

TOOL



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Addressing Child Labour During Infectious Disease Outbreaks

This is guidance for practitioners who are working in contexts of infectious disease outbreaks. It outlines the child labour risks associated with infectious disease outbreaks and the recommended actions to prevent and respond to child labour. This guidance draws upon lessons learned from a variety of infectious disease outbreaks globally, including the COVID-19 pandemic.¹ When reviewing risk factors, it can be helpful to distinguish between:

infectious diseases **that do not require quarantine or isolation** – such as Yellow Fever, Zika, Dengue Fever, Chikungunya, Rift Valley Fever; and

infectious diseases **that may require quarantine, isolation or lockdown measures** – for example, COVID-19, Ebola, Marburg virus, Lassa Fever, Cholera, SARS, MERS.

CHILD LABOUR RISK FACTORS AND INFECTIOUS DISEASE OUTBREAKS

RISK FACTORS PRESENTED BY INFECTIOUS DISEASE OUTBREAKS

Factors that **increase child labour risks for children** during an infectious disease outbreak

- Economic push factors for child labour/WFCL can be a reduction in household income due to loss of livelihoods, illness or death of a breadwinner or significant health-related costs. These become factors because (1) children have to contribute to the family's income or to provide for themselves; (2) children have to combine education and work; (3) girls and younger children take on heavier domestic work and caregiving responsibilities; (4) children and adolescents are pushed to become breadwinners for the family; and (5) children and adolescents have to migrate away from home to seek work.
- School closures may lead some children and adolescents to enter work, including child labour/WFCL.
- Myths and misinformation about the risks of children contracting the disease may push more children and adolescents into child labour as they are deemed less at risk so are used to replace adult workers.
- Parents may give children more work at home or in the family business when schools are closed, which may entail child labour if the work is too long or too heavy.
- Limited availability or continuity of (remote) learning opportunities.
- Limited availability of social safety nets for families who have lost income due to the infectious disease outbreak.

| | |
|---|--|
| | <p>Specific risk factors related to lockdown, quarantine and isolation measures:</p> <ul style="list-style-type: none"> • Isolation or quarantine of primary caregiver(s) and/or breadwinners can force children into child labour/WFCL as a result of a lack of parental supervision, additional domestic work and caregiving burdens on children, particularly girls, and a lack of household income. • Lockdown and quarantine measures can increase the burden of domestic work and caregiving responsibilities for children, particularly girls. • Lockdown, isolation and quarantine measures can lead to limited availability of adult workers, and lead to children having to meet the demand for labour, especially for work within the household or family-owned businesses. • Restricted mobility of children can limit their access to quality education, services and other protective factors that help to prevent child labour. • Increased rural/urban migration due to lockdown-related restrictions – such as people moving out of lockdown-affected cities or areas. • Restricted availability or mobility of local service providers and law enforcement actors who can prevent and respond to child labour in at-risk communities, sectors and industries. |
| <p>Factors that put children who are already in child labour at greater risk of harm during infectious disease outbreaks</p> | <ul style="list-style-type: none"> • Children in child labour are more likely to be exposed to human-to-human transmission of the disease if they do not have access to adequate protective equipment (e.g. hand sanitiser, facemask or adequate social distancing), and face higher risks of contracting the disease. • Children in child labour are more likely to be exposed to infectious zoonotic or parasitic diseases carried by animals or insects, especially children working outdoors and without appropriate protective gear for agriculture, fishing or on the streets. • Children who lose their income from child labour during an infectious disease outbreak are more likely to be pushed into WFCL such as illicit work, trafficking, commercial sexual exploitation or a form of slavery. • Children in child labour may have (even) less access to the health services and information they need to stay safe and be protected from the WFCL. <p>Specific risk factors related to lockdown, quarantine and isolation measures:</p> <ul style="list-style-type: none"> • Children in child labour/WFCL face greater risk of arrests, detention or fines when the nature of their work, or their employer, forces them to violate quarantine, isolation or lockdown measures. • Domestic workers who work with families in quarantine are more exposed to risks of contracting the disease. • Children in child labour may lose their income due to lockdown or quarantine measures, and risk being pushed into WFCL to meet their basic needs. • Children who are combining school and child labour may have less access and support to attend distance learning and may thus be more likely to drop out of school permanently. • Closure of essential services for children in child labour such as accelerated learning programmes, schools, drop-in centres, case management, psychosocial support programmes or preventive health services, negatively affect the opportunities for these children to transition out of child labour. • Children in WFCL who are malnourished, neglected, sick or physically impaired, or with unmet basic needs can be more vulnerable to contracting the disease or be less likely to fully recover from the disease once infected. • Children in WFCL are more exposed to infectious diseases, including children working in agriculture, children working in food value chains, water and waste management, children living and working in the street, children in commercial sexual exploitation (online and offline), children who are trafficked and children associated with armed forces and armed groups. • Restricted availability or mobility of local service providers and law enforcement actors who can prevent and respond to child labour/WFCL and undertake rescue or removal of children from at-risk communities, sectors and industries. |

PROGRAMMATIC ADAPTATIONS DURING INFECTIOUS DISEASE OUTBREAKS

Experience shows that no infectious disease outbreak is the same; however, lessons learned from previous epidemics highlight that close inter-sectoral coordination between (public) health and other service providers is critical. Furthermore, the ability of actors to prevent and respond to child labour risks is determined by a good understanding of the disease, its transmission and key prevention and control measures, as well as the ability of actors to rapidly adapt programming. This section outlines key questions that humanitarian actors can reflect on as they adapt their programmes, as well as key child labour prevention and response actions.

KEY REFLECTION QUESTIONS WHEN ADAPTING HUMANITARIAN ASSISTANCE TO INFECTIOUS DISEASE SETTINGS

Access to affected children and families

- Do humanitarian actors and/or service providers have access to affected communities, including children at risk of child labour?
- Do actors have access to children who were already in child labour prior to the crisis?
- How can programme participants be reached? (For instance, in person, remotely via phone, internet, etc.)

Information, communications and technology

- Do affected communities have access to reliable information about the disease and prevention measures?
- How do misinformation or myths about the disease increase risks for children, particularly working children?
- What means of communication are available, safe and widely used among programme participants to receive information or get support?

Staffing

- How have the disease and the public health measures affected the availability of staff: for example, are staff in quarantine or isolation, do they have limited availability, have tasks or roles changed?
- Are prevention and control measures in place to support the safety of staff?
- Do staff have sufficient awareness about the disease, its mode of transmission and who is most at risk?
- Do staff feel comfortable and confident about continuing to work?

Availability of services and support

- Which services and supports critical for at-risk and working children have been affected by the crisis?

- How does the limited availability or reach of services increase child labour risks?
- How can urgent support be provided to children in child labour, particularly those in WFCL?

KEY CHILD LABOUR PREVENTION AND RESPONSE ACTIONS IN INFECTIOUS DISEASE SETTINGS

- Address risk factors and strengthen protective factors to prevent children from entering child labour
- Consult with at-risk children, adolescents and caregivers to understand what they need to stay safe during an outbreak, and to prevent them from entering child labour.
- Prioritise the provision and expansion of food security, livelihoods and social protection services to prevent child labour and other child protection concerns in crisis-affected families and communities.
- Assess where and how CVA can support child and adolescent wellbeing outcomes across sectors that address child labour risks in disease outbreaks, such as in prevention of school dropout.
- Prioritise continued learning opportunities for all children and adolescents during the infectious disease outbreak, including through distance learning and back-to-school support.
- Support at-risk children and adolescents with psychosocial support and life skills interventions that can provide them with information and tools to cope with infectious disease outbreaks and to protect themselves and others in times of crisis.
- Adapt child- and adolescent-responsive interventions and programmes to be provided remotely when needed and support at-risk families to access remote platforms such as radio, TV, phone or internet.

Promote equal access to remote support for children and adolescents with special needs and disabilities.

- Support parents and caregivers of vulnerable children with parenting support to promote self-care for parents, and the psychosocial wellbeing, health, protection and learning of their children during infectious disease outbreaks.
- Identify households with specific care needs, for example, with parents or caregivers who are older, living with a disability or illness, and provide additional, tailored support to households to ensure children continue to go to school and to prevent child labour risks.
- Support at-risk families to strengthen family networks and access community support in case of illness and prepare for alternative care within the family or community, in case of illness of a caregiver or breadwinner of the family.
- Take measures to prevent online sexual exploitation of children and adolescents in periods of restricted mobility or during a lockdown.
- Ensure that humanitarian actors and service providers, including those providing public health services and implementing disease prevention and control measures,

actively work to prevent child labour, for example, in work activities that involve chemicals, post-mortem care, handling of infected waste materials, providing water, sanitation and hygiene supplies or in the provision of services during the outbreak.

Promote continued access to services for children in child labour and their families

- Consult with working children, adolescents and caregivers to understand what working children need to stay safe during an outbreak, and to prevent them from entering WFCL.
- Always adhere to public health advice and put in place prevention and control guidelines and measures for staff and programme participants to do no harm.
- Collaborate with multi-sectoral partners to ensure highly vulnerable children and families, including those who are already in child labour/WFCL, have continued access to quality services, including child protection case management, food security and livelihoods, social protection, healthcare including quarantine and medical treatment, and alternative care.
- Support frontline staff whom children in child labour/WFCL know and trust so that they can continue to safely provide services and support children during quarantine or lockdown measures.
- Ensure children in child labour are protected from infection, for example by providing public health information provision for working children through mobile or remote services and tailored support services for working children.
- Promote inclusive opportunities for working children to access learning or earning opportunities such as formal and non-formal education, technical and vocational training or transitions to decent work.

Strengthen services and systems to prevent and respond to child labour

- Monitor and adapt programmes to rapidly changing economic conditions, and promote opportunities for at-risk families to enter social protection schemes to prevent and respond to child labour.
- Support labour inspection and law enforcement to continue to monitor child labour in areas or industries where child labour is expected to increase during infectious disease outbreaks.
- Work with employers to raise awareness about the disease outbreak and about how they can help to prevent child labour and protect working children from the disease by following the public health measures, including safe and healthy work practices and using age-appropriate personal protective equipment.
- Ensure child labour policies and definitions on hazardous work include risks of contracting infectious diseases to ensure working children are adequately protected.

1. Alliance for Child Protection in Humanitarian Action (2020). [Technical Note: COVID-19 and Child Labour](#); Alliance for Child Protection in Humanitarian Action (2018). [Guidance Note: Protection of Children During Infectious Disease Outbreaks](#).