

## Case Management Guidance for Disease Outbreak – Iraq Child Protection Sub-Cluster Situations where Access to Affected Communities in and outside of Camps is Limited



### Introduction:

Children are particularly vulnerable during infectious disease outbreaks for three main reasons: 1. Children have **specific susceptibilities** to infection during infectious disease outbreaks; 2. Infectious diseases can **disrupt the environments** in which children grow and develop and 3. Measures used to prevent and control the spread of infectious diseases can **expose children to protection risks**<sup>1</sup>.

This guidance provides a short overview of the **CP risks associated with disease outbreak**. It also provides practical steps and actions for child protection case management actors to follow in order to **prepare for the impacts of disease outbreak** and the **subsequent impact to access to children and their caregivers** in and outside of IDP and refugee camps, based on the scenario that access may become limited by measures taken to prevent and control the spread of infectious disease.

### Child Protection Risks associated with Disease Outbreaks:<sup>2</sup>

**Separation of children from caregivers:** Children can become separated from their primary caregiver due to death or disability of caregiver, if either the caregiver or child is isolated for quarantine, or the child is abandoned after they have received treatment or have been quarantined.

**Psychological distress:** Children can feel fear of being infected with the disease, and may also be frightened by health or aid workers wearing personal protective gear (including masks), isolation due to quarantine can leave children feeling anxious and lonely, children or their caregivers may be stigmatized if they are infected, or are suspected to be infected with, the disease.

**Sexual Violence:** The illness or death of caregiver reduces family protection, reliance on outsiders to transport goods and services to the community, who may prey on children's reduced supervision or demand sex in return for assistance.

**Child Labour:** Loss of household income due to death or illness of caregiver increases the risk of child labour – and for girls in particular transactional sex.

**Physical Violence:** Household and community quarantine measures can lead to tensions between caregivers and children in the household, resulting in increased parental frustration and corporal punishment, increased obstacles to reporting physical violence.

**Neglect:** Children may not receive consistent levels of social and/or cognitive stimulation, closure of school and other facilities.

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<sup>1</sup> The Alliance for Child Protection in Humanitarian Action, [Guidance Note on the Protection of Children During Infectious Disease Outbreaks](#), 2018.

<sup>2</sup> *Ibid.* See Annex for full summary of the protection risks for children that can arise in infectious disease setting.

## Case Management Guidance

Topic	Changing Scenario	Guidance
Referral Pathways	Review existing referral pathways at site level in and outside of camps	<ul style="list-style-type: none"> <li>Identify which services may be impacted if access to affected communities is limited (including health, WASH and protection etc).</li> </ul>
	New health and WASH services could be established as the situation evolves	<ul style="list-style-type: none"> <li>Monitor the establishment of health/WASH facilities and update referral pathways as required.</li> <li>Share information of new facilities with CP community focal point/s and case management staff.</li> <li>Community focal points to support information collection where safe and possible to do so.</li> </ul>
	As the situation evolves and accessibility may change, service provision may also change	<ul style="list-style-type: none"> <li>Monitor the changes to services and inform the case management staff, CP community focal point/s and community where possible.</li> <li>Community focal points to support information collection where safe and possible to do so.</li> </ul>
	Referral to other service providers and where access is constrained	<ul style="list-style-type: none"> <li>Contact Case Management Working Group and Child Protection Sub-Cluster to support the advocacy if access to services is constrained. Please contact the Case Management Working Group for technical advice and support as required.</li> </ul>
Community-based Child Protection Focal Points	Identify new or existing Community-based Child Protection Focal Points	<ul style="list-style-type: none"> <li>Review all locations where case management services exist and identify existing focal points (such as CBCBPM members) or identify new focal points<sup>3</sup>.</li> <li>If new focal points are identified, ensure these focal points are trained on child protection principles, identification and referral.</li> </ul>
	Mobilization for evolving situation and possible impacts to children	<ul style="list-style-type: none"> <li>Brief the focal points on this guidance provided in this document, so they are aware of possible scenarios and their roles and responsibilities to support children.</li> <li>Refresh focal points on responsibilities to be conducted where safe and possible to do so:               <ul style="list-style-type: none"> <li>- <b>Awareness/ community outreach/mobilization:</b> To mobilize/raise awareness of the community about child rights and child protection issues, ensuring dissemination of messages with children are conducted in a child-friendly manner.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>- <b>Assessment/monitoring/mapping:</b> To ensure basic regular protection monitoring of child protection issues in a given geographic location and map out basic Child Protection services available at community level; be able to assess needs of children in their area of covering in the aftermath of an emergency.</li> <li>- <b>Referrals/community response:</b> To ensure referrals to existing structures (clinics, family CP units; social worker, CP UN or INGO coordination bodies).<sup>4</sup></li> <li>• In relation to referrals, there may be a need for the focal point to support the identification for solution for children who have been separated from their primary caregiver due to their caregiver being admitted to treatment if CP actors are unable to access either in or outside camps.</li> <li>• Identify possible impacts due to the change in scenario (e.g. where CP actor access is limited) which may be experienced at the site level.</li> </ul>
Case Management	Review current caseload	<ul style="list-style-type: none"> <li>• All CP actors working in Case Management to review current caseload, and to identify the number of high-risk cases (<i>High Risk (Level 1) cases defined in the Vulnerability and Risk Assessment, Case Management SoP Annex 1</i>) that will be prioritized for remote follow-up in the case of the case workers being unable to enter the camp or other locations where cases live.</li> </ul>
	Maintaining contact with high-risk cases	<ul style="list-style-type: none"> <li>• In situations where access to affected communities in and outside of camps is limited, case management will be conducted only for high-risk cases.</li> <li>• As a preparedness measure, CM actors to identify ways to communicate with high risks cases remotely. For example this could be through mobile phone, ensure that the child and their caregiver/s have the phone number of the case worker so communication can continue.</li> <li>• Maintain regular contact with the parent or primary caregiver of the child to be updated on any significant changes or new risks factors affecting the child. Additional support over the phone can be provided by parenting program facilitators or PSS facilities as required.</li> </ul>

<sup>3</sup> These focal points could include: Mothers and Fathers (community members), Teachers/lecturers/educators/social workers, Religious or Traditional Community Leaders, Lawyers and physicians, Volunteers working in the CFS or Community Welfare Volunteer, Youth representatives, Members of (Community Based Organizations) CBOs; women groups, etc. as suggested by the CBCBM ToR membership guidance. *Community Based Child Protection Committee Terms of References (ToR) from the CPSC Minimum Child Protection Activities Package for Urban/Retaken Areas, 2017.*

<sup>4</sup> *Ibid.* CBCPC ToR Roles and Responsibilities.

		<ul style="list-style-type: none"> <li>• Case management supervisors to refer to the Global Case Management Taskforce Case Management supervision and coaching package - Chapter 4: Staff care and wellbeing tools, to inform support provided.</li> </ul>
	<p>New referrals or identification of cases</p>	<ul style="list-style-type: none"> <li>• Considering the CP risks that have been identified could be present during this scenario, new referrals or identification of cases may happen. Initial assessment to be conducted by phone call in order to determine the risk level. CBCP focal point can support conducting initial assessment, resources should be provided to support this e.g. phone credit. If high risk cases are identified through this process, ensure follow up on a regular basis with the child and primary care giver. Identify if there are potential avenues for follow-up or support if CP actors are unable to access the camp or other locations, e.g. engagement of CP focal point where possible.</li> <li>• Regarding the case management forms, ensure only the necessary and relevant information to be recorded.</li> </ul>

Please contact the Case Management Working Group for technical advice and support as required.

## Annex

### A summary of the protection risks for children that can arise in infectious disease outbreaks

CHILD PROTECTION ISSUE	RISKS PRESENTED BY DISEASE	RISKS PRESENTED BY PREVENTION AND CONTROL MEASURES	
		INFECTIOUS DISEASES THAT DO NOT REQUIRE QUARANTINE AND ISOLATION	INFECTIOUS DISEASES THAT REQUIRE QUARANTINE AND ISOLATION
<b>Separation of children from caregivers</b>	<ul style="list-style-type: none"> <li>• Death or disability of caregiver</li> <li>• Children sent away by parents to stay with other family in nonaffected areas</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalisation of caregiver or child for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation of caregiver or child</li> <li>• Community level quarantine imposed while family members are apart</li> <li>• Abandonment of children after they have received treatment or have been quarantined</li> </ul>
<b>Psychological distress</b>	<ul style="list-style-type: none"> <li>• Fear of infection with the disease</li> <li>• Stigmatisation of individuals infected with, or suspected to be infected with, the disease</li> <li>• Death or illness of family, friends and neighbours</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalisation of caregiver for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalisation of caregiver for treatment</li> <li>• Isolation in insolation units and home-based quarantine can leave children feeling anxious and lonely, particularly if they cannot be physically comforted or play with their friends</li> <li>• Community-level quarantine measures can create fear and panic in the community</li> <li>• Personal protective gear worn by health workers can appear alien and be frightening</li> </ul>
<b>Sexual violence</b>	Death or illness of caregiver reduces family protection	<ul style="list-style-type: none"> <li>• Lack of supervision for children when caregivers are hospitalised</li> </ul>	<ul style="list-style-type: none"> <li>• School closure and/or reduced access to sexual and reproduction health information and services can lead to increased risky behaviour</li> <li>• Reliance on outsiders to transport goods and services to the community, who may prey on children's reduced supervision or demand sex in return for assistance</li> <li>• Increased obstacles to reporting incidents of sexual violence</li> </ul>

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		INFECTIOUS DISEASES THAT DO NOT REQUIRE QUARANTINE AND ISOLATION	INFECTIOUS DISEASES THAT REQUIRE QUARANTINE AND ISOLATION
<b>Child labour</b>	<ul style="list-style-type: none"> <li>Loss of household income due to death or illness of caregiver</li> </ul>	<ul style="list-style-type: none"> <li>Loss of household income due to death or illness of caregiver increases the risk of child labour and – for girls in particular – transactional sex</li> <li>Disruption of livelihood, which in turn encourages girls to engage in transactional sex</li> </ul>	<ul style="list-style-type: none"> <li>Loss of household income due to isolation or quarantine measures can increase children’s risk of engagement in hazardous labour and transactional sex</li> </ul>
<b>Social exclusion</b>	<ul style="list-style-type: none"> <li>Social stigmatisation of individuals infected or of individuals suspected to be suspected</li> </ul>	<ul style="list-style-type: none"> <li>Social stigmatisation of individuals receiving treatment or those suspected of being infected</li> <li>Social stigmatisation of ‘at-risk’ groups targeted by awareness raising campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Social stigmatisation of individuals who were in quarantine or treatment</li> <li>Social stigmatisation of ‘at-risk’ groups targeted by educational materials</li> <li>Disruption to birth registration processes due to quarantine</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>Death or illness of a caregiver</li> <li>Abandonment due to fear of transmission</li> </ul>	<ul style="list-style-type: none"> <li>Children may not receive consistent levels of social and/or cognitive stimulation during the period of illness</li> </ul>	<ul style="list-style-type: none"> <li>Isolation or quarantining of caregivers away from their children</li> <li>Isolation or quarantining of children without social and/or cognitive stimulation</li> <li>Closure of schools and other facilities</li> </ul>
<b>Physical violence</b>	<ul style="list-style-type: none"> <li>Loss of household income due to death or illness of caregiver increases family tensions and risks of domestic violence</li> <li>Fear of transmission, the need to care for sick family members or parental inability to cope with children’s psychosocial distress</li> </ul>	<ul style="list-style-type: none"> <li>Lack of supervision for children whose caregivers have been hospitalised</li> </ul>	<ul style="list-style-type: none"> <li>Household and community quarantine measures can lead to tensions between caregivers and children in the household, resulting in increased parental frustration and corporal punishment</li> <li>Increased obstacles to reporting incidents of physical violence</li> </ul>