your context.

Depending on the context, additional key messages may be developed for different categories of stakeholders – accompanied by targeted recommendations or advocacy ‘asks’.

## Here is one example:

1

### ISSUE AREA

During the COVID-19 pandemic, members of the social service workforce, including child protection caseworkers, were not seen as ‘essential workers’, as their health counterparts were. They were thus required to suspend or severely limit service provision. They were also not prioritised to receive personal protective equipment (PPE) or vaccines.

2

### TARGETED DECISION-MAKERS

National government and coordination bodies responsible for outbreak management.

3

### KEY MESSAGE

Child protection is a life-saving intervention for the most vulnerable and marginalised children.

4

### EVIDENCE BASE

- Increase in numbers of children reporting domestic violence on helplines.
- Numbers of children whose parents or caregivers have died.
- Numbers of children requiring alternative care.

5

### ADVOCACY ‘ASK’

The social service workforce that provides life-saving services to vulnerable children must be formally classified as ‘essential workers’ and be provided with the necessary access, tools and support to undertake their work as safely as possible.<sup>11</sup>

# Who should advocate with and for children, and how?

We all have a **shared responsibility** to advocate *with, and for, children*:

- **All agencies, sectors and donors involved in outbreak management** must understand and value **the protection of children as essential and life-saving** during every stage of an outbreak.
- Personnel with specialised or technical training related to children – such as child protection practitioners, social workers, teachers, early childhood specialists, child psychologists and paediatricians – are uniquely positioned to ensure that **children’s needs are given both visibility and voice**.
- **Coordinators and members of inter-agency coordination groups** are also responsible for supporting advocacy efforts.<sup>12</sup> Coordination groups can bring together a range of actors to prioritise issues and speak with one voice.
- Child protection practitioners and organisations may also provide technical input and key data points to **personnel working in advocacy and communications, or in grant management and donor liaison**. These personnel are well placed to help identify receptive audiences and deliver targeted messages using diverse dissemination channels and decision-making fora. Working together with child protection actors, they can develop child-specific advocacy briefs and fundraising strategies.
- **Civil society organisations – including youth, women and disability rights organisations, faith and community-level opinion leaders, change agents and influencers** – all play a critical role in contextualising, legitimising and tailoring advocacy to best meet the needs of children.
- **Children are powerful advocates**, especially when supported to engage safely with key stakeholders and share their experiences and perspectives.

## OUTBREAKS CALL FOR INNOVATIVE ADVOCACY ON MANY FRONTS

Outbreaks of infectious diseases with person-to-person transmission can create unique operating conditions due to limitations to movement and other restrictions. Advocacy and communications therefore may have to happen in more innovative ways – both formally and informally, and online instead of, or in combination with, in person – at local, national, regional and global levels, including:

- When engaging with other sectors, key decision-makers, or the general public.
- As part of donor and government engagement.
- As part of RCCE work.
- On digital, social and mass media platforms.
- In decision-making discussions, coordination meetings and technical working groups.
- dDuring the development or reform of public health policies and related laws.
- During relevant national, international or observance days or weeks,<sup>13</sup> anniversaries and other key moments such as high-level policy events.
- In coalition and coordination with other relevant sectors, agencies, and donors, as well as in partnership with children themselves.





# More top tips<sup>14</sup>

## DETERMINING THE CONTENT & DELIVERY OF ADVOCACY MESSAGES

- Research the subject so that your messages are based on credible and triangulated evidence.
- Find data about children from different actors or sectors so as to be able to provide recent facts and case studies about the experiences of children.<sup>15</sup>
- Adapt messages as the outbreak evolves and new evidence emerges.
- Advocate with children. Have them decide on and influence messages.
- Support safe, age-appropriate and meaningful participation in child-led advocacy.<sup>16</sup>
- Think about who could convey the message best, depending on whether the objective is to shift social norms or achieve policy change. Examples include allies such as a respected community-level actor, a popular social media influencer, a television personality, or a child/adolescent spokesperson.
- Consider diversity, equity and inclusion – options include using local languages, simple terms, and subtitles in videos.

## TIMING & TARGETING YOUR MESSAGES

- Target actors, government entities, donors and sectors that hold power and drive decision-making in outbreaks.
- Approach your targets with a positive attitude, highlighting how you can both help each other. Do not be aggressive or blame individuals for their past actions.
- Connect to your target's values, concerns, objectives, strategic priorities or self-interest.
- Be a problem-solver, not a problem-maker. Offer solutions in the form of specific, feasible and actionable recommendations to target stakeholders. An advocacy 'ask' or 'call to action' should be as clear and tangible as possible.
- Time your interventions carefully so that they take advantage of key moments or turning points.
- Promote joint messaging and coordinate phased advocacy plans with other relevant actors or sectors.

## ENDNOTES

- <sup>1</sup> See 'Understanding infectious disease outbreaks: Key concepts' in Mini-Guide: Adapting Child Protection Programming in Infectious Disease Outbreaks.
- <sup>2</sup> Alliance for Child Protection in Humanitarian Action (2018), Guidance note: Protection of children during infectious disease outbreaks, available at: <https://alliancecpa.org/en/child-protection-online-library/guidance-note-protection-children-during-infectious-disease>.
- <sup>3</sup> UNICEF, Overview: Convention on the Rights of the Child, available at: <https://www.unicef.org/child-rights-convention>.
- <sup>4</sup> Inter-agency Network for Education in Emergencies and the Alliance for Child Protection in Humanitarian Action (2021), No Education, no protection: What school closures under COVID-19 mean for children and young people in crisis-affected contexts, available at: <https://inee.org/resources/no-education-no-protection>.
- <sup>5</sup> World Health Organization, Overview: International health regulations, available at: [https://www.who.int/health-topics/international-health-regulations#tab=tab\\_1](https://www.who.int/health-topics/international-health-regulations#tab=tab_1).
- <sup>6</sup> UNICEF, Overview: Convention on the rights of the child, available at: <https://www.unicef.org/child-rights-convention>.
- <sup>7</sup> See Mini-Guide: Adapting Child Protection Programming in Infectious Disease Outbreaks (child participation section).
- <sup>8</sup> See Mini-Guide: Adapting Child Protection Programming in Infectious Disease Outbreaks (operating safely section).
- <sup>9</sup> Adapted from the Alliance for Child Protection in Humanitarian Action, Advocacy messages for child protection actors: Prioritising child protection in COVID-19 response plans, available at: [https://alliancecpa.org/en/system/tdf/library/attachments/advocacy\\_messages\\_v1.pdf?file=1&type=node&id=37862](https://alliancecpa.org/en/system/tdf/library/attachments/advocacy_messages_v1.pdf?file=1&type=node&id=37862).
- <sup>10</sup> For an example, see World Health Organization, Solidarity toolkit: Share your voice: Support the World Health Organization, available at: <https://spark.adobe.com/page/eSkHtF8Zzhaf4/>.
- <sup>11</sup> For more information, see UNICEF, IFSW, the Alliance for Child Protection in Humanitarian Action, Global Social Service Workforce Alliance, Social service workforce safety and wellbeing during the COVID-19 response: Recommended actions, available at: <https://www.unicef.org/media/68501/file/Social-Service-Workforce-Safety-and-Wellbeing-during-COVID19-Response.pdf>.
- <sup>12</sup> See, for example, Chapter 7 of the Health Cluster Handbook, available at: <https://reliefweb.int/report/world/health-cluster-guide-practical-handbook> and page 97 of the Child Protection in Emergencies Coordination Handbook, available at: [https://www.cpaor.net/sites/default/files/2020-04/Child%20Protection%20Coordination%20Handbook\\_En.pdf](https://www.cpaor.net/sites/default/files/2020-04/Child%20Protection%20Coordination%20Handbook_En.pdf).
- <sup>13</sup> For more information, see United Nations Observances, available at: <https://www.un.org/en/observances>.
- <sup>14</sup> Adapted from the Global Protection Cluster, Child Protection Area of Responsibility (2016), Child Protection in Emergencies Coordination Handbook, available at: [https://www.cpaor.net/sites/default/files/2020-04/Child%20Protection%20Coordination%20Handbook\\_En.pdf](https://www.cpaor.net/sites/default/files/2020-04/Child%20Protection%20Coordination%20Handbook_En.pdf).
- <sup>15</sup> Ensure that any personal data is shared with the informed consent or assent of children and caregivers, and has been appropriately anonymised to protect privacy and safety.
- <sup>16</sup> See Mini-Guide: Adapting Child Protection Programming in Infectious Disease Outbreaks (child participation section).



## KEY REFERENCES AND RESOURCES

The Alliance for Child Protection in Humanitarian Action (2021), The Alliance Strategy (2021–2025) – A clarion call: The centrality of children and their protection within humanitarian action, available at: <https://alliancecpha.org/en/child-protection-online-library/alliance-strategy-2021-2025-clarion-call-centrality-children-and>.

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