ÇOKMED

CHILD PROTECTION CENTERS
SUPPORT SOCIETY

Protection of Children

During Pandemics and Natural Disasters

A Monitoring Report for Child Rights Organizations

Protection of Children
During Pandemics and Natural Disasters

A Monitoring Report for Child Rights Organizations

PROTECTION OF CHILDREN DURING PANDEMICS AND NATURAL DISASTERS

A Monitoring Report for Child Rights Organizations

Prepared by

Prof. Dr. E. Tolga Dağlı

Seda Akço

Bürge Akbulut

Contributed by (in expert meetings)

Prof. Dr. Abdullah Karatay	Irmak Akıncı Canbaz
SW Arzu Tambulut	Dr. İclal Ayrancı Sucaklı
Prof. Dr. Aylin İlden Koçkar	SW Kadri Güngörür
Ayşe Beyazova	Melda Akbaş
Dr. Azize Tiryakioğlu, MPH	Assoc. Prof. Dr. Meltem Dinleyici
Banu Ilgaz Yücetaş	Psy. Miray Korucu Keskin
Dr. Başak Ekim Akkan	Nebahat Boğut
Dr. Bürge Elvan Erginli	Nesrin Karaduman
Dr. Didem Yücel Elitez	Dr. Öğretim Üyesi Neşe Şahin Taşğın
SW Dilem İğde	Assoc. Prof. Dr. Nisa Eda Çullas İlarslan
Assoc. Prof. Dr. Dilsad Foto Özdemir	Assoc. Prof. Dr. Özden Bademci
Prof. Dr. Emre Erdoğan	SW Özge Özçiçek
SW Ergin Balcı	Psk. Özge Şahin
Ertan Karabıyık	Psy. Özlem Bağ
SW Eylem Aydın	Prof. Dr. Pınar Uyan Semerci
Psy. Gökçen As Yurtsever	Psy. Serkan Kahyaoğlu
Psy. Görkem Demirdöğer Güller	Sibel Sabırlı
Gözde Durmuş	Assoc. Prof. Dr. Şahika Gülen Şişmanlar
Günay Afandiyeva	SW Zeynep Mutlu

İstanbul, 2021

Contents

IV

V

VI

Figures/Tables

PROTECTION OF CHILDREN
DURING PANDEMICS AND NATURAL DISASTERS

A Monitoring Report for Child Rights Organizations

SUMMARY

Pandemics and natural disasters negatively affect the ability of communities to exercise their economic, social and cultural rights and children are much more negatively affected by such extraordinary events than adults.

The main purpose of this report is to identify enhancements needed in the child protection system in Turkey to ensure prioritization of children during pandemics and natural disasters and provide a bibliography and recommendations for policymakers.

For this purpose, we first conducted an extensive desk research, reviewed all available studies and news stories on child protection conducted and published during and after pandemics and natural disasters in the past as well as the ongoing COVID-19 outbreak, and created a very comprehensive bibliography. Moreover, five online meetings with experienced academics and field workers on this subject in Turkey were conducted to collect their feedback regarding problems and good practice examples related to child protection in the fields of education, health, psychology, social services and social policy during the COVID-19 process and to compile their recommendations to ensure that our child protection system can respond better to possible similar conditions in the future.

Current literature on the impacts of pandemics and natural disasters on children classifies these impacts under different categories and with different causal relationships. Some studies investigate sector-based impacts, while others make result-based assessments; a group of studies also deal with the consequences of these impacts on vulnerable groups. In this study, all these classifications were analyzed and a **four-level "problem tree"** was created based on sectors and outcomes in the light of the publications in the bibliography and feedback from field workers:

I

Risk Factors Caused by Pandemics and Natural Disasters

During and after extraordinary times such as pandemics and natural disasters, some main risk factors cause serious damage to the functioning of the child protection system. These risk factors can be classified under six categories:

- Measures are taken to restrict / stop services.

- Buildings are demolished / evacuated because they are damaged.

- Some service providers get sick / lose their lives.

- Economy shrinks / employment opportunities decline.

- Social distancing / isolation measures are taken.

- Some parents get sick / lose their lives.

II

Impacts of Pandemics and Natural Disasters on the Protective Environment for Children

The concept of child protection refers to ensuring a state of well-being in terms of the child's physical, spiritual, mental and social development. Therefore, the first step of child protection is the "protective environment", which essentially aims to protect the rights and support the development of the child and specifically to prevent the child from being subjected to neglect and abuse.

The protection of children is the responsibility of the parents and States. The United Nations Convention on the Rights of the Child (art. 18) defines the obligation to ensure the upbringing and development of the child as the common responsibility of both parents and oblige States to render appropriate assistance to parents and ensure the development of institutions, facilities and services for the care of children to guarantee and promote the rights of children. In this context, it is possible to mention the need for a "protective environment" with four main components for the protection of children:

- Monitoring healthy development starting from pregnancy

- Ensuring primary education is accessible by all children

- Providing adequate living standards for children and their caregivers

- Providing children and their caregivers with appropriate social support

Given these basic components of the protective environment for children, it is possible to mention five important impacts that risk factors caused by pandemics and natural disasters have on the protective environment:

- Healthcare institutions and services become insufficient.
- Schools are closed / switch to distance education.
- Social services fall short.
- Social security services cannot be provided adequately and promptly.
- Parental stress increases / capacity for care and supervision decreases / disappears.

III

Outcomes of Pandemics and Natural Disasters for Child Protection Services

Factors resulting from pandemics and natural disasters cause serious problems in the provision of services in fields directly related to the child protection system such as health, education and social services, and also reduce or eliminate the capacity of parents who play a primary role in the protection of children.

It was concluded that insufficiency of healthcare institutions, closing of schools and switching to distance education, deficiencies in social services and social security services, and decrease in parenting capacity as a result of pandemics and natural disasters led to ten main outcomes in child protection services:

- Diagnostic and treatment services provided to children are disrupted.
- Healthcare workers have diminished opportunities to notice, refer and intervene in children at risk.
- The quality of educational services declines.
- Children's access to education decreases.
- Educators have diminished opportunities to notice, refer and intervene in children at risk.
- Children at risk cannot be noticed and identified.
- Social assistance and support services cannot be provided to children at risk.
- Care and support services provided to children in need of protection are disrupted.
- Child poverty is rising.
- Children cannot be provided with a safe and supportive environment at home.

IV

Outcomes of Pandemics and Natural Disasters for Children

The eventual impacts of pandemics and natural disasters on children are classified in six basic areas as a result of the assessment made to form the basis for the preparations that need to be made in advance for a similar extraordinary event that may occur in the future in light of the studies on the outcomes of pandemics and natural disasters for children conducted during and after similar extraordinary times that occurred in the past and the observations of field workers in Turkey:

- Children lose their lives/experience permanent physical and mental health problems.

- Children experience developmental problems due to inadequate and unbalanced nutrition.

- Children do not receive adequate academic and psycho-social education / are disconnected from education.

- Children are forced to work or marry.

- Children are subjected to physical, sexual, emotional or digital abuse.

- Children are exposed to security risks such as accidents, disappearance or abduction.

All these are damages that could be detected after pandemics and natural disasters. Although these provide ideas for future planning, we also need to consider that they do not reflect the whole truth of the matter. In fact, there are many questions that we do not know the answer to about the effects of the situations that children are exposed to. These questions are also included in the report. These questions are important in that they show areas where data collection is needed for complete identification and comprehensive planning.

Following the review of the risk factors caused by pandemics and natural disasters and the four-level analysis of the outcomes of these risk factors for the protective environment, child protection services and children themselves, **the obligations arising from national legislation** to prevent risks and consequences related to child protection before, during and after pandemics and natural disasters were examined to provide a basis for the recommendations in the following section. To this end, the following five documents directly related to the subject were reviewed and sample questions were raised about the extent to which the legislation has been put in place:

- "Circular on The Extended Immunization Program" of the General Directorate of Basic Health Services of the Ministry of Health dated 25 Feb 2008 and no. 2008/14

- "Circular on Surveillance of Vaccine-Preventable Invasive Bacterial Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2016/223

- "Circular on Fighting Infectious Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2018/22

- "Circular on Global Influenza Pandemic" of the Presidency no. 2019/5

- National Preparedness Plan for Pandemic Influenza

The final section of the report includes **recommendations for strengthening child protection services during and after pandemics and natural disasters.** There are two levels of intervention to ensure the rights and security of the children to the maximum extent in extraordinary circumstances. The first is the loss of function caused by pandemics and natural disasters in institutions and services, and the second is the consequences resulting from their combined loss of function. The recommendations in this report were prepared to take into account the possibility of getting hit by an epidemic or natural disaster under current conditions. Thus, the recommendations were developed with the awareness that the development and safety of children cannot be fully achieved without meeting the need to strengthen the working of the system under normal conditions and that the damage can be reduced by enhancements specific to these conditions.

In this context, 38 recommendations are given below to strengthen the child protection system in Turkey in case of a pandemic or natural disaster.

1	The school absence tracking system needs to be strengthened.
2	Planning should be made to ensure the relatives of health workers receive the necessary care.
3	Health institutions and social services should be integrated.
4	Planning should be made to ensure hospital safety.
5	Planning should be made to provide high-quality distance education to all children.
6	All children should have the necessary tools and environment to access education.
7	Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.
8	Content that can be used with alternative tools should be prepared to ensure children have access to education.
9	It needs to be ensured that schools and distance education tools include family education as well.
10	The school absence tracking system needs to be strengthened.
11	The decision to close the schools should be made after a comprehensive assessment.
12	Every school needs to have a child protection policy.
13	Schools and social services should be integrated.
14	Widespread information services should be provided for parents and the community.
15	Information and support services should be provided for children.
16	Parents and children need to be provided with psycho-social support services.
17	Parents should be empowered to support their children.

18	Children should be protected against digital risks.
19	The supporting role of social services for health services needs to be strengthened.
20	Childcare support should be provided.
21	A monitoring system prioritizing child safety should be established.
22	A network should be created to ensure that children who remain unattended are quickly identified.
23	Planning should be made to ensure the relatives of social workers receive the necessary care.
24	Guides should be prepared to support social workers.
25	Social protection services for children need to be strengthened.
26	An effective helpline should be set up.
27	A risk map should be prepared and planning should be made accordingly.
28	Child-friendly spaces need to be created.
29	Financial support needs to be provided.
30	Planning should be made taking into account different risk types.
31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
32	Regular research should be conducted and a data collection system should be established for this purpose.
33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
34	Legislation should be regularly analyzed, rearranged and implemented.
35	A human resources database should be created and personnel should be supported.
36	Guides should be prepared for institutions and services according to the types of services that children will need.
37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
38	A collection point must be created for accurate information.

A tag has been created for each recommendation and relevant sector and institutions to which each recommendation is related has been stated, as well as for which gap and to prevent which outcome in the child protection system the respective recommendation has been developed. Additionally, tables are presented at the end of the report in which the recommendations are classified based on the sector and consequences to guide the implementation of the recommendations.

The list of recommendations shows that everyone has a role in ensuring that the city is safer for children before the anticipated Istanbul earthquake. Some of the recommended actions can be implemented by public institutions, others by non-governmental organizations. However, many of them require cooperation and coordination. For this reason, we think that showing the intersection areas of the tables will be helpful both in terms of the expected outcome and the distribution of roles and responsibilities as per the capacity, authority and responsibility of the implementing institution. We also hope to contribute to establishing concrete demands for preparatory actions for the Istanbul earthquake and provide the civil society with a monitoring tool.

INTRODUCTION

Pandemics and natural disasters negatively affect the ability of communities to exercise their economic, social and cultural rights (Committee on Economic, Social and Cultural Rights, 2020), threatening the development and safety of millions of children around the world. It is estimated that 535 million, i.e. one in four, children worldwide live in settlements affected by disasters (UNICEF, 2017) and that children are much more negatively affected by such extraordinary events than adults (WHO, 2020; Küppers et al., 2018; Fischer et al., 2018).

The Convention on the Rights of the Child provides States with an obligation to protect children from all forms of neglect and abuse. This obligation is, above all, an obligation to prevent. Therefore, in cases where situations that pose a risk to the development and safety of children are predictable, it is among the positive obligations of States to guarantee the fundamental rights of individuals, their right to life and bodily integrity in particular, by taking the necessary measures before such risks occur.

In addition to the severity of such extraordinary events, the magnitude of the impact of pandemics and natural disasters on children is exacerbated by the inadequacy of services that need to be provided to children. These impacts are not always negative. New situations can also create new possibilities. The role of the child protection system is to ensure that this is not left to chance. Preparations based on previous experience are necessary to mitigate the negative impacts and create space for the positive impacts. A protective environment that can qualify as "good" for children is expected to be prepared for the future based on existing experiences and to have a plan to mitigate the negative impacts.

Pandemics and natural disasters lead to the violation of many rights for children including, in particular, the right to life and protection of bodily integrity (CRC, art. 6), as well as access to education (art. 28), access to healthcare (art. 24) and protection from all forms of abuse (art. 39). This is followed by adverse living conditions such as child labor (art. 37) and child marriage (art. 19), which also constitute violation of rights.

The main purpose of this report is to identify enhancements needed in the child protection system in Turkey to ensure prioritization of children during pandemics and natural disasters and provide a bibliography and recommendations for policymakers.

For this purpose, we first conducted an extensive desk research, reviewed all available studies and news stories on child protection conducted and published during and after pandemics and natural disasters in the past as well as the ongoing COVID-19 outbreak, and created a very comprehensive bibliography. Especially with the COVID-19 outbreak, the number of research and publications in this field has increased significantly and new publications are being added to the literature every day. The literature review for the publications referred to in this report continued until the end of December 2020. Web sites of international organizations, public institutions and NGOs and websites providing access to academic journals and scientific publications were reviewed and a total of 215 publications identified as relevant have been included in the bibliography. Besides, the websites identified to be relevant (e.g. websites prepared for informational, educational, etc. purposes, websites of helplines) and the web pages of news stories are also given as footnotes.

Moreover, five online meetings with experienced academics and field workers on this subject in Turkey were conducted to collect their feedback regarding problems and good practice examples related to child protection in the fields of education, health, psychology, social services and social policy during the COVID-19 process and to compile their recommendations to ensure that our child protection system can respond better to possible similar conditions in the future.

Current literature on the impacts of pandemics and natural disasters on children classifies these impacts under different categories and with different causal relationships. Some studies investigate sector-based impacts, while others make result-based assessments; a group of studies also deal with the consequences of these impacts on vulnerable groups. In this study, all these classifications were analyzed and a four-level "problem tree" (Figure-1) was created based on sectors and outcomes in the light of the publications in the bibliography and feedback from field workers. A coding method was used to ensure that subsequent parts of the report can be followed using this problem tree (Table-1) and each causal relationship identified in the problem tree was included in the report using the corresponding code.

Figure 1

Problem-Tree on the Impact of Pandemics and Natural Disasters on Protection of Children

Pandemics	**Natural Disasters**	

Risk Factors

- **F1** Measures are taken to restrict/stop services.
- **F2** Buildings are demolished/evacuated because they are damaged.
- **F3** Some service providers get sick/lose their lives.
- **F4** Economy shrinks/employment opportunities decline.
- **F5** Social distancing/isolation measures are taken.
- **F6** Some parents get sick/lose their lives.

Impacts on Protective Environment for Children

- **H** Healthcare institutions and services become insufficient.
- **E** Schools are closed/switch to distance education.
- **S** Social services fall short.
- **C** Social security services cannot be provided adequately and promptly.
- **P** Parental stress increases/capacity for care and supervision decreases/disappears.

Outcomes for Child Protection Services

- **H1** Diagnostic and treatment services provided to children are disrupted.
- **E1** The quality of educational services declines.
- **E2** Children's access to education decreases.
- **S1** Children at risk cannot be noticed and identifed.
- **S2** Social assistance and support services cannot be provided to children at risk.
- **C1** Child poverty increases.
- **H2** Healthcare workers have diminished opportunities to notice, refer and intervene in children at risk.
- **E3** Educators have diminished opportunities to notice, refer and intervene in children at risk.
- **S3** Care and support services provided to children in need of protection are disrupted.
- **P1** Children cannot be provided with a safe and supportive environment at home.

Outcomes for Children

- **I** Children lose their lives/ experience permanent physical and mental health problems.
- **II** Children experience developmental problems due to inadequate and unbalanced nutrition.
- **III** Children do not receive adequate academic and psycho-social education/are disconnected from educaation.
- **IV** Children are forced to work or marry.
- **V** Children are subjected to physical, sexual, emotional or digital abuse.
- **VI** Children are exposed to security risks such as accidents, disappearance or abduction.

Table 1. Sections of the report and the classification and coding method used in the report

Section	Scope		Description
I	Problem tree level / Color code	**I** — Risk factors caused by pandemics and natural disasters	The main risk factors caused by pandemics and natural disasters are classified under 6 categories at the highest level of the problem tree and these risk factors are described in the first sections of the report **(with reference codes F1-F6).**
II		**II** — Impacts of pandemics and natural disasters on the protective environment for children	In the second section of the report, the impacts of risk factors caused by pandemics and natural disasters on the protective environment for children are described by sectors under 5 categories, as in the second level of the problem tree: **H-** Health **E-** Education **S-** Social services **C-** Social security **P-** Parental capacity
III		**III** — Outcomes of pandemics and natural disasters for child protection services	At the third level of the problem tree, 10 outcomes caused by deficiencies in the protective environment for child protection services were identified and these results are explained with causal relationships based on the existing literature in the third section of the report. Each outcome is numbered with the code of the sector to which relates **(H1-H2, E1-E3, S1-S3, C1, P1)** and these numbers are referenced in the report.
IV		**IV** — Outcomes of pandemics and natural disasters for children	In the fourth section of the report, 6 outcomes **(with reference codes I-VI),** which are at the last level of the problem tree and are caused by all these processes for children, are discussed and existing data on the impact of vulnerabilities in child protection services on children are provided.
V	Legal framework for the protection of children in pandemics and natural disasters		The fifth section of the report includes a review of the obligations arising from national legislation to prevent risks and consequences included in the problem tree before, during and after pandemics and natural disasters.
VI	Recommendations for strengthening child protection services during and after pandemics and natural disasters		The last section of the report includes 38 recommendations for strengthening the child protection system in Turkey as part of the combat against pandemics and natural disasters in the light of the causal relationships and legislation discussed in the previous sections. A tag has been created for each recommendation and relevant sector and institutions to which each recommendation is related has been stated, as well as for which gap and to prevent which outcome in the child protection system the respective recommendation has been developed. Accordingly, tables are presented at the end of the report in which the recommendations are classified based on the sectors and outcomes.

I

Risk Factors Caused by Pandemics and Natural Disasters

During and after extraordinary times such as pandemics and natural disasters, some main risk factors cause serious damage to the functioning of the child protection system. These risk factors can be classified under six categories (Figure 2).

Figure 2. Risk factors caused by pandemics and natural disasters
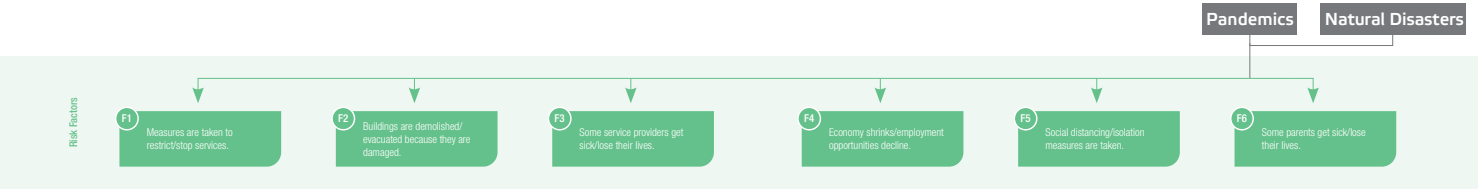
| F1 | Measures are taken to restrict / stop services. |

In case of extraordinary events such as pandemics, some of the regular services are restricted or completely stopped. For example, in the process of combating the COVID-19 pandemic, most health organizations in Turkey prioritized COVID-19 patients and had to completely stop or restrict their other services to be able to admit and provide services to these patients. In this process, restrictions were also imposed on educational services; formal education was suspended in all schools in 124 countries including Turkey and schools in certain regions in 11 countries.[1]

---

[1] www.egitimreformugirisimi.org/turkiyede-koronavirusun-egitime-etkileri

F2   Buildings are demolished / evacuated because they are damaged.

Service buildings can be destroyed or forced to be evacuated because they are damaged, particularly during and after natural disasters such as earthquakes. It is reported that more than 70% of hospitals and school buildings in Turkey are in the first- or second-degree seismic zones (TMMOB, 2010). For example, many state-owned hospitals and healthcare centers were damaged and evacuated in the earthquake that occurred in İzmir in October 2020.[2]

F3   Some service providers get sick / lose their lives.

Another important factor that disrupts basic services is the direct impact of pandemics and natural disasters on service providers. Healthcare workers are among the most commonly impacted, particularly during pandemics.[3] For example, as of October 2020, the number of healthcare workers infected with COVID-19 exceeded 40 thousand in Turkey and more than 100 health workers lost their lives due to the disease. Looking at the total number of patients, about one in every 10 individuals diagnosed with COVID-19 in Turkey was a healthcare worker and the infection rate of healthcare workers was 8.5 times higher than the general population (TTB, 2020).

F4   Economy shrinks / employment opportunities decline.

One of the most important risk factors that emerge in extraordinary times such as pandemics and natural disasters is the decline of employment opportunities and the increase in unemployment rates along with the shrinkage of the economy (Kestel, 2020; Şahin and Kılınç, 2016). For example, among the countries affected by the Ebola outbreak, the unemployment rate increased from 3% to 19% in Sierra Leone and 35% in Liberia (Konteh, 2017). In a study conducted in 13 countries during the COVID-19 outbreak, 36% of families reported that their income had decreased (Street Child, 2020), while in another study conducted in 9 Asian countries, more than 60% of parents reported that they had completely or significantly lost their income due to the outbreak (World Vision, 2020c). It is noted that the number of children whose parents are unemployed in the United States has increased to the highest level of the last 50 years and 22% of children have at least one unemployed parent (Parolin, 2020).

---

[2]   ⌀ dokuz8haber.net/toplum-yasam/izmirdeki-depremde-dort-hastane-hasar-gordu-hastalar-tahliye-edildi
   ⌀ meydan.org/2020/10/30/izmirde-hasar-goren-5-hastane-tahliye-ediliyor
   ⌀ www.sozcu.com.tr/2020/gundem/depremden-12-devlet-hastanesi-ile-20-saglik-merkezi-zarar-gordu-6116819

[3]   ⌀ www.haberler.com/saglik-bakani-koca-koronavirus-nedeniyle-13667712-haberi

In this period, the UK economy is also expected to shrink by 14% and the unemployment rate is expected to double.[4]

In Turkey, it is estimated that 3 million 200 thousand people may lose their jobs during the COVID-19 pandemic; therefore, the unemployment rate is expected to rise to 19.8% in the optimistic scenario and to 25.9% in the pessimistic scenario (Bayar et al., 2020).

F5 Social distancing / isolation measures are taken.

Social distancing and isolation measures are among the most common measures taken to prevent the spread of a pandemic. For example, after the COVID-19 outbreak, curfews were imposed and measures to restrict social life (e.g. closing restaurants, cinemas, etc.) were taken in many countries including Turkey.

F6 Some parents get sick / lose their lives.

Finally, the most direct risk factor for child protection during pandemics and natural disasters such as earthquakes is that their parents can get sick or lose their lives. For example, a total of 82 million individuals got sick worldwide in 2020 due to the COVID-19 outbreak and 1.8 million individuals lost their lives.[5] It is reported that a total of 2.2 million individuals have got sick since the beginning of the outbreak in Turkey and about 21 thousand individuals died.[6] It is not known how many of these people are parents, but the Ministry of Health data shows that close to 50% of individuals who got sick are in the 25-49 age range, which is the age group with the highest rate of having a child under the age of 18.[7]

---

[4] ⌀ www.theguardian.com/business/2020/may/07/uk-economy-to-shrink-by-25-percent-and-unemployment-to-double-warns-bank-of-england-coronavirus

[5] ⌀ covid19.who.int

[6] ⌀ covid19.saglik.gov.tr

[7] ⌀ covid19.saglik.gov.tr/TR-68640/haftalik-rapor--weekly-report.html

II

Impacts of Pandemics and Natural Disasters on the Protective Environment for Children

The concept of child protection refers to ensuring a state of well-being in terms of the child's physical, spiritual, mental and social development. Therefore, the first step of child protection is the "protective environment", which essentially aims to protect the rights and support the development of the child and specifically to prevent the child from being subjected to neglect and abuse.

The protection of children is the responsibility of the parents and States. The United Nations Convention on the Rights of the Child (art. 18) defines the obligation to ensure the upbringing and development of the child as the common responsibility of both parents and oblige States to render appropriate assistance to parents and ensure the development of institutions, facilities and services for the care of children to guarantee and promote the rights of children. In this context, it is possible to mention the need for a "protective environment" with four main components for the protection of children (Figure 3).

Figure 3. Basic components of the child protective environment
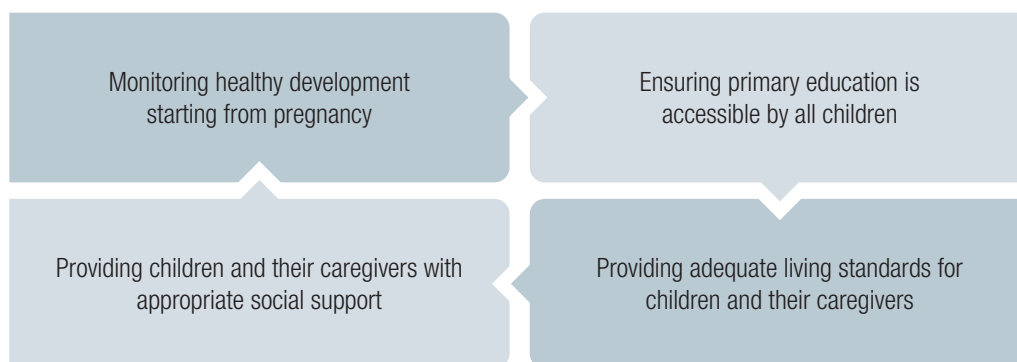
Monitoring healthy development starting from pregnancy	Ensuring primary education is accessible by all children
Providing children and their caregivers with appropriate social support	Providing adequate living standards for children and their caregivers

Given these basic components of the protective environment for children, it is possible to mention five important impacts that risk factors caused by pandemics and natural disasters have on the protective environment (Figure 4).

The impacts directly concern many of the international convention provisions describing the responsibilities of the States on protection of children (Table 2).

Figure 4. Impacts of risk factors caused by pandemics and natural disasters on the protective environment for children
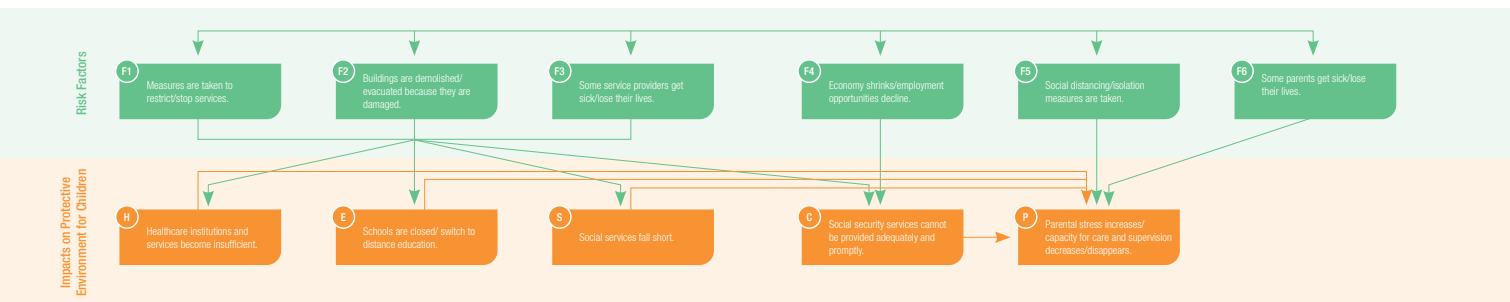
Table 2. International convention provisions describing the responsibilities of the States related to the aspects of the protective environment impacted by pandemics and natural disasters

	Basic needs affected	International regulations that oblige the State to provide these services
Healthcare institutions and services become insufficient.	Living Medical care Nutrition Protection from neglect and abuse	CRC* art. 6, art. 24, art. 25 CESCR** art. 11, art. 12 ESC*** P.I. 7, 11 and 13, art. 11
Schools are closed / switch to distance education.	Education Socialization (play, rest, social relationships) Protection from neglect and abuse	CRC art. 28, art. 31, art. 32 CESCR art. 13 ESC P.I. 7
Social services fall short.	Protection from neglect and abuse Having an adequate level of life	CRC art. 19, art. 27 ESC P.I. 7 and 14, art. 13, art. 14
Social security services cannot be provided adequately and promptly.	Having an adequate standard of living	CRC art. 26, art. 27 CESCR art. 10(2) ESC P.I. 12, art. 12
Parental stress increases/capacity for care and supervision decreases/disappears.	Supporting the parent to have adequate care capacity	CRC art. 18 CESCR art. 10(2) ESC P.I. 16, art. 1-4, art. 16, art. 31
When all combined…	Protection from risks including abduction, trafficking and prostitution.	CRC art. 35, art. 36, art. 39 CESCR art. 10(2) ESC P.I. 7 and 17, art. 7, art. 17

* **CRC** : Convention on the Rights of the Child
** **CESCR** : International Covenant on Economic, Social and Cultural Rights
*** **ESC** : European Social Charter (Revised)

H Healthcare institutions and services become insufficient.

Healthcare institutions and services become insufficient due to the **F1** measures taken especially during pandemics, **F2** buildings being damaged and becoming unusable in natural disasters such as earthquakes and **F3** health workers becoming ill or lose their lives.

E Schools are closed / switch to distance education.

Educational services may be suspended, schools may be closed and distance education may be put in place as the process is prolonged as a result of the **F1** measures taken against pandemics and natural disasters, **F2** damage to or demolition of school buildings and **F3** field workers being directly affected.[8]

S Social services fall short.

Similar to other sectors **F1** measures taken and **F2** service buildings and **F3** field workers affected cause disruptions in the provision of social services. During and after natural disasters, field workers in the social services sector are directed primarily to social relief services and services offered face-to-face are particularly restricted; as a result, in social work activities (e.g. social inquiries, provision of psycho-social support services, implementation of counseling measures) are disrupted. The fact that field workers such as social workers; whose numbers are already insufficient, become unable to work due to pandemics and natural disasters also leads to serious deficiencies in service delivery along with the increased need for services.

C Social security services cannot be provided adequately and promptly.

Another impact of risk factors caused by pandemics and natural disasters on the protective environment for children is on social security services. Increased unemployment with **F4** reduced employment opportunities increases the need for social security services; however, this situation combined with **(F1, F2, F3)** deficiencies in services due to pandemics and natural disasters cause existing social security services to fall short of meeting needs.

---

[8] www.haberturk.com/son-dakika-haberi-milli-egitim-bakani-duyurdu-izmir-de-egitime-bir-hafta-ara-2854481

P Parental stress increases / capacity for care and supervision decreases / disappears.

One of the most important impacts of risk factors caused by pandemics and natural disasters on the protective environment for children is increased parental stress and reduced/eliminated capacity for care and supervision. **F6** Negative impacts on the health of parents, **F5** isolation measures, service gaps in **E** education, **H** health and **S** social services coupled with financial stress caused by the inability of parents to access **C** social security services cause significant damage to the child protective environment.

It is known that many parents and children have to spend a lot of time together at home, sometimes in more crowded households, due to social distancing and isolation measures implemented during outbreaks such as SARS and COVID-19. Work responsibilities and home responsibilities become entangled for parents who start working from home. Parents who continue to work outside the home cannot access support in caring for their children as childcare services, too, become insufficient during this period[9]. Some parents lose their jobs and income. All of these, negatively affect the mental health of parents on the one hand and increases the parental stress significantly on the other, thereby reducing or eliminating their care and supervision capacities (Reynolds et al., 2008; Banerjee and Rai, 2020; Brooks et al., 2020; Romanou and Belton, 2020; Brown et al., 2020; Osofsky, Osofsky and Mamon, 2020; Crayne, 2020; Tamo, 2020).

Two studies, one conducted with 286 parents with children aged 0-5 (Davidson et al., 2020) and one conducted with 990 foster families (Miller, Cooley and Mihalec-Adkins, 2020) in the United States, revealed that stress caused by the COVID-19 process in parents, and showed that this stress was more severe in families with single parents, families with poor financial means and families with a parent or child already suffering from mental health problem.

Similarly, a study conducted with 3,278 Turkish parents with children aged 6-18 showed that the COVID-19 process caused parental stress particularly for health professionals, mothers, young parents, parents who have an adult with chronic illness in their household and parents who have a mental health problem or a child with a mental health problem (Bıkmazer et al., 2020).

---

[9] ⬚ urbanmilwaukee.com/2020/07/15/the-covid-19-child-care-chasm
⬚ hechingerreport.org/when-both-parents-are-on-the-front-lines-whos-taking-care-of-the-kids

III

Outcomes of Pandemics and Natural Disasters for Child Protection Services

As mentioned in the previous section, factors resulting from pandemics and natural disasters cause serious problems in the provision of services in fields directly related to the child protection system such as health, education and social services, and also reduce or eliminate the capacity of parents who play a primary role in the protection of children.

This section attempts to analyze how these vulnerabilities in the child protection system damage the development and safety of children. Accordingly, it was concluded that insufficiency of healthcare institutions, closing of schools and switching to distance education, deficiencies in social services and social security services, and decrease in parenting capacity as a result of pandemics and natural disasters led to ten main outcomes in child protection services (Figure 5).

Figure 5. Outcomes of pandemics and natural disasters for child protection services
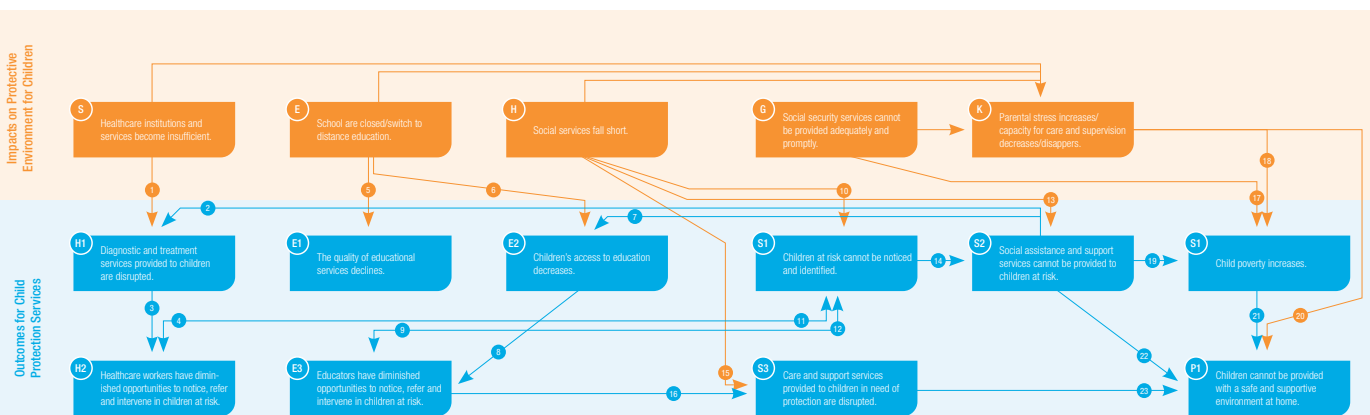
H1 Diagnostic and treatment services provided to children are disrupted.

(↓1) The first outcome of insufficient capacity of healthcare institutions during pandemics and natural disasters is disruptions in diagnostic and treatment services provided to children (World Vision, 2020b; Plan International, 2014).

Parents act reluctant to take their children to hospitals and physicians, except when it is absolutely necessary, during pandemics in particular, and warnings to this effect[10] augment the concerns of parents. It is reported that primary care clinics try to continue providing pregnancy and child follow-up services by giving priority to pregnant women, children and infants and taking care not to bring them together with other patients (İşlek et al., 2020) and that physicians perform examinations with time and space constraints, such as seeing the patient from the door or trying not to stay in the same place with the patient for more than 5 minutes. Field workers report that there are disruptions in vaccinations as a result of these disruptions in routine health checks, follow-up of infectious and risky diseases and routine scans such as hip ultrasound cannot be performed and emphasize that early diagnosis of developmental problems and diseases is not possible[11].

These observations are consistent with both the outcomes of previous outbreaks and the impact of the COVID-19 outbreak in other countries. For example, full vaccination rates in countries affected by the Ebola outbreak were found to have fallen by 37% during the outbreak (United Nations, 2020) and UNICEF reported a decrease of at least 10% in vaccinations in one-third of 141 countries during the COVID-19 outbreak (UNICEF, 2020k), as high as 55% in Bangladesh (UNICEF, 2020f).

Insufficiency in healthcare services leads to serious disruptions in diagnosis as well as treatment services. It is noted that 70% of mental health services provided to children and adolescents worldwide are disrupted (UNICEF, 2020k). The main challenges identified by field workers in Turkey regarding treatment services include:

- Non-urgent treatments are forced to be delayed.

- Drug treatment cannot be started or continued in cases requiring examination.

- As part of the measures taken within the scope of the fight against the pandemic, the Ministry of Health allowed prescription drugs to be taken from the pharmacy without visiting a physician[12] Although it is very useful to enable access to pre-

---

[10] ⊘ www.sozcu.com.tr/2020/gundem/son-dakika-bilim-kurulu-toplantisi-sonrasi-bakan-koca-aciklama-yapiyor-5853639

[11] ⊘ www.sabah.com.tr/yazarlar/halit-yerebakan/2020/10/14/covid-19-tedavileri-aksatti

[12] ⊘ www.medimagazin.com.tr/guncel/genel/tr-raporlu-ilaclar-doktora-gitmeden-eczaneden-alinabilecek-11-681-87141.html

scription drugs without visiting a physician, it is a risk in cases requiring examination (especially in mental health treatments with drugs, the possibility of changing the drug or the dose depending on interview and effect disappears and children can be negatively affected by this).

- There are serious difficulties in obtaining a disability report which requires a lot of bureaucratic work and education and treatment support that requires this report cannot be provided.

- Especially inpatient child and adolescent mental health clinics, which are already very few, become inoperable. As a result, children cannot access mental health services in many places and in cases where they have access to these services, a detailed examination cannot be carried out. Medication can be started after a short interview, if necessary, but follow-up appointments are given at long intervals such as 3 months and these appointments are usually postponed or canceled.

- Only drug therapy can be applied in matters related to mental health, psychotherapy practices are provided at a reduced rate, sometimes not at all. In this case, symptoms can become severe (e.g. drug therapy in addiction does not yield the desired results when there is no clinical support and can further exacerbate the problem).

- Because mental health services are offered remotely, privacy cannot be ensured in these interviews.

Field workers also report that in cases where patients are already in the process of counseling or therapy and continue to receive counseling or therapy during isolation, the whole family's living together for a prolonged period can significantly contribute to the relationship between parents and children.

(↓2) The failure to provide adequate and effective social assistance and support services to children at risk due to their parents' reduced or eliminated capacity for care and supervision in this process also leads to the inability of children to access the necessary diagnostic and therapeutic services.

We do not know

How many children will be affected by health problems that require early diagnosis?

What risks will children who were in follow-up for mental health issues, but are not anymore, face in this process?

How many children who would have been diagnosed and received appropriate care if mental health services had been provided were not able to access these services? What risks will these children face?

H2 Healthcare workers have diminished opportunities to notice, refer and intervene in children at risk.

Health care is one of the fields where the risk of child neglect and abuse is most noticeable (Romanour and Belton, 2020). **(⬇3)** Physicians are not able to see children regularly due to such reasons as the disruption of routine checks and diagnostic services provided to children and implementation of drug therapies remotely; therefore, they cannot recognize the neglect and abuse that will put their development and safety at risk.

It is reported that the education and supervision provided by programs that aim to be more widespread such as the Psycho-Social Development Support Programme (PDSP) in the age group 0-6 were also disrupted and could not be implemented at all. Due to difficulties in the provision of healthcare services, it is stated that physicians generally do not have the opportunity to implement the PDSP in the process of combating the pandemic and disruptions in the education and supervision provided by the program will also negatively affect future implementations.

(⬇4) Due to shortcomings in social services in this process, the examination and identification activities for children who are suspected to be at risk are also interrupted and necessary health interventions cannot be performed for children who are victims of neglect and/or abuse.

One of the problems reported is that healthcare institutions prioritize urgency in cases of neglect and abuse in the process of combating the pandemic and do not accept non-urgent cases. It is understood that some forms of sexual abuse, especially incest, are considered urgent.

This approach of healthcare institutions prevents children from accessing healthcare services in cases of neglect and abuse noticed in other sectors, especially by judicial authorities. It is reported that a similar decision has been taken by judicial authorities. It is noted that judicial authorities have also decided to postpone cases other than emergencies due to reasons such as the inability to work with full staff and quarantine practices. It is understood that both judicial authorities and healthcare institutions have put examination and investigation on hold in cases of neglect and abuse that are not considered urgent.

E1 The quality of educational services declines.

(⬇5) One of the significant consequences of closing schools and switching to distance education due to pandemics and natural disasters are the problems in the quality of educational services. The main challenges identified by field workers in this context include:

- Teachers are forced to learn distance education methods and focus on following the curriculum using these methods that they are not used to.

- The effort to carry out distance education without giving up the curriculum, which is very heavy even in normal times, makes things difficult for both the student and the teacher.

- Because no one was prepared for distance education, it fell short in supporting the academic skills of every child.

- The supporting role of education in terms of psycho-social skills remained in the background, as distance education focuses on academic skills.

- Lessons are not interesting for children, difficult to follow, or not fit for their learning skills.

This outcomes also emphasizes that parents' expectations which are focused on academic skills play an important role as well. It is highlighted that the fact that private school parents measure the return of the fee they pay by academic achievement also puts pressure on schools and teachers.

The noted risks include practices such as giving previous grades due to not being able to conduct exams, which can also weaken children's ties with education, create inequality and despair for children who are making an effort to improve (UNICEF, 2020a).

Although the characteristics of distance education programs to support academic skills are a separate topic of study, it is important for this report that it starts creating problems in terms of child protection to the extent that it does not support psycho-social skills.

| E2 | Children's access to education decreases. |

(↓6) Another direct consequence of switching to distance education is the decrease in children's access to education, which denies children the protective environment that they need. (↓7) The inability to provide adequate social assistance and support services to children at risk who cannot receive adequate care and supervision from their parents and do not have sufficient financial and/or emotional means also plays an important role.

Many children do not have access to the internet, tablets, or computers required for distance education. It is reported that worldwide only 33% of children under the age of 17 have internet access at home (UNICEF and ITU, 2020), and even in the UK, which has relatively more resources, 7% of children do not have fixed broadband line and 2% have no internet access at home (United Nations, 2020a).

According to 2019 data, although 88.3% of households have access to the internet in Turkey, the ratio of households with desktop computers is 17.6%, the ratio of households with portable computers is 37.9% and the ratio of households with tablets is 26.7% (ERG, 2020). BETAM's child poverty survey (Uysal and Genç, 2019) provides insight into children who may lack the necessary means for access to education. At first glance, there are 54 thousand children who do not have a TV in their home. If we divide childhood into 3 age groups of 6 years – which is approximately the distribution by age – 36 thousand children are not able to access the National Informatics Network (EBA) just because they do not have a TV.

According to 2018-19 data, there are 16.5 million students in formal education and 1.5 million students in open education in Turkey[13]. According to Turkstat data, 36.1% of children in Turkey were in serious financial deprivation in 2018. Taking into account the possibility that these children may not have sufficient internet infrastructure and a device that can be fully allocated to them such as a tablet or a computer, we can consider that about 6.5 million children are at risk of not having sufficient technological means to access distance education.

The existing inequality between children in terms of opportunities they have also creates inequality in terms of their access to education. For example, there are large differences between regions in terms of the technical infrastructure required for access to distance education. While there are villages with no or limited access to the internet,[14] the rate of individuals having regular internet usage is 85.2% in İstanbul, whereas it is 53.1% in Southeastern Anatolia.[15]

Children who have sufficient technical equipment and parental support at home also have learning difficulties caused by the nature of distance education, while children who lack these means have problems related to access and make use of distance education due to their conditions. The following example in the report entitled "Students Explain the Digital Divide"[16] prepared by ERG explains this inequality in a much better way: *"Three brothers in 4th, 6th and 7th-grade watch classes on EBA TV. They are also trying to track their homework assignments, which their teacher sends to their mother's phone via WhatsApp. They complain about being late with their homework because they share a single phone, not being able to ask their teachers what they do not understand… 5th-grade student Z.A has two computers and a tablet at home. He participates in online classes three days a week. "It does not replace the school, but at least our teachers explain the subject. We can ask questions at the beginning and* end of the online lesson."

---

[13] www.egitimreformugirisimi.org/turkiyede-koronavirusun-egitime-etkileri

[14] www.birgun.net/haber/internet-cekmeyen-koyde-ogrenciler-cami-daminda-ders-yapiyor-317724

[15] www.egitimreformugirisimi.org/koronavirusun-egitime-etkileri-iv-dijital-ucurum-uzaktan-egitimi-nasil-etkiliyor

[16] www.egitimreformugirisimi.org/turkiyede-koronavirusun-egitime-etkisi-v-dijital-ucurumu-ogrenciler-anlatiyor

An educator explains the inequality in access to education as follows: *"As one of my colleagues who teachers in a village mentions the challenges of distance education, the EBA system itself is designed for the middle class which is considered to be the "normal" group; who speak one language, have parents with a moderate educational level and have the same geographical conditions. This system is not for poor children, children of seasonal agricultural workers, refugee children, children with no internet access, children with no computer or smartphone, children in places with no reception, children with no internet access and usage skills, children of crowded families, children with multiple school-age siblings, children with disabilities, or children with special needs." (Tolu, 2020).*

It is often stated that distance education eliminates the possibility of participation in education for all children, especially in the rural. A village teacher describes this situation as follows: *"In the second week, I set up a WhatsApp group including all the parents. I was going to assign homework and find out about the children's condition. I sent my first message: After two days, only two or three parents had seen my message. They were parents who would go outside the village because of their work. They said that there was no internet connection in the village. They were able to connect very rarely when they went to the field or some points outside the village. I was not surprised because we had no connection in the school as well, but that had not crossed my mind because of all the chaos. I started sending SMS, one by one, and it was delivered to very few people. Because the telephone reception in the village was also very limited."* (Kalkınma Atölyesi, 2020b).

As can be seen from these examples, many other factors cause children to have difficulty participating in distance education; they cannot participate because there are multiple children in the house, but only one TV, because they do not have a separate room, because they sustain a loss of income in the family, because of illness, or because they are alone at home. As an expected result of all these factors, the participation rate in live EBA lessons remains around 15-20% in many schools (Eğitim-Sen, 2020).

Another significant impact of the closing of schools is that the preschool education service has come to an almost complete standstill. UNICEF reports that at least 40 million children of preschool age worldwide are deprived of early childhood education, which is of great importance because they are unable to access preschool institutions due to the COVID-19 pandemic.[17]

We do not know

How many children have difficulty participating in distance education due to their learning skills?

How many children cannot participate in distance education due to technical reasons?

What kind of developmental problems do children who are in preschool or who need special education and cannot access education during this period face? How many children are in this situation?

---

[17] www.unicef.org/turkey/bas%C4%B1n-b%C3%BCltenleri/40-milyon-%C3%A7ocuk-kritik-%C3%B6neme-sahip-okul-%C3%B-6ncesi-e%C4%9Fitimden-koronavir%C3%BCs-nedeniyle

E3 Educators have diminished opportunities to notice, refer and intervene in children at risk.

Educational services, similar to healthcare services, are one of the fields where the risk of child neglect and abuse is most noticeable (Romanour and Belton, 2020). **(⬇8)** With schools closing and switching to distance education, it is noted that the teacher-student relationship has weakened. The teacher-student relationship may continue in the same manner in case they had met prior to the pandemic, but if they did not meet before, teachers do not know much about their students and students do not know much about their teachers. Teachers' priority is to focus the attention of students whom they cannot physically reach and manage to give the lesson and the teacher cannot intervene when a student turns off the screen or does not participate in the lesson during distance education.

(⬇9) Since the examination and identification activities for children who are suspected to be at risk are also interrupted due to shortcomings in social services in this process, intervention services such as guidance and counseling measures that can be offered to children in need of protection in the education sector cannot be provided.

S1 Children at risk cannot be noticed and identified.

(⬇10) Shortcomings in social services during and after pandemics and natural disasters lead to the inability to provide services such as social inquiry and the inability to identify children in need of protection, whose numbers are known to increase significantly during such extraordinary times. As mentioned earlier, another reason behind the difficulties in this area is that **(⬇11)** healthcare and **(⬇12)** education workers have diminished opportunities to notice children at risk and to refer these children to social services to identify their need for protection.

We do not know

How many children were subjected to which kind of harm due to the lack of social inquiry services ?

S2 Social assistance and support services cannot be provided to children at risk.

Social work institutions and social services are the most needed services during events such as pandemics and natural disasters that cause individuals and families to be unable to meet their own needs (Kara, 2020; Görmüş and Arslankoç, 2020). However, social work institutions and their employees are negatively affected by this process, as are other institutions and their employees (Child Rights Now, 2020, Romanou and Belton, 2020). (↓14) Children in need of protection cannot be noticed and identified and (↓13) social assistance and support services cannot be provided to children at risk as a result of insufficient social services.

In a study conducted by UNICEF in 136 countries on the socio-economic impacts of the process of combating the COVID-19 pandemic, 48% of the children and families reported that their access to social services was disrupted, 49% reported that their access to support programs aimed at preventing violence was disrupted, 52% reported that their access to case management and referral services was disrupted and 53% reported that home visits for at-risk families were disrupted (UNICEF, 2020g).

One of the most important areas where social service support is insufficient is the growing need for childcare support of families due to the closing of schools and childcare institutions. On the one hand, this forces parents to find a balance between childcare and work and to find different solutions (e.g. leaving children home alone, leaving children under the supervision of an unreliable adult, etc.)[18] that may put the safety of children at risk (Gromada et al., 2020), while on the other hand, it deprives children of play and early learning support, which they need for healthy development.[19]

The lack of coordination between social work activities and decisions made in other sectors is another obstacle to children's access to support services. For example, after the decision of the Ministry of National Education to close schools and dormitories as part of the fight against the COVID-19 pandemic, children staying in dormitories were sent back to their homes. However, the home environment of some of these children was far from an environment that would allow them to continue their education, as well as posed a risk to their safety. Due to the lack of coordination between decisions, social inquiry services could not be provided and support services could not be offered before children were sent home.

Efforts of municipalities and non-governmental organizations should also be addressed as part of social work activities. Non-governmental organizations that car-

----

[18] ⌀ tr.sputniknews.com/turkiye/202011021043133380-izmirdeki-depremde-10-yasindaki-kizi-elifi-kaybeden-baba-tum-binalari-kontrol-etsinler-bu-insanlar
   ⌀ www.evrensel.net/yazi/87485/depremin-gosterdigi-bu-ulkede-cocuklar-kendilerine-emanet

[19] ⌀ www.unicef.org/turkey/basın-bültenleri/40-milyon-çocuk-kritik-öneme-sahip-okul-öncesi-eğitimden-koronavirüs-nedeniyle

ry out various social work activities aimed at various groups such as refugees and seasonal agricultural workers state that they were affected by the fight against the pandemic as well, that they had to first organize their private lives and plan how they would conduct their activities and that they adapted to the situation after a while and started working. Although employees of non-governmental organizations were initially unable to visit homes and conduct field activities, with the normalization process, they were able to provide these services faster than the public sector, and on top of that, they identified more cases than usual and made a higher number of protection decisions.

The significance of hotlines where children can seek help is also increasing where field workers have reduced access to children. However, while applications through these lines increased in some countries (NSPCC, 2020; Child Rights Now, 2020), it was reported that although ALO 183 (social support line) remained open in Turkey, the number of applications decreased, home inspections were carried out for serious abuse claims and the applicants were contacted via phone in other cases, which limited identification and intervention.

We do not know

Where and how were parents who had trouble communicating with their child able to get support?

What was the support parents needed most in the process and how was it provided? What was the effect of it not being provided?

How did parents who had to work ensure their children were cared for?

S3 Care and support services provided to children in need of protection are disrupted.

(↓15) Since social work institutions directly serve children at risk of neglect and abuse, disruptions in protection and support services provided by these institutions also negatively affect the access of children who already need protection. Previous studies conducted during and after pandemics show that children who are currently in need of protection or under the care of an institution are at a much higher risk of being harmed during pandemics than other children (Sistovaris et al., 2020).

Field workers state that inability to provide face-to-face psycho-social support services to children whose need for protection has been identified and deemed eligible for support while staying with their families is a major difficulty. The most important risk caused by the inability to maintain home visits is that disadvantaged children cannot be monitored. In this process, families who cooperate and have relatively favor-

able conditions and their children are provided with support by phone, while families who are at greater risk, do not have remote access opportunities, or do not cooperate are reported to have completely severed ties. In cases where social workers maintain communication with the family through a person, this seems to pose an even greater risk and the child is completely disconnected from support services.

It is a significant problem emphasized by institutions working in the field in many parts of the world that children in institutional care are sent back to their homes without adequate monitoring during pandemics, that services cannot be provided to children in need of institutional care and that children who are in institutional care cannot be provided with the care and support they need, which pose serious risks for children's safety.[20]

Due to the closing of schools and the inability of judicial authorities to work effectively on this issue, the implementation of counseling measures, which are the responsibility of multiple institutions, has also been completely stopped. In this area, where both the Ministry of National Education and the Ministry of Family, Labor and Social Services are responsible, it is stated that counseling measures cannot be implemented since social workers are directed to outreach activities (↓16) and teachers are struggling with the working arrangement through by distance education. Everyone considers this task as secondary, thinking that someone else is doing it or should or can do it. The fact that field workers believe that protective and complementary measures are not part of their primary duties can be said to have a significant role in this.

We do not know

How many children have had to wait for how long for a protective measure decision?

What kind of changes has there been in claims and notifications in this process?

In what cases, where and for how long were the fastest and slowest responses given? What were the reasons behind the difference in response times?

How many children lost their mother and/or father or the person who cared for them during this period? Who is taking care of these children right now?

C1 Child poverty increases.

Combined with, (↓17) the inability to provide social security services adequately and on time, shrinkage of the economy and increase in unemployment as a result of pan-

---

[20] 🔗 home.crin.org/readlistenwatch/stories/children-in-out-of-home-care-lessons-from-the-pandemic

demics and natural disasters lead to a significant increase in child poverty either directly or through their negative impact on (↓18) parents' capacity for care and supervision. (↓19) The insufficiency of social services in this process and the inability to provide the necessary social assistance and support services to children at risk cause more children to become impoverished.

The World Bank reports that 150 million people worldwide will sink into extreme poverty due to the COVID-19 outbreak;[21] and in America for example, it is estimated that the poverty level will reach the highest level in the last 50 years (Parolin and Wimer, 2020).

It is also estimated that 1.2 million people in Turkey will become impoverished due to the pandemic in 2020.[22] A study conducted by the Social Policy Forum of Boğaziçi University during the pandemic noted the following: *"…sudden loss of income caused a significant portion of the interviewees to reduce their consumption, move in together to save money (for example, to return to their parents' home) and become unable to pay off their debts on time. Therefore, we would like to underline that almost all of our interviewees, except for those whose income increased or remained the same in this process, shared with us a general narrative of relative impoverishment."* (Boğaziçi University SPF, 2020). Impoverishment also increases inequality (Bayar et al., 2020).

Children are known to be affected by poverty on a higher level than adults and risk factors that occur in extraordinary times such as pandemics and natural disasters have even more serious consequences for child poverty.[23] In addition to 386 million children already living in extreme poverty in 2019, the United Nations estimates that between 42 and 66 million more children may become extremely impoverished with the outbreak in 2020 (United Nations, 2020). UNICEF and Save the Children, on the other hand, state that 150 million children suffered child poverty due to COVID-19[24], and the number of children living in poor households will increase by 142 million, reaching a total of 725 million by the end of 2020.[25] Even in high-income countries, it is claimed that child poverty will be above pre-pandemic levels for at least the next five years (Richardon et al., 2020).

---

[21] ⌀ www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021

[22] ⌀ www.worldbank.org/en/news/infographic/2020/09/21/covid-19-turkey)

[23] ⌀ www.unicef.org/social-policy/child-poverty

[24] ⌀ data.unicef.org/resources/impact-of-covid-19-on-multidimensional-child-poverty/#

[25] ⌀ data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/

P1 Children cannot be provided with a safe and supportive environment at home.

One of the most serious effects of pandemics and natural disasters on child protection is the risks posed by the home environment and the inability to provide children with a safe and supportive environment at home.

(↓20) Together with the increased parental stress and reduced childcare and supervision capacity during extraordinary situations, children may have to spend long periods at home alone, away from social life and friends, exposing them to various risks (for example, in a study exploring the opinions of children in the pandemic process in Turkey (BBOM, 2020), out of 202 children in the 7-12 age group, 27 reported that they did not see their friends at all and 26 reported that they did not see their teachers at all). Parents are forced to allow their children to spend a lot of time on digital media when they are not at home or when they are at home and need to focus on their work (Eyimaya and Irmak, 2020), which can expose children to many digital risks. Besides, domestic conflict and violence increase along with increased parental stress, which makes the home an unsafe environment for children.

(↓21) Increasing child poverty also prevents children from accessing a home environment that will ensure their well-being, where their basic needs are met. Combined with (↓22) the inability to provide social assistance and support services including childcare support for children at risk and (↓23) the disruptions in the care and support services provided to children in need of protection for such reasons as domestic violence, etc., these and similar risks deprive children of a safe and supportive environment.

It is also necessary to note that some special situations in the family have increased effect during this period. A parent who has a mental health problem who cannot continue treatment during this period or experience elevated health problems due to the conditions, for example, is among the situations that require special attention.

IV

Outcomes of Pandemics and Natural Disasters for Children

There are many studies on the outcomes of pandemics and natural disasters for children conducted during and after similar extraordinary times that occurred in the past (Bakrania et al., 2020). Many studies were conducted on this subject during the COVID-19 pandemic as well. This section presents an assessment based on the work done so far in this area and the observations of field workers in Turkey to form the basis for the preparations that need to be made in advance for a similar extraordinary event that may occur in the future. According to the assessment, the eventual impacts of pandemics and natural disasters on children are classified in six basic areas (Figure 6).

Figure 6. Outcomes of pandemics and natural disasters for children
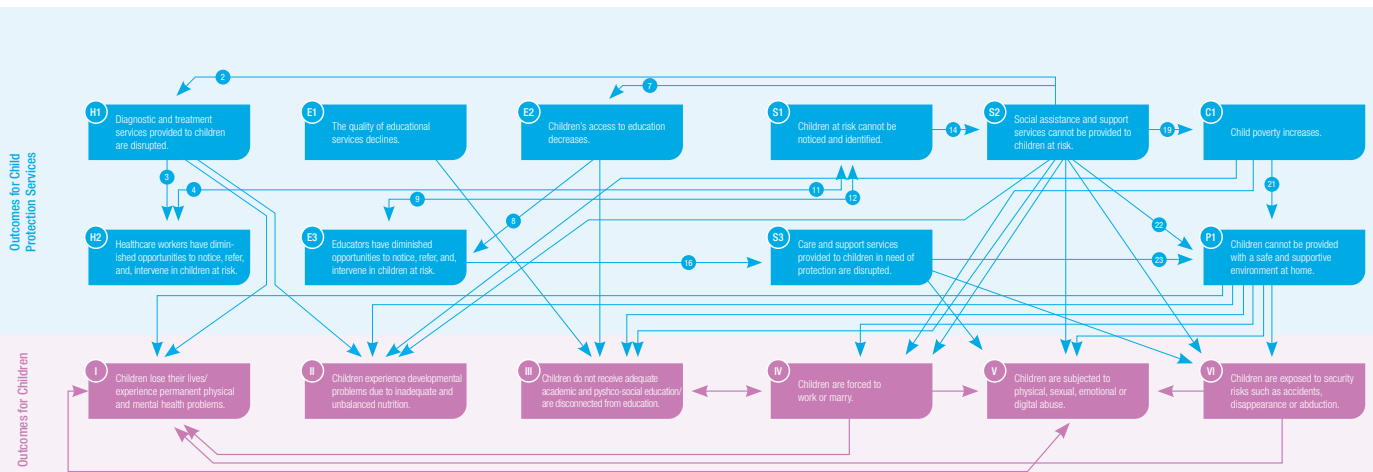
| I | Children lose their lives/experience permanent physical and mental health problems. |

A total of 1.3 million people died in natural disasters in the world between 1998-2017, earthquakes causing the most loss of life (the number of people who lost their lives in earthquakes was 750 thousand) (CRED and UNISDR, 2018). In Turkey, the number of earthquakes that caused loss of life since 1980 has exceeded 10 and the number of those who lost their lives has exceeded 21 thousand. It is not possible to find aggregate information on how many of those who lost their lives in earthquakes were children; the available information is limited to partial data such as that there were more than 5 thousand students[26] among the 90 thousand people who lost their lives in the 2008 earthquake in China, or 21 children died[27] when a school building collapsed in the 2017 earthquake in Mexico.

Similarly, although there are general data on the loss of life caused by epidemic diseases (for example, it is estimated that more than 35 million people lost their lives in outbreaks since 1980[28]), there is no data on the share of children among those who lost their lives. However, there are studies available demonstrating direct and long-term impacts of epidemic diseases on children's health (for example, in one study investigating the effect of the SARS pandemic on children (Li et al., 2004), the researchers note "we observed in our follow-up study that although the patients clinically recovered initially, exercise disorder and residual radiological anomalies were observed 6 months after the diagnosis.").

In addition to direct causes such as being buried under the wreckage or falling ill during pandemics and natural disasters, vulnerabilities caused by emerging risk factors in child protection services also lead to children losing their lives or experiencing permanent physical and mental health problems.

H1 The most common vulnerability is the disruption of routine services such as diagnosis, treatment and vaccination for children. Considering that more than 1 million babies are born every year in Turkey (the annual number of live births was 1.27 million on average between 2001-2009),[29] it can be estimated that more than 1 million infants born during the pandemic will be under the risk of being affected by the disruption in health services.

---

[26] ⊘ www.theguardian.com/world/2009/may/07/china-earthquake-anniversary-death-toll

[27] ⊘ www.bbc.com/news/world-latin-america-41337467

[28] ⊘ www.visualcapitalist.com/history-of-pandemics-deadliest/

[29] Turkstat Birth Statistics (2019) ⊘ data.tuik.gov.tr/Bulten/Index?p=Dogum-Istatistikleri-2019-33706

P1 Due to the fact that children cannot be provided with a safe and supportive environment at home, they face many risks that endanger their physical and mental health. These risks cannot be noticed in a timely manner in an environment where routine health checks are interrupted and the necessary intervention cannot be made.

Being away from social life due to isolation, spending a long time on digital media, not being able to meet with friends and relatives, staying away from school, having restricted or no space for play or sports, and reduced parent self-sufficiency in this process have very significant negative consequences for children's mental health (Save the Children, 2004b; Romanou and Belton, 2020; Phelps and Sprery, 2020; Miranda et al., 2020; Morelli et al., 2020; Center for Sport and Human Rights, 2020). Children who are cut off from social life due to isolation do not get enough stimuli (Fischer et al., 2018) and most young children who stay at home are deprived of the play and early learning support they need for healthy development (Graber, 2020). It is also emphasized that spending a long time on digital media and the internet and excessive social media use also have negative effects on children's mental health, leading to sleep and eating disorders (OECD, 2018).

Data from 54 low and middle-income countries revealed that about 40% of children between the ages of 3-5 have no social-emotional and cognitive interaction with any adult in their home.[30] A large-sample study on the effects of COVID-19 in 46 countries showed that 57% of children who were unable to meet with their friends felt more unhappy, 54% felt more anxious and 58% felt more insecure (Save the Children, 2020c). A study conducted in 25 countries in Europe also shows that anxiety levels and mental health problems in children increase as a result of isolation during the COVID-19 process and children who previously have no behavioral problems develop sleep and temperament problems (Eurochild, 2020).

Studies including 29,202 parents with children aged 2-12 in Hong Kong (Tso et al., 2020) and 1,529 parents with children aged 4-18 years in China (Via et al., 2020) investigated the impacts of COVID-19 on the psycho-social development and mental health of children, and found that children with special educational needs, chronic illnesses, mothers with mental health problems, single parents and living in low-income households were more negatively affected by this process.

It is estimated that these impacts will cause more serious outcomes in children who already have mental health issues (Palacio-Ortiz et al., 2020) and this issue is particularly highlighted by experts. [31]

————

[30] ⌀ www.unicef.org/turkey/basın-bültenleri/40-milyon-çocuk-kritik-öneme-sahip-okul-öncesi-eğitimden-koronavirüs-nedeniyle

[31] ⌀ www.independent.co.uk/life-style/coronavirus-lockdown-uk-children-mental-health-anxiety-eating-disorder-a9473486.html

SInevitably, the outcomes of pandemics and natural disasters for children including IV child labor or marriage; and V fphysical, sexual, emotional, or digital abuse, VI and security risks such as being involved in an accident, disappearance, or being kidnapped will have lasting effects on both physical and mental health of children (Cuartas, 2020).

Mental health and behavioral problems in children that may occur as a result of pandemics and natural disasters may include the following depending on the age group (Akoğlu and Karaaslan, 2020):

- Certain behaviors that are not consistent with chronological age and development level such as reluctance, difficulty focusing on play, feeding bottle use, finger sucking, toilet accidents as well as situations such as not being separated from parents in pre-school children;

- A significant increase in fear and anxiety, experiencing problems with siblings, restlessness, aggression, psychosomatic complaints, avoidance of responsibilities, difficulty in focusing, sleeping problems and behaviors such as social withdrawal in school-age children;

- Rebellion, risk-taking behaviors, lack of concentration, mental fog and confusion in adolescents.

Although there is a lack of data on children who experience lasting mental health problems as a result of pandemics and natural disasters, studies on current impacts of pandemics and natural disasters on mental health can also help make predictions: "The data from a cross-sectional study conducted online with approximately 8,000 students aged 12-18 show that 43% high school students in China develop depressive symptoms, 37% develop anxiety symptoms and 31% develop anxiety symptoms accompanying depressive symptoms" (Akoğlu and Karaaslan, 2020).

In addition to the general impact of pandemics and natural disasters on the child's mental health, there are also multiple specific forms of impact that vary depending on the characteristics of the child and the child's family. For example, it is emphasized that children of health workers are at greater risk of mental health problems due to COVID-19. About a third of health workers providing clinical care for COVID-19 patients in Italy are reported to be at high risk of post-traumatic stress disorder (Akoğlu and Karaaslan, 2020).

Depending on all these factors, physicians and field workers believe that there may be an increase in child suicide, self-harm and accidental injury during this period. Additionally, all these conditions and behavioral problems expected to be experienced by children bring together the risk of increased physical and emotional violence towards children. Other risks such as abuse and crime need to be considered for adolescents due to expected behaviors such as "rebellion, risk-taking".

We do not know

II Children experience developmental problems due to inadequate and unbalanced nutrition.

C1 Inability to meet basic nutritional needs of children due to increasing child poverty as a result of pandemics and natural disasters, **P1** children spending prolonged periods in front of the computer due to the lack of a supportive environment at home, **S1** the lack of necessary social assistance and support services in this process, and **H1** inability to recognize possible risks and perform necessary interventions due to the disruption of diagnostic and treatment services cause children to experience developmental problems associated with inadequate and unbalanced nutrition (UNICEF, 2020a; Fischer et al., 2018; World Vision, 2020b; OECD, 2020; OECD, 2018).

Although the impacts of inadequate and unbalanced nutrition on child health and development have been known for a long time and nutrition is a problem for many children in even normal times (it is reported (UNICEF, WHO and World Bank Group, 2020) that 21.3% of children under the age of 5 have stunted growth, 6.9% are severely underweight and 5.6% are overweight), it is noted that the process of combating the pandemic increases the risk in terms of child nutrition, especially in low and middle-income countries (United Nations, 2020d) and the increased poverty with the pandemic is expected to further exacerbate the problem.[32]

World Health Organization notes that obesity is a problem that threatens child health and development as much as hunger[33] and studies are showing that extraordinary times in which children experience increased stress and move less lead to increased risk of obesity (Nogueira-de-Almeida et al., 2020; Cuschieri and Grech, 2020).

It is known that 47 million children under the age of 5 worldwide are currently affected by not being able to eat an adequate and balanced diet[34] and if necessary measures are not taken promptly, the global prevalence of loss of life among children

---

[32] ⌀ haber18.net/index.php/2020/07/16/herkes-biliyor-kimse-onleyemiyor-gida-krizi-en-cok-cocuklari-tehdit-ediyor-ve-pandemi-ile-mucadele-riski-arttiriyor/

[33] ⌀ www.who.int/news-room/q-a-detail/noncommunicable-diseases-childhood-overweight-and-obesity

[34] ⌀ www.who.int/news-room/fact-sheets/detail/malnutrition

due to malnutrition may increase by 14.3%, which means an estimated 6.7 million children around the world (United Nations, 2020d). According to the child poverty survey conducted by BETAM (Uysal and Genç, 2019), the number of children suffering from nutritional poverty in Turkey in 2019 was approximately 7.5 million. Assuming a similar impact, it is possible to say that an additional one million children will suffer from nutritional poverty due to the pandemic.

According to the measurement performed by Turkstat based on the 2017 data, the poverty rate was 21.2% assuming the poverty line is 60% of the median income,[35] and according to the analysis performed by BETAM for the same year, 34.6% of children were living in poverty (Uysal and Genç, 2019). These data reveal that children are more affected by the family's loss of income compared to adults. Based on this information, it would not be very unrealistic to assume that 1 million children will face the threat of nutritional poverty in addition to 7.5 million children already in nutritional poverty considering that about 3 million adults are likely to experience a loss of work and therefore income.

In one study conducted in 13 countries during the COVID-19 pandemic (Street Child 2020), 56% of families stated that their most important concern was hunger, which reveals how much of danger malnutrition can be for children in such extraordinary times.

It is known that children face a similar risk of inadequate and unbalanced nutrition as a result of earthquakes as well. For example, research conducted after the Nepal earthquake found that 17% of children had a reduced number of daily meals (Plan International et al., 2016), 32% of children were weak, 52% had stunted growth, and boys, children with illiterate parents, children with unemployed mothers and children living in homes with food insecurity were found to be at greater risk (Shrestha et al., 2020).

We do not know

How many children will have developmental problems due to lack of nutrition and medical care?

III	Children do not receive adequate academic and psycho-social education / are disconnected from education.

E1 Declining quality of educational services due to switching to remote education, E1 difficulties experienced by children in accessing education, P1 children's lack of a supportive environment at home for education and P2 necessary social support

---

[35] data.tuik.gov.tr/Bulten/Index?p=Gelir-ve-Yasam-Kosullari-Arastirmasi-2018-30755

and assistance services result in children's inability to receive adequate academic and psycho-social education and cause some children to be completely disconnected from education. Ⅳ Increased child labor and child marriage, which are among the ultimate consequences of pandemics and natural disasters, are also an obstacle to children's exercise of their right to education.

Research shows that the impact of the weakened connection with the school is not limited to the pandemic or disaster period, children whose connection with the school is weakened due to a pandemic or disaster are likely not to return to education after the pandemic or disaster period, providing the family with financial support also does not guarantee the child's return to school and equality in access to education is further reduced in such periods.[36]

A study conducted with the participation of children during the Ebola outbreak in Sierra Leone reports that the biggest concerns of children were; not being able to get adequate education and not being able to return to education due to financial reasons or advanced age (Save the Children et al., 2016).

Research also shows that children whose connection to the school is weakened due to pandemics and natural disasters are more likely to not return to education after the pandemic or disaster. For example, girls' rate of return to school decreased by 16% in Sierra Leone after the Ebola outbreak (United Nations, 2020c).

Field employees note that their observations on the impact of remote education on children's academic and psycho-social development during the pandemic period include:

- Motor skills, language skills and dressing, eating, etc. on their own decline in young children;

- Social skills, disciplinary skills such as following lessons and academic achievement decline in school-age children.

Although it is not known how many children will have to abandon education due to the COVID-19 pandemic, the disconnection of children from education due to having difficulty keeping up with distance education is one of the most important issues of the child protection system. This causes a significant violation of the right of development for children, deepening the existing inequalities between children (Safe to Learn, 2020a) and making children vulnerable to other risks, especially the risk of child labor and marriage.

––––

[36] riseprogramme.org/publications/we-have-protect-kids

We do not know

How many children will be negatively affected by distance education in terms of academic achievement?
How many children will abandon education?

IV Children are forced to work or marry.

C1 The increased child poverty during and after pandemics and natural disasters, **P1** the inability to provide children with a safe and supportive environment at home and therefore the ability to meet their basic needs and **H2** the lack of adequate social assistance and support services available to these at-risk children may result in child labor or child marriage. **III** Children are disconnected from education at the end of such periods, which also increases the risk of child labor and child marriage. Children who are forced to work or marry are also open to other types of abuse.

It is not known how many children will be forced to work or marry due to the COVID-19 outbreak. However, the significance of this risk is known (Alliance, 2016) and many organizations working in this field have been providing estimations and warnings related to this risk since the beginning of the process (Alliance, 2020d; ILO and UNICEF, 2020; World Vision, 2020f; UNFPA and UNICEF, 2020). UNICEF points out that there has been a reduction of 94 million in the number of child workers since 2000, but the pandemic may put this achievement in jeopardy.[37] In the two years following the outbreak, it is estimated that there will be an increase of 4 million in the number of girls forced to marry worldwide (World Vision, 2020e).

In a study conducted in 13 countries (Street Child, 2020), 96% of families reported that they had increased concerns related to forced labor, forced marriage and children joining in armed groups in the pandemic period. Parents who participated in a study conducted in 9 Asian countries stated that 33% of children could be forced to beg or work in other hazardous jobs due to the loss of income caused by COVID-19 (World Vision, 2020c). In a study conducted between April and August 2020 with the participation of 763 children aged 7-19 from 50 countries, child labor and child marriage were identified as the most important problems that can be experienced in this period (World Vision, 2020h). News reports from various parts of the world[38] confirm these concerns.

---

[37] www.unicef.org/press-releases/covid-19-may-push-millions-more-children-child-labour-ilo-and-unicef

[38] www.ilo.org/africa/media-centre/articles/WCMS_749347/lang--en/index.htm
 www.bloomberg.com/news/newsletters/2020-07-03/supply-chains-latest-coffee-cocoa-producers-warn-of-child-labor

BETAM's research revealed that approximately 2/3 of the 7.5 million children exposed to nutritional poverty in Turkey in 2019 are children of working age. This means about 5 million children, and along with the pandemic, one of the most important dangers waiting for these children is being forced to work. Field workers report that children who used to be able to attend school despite financial difficulties have started working and even during the periods when children are forbidden to go out, employers pick up these children from home by car and take them to work. These children who are contributing to the family income have a high risk of not returning to education.

V   Children are subjected to physical, sexual, emotional or digital abuse.

As a result of pandemics and natural disasters, **P1**) children who do not have a safe and supportive environment at home become open to all types of abuse. **S2** Failure to provide adequate social assistance and support to children at risk in this period and **S3** the disruption of care and support services provided to children in need of protection also expose children to physical, sexual, emotional, or digital abuse.

Based on the knowledge that domestic violence increased during past pandemics and natural disasters such as earthquakes (Rezaeian, 2013; Weitzman and Behrman, 2016), experts working in this field from the very beginning of the fight against the COVID-19 pandemic have been warning about the potential of the COVID-19 outbreak causing the same due to increased parental stress due to poverty and isolation conditions and reduced social services (Campbell, 2020; Peterman et al., 2020; Usher et al., 2020; Ünal and Gülseren, 2020; Alliance et al., 2020; Kofman and Garfin, 2020). Some researchers have pointed out that social isolation leads to increased alcohol use (WHO, 2006) and there is a strong link between alcohol use and domestic violence (Clay and Parker, 2020).

As expected, the increase in calls received by hotlines about domestic violence with the pandemic has been reflected in the news,[39] and it is reported that this increase can go up to 150% in some countries (Child Rights Now, 2020). In a large-scale study on the impacts of COVID-19 conducted in 46 countries, 32% of the participants reported that they experienced domestic violence (Save the Children, 2020c) and a study conducted in 25 European countries revealed that domestic violence increased in this period (Eurochild, 2020).

---

[39] ⌀ www.theguardian.com/us-news/2020/apr/03/coronavirus-quarantine-abuse-domestic-violence
⌀ www.bbc.com/news/uk-52157620
⌀ www.usatoday.com/story/news/nation/2020/07/11/sexual-assault-hotline-child-sexual-abuse-calls-rise-during-pandemic/5413835002

Although there are several studies suggesting that COVID-19 has enhanced the domestic unity and solidarity in Turkey (Özturk et al., 2020), the mainstream literature argues otherwise. According to a study conducted by the Socio-Political Field Research Center in 28 cities in April 2020, 70% of the 1,873 women participating in the study reported that they experienced domestic disputes or conflicts during the quarantine period and 40% reported that domestic arguments were more intense compared to the period before the quarantine (Socio-Political Field Research Center, 2020). Another study shows that physical violence against women increased by 80%, psychological violence by 93% and asylum demand by 78% in March 2020 compared to the previous year (Ergönen et al., 2020).

Research shows that increased parental stress directly contributes to increased physical violence against children (Whipple and Webster-Stratton, 1991) and it is also suggested that children living in homes where there is domestic conflict and domestic violence are at 60 times higher risk of neglect and abuse than the normal population (Ergönen et al., 2020).

Very significant increases in child neglect and abuse and related problems were identified around the world after past pandemics and natural disasters. The report prepared by ERG (ERG, 2020) notes that there was an increase in cases of child violence and abuse during the Ebola outbreak between 2014 and 2016; for example, there was a 65% increase in child pregnancies in Sierra Leone. There are also studies which show that child abuse increases significantly as a result of natural disasters such as earthquakes (Curtis et al., 2000).

Since there are many studies regarding the impact of pandemics and natural disasters on child abuse, warnings (WHO, 2020) and estimations about the risk of child abuse during the COVID-19 pandemic have been very quickly formed based on the data from many parts of the world including Turkey.

As a result of the quarantine period during the COVID-19 pandemic, it is estimated that there will be a 20% to 32% increase in the number of children subjected to physical, sexual and/or emotional abuse worldwide, which means that 85 million more children will be victims (World Vision, 2020e). It is also suggested that the quarantine period will also increase child pregnancies by 65% (World Vision, 2020d).

The results of research conducted during the COVID-19 outbreak also confirm these predictions. In a study conducted in 9 Asian countries, 24% of parents stated that children could be exposed to physical or emotional violence due to increased stress during the COVID-19 pandemic, while 26% of children participating in the study reported that they had been subjected to violence in the past month (World Vision, 2020c). In a study conducted between April and August 2020 with the participation

of 763 children aged 7-19 from 50 countries, 81% of children reported violence in their homes, online, or in their immediate surroundings (World Vision, 2020h).

According to a study conducted by the Socio-Political Field Research Center in 28 cities in April 2020, more than half of the 1,873 women participating in the study had children aged 0-18 in their household and 19.3% of these women reported that children in their household had been subjected to violence during the pandemic. Accordingly, 12% of children were subjected to digital violence, 7.5% to physical violence and 2.7% to sexual violence. 36.2% of the perpetrators were the father of the child, 32.1% were the mother of the child, 19.7% were the sibling of the child, 7.3% were relatives/acquaintances of the child and 4.7% were friends of the child (Socio-Political Field Research Center, 2020).

It is noted that digital risks increase especially with children disengaging from social life and spending prolong periods at home in front of the computer as a result of isolation measures (UNICEF et al., 2020a; Taddei, 2020) and this issue is also reflected in many news reports and statements.[40] For example, notices and complaints of child sexual abuse are reported to have increased by 106% in the US.[41] The Internet Watch Foundation (IWF), a non-governmental organization based in the UK which works to find and remove online images and videos of children who have been sexually abused, reports that they identified more than eight million attempts to access online materials containing child sexual abuse during the coronavirus quarantine in the UK and suspect there maybe more,[42] Iwhile Interpol reported an increase in materials containing child abuse shared online (Interpol, 2020). In a study conducted between April and August 2020 with the participation of 763 children aged 7-19 from 50 countries, 47% of children reported that they had been subjected to an online risk in this period (World Vision, 2020h).

Consequences of pandemics and natural disasters for children including I long-lasting physical and mental health problems, IV child labor or marriage; and VI security risks such as being involved in an accident, disappearance, or being kidnapped render children susceptible to all kinds of abuse.

---

[40] ⌀ www.bbc.com/news/world-52773344;
⌀ www.theguardian.com/society/2020/jul/08/sharp-increase-in-uk-child-sexual-abuse-during-pandemic;
⌀ www.theguardian.com/society/2020/apr/27/lockdown-hampering-removal-of-child-sexual-abuse-material-online;
⌀ www.telegraph.co.uk/global-health/science-and-disease/online-child-exploitation-flourishes-investigators-struggle/;
⌀ www.interpol.int/News-and-Events/News/2020/INTERPOL-report-highlights-impact-of-COVID-19-on-child-sexual-abuse;
⌀ www.nbcnews.com/tech/tech-news/child-sexual-abuse-images-online-exploitation-surge-during-pandemic-n1190506

[41] ⌀ www.forbes.com/sites/thomasbrewster/2020/04/24/child-exploitation-complaints-rise-106-to-hit-2-million-in-just-one-month-is-covid-19-to-blame/#5741766d4c9c

[42] ⌀ www.iwf.org.uk/news/millions-of-attempts-to-access-child-sexual-abuse-online-during-lockdown

In addition to detected abuses, it is also noted that children are damaged by emotional burdens such as having to take care of elders or other children in the family during this period (Romanou and Belton, 2020).

Although there are examples of decreased number of reports and complaints regarding child abuse during the pandemic,[43] it is predicted that this is mainly due to the disruption of education and the closure of child protection institutions; and therefore, teachers losing contact with children and not being able to recognize and reporting abuse.[44] For similar reasons, it is reported that although complaints regarding violence against women have increased in Turkey, there has been a decrease in complaints regarding violence against children (Ergönen et al., 2020).

We do not know

How many children assumed excessive familial care burden in a way that would damage him/her emotionally or physically? What kind of effects did this have?

How many children were subjected to what kind of neglect?

How many children were victims of neglect or abuse while providing care to third parties, or were involved in accidents?

How many children lost their lives or suffered permanent health problems as a result?

VI   Children are exposed to security risks such as accidents, disappearance or abduction.

During pandemics and natural disasters, children face risks such as accidents, disappearance, abduction and being trafficked in cases where **P1** parents lose their lives or cannot provide children with parental care, supervision and a safe home environment due to reasons such as health problems, where **S2** this situation cannot be prevented by social assistance and support services and **S3** adequate care and support services cannot be provided to children in need of protection. As a result, these risks render children vulnerable to all types of abuse and significantly increase the risk of sexual abuse in particular.[45]

---

[43] www.pressherald.com/2020/06/28/experts-see-no-proof-of-child-abuse-surge-amid-pandemic

www.yoursun.com/venice/reports-of-child-abuse-drop-and-thats-worrying-experts/article_eaf30996-b4a4-11ea-bb0f-c7d111034982.html

[44] www.8newsnow.com/i-team/i-team-child-abuse-going-unreported-during-covid-19-pandemic/

[45] rosanjose.iom.int/site/en/blog/why-does-vulnerability-human-trafficking-increase-disaster-situations

During the pandemic, there have been many reports of accidents that children suffered as a result of being left unattended. For example, it was reported in the news that a 1.5-year-old girl whose parents were teaching remotely at home died by falling from the balcony in Konya[46] and a 4-year-old boy in the US got into the car on his own and suffocated inside the car.[47]

The disappearance of children is another safety risk, especially after earthquakes. In 1994, a large number of children were reported missing after the earthquake on August 17th.[48] It is reported that 600,000 children were affected by the earthquake in Indonesia in 2018, with many unaccompanied children sleeping among the ruins in the streets.[49]

Child abduction is also one of the risks that emerge after disasters such as earthquakes, where children lose their families (Gupta and Agrawal, 2010). After the Haiti earthquake in 2010, it was reported that many children were found in hospitals without their parents and child trafficking and overseas adoption attempts increased during this time.[50]

We do not know

What kind of change occurred in the types and number of domestic accidents during this time?

---

[46] ⌀ www.kocaelihalkgazetesi.com/haber/5504874/ogretmen-ebeveyn-canli-ders-verirken-kumsal-7-kattan-dustu

[47] ⌀ komonews.com/news/consumer/child-heat-stroke-risks-may-be-higher-during-pandemic

[48] ⌀ www.haberturk.com/yasam/haber/165874-depremin-kayipcocuklari

[49] ⌀ reliefweb.int/report/indonesia/hundreds-schools-damaged-and-children-traumatised-indonesias-deadly-earthquake-and

[50] ⌀ www.unicef.org/media/media_82328.html

Vulnerable groups are affected by pandemics and natural disasters at a higher level.

Poor children

Financial and social problems caused by extraordinary events such as pandemics and natural disasters create a much greater challenge and risk for poor children. Poor families are more vulnerable to the economic crisis caused by extraordinary events and are more susceptible to risk factors such as unemployment and loss of income. The closing of schools affects children of poor families at a higher level compared to other children, and risks such as unsafe housing conditions, health problems and lack of proper nutrition render them even more disadvantaged (OECD, 2020; Childhood Trust, 2020).

Girls

Girls can face specific risks in pandemics and natural disasters due to gender roles. Girls are given more responsibility concerning house chores. They take on a bigger role as the time spent at home increases in times of pandemics and natural disasters; however, they have fewer opportunities to establish relations with the outside world, which the need to become autonomous. Girls are expected to do domestic work and care for siblings, the elderly and the sick. In cases where the opportunities to participate in distant education are limited at home, the available resources are allocated to boys, which creates a significant obstacle for girls to participate in distance education. Girls are always at higher risk of early marriage than boys, and their higher risk of being subjected to neglect and abuse, particularly sexual abuse, also increases their vulnerability. In cases such as poverty and disability, which make children vulnerable, being a girl leads to greater risk (OECD, 2020).

Children with disabilities

The inequalities experienced by children with disabilities become deeper during pandemics and natural disasters and their access to basic services such as healthcare, education and their ability to participate in public life is significantly reduced (United Nations, 2020b, UNICEF, 2020e). Children with disabilities are not only affected by the pandemic at a higher level due to their underlying chronic conditions (UNICEF, 2020i), they are also more vulnerable to health risks due to difficulties in implementing measures against the pandemic (for example, maintaining personal hygiene, social distancing, etc.) (Save the Children, 2020d). The risk of children with disabilities not being able to meet their basic needs such as nutrition (Save the children, 2020f), abandonment by their family, being subjected to violence or abuse increases disproportionately in this period, while their ability to continue their education and attend school decreases in the same way (Save the Children, 2020e).

For example, children with mental disabilities were subjected to much severer isolation during the quarantine period, especially due to their inability to attend special educational institutions and the lack of other services offered for such children.[51]

Disabilities that require special education vary widely.[52] Thus, the needs of children and families in this period vary widely as well.[53] It is known that 398,867 children were benefiting from special education in Turkey in the 2018-2019 academic year;[54] however, the exact number of children who need special education, yet cannot benefit from it is not known. Additionally, it is noted that children whose mobility is restricted and children of parents whose mobility is restricted are known to experience isolation more severely during such periods (UNICEF, 2020i). For this reason, special needs of and services for individuals with disabilities should be evaluated, taking into account who the disabled person is and what their disability is (United Nations, 2020b).

Refugee and asylum-seeking children

Since refugee and asylum-seeking children have restricted access to healthcare and educational services even in normal times, the risk that they face increases during periods of increased risk and extraordinary events such as pandemics and natural disasters turn their existing problems related to healthcare, education and protection into a state of crisis (United Nations, 2020a; Development Workshop, 2020c; Endale, Jean and Birman, 2020). Living conditions and difficulties in accessing basic services threaten their health; for example, these children cannot be followed-up for vaccination (Mardin et al., 2020), they are deprived of basic food and hygiene supplies due to the financial difficulties of their families (SGDD-ASAM, 2020; SPI, 2020) and closing of schools constitutes a permanent disadvantage for these children considering that their education has already been interrupted due to migration and they have not yet been fully included into the educational system of their destination country. In addition to the fact that all the risks that apply to other children continue to exist for refugee and asylum-seeking children, they are at a much higher risk of being subjected to discrimination and exclusion (You et al., 2020) and being kidnapped (IOM, 2015).

Children of seasonal agricultural worker families

Since children of seasonal agricultural worker families have difficulties in meeting their basic needs even under normal circumstances, cannot regularly use basic services such as healthcare and education, and cannot be monitored by the system due to lack of a permanent address, pandemics and natural disasters put the development and safety of these children under greater risk compared to their peers (Development Workshop, 2020a,

---

[51] ⌀ www.evrensel.net/haber/405553/ozel-egitim-ihtiyaci-olan-cocuklar-icin-pandemi-kosullarinda-6-oneri

[52] ⌀ eacea.ec.europa.eu/national-policies/eurydice/content/special-education-needs-provision-within-mainstream-education-86_tr

[53] ⌀ tedmem.org/soylesi/z-hande-sart-ile-ozel-egitim-ihtiyaci-olan-cocuklarin-egitimi-uzerine

[54] ⌀ www.mebpersonel.com/egitim/ozel-egitim-hizmetlerinden-yararlanan-ogrenci-sayisi-h234277.html

2020c). When living spaces that are not suitable for isolation conditions, inadequate parental care capacity and disease-related risks are added on top of the development and safety problems due to poor living conditions, the situation becomes even worse for these children (Development Workshop, 2020d).

Children deprived of family care or living under institutional care

In extraordinary situations such as pandemics and natural disasters, children under institutional care face greater health and safety risks, while in cases where the capacity of institutions needs to be reduced, they face the risk of being sent back home without adequate control, and therefore, an increased risk of neglect and abuse (Better Care Network, Alliance and UNICEF, 2020).

The most severe child safety problem that has become a topic of discussion with the COVID-19 pandemic is living on the street, where the fundamental rights of children are violated in all aspects (Consortium for Street Children, 2020). Natural disasters increase the risk of more children living on the street.[55] Lack of information about how many children are living under such conditions also increases this risk.

Children deprived of their liberty

Many children around the world are also held in detention centers, repatriation centers, prisons and penal institutions during pandemics and natural disasters. These centers are reported to contain serious health risks,[56] and it is believed that the problem cannot be solved by having stricter health measures (Alliance, 2020e). To prevent these children from experiencing permanent physical and mental health problems in the COVID-19 period, the Committee on the Rights of the Child recommends the use of alternative ways to end the restriction of children's liberty.[57] It is known that there are more than 3 thousand children in prisons in Turkey during this period.[58] Another group to be considered in this context is the over 700 children in the 0-6 age group, who are in penal institutions with their mothers. [59]

---

[55] reliefweb.int/report/indonesia/hundreds-schools-damaged-and-children-traumatised-indonesias-deadly-earthquake-and

[56] www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E

[57] tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?Lang=en&symbolno=INT%2FCRC%2FSTA%2F9095

[58] cisst.org.tr

[59] www.cocugasiddetionluyoruz.net/storage/app/media/uploaded-files/pandemi-doneminde-cocuk-mahpuslar-ve-mahpus-anne-leriyle-tutulan-cocuklar.pdf

V

Legal Framework for the Protection of Children in Pandemics and Natural Disasters

This section of the report includes a review of the obligations arising from national legislation to prevent risks and consequences related to child protection before, during and after pandemics and natural disasters as mentioned in the sections above and to provide a basis for the recommendations in the following section. To this end, we examined the following five documents directly related to the subject:

1 "Circular on The Extended Immunization Program" of the General Directorate of Basic Health Services of the Ministry of Health dated 25 Feb 2008 and no. 2008/14[60]

2 "Circular on Surveillance of Vaccine-Preventable Invasive Bacterial Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2016/223[61]

3 "Circular on Fighting Infectious Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2018/22[62]

4 "Circular on Global Influenza Pandemic" of the Presidency no. 2019/5[63]

5 National Preparedness Plan for Pandemic Influenza[64]

The first three circulars concern the identification stage, which is the initial stage of the child protection system, as they relate to monitoring. They were included in this report for this reason.

The Circular no. 2019/5 and the preparedness plan developed based on the Circular cover the intervention stage of the child protection system.

———

[60] www.saglik.gov.tr/TR,11080/genisletilmis-bagisiklama-programi-genelgesi.html

[61] khgmsaglikhizmetleridb.saglik.gov.tr/TR-42934/asi-ile-onlenebilir-invaziv-bakteriyel-hastaliklar-surveyansi-genelgesi-201623.html

[62] khgmsaglikhizmetleridb.saglik.gov.tr/TR-48633/bulasici-hastaliklar-ile-mucadele-rehberi---genelge-2018-22.html

[63] www.resmigazete.gov.tr/eskiler/2019/04/20190413-7.pdf

[64] grip.gov.tr/depo/saglik-calisanlari/ulusal_pandemi_plani.pdf

1. Circular on The Extended Immunization Program (EIP)

The "Circular on the Extended Immunization Program" of the General Directorate of Basic Health Services of the Ministry of Health dated 25 Feb 2008 and no. 2008/14 covers the methods to be followed for vaccination of pregnant women, infants and children.

The EIP includes vaccination services to reach and immunize sensitive age groups before they are infected to control or even eliminate diseases such as whooping cough, diphtheria, tetanus, measles, rubella, mumps, tuberculosis, poliomyelitis, hepatitis B and Haemophilus influenza type B by reducing their morbidity and mortality.

The principle adopted by the Circular is to provide vaccination services as part of routine services so that every individual can be reached. Besides, the following additional services are provided, if necessary:

- Organizing support activities such as acceleration activities (by creating stationary and mobile teams), local vaccination days and vaccination campaigns.
- Protecting accumulating susceptible populations (especially against poliomyelitis and measles).
- Carrying out additional vaccination programs such as catch-up or follow-up for susceptible age groups to prevent outbreaks.

The EIP is carried out with a team consisting of the following the scientific support of the Immunization Advisory Board (IAB), which meets at least twice a year to discuss current developments and provide recommendations:

- Vaccination officers in the provincial, district, local health centers.
- Cold-chain officers and assistants in the provincial, district, local health centers.
- Vaccination officers local health centers.
- Family physicians.

Additional catch-up and follow-up programs are stipulated in case of an outbreak, but no details are specified in the document.

The following need to be discussed:

Do people who run the operation have a working plan for emergencies?

What is done if the persons who will carry out the operation become unable to perform their duty?

How will catch-up/follow-up activities be performed to reach people who need to be vaccinated (due to illness, change of address, etc.) in extraordinary situations such as an outbreak/earthquake?

2. Circular on Surveillance of Vaccine-Preventable Invasive Bacterial Diseases

The "Circular on Surveillance of Vaccine-Preventable Invasive Bacterial Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2016/223 includes immunization services for diseases associated with Haemophilus influenza type b and Streptococcus pneumonia.

The strategy and surveillance objectives and the notification and epidemic management method determined by the Circular are as follows:

Strategy

- Determining the incidence of diseases (emergence of new cases)
- Monitoring of reduction achieved by vaccination and other methods
- Boosting the immune system
- Political determination
- Social mobilization
- Conducting the surveillance
- Other supporting activities

Objectives of surveillance

- Predicting disease level
- Tracking distribution and change
- Determining the epidemiological link between cases
- Monitoring antibiotic resistance
- Providing the information necessary for evidence-based decision-making
- Monitoring the effectiveness and changes in the effectiveness of immunization programs and vaccines
- Helping with vaccine development and vaccination policies
- Taking control measures for people at risk
- Determining the cluster status of diseases and taking control measures when necessary

Notification

- Notification of infectious diseases that are required to be notified is carried out

under the Circular on The Infectious Disease Reporting and Notification System (2015/18).

- Notification of diseases within the scope of the Circular on Surveillance of Vaccine-preventable Invasive Bacterial Diseases" is carried out following the guidelines of the same name published by the Turkish Public Health Institution (TPHI) (as an annex to the Circular). The guide also stipulates that the laboratory costs will be paid from the Institution's budget.

Epidemic management

- An epidemic is when the number of cases in restricted communities (such as schools, military bases, daycare centers, sports or social groups, long-term care groups) occur 2 or more times within a period of 4 weeks. In larger communities, risk factors such as clustering, spread time, age, etc. are evaluated to decide whether there is an epidemic.

- When an epidemic occurs in a school or nursing home, those who have been absent within the past two weeks should be questioned. Each individual with meningococcal disease should be referred for identification, diagnosis and treatment.

- The public should be educated on symptoms and to reduce the transmission by droplets.

- Close contacts of diagnosed cases should be given chemoprophylaxis.

The following need to be discussed:

Were those who had been absent within the past two weeks questioned in case of an epidemic in a school or nursing home?

Is there a dedicated method for tracking these diseases in cases such as earthquakes? How is the process carried out in such cases? (This is especially important for the normalization stage.)

Does the vaccine monitoring system work in terms of preventing losses in case of an earthquake?

3. Circular on Fighting Infectious Diseases

The "Circular on Fighting Infectious Diseases" of the Turkish Public Health Institution of the Ministry of Health no. 2018/22 is an update of the guide prepared for this purpose. According to the Circular:

What to do before an infectious disease occurs:

- Establishment of the Provincial Infectious Diseases Advisory Board
- Assessment of the current situation related to infectious diseases and pandemics
- Ensuring the personnel (medical personnel) have the necessary qualifications
- Provision of material and tool support (for health centers)
- Identification of region-specific risks
- Conducting public health education activities
- Ensuring cooperation between sectors
- Creating an inventory of possible sources that may lead to an infectious disease or epidemic

What to do after an infectious disease has occurred:

- Reporting cases (TPHI has a separate circular no. 2015/18 on this)
- Field inspection/filiation
- Case study
- Epidemic review

The following need to be discussed:

Is there a guide, etc. available on what needs to be done in educational or care institutions for both stages? Do all personnel know about this document?

4. Circular on Global Influenza Pandemic

The "Circular on Global Influenza Pandemic" of the Presidency no. 2019/5 contains measures to be taken in case of a pandemic. The measures stipulated by the Circular include:

- Development of the National Preparedness Plan for Pandemic Influenza
- Publication of the plan and informative materials on www.grip.gov.tr
- Development of Pandemic Influenza Provincial Preparedness and Action Plans by Governorships

- Provision of additional buildings and materials for health services
- Organization of information and cooperation meeting

5. National Preparedness Plan for Pandemic Influenza

The National Preparedness Plan for Pandemic Influenza developed by the Ministry of Health in 2019 aims to provide the information and framework to help all individuals, institutions and organizations to recognize pandemic influenza, to prepare in the most appropriate way to fulfill their roles and responsibilities and to act in coordination in the event of a pandemic. The elements that directly concern child protection in the preparedness plan are as follows:

Measures to be taken in educational institutions:

- Daily reporting of absent students and employees and the number of sick individuals.
  - Parents whose children do not attend the educational institution must report the reason for absence to the educational institution daily to track absent students and employees due to sickness.
  - Besides, it is necessary to keep a record of students absent due to sickness by receiving a doctor's note.
  - This information should be monitored by an assistant principal or a teacher to be assigned by the principal and students and employees who are absent, distribution of students by class and how many of them are absent due to influenza-like illness (ILI) should be notified daily.
  - The health department should provide teachers responsible for this issue with a short training on the definition of ILI, the importance of absentee monitoring and the information to be requested from parents.
  - It is necessary to establish the technical infrastructure and regulations that will allow real-time data transfer from the Ministry of National Education to the Ministry of Health to monitor absentees daily.
- Informing families that their sick children should stay at home until they recover and stay away from crowded spaces.
- Alternative planning for the fulfillment of tasks if employees of the institution cannot come to work.
  - About one in five individuals are expected to become ill in a moderate pandemic. Considering that the employees working in the institution may also get sick, personnel planning should be carried out to maintain the service if the employees in the institution cannot come to work.

- Preparation of plans for institutions that offer housing on-site such as dormitories.
  - When checking influenza activity plans prepared by institutions that offer housing on-site such as dormitories, the Pandemic Influenza Action Plan Checklist for Institutions/ Organizations Containing Collective Living Spaces should be used.

What to consider when deciding to suspend education:

- How will communication be ensured with families and teachers after suspending education?

- Is there a structured program related to social activities for the students of the educational institution where education is suspended?

- What are the measures to be taken to maintain social and sports activities in such educational institutions?

- What are the administrative and social measures taken for parents who will have to provide home care for children when education is suspended? What kind of measures will be taken to compensate for parents who cannot go to work to care for their children?

- How are the necessary educational outcomes that need to be achieved if education is suspended?

What to do in collective living spaces such as dormitories

- Determination of personnel needs for the pandemic period.
  - In a moderate pandemic, 20% of the employees who make up the workforce of the institution/organization may get sick, and besides, some of them may have a sick relative (child, spouse, etc.) for whom they need to provide care. This should be taken into account when developing a personnel plan.

What needs to be done for psycho-social support services

- Psycho-social support services should include:
  - Providing awareness training to psycho-social support personnel who will be employed in case of pandemic influenza
  - Identifying psycho-social support needs of individuals affected by pandemic influenza
  - Reporting identified needs and those in need to relevant service groups
  - Providing psycho-social support to those affected by pandemic influenza and all personnel, especially healthcare workers, during this period
  - Strengthening activities for meeting the needs of disadvantaged groups
  - Taking individuals affected by influenza and in need of protection under institutional care

- Improving coping skills of those affected during the pandemic influenza period to adapt to the new normal life

- Common psycho-social problems seen in employees include:

  - Shock
  - Emotional hardening
  - Confusion
  - Lack of confidence
  - Extreme sadness
  - Anxiety and guilt
  - Poor daily self-care (such as bathing, cleaning)
  - Constant high stress
  - Constant anxiety about children and family members
  - High stress due to events such as suspension of education
  - High concern regarding vaccination and prophylaxis practices

Psycho-social support programs should be prepared for administrators and providers of counseling services and should explain the relevant behavioral and mental symptoms, should ensure that personnel feel self-sufficient in the field, must be culturally suitable for the society and should include services for specific groups that could potentially be affected by the pandemic (such as children, the elderly, those with chronic diseases, pregnant women).

Details of the scope and objectives of the psycho-social support action plans to be implemented in different periods of the pandemic are also specified (Table 28 in the plan).

Tasks related to child protection assigned to the organization to combat the pandemic:

- The Ministry of National Education and Provincial Directorate of National Education

  - Establishing an effective absence tracking system

  - Making the necessary decisions to maintain distance education if face-to-face education is suspended

  - Preparing Pandemic Activity Plans and acting following these plans

  - Preparing pandemic plans for dormitories,

  - Performing tasks requested by the provincial coordination board within the scope of pandemic management,

  - Daily reporting of absentees in educational institutions to the Provincial/District Health Directorate / TPHI.

- The Ministry of Family, Labour and Social Services

  - Implementation of the psycho-social support program for the society and personnel who will work during the pandemic in cooperation with the Ministry of Health

  - Taking those who need protection due to the pandemic (those who lost their parents or cannot live alone, etc.) under institutional care and providing psycho-social support

  - Planning and implementation of socio-cultural activities to help individuals adapt to the normal life after the pandemic

  - Ensuring the preparation of pandemic activity plans by social work institutions that provide accommodation during the pandemic period

  - Monitoring the absentees at workplaces at the provincial level and ensuring information flow to the Ministry of Health and the provincial directorate of health daily

  - Ensuring the preparation of a pandemic plan at workplaces

  - Preparing Pandemic Activity Plans and acting following these plans

  - Ensuring the implementation of the pandemic plan in workplaces and social work institutions that provide accommodation

  - Implementation of the psycho-social support program for the society under the direction/coordination of the Mental Health Unit of the Directorate of Health

  - Taking those who need protection due to the pandemic (those who lost their parents or cannot live alone, etc.) under institutional care and providing psycho-social support

  - Planning and implementation of socio-cultural activities to help individuals adapt to the normal life after the pandemic

  - Monitoring the absentees at workplaces and ensuring information flow to the provincial directorate of health daily

  - Making necessary arrangements for protection and treatment conditions during the pandemic period

- Surveillance Unit of The Provincial Directorate of Health

  - Monitoring and evaluation of absences in educational institutions.

? The following need to be discussed:

Can other questions be asked in the decision-making stage related to the suspension of education that will draw attention to and strengthen the school's child protection role?

Is the part of this plan about what needs to be done in spaces such as dormitories known? Was it implemented? What are the well-functioning aspects regarding protection of children and what needs to be done?

VI

Recommendations for Strengthening Child Protection Services During and After Pandemics and Natural Disasters

Parents, schools and healthcare services are essential elements that meet the developmental needs and ensure the safety of a child. The fulfillment of these roles should be supported by social work activities. Pandemics and natural disasters affect all these systems in a way that renders both their spaces and their personnel functionless.

The loss of function in these institutions creates changes in multiple areas in child's life and each change has multiple outcomes. We see the outcomes; children lose their lives, suffer permanent physical and/or mental health problems, experience developmental problems due to inadequate nutrition and medical care, have declining academic achievement and disconnect from education due to inability to access education, are subjected to physical, sexual, emotional, or digital abuse and disappear or get abducted.

We know that the State must prevent these and ensure their rights and security to the maximum extent in extraordinary circumstances (CRC art. 18-19). Two levels can be intervened to fulfill this task. The first is the loss of function caused by pandemics and natural disasters in institutions and services, and the second is the consequences resulting from their combined loss of function. Except that buildings serving children collapse when there are children inside, all factors combined reveal the intermediate factor that leads to the consequence that we observe for the child. For example, closing schools alone does not result in the child not getting adequate education and the educational system having declining success. When it is combined with a lack of parental supervision and lack of social services to support the parent in this regard, the child's academic achievement declines, the child moves away from education and is forced to work or marry.

It is a fact that each ring in this chain has responsibilities that are intertwined and intersecting without clear boundaries. On the other hand, it is also known that the impact of pandemics and natural disasters affects sectors that do not fully function or services that cannot be offered at full capacity even under normal conditions. Therefore, the main course of action is to empower all actors who have a role in the child's protective environment

to ensure that they can completely fulfill their roles and to ensure the safety of all institutions where the child receives services. However, this is a problem related to a country's healthcare, justice, education, economy and especially child protection policies, and what needs to be done in this area has been revealed by various studies. Actions to be taken to improve the system in the field of child protection, which is the common denominator of all areas, are specified by the "Coordination Strategy Document for Child Protection Services and Action Plan[65]". Actions to be taken in specific sectors are also regulated by the Development Plans. [66] Therefore, the recommendations in this report were prepared to take into account the possibility of getting hit by an epidemic or natural disaster under current conditions. Thus, the recommendations were developed with the awareness that the development and safety of children cannot be fully achieved without meeting the need to strengthen the working of the system under normal conditions and that the damage can be reduced by enhancements specific to these conditions.

In this context, 38 recommendations are given below to strengthen the child protection system in Turkey in case of a pandemic or natural disaster. A tag has been created for each recommendation and relevant sector and institutions to which each recommendation is related has been stated, as well as for which gap and to prevent which outcome in the child protection system the respective recommendation has been developed. Additionally, tables are presented at the end of the report in which the recommendations are classified based on the sector and consequences to guide the implementation of the recommendations.

The list of recommendations shows that everyone has a role in ensuring that the city is safer for children before the anticipated Istanbul earthquake. Some of the recommended actions can be implemented by public institutions, others by non-governmental organizations. However, many of them require cooperation and coordination. For this reason, we think that showing the intersection areas of the tables will be helpful both in terms of the expected outcome and the distribution of roles and responsibilities as per the capacity, authority and responsibility of the implementing institution. We also hope to contribute to establishing concrete demands for preparatory actions for the Istanbul earthquake and provide the civil society with a monitoring tool.

↘ **1** Planning should be made to ensure that healthcare organizations and their personnel can maintain their services.	Relevant sector(s)	Health
	Relevant service gaps	H1 H2
	Relevant outcome(s)	I II V
	Relevant institution(s)	Min. of Health

---

[65] ⊘ www.ailevecalisma.gov.tr/uploads/chgm/uploads/pages/cocuk-koruma-hizmetlerinde-koordinasyon/uygulama-planlari.pdf

[66] ⊘ www.sbb.gov.tr/kalkinma-planlari/

Monitoring the health and vaccinating of infants and children is vital both for the protection of the child's health and for the prevention of neglect and abuse. Therefore, it is very important that healthcare providers and health workers continue to provide services for children in extraordinary situations.

The first action to be taken to ensure that diagnostic and treatment services provided for children are not disrupted during pandemics and natural disasters is to plan how health institutions and health workers will maintain these services in extraordinary circumstances (United Nations, 2020d; World Vision, 2020b).

The section of the National Preparedness Plan for Pandemic Influenza regarding the identification of the personnel need in case of a pandemic specifies that 20% of the employees who make up the workforce of the institution/organization may get sick in a moderate pandemic, and besides, some of them may have a sick relative (child, spouse, etc.) for whom they need to provide care.

How these services will be maintained should be planned to keep in mind the possibility that the systems used under normal conditions will not work. For example, child and adolescent mental health physicians have not been able to accept patients face-to-face and follow-up of patients has been interrupted until they adapted to online systems. A guide on how to use online tools can allow for faster action in a similar case. But it should also be taken into account that online tools may not be available in a possible earthquake.

A plan that takes into account a possible personnel shortage and the need for additional personnel should also consider the work motivation of the personnel. To this end, the National Preparedness Plan for Pandemic Influenza stipulates providing psycho-social support to personnel before, during and after the pandemic, identifying and reducing possible negative factors for personnel. The UK has offered citizenship to foreign workers, especially health workers, in key roles, which can be shown as an example of the need to motivate the personnel.[67]

Urgent recommendation

There is a need for evidence-based data on how children were affected after the COVID-19 outbreak and the earthquake in İzmir, and for quickly identifying and maintaining treatment services for affected children. In this context:

- An impact assessment should also be carried out when identifying and monitoring children who could not be vaccinated and routinely followed-up, whose appointments were canceled/postponed.

- Children who cannot benefit from mental health services in this process should be identified and monitored.

[67] edm.parliament.uk/early-day-motion/56815/citizenship-rights-for-key-workers-during-the-covid19-pandemic

↘ **2** Planning should be made to ensure the relatives of health workers receive the necessary care.	Relevant sector(s)	Health
	Relevant service gaps	H1
	Relevant outcome(s)	I
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Local Gov., NGOs

To ensure the continuity of healthcare services, planning should be made to ensure the relatives of health workers receive the necessary care.

The World Health Organization recommends considering support measures (such as childcare or elderly care) for first-degree relatives of health workers to ensure that healthcare services can be maintained in large-scale emergencies where the family members of health workers are affected and using community support to this end, if necessary (WHO, 2015).

Keeping some schools open for children of health workers who played a key role in fighting COVID-19 while all other schools were closed in the UK[68] and France[69] in March 2020 is one of the methods used to meet this need. Studies that provide information related to health workers[70] and volunteer networks to meet the care needs of children of health workers[71] can be shown as examples of current practices related to this subject. As these examples point out; healthcare, education and social work sectors need to work together in efforts to this end, and the efforts need to be supported by local governments and non-governmental organizations.

↘ **3** Health institutions and social services should be integrated.	Relevant sector(s)	Health, Social Services
	Relevant service gaps	H2 S1
	Relevant outcome(s)	I II V
	Relevant institution(s)	Min. of Health, MFLSS

---

[68] ⌀ www.bmj.com/content/368/bmj.m1140

[69] ⌀ www.france24.com/en/20200327-what-public-service-is-about-french-schools-open-to-children-of-health-workers-battling-virus

[70] ⌀ www.blackdoginstitute.org.au/resources-support/coronavirus-resources-for-anxiety-stress/coronavirus-resources-for-health-professionals/parenting-in-the-pandemic/

[71] ⌀ www.theatlantic.com/family/archive/2020/03/who-is-taking-care-of-hospital-workers-children/608848/

A cooperation model should be developed to ensure that children who are out of the system are monitored in cooperation with social services in the event of service interruption and to ensure that they are re-included in the healthcare system as soon as possible. For this purpose, it is necessary to strengthen hospitals' social work staff and regulate how they work in cooperation with provincial social work units.

↘ **4** Planning should be made to ensure hospital safety.	Relevant sector(s)	Health
	Relevant service gaps	H2
	Relevant outcome(s)	VI
	Relevant institution(s)	Min. of Health, MFLSS, Law Enf.

Hospital safety should be ensured to prevent possible safety problems for children, especially during earthquakes. Children can sometimes be taken to the hospital without parental control or identification as soon as they are taken out of the collapsed building, which creates a significant safety problem for children (WHO, 2015).

For example, after the Haiti earthquake in 2010, it was reported that many children were found in hospitals without their parents and child trafficking[72] and overseas adoption attempts increased during this time.[73]

In order to avoid such safety problems, the plan prepared for natural disasters should explain the referral process from the disaster area to the hospital as well as measures to be taken to ensure hospitals are safe for children and that a relative of the child is informed as soon as possible. This plan should include the formation of a social service that is strengthened for extraordinary situations, has sufficient personnel and works in cooperation with law enforcement agencies and regulate the working principles of this service.

↘ **5** Planning should be made to provide high-quality distance education to all children.	Relevant sector(s)	Education
	Relevant service gaps	E1
	Relevant outcome(s)	III IV
	Relevant institution(s)	MoNE

---

[72] ⌀ www.unicef.org/media/media_82328.html

[73] ⌀ www.abc.net.au/news/2010-01-23/trafficking-fears-as-haiti-children-go-missing/1219762

Setting out the debate about whether schools should be closed within the framework of health measures (ECDC, 2020), if schools are to be closed, planning should be made to avoid risks that may arise from closing schools (Dreesen et al., 2020; Safe to Learn, 2020b; Eğitim-Sen, 2020):

- Designing an academic educational system that takes into account the different interests and skills of students in distance education

- Planning activities to support students' learning skills

- Planning activities to support students' psycho-social skills

- Planning for the necessary technical infrastructure

- Supporting teachers' distance teaching skills

- Planning support services for teachers to ease their care burden

↘ 6 All children should have the necessary tools and environment to access education.	Relevant sector(s)	Education
	Relevant service gaps	E2
	Relevant outcome(s)	III IV
	Relevant institution(s)	MoNE, MFLSS, Min. of Transportation

The process of combating the pandemic has made it clear that there are different types of inequalities among children in terms of access to education. It has been revealed that access to education is not just a problem related to whether or not the child goes to school. It is possible to mention a wide variety of conditions, such as children who have a suitable environment at home to study and children who do not, children who can get support for their classes and study and children who cannot, children whose development is supported by other stimuli at home and children who do not have such facilities, children with multiple computers or tablets at home and children who do not even have a television at home. For this reason, solutions need to address each of these conditions.

Planning in this area should not only concern the education system, but also include the Ministry of Transportation and the Ministry of Family, Labour and Social Services to ensure that the technological infrastructure reaches every child and families are supported.

Additionally, the availability of non-governmental services that will allow children to access additional educational support is also an important need. In Canada, non-governmental organizations working to provide science, technology, engineering and mathematics (STEM) education to children directed their efforts to groups of children with difficulties in accessing education during the COVID-19 period (girls, children living in at-risk communities, indigenous children, new Canadians), which can be shown as an example of what needs to be done in this field.[74]

↘ **7** Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.	Relevant sector(s)	Education, Social Services
	Relevant service gaps	E2 E3 S1 S2
	Relevant outcome(s)	III V
	Relevant institution(s)	MoNE, MFLSS

The plan to be prepared for children who are in the educational system and who have the means to remain in this system when they switch to distance education will not be inclusive for vulnerable groups. For this reason, special plans are needed for children who need special education, children whose parents are disabled, refugee and asylum-seeking children and children of seasonal agricultural workers. For these children to remain in the education system, a large number of social and economic aids must be provided together and within the framework of a program.

↘ **8** Çocukların eğitime erişimleri için alternatif araçlar ile kullanılabilecek içerikler hazırlanmalıdır.	Relevant sector(s)	Education
	Relevant service gaps	E2
	Relevant outcome(s)	III
	Relevant institution(s)	MoNE

In addition to activities to strengthen digital education and alternative learning skills for normal times (United Nations, 2020e), efforts should be planned to make it possible to use radio, television, phone and other digital tools for education in extraordinary circumstances, considering their widespread use.[75] The map titled "Distance

---

[74] ⬀ www.newswire.ca/news-releases/shifting-to-at-home-education-leaves-some-canadian-kids-at-a-disadvantage-873179361.html

[75] ⬀ www.globalpartnership.org/blog/school-interrupted-4-options-distance-education-continue-teaching-during-covid-19

Education Practices and Education Policies Implemented by Countries Around The World Due to COVID-19", developed by the Development Workshop as part of the monitoring efforts carried out during the pandemic period can serve as a guide to see different examples of the efforts in this field. [76]

⬂ **9** It needs to be ensured that schools and distance education tools include family education as well.	Relevant sector(s)	Education
	Relevant service gaps	E2 E3 P1
	Relevant outcome(s)	III
	Relevant institution(s)	MoNE

The closing of schools due to the COVID-19 outbreak has made it clear that one of the major areas of inequality among children is the capacity of the parent to support the child's education. To ensure that parents support their children's education, a part of the distance education should aim parents and include elements that support their knowledge and skills, not just reminding them of their responsibility for their children's education. Parents should be informed about the importance of distance education[77] and supported in the role they must undertake. In order to ensure that the psycho-social programs prepared by the Ministry of National Education[78] for children and families are implemented by teachers during the pandemic or after the earthquake, teachers should be included in activity plans.

⬂ **10** The school absence tracking system needs to be strengthened.	Relevant sector(s)	Education
	Relevant service gaps	E3 S1
	Relevant outcome(s)	III IV V
	Relevant institution(s)	MoNE, MFLSS

As specified in the section of the National Preparedness Plan for Pandemic Influenza regarding the responsibilities of the Ministry of National Education and the Provincial Directorates of National Education, an effective absence tracking system should be

---

[76] ⬀ www.ka.org.tr/dosyalar/file/ea_covid%20map%20dw.pdf

[77] ⬀ www.viewsonic.com/library/education/what-is-distance-learning-and-why-is-it-so-important/

[78] ⬀ orgm.meb.gov.tr/www/psikososyal-bilgilendirme-rehberi/icerik/1314;

established to ensure the continued participation of children in education. The plan calls for schools to monitor students' attendance and regularly report it to the Provincial and District Directorates of Health. If this system is organized as a digital program that will work integrated with social services and in the non-pandemic period as well, it can be a system that will also ensure the monitoring of children during natural disasters and prevent risks such as disappearance and abduction. If the system is designed following the legal regulations related to the protection of personal data, it can be a very powerful tool for the child protection system and it can also be easily operated in emergencies since practitioners will be familiar with the system.

Urgent recommendation

There is a need for evidence-based data on how children were affected after the COVID-19 outbreak and the earthquake in İzmir and during distance education and face-to-face education, and for quickly identifying affected children and supporting their education. In this context:

- The rates and forms of children's attendance at education should be investigated.
- Social work activities should be performed to ensure that children who are absent from education are identified and return to education and other risks are eliminated.
- Measures to be taken for inclusion after schools are opened should be identified and the curriculum should be planned in a way that will prioritize psycho-social guidance services.

↘ 11 The decision to close the schools should be made after a comprehensive assessment.	Relevant sector(s)	Education
	Relevant service gaps	E2 E3 S2
	Relevant outcome(s)	III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS

Considering the negative effects of closing schools on children's access to education as well as on their mental health, nutrition and safety (Safe to Learn, 2020a), the impact of closing the schools on fighting the pandemic (Viner et al., 2020) should be evaluated by prioritizing the interests of the child (Alliance, 2020f). This issue is not only related to teaching activities, but also to many other factors such as ensuring the child's safety in cases where parents have to go to work. The minimum standards for education in emergencies (INEE, 2004) and the conditions and expectations of families (Parentkind, 2020) should be taken into account when making this decision. The National Preparedness Plan for Pandemic Influenza includes a list of questions to be answered before deciding to take into account all of these conditions.

↘ 12 Every school needs to have a child protection policy.	**Relevant sector(s)**: Education, Social Services
	Relevant service gaps: E3 S1 S2
	Relevant outcome(s): III IV V
	Relevant institution(s): MoNE, MFLSS

The closing of schools due to the COVID-19 outbreak has raised significant awareness regarding the role of schools in the child protection system. It should be ensured that schools establish a child protection policy and that this policy includes how teachers can track the development and safety of children in extraordinary circumstances and what they should do to this end. If schools prepare a child protection policy, each school can have a person or unit responsible for child protection. This person or unit will be known by children and can continue to be a safe harbor for a child who feels at risk, even if the school closes. Plans to be prepared in line with the child protection policy should also include what needs to be done to make schools safe and children, parents, teachers and other school employees confident when returning to school (Safe to Learn, 2020b; Global Education Cluster, 2020; Öğretmen Ağı, 2020).

↘ 13 Schools and social services should be integrated.	**Relevant sector(s)**: Education, Social Services
	Relevant service gaps: E3 S1 S2 C1 P1
	Relevant outcome(s): III IV V VI
	Relevant institution(s): MoNE, MFLSS

In order to prevent children from losing their connection with the school and therefore breaking away from school, schools and social services should cooperate (Safe to Learn, 2020a) and the follow-up system to be established at the school should be supported by social work institutions offering social assistance to families. It should be taken into account that if these are carried out separately, it cannot be guaranteed that they will be beneficial to the child. For the allocated resource to be used for the benefit of the child, a model should be created that will ensure that healthcare, education and social services are integrated to provide child-oriented services.

↘ **14**	Relevant sector(s)	Health, Education, Social Services
Widespread information services should be provided for parents and the community.	Relevant service gaps	S1 S2 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Local Gov., NGOs

One of the major causes of parental stress, which frequently occurs in extraordinary circumstances such as pandemics and natural disasters, is uncertainty and anxiety caused by not knowing what is going to happen. For this reason, it is very important to work to increase parents' awareness and ensure that they have the right information (Fischer et al., 2018).

As mentioned in the National Preparedness Plan for Pandemic Influenza, care providers should inform parents and children about how basic services such as education and healthcare will work in extraordinary circumstances using a language they can understand and this information process should continue in normal circumstances as well.

The content of publications to inform all adults using all active communication channels about risks that children may face and what adults who notice such risks should do during and after pandemics and natural disasters should be made available in advance. As indicated by a study conducted in Sierra Leone and Liberia after the Ebola outbreak (Konteh, 2017), previous experience shows the importance of informing individuals about rights and services.

↘ **15**	Relevant sector(s)	Health, Education, Social Services
Information and support services should be provided for children.	Relevant service gaps	H1 S1 S2
	Relevant outcome(s)	I IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Local Gov., NGOs

Children need to get rid of uncertainty and be informed about how they can protect themselves against possible risks (Esencan, 2020; Öner, 2020). Children of appropriate age should be informed about possible concerns in such periods and how to protect their personal safety.[79] The website prepared by Childline in the UK is a good

---

[79] ⬚ www.unicef.org/turkey/hikayeler/gen%C3%A7ler-koronavir%C3%BCs-covid-19-salg%C4%B1n%C4%B1-s%C4%B1ras%C4%B1nda-zihinsel-sa%C4%9Fl%C4%B1klar%C4%B1n%C4%B1-nas%C4%B1l-koruyabilirler

example of a service that should be offered in this field, which provides information by SMS and phone, as well as written information.[80]

In addition to guides (Arigatou International; 2020), storybooks (IASC, 2020; Molina, 2020), websites[81] and a functional helpline to support children, creating help desks and mobile teams to help children directly and informing them about how to access these help desks and mobile teams are essential for children at risk to protect themselves. Providing these services in normal conditions as well will ensure that children have knowledge and confidence in using them. However, these services should be maintained very actively especially in emergencies and children should be given information about these services through different channels.

For example, Plan International, an international NGO, formed help desks (Plan International, 2016b) and mobile teams (Plan International, 2016c) after the recent earthquake in Nepal, informed children about children's rights and available services, and these were found to be effective in both ensuring children were able to access their basic rights and recognizing risks threatening children early (Plan International, 2016b).

What Has Been Done:

Interactive safety plan

An example of a counseling service for the youth and women where they can get support online and by phone to ensure their personal safety.[82]

---

80   www.childline.org.uk/info-advice/your-feelings/anxiety-stress-panic/worries-about-the-world/coronavirus/

81   www.brainpop.com/health/diseasesinjuriesandconditions/coronavirus/

82   www.loveisrespect.org/get-help/interactive-safety-plan/

		Relevant sector(s)	Health, Education, Social Services
↘ **16**		Relevant service gaps	H1 H2 E2 E3 S2 S3 C1 P1
Parents and children need to be provided with psycho-social support services.		Relevant outcome(s)	I III V
		Relevant institution(s)	Min. of Health, MoNE, MFLSS, Local Gov., NGOs

The provision of psycho-social support services that help with mental health problems of children or their caregivers, which are one of the important risk factors of pandemics and natural disasters, should be planned so that they are available to everyone who needs them (Fischer et al., 2018; UNICEF, 2020h; UNICEF, 2020j; UNICEF, 2020k).

There are also many psycho-social programs and guides developed specifically to provide psycho-social support to children (UNICEF, 2009; Save the Children, 2004b, 2004c; Ercan et al., 2020). What needs to be done is preparing a plan that targets all children and their families and includes special methods for reaching these programs, especially for those who are disadvantaged in terms of accessing these services for various reasons.

The National Preparedness Plan for Pandemic Influenza provides for establishing psycho-social support services in hospitals to serve the community and to cooperate with non-governmental organizations to provide these services within the community.

Having a network of social relationships helps reduce parental stress, especially in conditions of displacement after quarantine and natural disasters. Therefore, services should be planned to maintain communication with parents taking into account health workers, educators and social workers as well as employees of the central government, local governments and non-governmental organizations. Resources will be appropriately used in this way. The family tree phone calls created by schools during the pandemic period and online social network groups created by municipalities are examples of such support.

What Has Been Done:

Sağlık Bakanlığından sağlık personeline "mobil" psikolojik destek

Sağlık Bakanlığınca, yeni tip koronavirüsle (Kovid-19) mücadele kapsamında görev yapan sağlık personeli için mobil "Ruh Sağlığı Destek Sistemi" (RUHSAD) uygulaması başlatıldı

RUHSAD

RUHSAD[83]

A mobile application has been developed by the Ministry of Health to support health workers and their children in terms of mental health, as well as children with autism and other special needs and their families during the quarantine.

T.C. SAĞLIK BAKANLIĞI
COVID-19 BİLGİLENDİRME SAYFASI

Anasayfa   COVID-19   Yayınlar   COVID-19 Durum Raporu

81 İl Psikososyal Destek Hat Bilgileri ..

81 İl Psikososyal Destek Hat Bilgileri
Güncellenme Tarihi 28 Haziran 2020   Eklenme Tarihi 04 Haziran 2020

Psycho-social support line:

A psycho-social support line has been established in 81 provinces by the Ministry of Health, Mental Health Department to ensure that individuals can access psycho-social support services during the pandemic.

SALGIN HASTALIK DÖNEMLERİNDE PSİKOLOJİK SAĞLAMLIĞIMIZI KORUMAK

PSİKOSOSYAL DESTEK HİZMETLERİ DOĞAL AFET (DEPREM) PSİKOEĞİTİM PROGRAMI - İZMİR
OKUL ÖNCESİ - İLKOKUL

Psycho-social support programs:

A psycho-social support package has been prepared by the Ministry of National Education to reduce anxiety and traumatic effects of pandemics and natural disasters on students and their families.[84] This package includes separate guides for parents, children and youth.

#UzaklaştıkçaYakınlaşıyoruz
Öğrencilerimiz ve Velilerimiz için
Psikososyal Destek
444 0 632
Özel Eğitim ve Rehberlik Öğretmenlerimizle
Her An Yanınızdayız
Sen Yeter ki #EvdeKal

Psycho-social support line:

A special education and guidance services information line has been established to offer psycho-social support to students and parents in 81 provinces.

---

[83] ⊘ ohsad.org/saglik-bakanligi-saglik-hizmetleri-genel-mudurlugu-tarafindan-ruhsad-uygulamasi-hakkinda-duyuru-yayinlandi/

[84] ⊘ orgm.meb.gov.tr/www/psikososyal-bilgilendirme-rehberi/icerik/1314

|		
↘ **17** Parents should be empowered to support their children.	Relevant sector(s)	Education, Social Services
	Relevant service gaps	P1
	Relevant outcome(s)	IV V VI
	Relevant institution(s)	Min. of Health, MFLSS, Local Gov., NGOs

Awareness raising and informative activities should be carried out for parents, including the difficulties that their children will experience in extraordinary times such as pandemics and natural disasters and the skills that a parent should have in such cases. Recommendations and guides for parents and caregivers related to such matters as speaking to children, supporting distance education, returning to school, coping with temper tantrums, family communication, positive disciplinary methods, abuse and violence, etc. should be presented with regular and easily accessible methods. Websites[85], brochures[86] and guides (MHPSS Collaborative and Save the Children, 2020; UNICEF, 2020c; NASP and NASN, 2020; SAMHSA; Akbaş et al., 2020; NSTSN, 2020) should be planned to include all forms of practice.

What Has Been Done:

Methods used to strengthen school-family communication
- Using the school's website as an informational channel[87]
- Starting a YouTube channel[88]
- Maintaining family tree phone calls[89]
- Creating online family squares (ParentSquare[90])

---
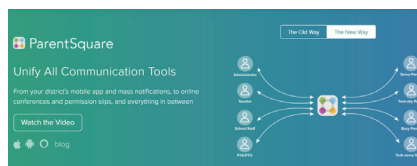
[85] ⌀ www.nspcc.org.uk/keeping-children-safe/coronavirus-advice-suppport-children-families-parents/;
   ⌀ www.unicef.org/parenting/coronavirus-covid-19-guide-parents;
   ⌀ www.covid19parenting.com/home;
   ⌀ www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---healthy-parenting;
   ⌀ www.unicef.org/coronavirus/travelling-your-family-during-covid-19

[86] ⌀ www.end-violence.org/articles/new-resource-pack-positive-parenting-covid-19-isolation

[87] ⌀ www.wsfcs.k12.nc.us/Page/115981

[88] ⌀ www.youtube.com/channel/UCZNx43GNGg5VUPWF3L7I8ZQ

[89] ⌀ www.school-calls.com/school-phone-tree.htm

[90] ⌀ www.parentsquare.com/

What Has Been Done:

- Publishing parental guides[91] or back-to-school guides[92] to support children in distance education
- Organizing Q&A days for technical questions of parents across the country
- Organizing video chat meetings
- Opening space for technology departments on school websites to answer questions of parents about technology

↘ **18** Children should be protected against digital risks.	Relevant sector(s)	Education, Social Services
	Relevant service gaps	E3 S1 P1
	Relevant outcome(s)	V
	Relevant institution(s)	MoNE, MFLSS, Min. of Transportation

With distance education, children have inevitably started spending more time on digital media, and this seems to be only increasing. Therefore, it is also necessary to take measures to protect children from elevated digital risks.[93] Parents, teachers and schools (UNICEF et al., 2020b; Safe to Learn 2020c; Council of Europe, 2017; ITU, 2020a), the businesses (ITU, 2020c) and policymakers (ITU, 2020b) have responsibilities in this matter.

The Australian Government's efforts to inform and educate children to ensure online safety can be shown as an example of preventive action (Walsh et al., 2020; Australian Government, 2020a, 2020b).

Taking into account observations on the increased online abuse risk during the pandemic period, non-governmental organizations are also developing projects to protect children from digital risks. A children's helpline opened by ECPAT Sweden to support children whose sexually explicit pictures and videos are shared online is one example.[94]

---

[91] ⌀ www.warwickvalleyschools.com/wp-content/uploads/2020/04/Parent-Guide-To-Distance-Learning-WarwickValleyCSD.pdf

[92] ⌀ www.wsfcs.k12.nc.us/cms/lib/NC01001395/Centricity/Domain/13048/WSFC%20Schools%20Family%20Guide%2013.0.pdf

[93] ⌀ www.end-violence.org/safeonlinecovid;
⌀ www.itu-cop-guidelines.com/

[94] ⌀ www.ecpat.se/st%C3%B6dlinje; www.ecpat.org/news/covid-19-sexual-abuse

		Relevant sector(s)	Health, Social Services
⬊ **19**		Relevant service gaps	S2
The supporting role of social services for health services needs to be strengthened.		Relevant outcome(s)	I V
		Relevant institution(s)	Min. of Health, MFLSS

Social workers need to cooperate with health services and follow-up must be maintained to minimize problems arising from the inability of children or their caregivers to access mental health treatment services during periods of pandemics and natural disasters. For this reason, it is necessary to include psycho-social services as well as social support and the personnel who will provide the social support when planning the activities for this period. It is important to identify roles and responsibilities of the central government, local governments and non-governmental organizations and to ensure cooperation between these actors in extraordinary circumstances and planning should be made considering the effectiveness of programs implemented in past emergencies (Ministry of Family and Social Policies and UNICEF, 2015).

		Relevant sector(s)	Education, Social Services, Social Security
⬊ **20**		Relevant service gaps	S1 S2 C1 P1
Childcare support should be provided.		Relevant outcome(s)	II V VI
		Relevant institution(s)	MoNE, MFLSS, Local Gov.

Support services should be provided to ease the burden of care so that parents can cope with work, home and care obligations and the challenges posed by the pandemics or natural disasters. In addition to services such as daycare, short-term care, patient care, there should also be services that will respond to socialization or counseling needs (Romanou and Belton, 2020).

The most effective way to provide such support is to strengthen the cooperation between non-governmental organizations, which may have the ability to move faster and more widely in the field and public institutions. The collaboration between a technology organization facilitating the communication between small businesses providing childcare and families in need of care and the government in Colorado has allowed for providing care to 5086 children with 1100 licensed caregivers, which can be shown as an example of such cooperation.[95]

———

[95] ⬀ coloradosun.com/2020/06/28/colorado-child-care-coronavirus-polis-opinion/

Since care support is also needed by parents who are mostly working, the solution should also involve workplaces. Amazon's commitment to pay $25 a day for childcare to a daycare center or $5 a day for home care for a child or adult so that employees can return to work can be shown as an example;[96] however, whether or not this is sufficient, needs to be discussed.

↘ **21** A monitoring system prioritizing child safety should be established.	Relevant sector(s)	Health, Education, Soc. Serv.
	Relevant service gaps	H2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Law Enf.

In order to prevent the risks that threaten the child's safety when pandemics or natural disasters cause parents to lose their lives or become too ill to provide care for their children, a follow-up service that also takes into account the risk of children being lost, abducted and trafficked in such periods should be available and used effectively in extraordinary cases. The absence tracking system mentioned in the section on education will have an important function in terms of child safety if it is organized in an integrated manner with social services. The system will include not only tracking of school attendance, but also the use of health services. Measures to prevent the disappearance of children particularly after natural disasters (UNICEF, 2007) and sample forms and guidelines (Save the Children, 2004a) are examples of efforts carried out in this field.

↘ **22** A network should be created to ensure that children who remain unattended are quickly identified.	Relevant sector(s)	Social Services
	Relevant service gaps	S1 P1
	Relevant outcome(s)	V VI
	Relevant institution(s)	MFLSS, Local Gov., NGOs

During and after pandemics and natural disasters, priority should be to ensure that the child and the family are not separated and attention should be paid to regulating quarantine conditions in such a way that children remain with their families, for exam-

---

[96] ⌀ www.cbsnews.com/news/amazon-workers-child-care-10-days-summer/

ple, during an outbreak (UNICEF, 2020b). However, in cases where this is not possible, detection services should be strengthened to ensure that children who are deprived of family care for any reason are very quickly identified and taken under the protection of social services and for this purpose, social capacity and ties with non-governmental organizations and local authorities should be strengthened.

In Colorado, a project that aims to make 5% of the adult population aware that a child is at risk of abuse and teach what to do if a child says he or she has been abused, in each county, can be an example of protecting the environment in which children live in extraordinary circumstances, strengthening the capacity of the community to recognize abuse.[97]

Children under institutional care are also at risk of being left unattended. A plan specific to this situation is necessary to ensure that children who have to be separated from their parents because they have been abused by them and children who are under the care of an institution are not left unattended during this period.

↘ **23** Planning should be made to ensure the relatives of social workers receive the necessary care.	Relevant sector(s)	Social Services
	Relevant service gaps	H1 H2 H3
	Relevant outcome(s)	IV V VI
	Relevant institution(s)	Min. of Health, MFLSS, Local Gov., NGOs

The fight against the pandemic has reminded us that social workers are also key individuals of emergencies, just like doctors (Kara, 2020; Şen, 2020; UNICEF et al., 2020c). Therefore, planning for both pandemics and natural disasters should include social work and, in this context, services should be provided for social workers with care obligations, especially for their children, so that they can continue to serve, just like doctors.

↘ **24** Guides should be prepared to support social workers.	Relevant sector(s)	Social Services
	Relevant service gaps	S1 S2 S3 P1
	Relevant outcome(s)	III V
	Relevant institution(s)	MFLSS

---

[97] ⌀ coloradosun.com/2020/07/09/children-sexual-abuse-prevention-training/

In order for social workers to respond quickly to a wide variety of needs, some of which have characteristics specific to the situation, guidelines on such situations need to be prepared. There are sample guides prepared by many organizations regarding various services that social workers offer during this period:

- Case management guides (Save the Children, 2020a; Alliance, 2020c)
- Intermediate care organization guide (Save the Children, 2020b)
- Guide on children in need of alternative care (Better Care Network et al., 2020)
- Sample study book (Kliman, Oklan and Wolfe, 2020) and guide (Turkish Red Crescent, 2008) for psycho-social support
- Sample guide for social services aimed at children after the pandemic[98]
- Example of a website that provides information and guidance to strengthen the role of social services in combating the pandemic[99]

↘ **25** Social protection services for children need to be strengthened.	Relevant sector(s)	Social Services, Social Security
	Relevant service gaps	S1 S2 S3
	Relevant outcome(s)	IV V VI
	Relevant institution(s)	MFLSS

Considering the possibility that a large number of children may need protection services during pandemics and natural disasters and the possibility of not being able to carry out an adequately thorough investigation, planning should be made to eliminate these risks (Romanou and Belton, 2020; Better Care Network and UNICEF, 2020; Herrenkohl et al., 2020). For social work activities to be provided in such periods to be child-friendly, it must be ensured that they include social assistance, social insurance and compensatory income, care services, employment policies and employment arrangements (World Vision, 2020a).

---

[98] ⊘ www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care

[99] ⊘ www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus

To avoid the risk that extraordinary circumstances may render some social services and care institutions inoperable and, in such cases, children may be sent to their families without adequate evaluation, an emergency evaluation should always be included in each child's file and the plan should include the support and follow-up activities required for the measures to be taken. It is beneficial to keep more than one person's contact information in the child's file so that the ties between the child receiving care alongside parents and the system does not break in extraordinary circumstances.

What Has Been Done:

Koruncuk

Example of measures that can be taken for access to a child who receives care alongside parents:

The Koruncuk Foundation keeps the contact information of relatives other than parents and neighbors in the child's file for access to children supported by the Koruncuk Foundation alongside their parents, which prevents the communication with the child from being lost if the parents cannot be reached.

↘ **26** An effective helpline should be set up.	Relevant sector(s)	Social Services
	Relevant service gaps	S1 S2 P1
	Relevant outcome(s)	IV V VI
	Relevant institution(s)	MFLSS, Law Enf.

The availability of an effective helpline that especially children can reach during pandemics and natural disasters is very useful in terms of protecting children at risk and preventing rights violations (Alliance, Child Helpline International and UNICEF, 2020). In such extraordinary circumstances, the first consideration for helplines is to develop a plan that will ensure that the service can be maintained under all conditions. It is important to establish an infrastructure that will ensure that the service is operational at all times by working from home or remotely when necessary. Additionally, it is necessary to ensure that responders working the line can work in cooperation with mobilized teams and professionals in emergencies and that they have the knowledge to respond to requests specific to the period.

↘ **27** A risk map should be prepared and planning should be made accordingly.	Relevant sector(s)	Social Services, Social Security
	Relevant service gaps	H2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Local Gov., NGOs

Risks experienced by children during pandemics and natural disasters increase in connection with the general crisis of the child protection system. Therefore, it is necessary to know the challenges encountered by the system in normal times and to make a risk map and planning, given that things will become more difficult at the points specified in such maps in extraordinary circumstances.

The mapping study conducted by the Children's Commissioner for England to identify children who are estimated to be at risk in a certain area depending on the risks to children in that area provides insight for good planning.[100] Developed by TESEV for İstanbul, Kent95 can lay the foundation for such a mapping study.

↘ **28** Child-friendly spaces need to be created.	Relevant sector(s)	Social Services
	Relevant service gaps	S1 S2
	Relevant outcome(s)	I II V
	Relevant institution(s)	MFLSS, Local Gov., NGOs

Especially after earthquakes and in emergency cases, it is necessary to create child-friendly spaces to ensure the physical and emotional safety of children and support their psycho-social development, including the necessary personnel and programs. Child- and adolescent-friendly spaces created by Plan International after the earthquake in Nepal is a good example of providing children and youth with the opportunity to learn and play safely instead of in destroyed houses and schools (Plan International, 2016A). It is also noted that creating child-friendly spaces in such extraordinary situations is an important method for protecting children from sexual abuse and violence (ECPAT, 2006).

---

[100] ⬦ harita.kent95.org/istanbul

	Relevant sector(s)	Social Security
↘ **29**	Relevant service gaps	E2 S2 C1
Financial support needs to be provided.	Relevant outcome(s)	II III IV V
	Relevant institution(s)	MFLSS, Local Gov.

One of the most important problems that threaten children and their families during and after pandemics and natural disasters is the increase in unemployment due to the economic crisis and the decrease in or loss of income. The situation becomes even worse for those who were already unemployed. Especially empowering the most vulnerable families is known to be effective in breaking the cycle of poverty, preventing negative coping mechanisms such as child labor and child marriage (World Vision, 2020g) and reducing child poverty (Bits, Hoynes and Kuka, 2016) and extreme poverty (Stevens, 2019).

Therefore, ensuring that children and their families have adequate income and means to meet their basic needs when planning services to be offered in cases of pandemics and natural disasters should be prioritized (Fischer et al., 2018; Trivayi et al., 2020; Harman et al., 2020).

It is known that many organizations or individuals provide or volunteer to provide in-kind or cash assistance during pandemics and natural disasters. However, such unorganized assistance does not guarantee the protection of the child's interest in an effective manner. Therefore, a plan should be made to ensure the distribution of aids by a method that will protect the interests of the organization and the child. In this context, special attention should be paid to the need for nutrition (UNICEF, WFP and FAO, 2020) and there should be a priority emergency service for children whose access to adequate nutrition is a restricted event in normal times.

	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
↘ **30**	Relevant service gaps	H2 E3 S1 S2 S3 C1 P1
Planning should be made taking into account different risk types.	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Law Enf., Local Gov.

Several risks threaten children during and after pandemics and natural disasters. In order to account for each of these risks, both information efforts and monitoring ef-

forts should be planned and carried out taking into account each type of risk. Planning should be made by taking into account the needs of children of different characteristics based on the available guides (Fischer et al., 2018). Otherwise, too much information may cause a loss of attention, or certain risks maybe overlooked.

↘ **31** Coordination between sectors and institutions should be ensured and workflows should be arranged.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

The most important element of an effective child protection system is cooperation between sectors and institutions. The child's unique needs can be fully and timely met only in this way. Otherwise, children are lost in the gaps between responsibilities allocated to various institutions.

As with natural disasters in various parts of the world to date (UNICEF, 2016), the COVID-19 pandemic in 2020 has once again shown that much more coordination and cooperation are required than usual due to the difficulties experienced in extraordinary circumstances both in terms of physical structures and personnel (Fischer et al., 2018). A model should be developed to ensure cooperation between sectors in extraordinary situations based on examples of practices around the world and assessments of coordination measures (Alliance, Save the Children and UNICEF, 2020; Barnett and Wedge, 2010; Global Protection Cluster, 2016, 2020a). In this period, when more than one person and institution take action to meet urgent needs, defining the basic principles of efforts is necessary primarily to use resources efficiently and effectively (Fischer et al., 2018).

One of the challenges expressed in terms of civil society activities in this regard is that if social assistance and psycho-social support are provided without coordination, this leads to a waste of resources in one place and a shortage of resources in another. Two past experiences of field workers in this regard are given as examples. The experience from the Marmara earthquake was used after the Van earthquake to provide psycho-social support services and the excellent coordination allowed everyone to contribute very efficiently; whereas such coordination could not be achieved among those who went to the region after the Erzincan earthquake, which not only rendered them functionless but also made the job more difficult for other workers. During such periods, a high number of volunteers can also mobilize to support efforts and expe-

rience to date shows that both manpower and economic power can be effective if good coordination can be achieved. Therefore, a task and function plan that includes every detail of the process should be developed.

↘ **32** Regular research should be conducted and a data collection system should be established for this purpose.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

The use of data is of great importance for proper planning before a pandemic or natural disaster. However, the total data system to be prepared must also be operational during and after a pandemic or natural disaster.[101]

The aspect of pandemics and natural disasters that threaten child development and safety has been the subject of many studies. But these are usually based on data collected to the extent that the extraordinary situation allows. They also often focus on current impacts. Permanent and future impacts often cannot be measured. In cases where regular data is not collected, there is also no possibility to reveal these impacts through research.

During pandemics and immediately after natural disasters, it is necessary to analyze the need for child protection and prepare a guide for data collection. National and local information collection systems should be developed using the guides prepared for this purpose (UNICEF, 2020d; Global Protection Cluster, 2020b, 2020c; Plan International, 2018).

Such data can be used to identify children at risk, as well as facilitate the assessment of policies and services after the danger has passed.

In addition to data collection, information on this subject should be supported by research. Studies such as those assessing the impact of services provided in a certain area in pandemics and natural disasters (Konteh, 2017) and regular surveys investi-

_____

[101] Just after the earthquake in China's Sichuan province in 2008, 900 students were reported to have been left under the rubble at one school alone. It was later determined that 7,000 schools had been damaged and 5,219 children had lost their lives in this earthquake. After the State refused to share information about the children who lost their lives in the earthquake, artist Ai Weiwei tried to determine the number of children through a campaign on social media. This event is important in that it shows that the main flaw in the loss of life or injury of children in earthquakes and pandemics is due to the provision of public services, in which case it becomes more difficult to access data.

gating how services work and how families cope[102] should be supported and considered when planning.

The fact that opinions of children are taken during such studies (Save the Children et al., 2016) is one of the most important elements in terms of assessing the impact on them. It is also worth noting that various studies were conducted in this field in Turkey during the pandemic (SPI, 2020; SGD, 2020; Tarlabaşı Community Center, 2020; Tokmak, 2020).

↘ **33** A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

There is sufficient information about the risks that children are exposed to during pandemics and natural disasters around the world. This accumulation of information has enabled many organizations to predict and warn about the challenges children may face at the beginning of the COVID-19 pandemic. But such information could not prevent similar risks from occurring, and many programs, guides and guidelines prepared to be used in this field were not used by their intended parties.

This shows that there is a need for a plan which is developed considering existing standards (Save the Children, 2007; UNICEF, 2010; Alliance, 2019; Çocuk Çalışma Grubu, 2012; Alliance, 2020a, 2020b; CDEMA and UNICEF, 2020) in child protection and will make such accumulation of information useful. The National Preparedness Plan for Pandemic Influenza developed in 2019 is the result of such a prediction. However, it does not contain a section that focuses on child protection. This also applies to natural disasters. Turkey needs to establish a separate child protection policy for pandemics and natural disasters. Accordingly, provinces should prepare implementation plans taking into account specific risk cases.

A concrete action plan should also be prepared on how to maintain services for disadvantaged groups such as seasonal agricultural workers and refugees for whom the National Preparedness Plan for Pandemic Influenza calls for special attention.

---

[102] cospaceoxford.org/

Ensuring the participation of children and youth in the development and implementation of programs is also important both for strengthening children's capacities and for the effectiveness of results (Plan International, 2010; IICRD et al., 2020). The World Economic Forum recommends that plans to combat the risks caused by the quarantine process, separating children from the social environment, including methods that directly increase the child's capacity and ensure the participation of children and youth in the development of policies, programs and services.[103] In this regard, the checklist developed by Save the Children for policymakers to ensure children's participation in emergency action plans and practices based on experiences from previous natural disasters in South Asia (Save the Children, 2006).

Urgent recommendation

Special planning for İstanbul

Expecting an earthquake shortly, İstanbul is the city with the highest population of children aged 0-4 in Europe (1 million 152 thousand in 2018). We are in a position to anticipate the risks that a possible earthquake will create for a very large population of children. It is necessary to start working in advance and strengthen local resources to deal with these risks.

↘ **34** Legislation should be regularly analyzed, rearranged and implemented.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

In extraordinary situations such as pandemics and natural disasters, it is necessary to examine whether legislation is sufficient to provide the services needed and, in particular, to ensure cooperation and coordination. The shortcomings of legislation should be eliminated. The European Commission's strategy to combat sexual abuse is an example of evaluating such field-specific legislation (European Commission, 2020).

---

[103] www.weforum.org/agenda/2020/05/covid-19-is-hurting-childrens-mental-health

↘ **35** A human resources database should be created and personnel should be supported.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

A human resources database containing those who have experience and knowledge of working in extraordinary situations and emergencies should be created and kept up-to-date. Creating a large pool of human resources and ensuring that they have the necessary equipment for emergency response is one of the most important necessities.

There are reference websites[104] and numerous training programs (UNICEF, 2014a; Çelik et al.) developed for the training of emergency workers. Therefore, what is needed here is to determine the training needs of the person following the developed plan and to ensure that the personnel is prepared for emergencies by using the developed programs.

↘ **36** Guides should be prepared for institutions and services according to the types of services that children will need.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

Guides prepared according to the types of services that children will need and regulate the provision and conditions of services will facilitate the use of initiative by the personnel of the institution in cases of emergency and ensure that services are provided in a standard format. Below are examples of such guides:

- Guide on UNICEF's course of action in emergencies (UNICEF, 2014b)

- Recommendations for employers (UNICEF, ILO and UN Women, 2020)

---

[104] ⌀ kayaconnect.org/course/info.php?id=2249&utm_source=Academy%20newsletter&utm_medium=email&utm_campaign=Kaya_COVID19

- Sample guide related to the opening of schools[105]

- Sample guide for parks and recreational areas (Save the Children, 2015)

- A framework for child welfare agencies (O'Brien, Webster and Herrick, 2007)

↘ **37** A communication strategy should be prepared for the process of combating pandemics and natural disasters.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

An effective communication strategy should be prepared to inform the community in an accurate and timely manner about the decisions made and courses of action to be taken to ensure the protection of children during the combat. This allows for informing children, families and personnel with children regularly and accurately.

↘ **38** A collection point must be created for accurate information.	Relevant sector(s)	Health, Education, Soc. Serv., Soc. Sec.
	Relevant service gaps	H1 H2 E1 E2 E3 S1 S2 S3 C1 P1
	Relevant outcome(s)	I II III IV V VI
	Relevant institution(s)	Min. of Health, MoNE, MFLSS, Min. of Tran., Law Enf., Local Gov., NGOs

There are many examples of services that should be provided and programs that can be implemented to prevent children from being at risk and support them in pandemic and natural disaster conditions and guide prepared to guide professionals and parents around the world and in Turkey. However, the pandemic has shown that many professionals do not know how to perform even their routine tasks in emergencies. Therefore, information produced for emergencies should be collected in a central accessible to everyone and this single point should be known to everyone, just like a physical assembly point.

---

[105] ⬦ www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak

Table 3. Classification of recommendations for strengthening child protection services during and after pandemics and natural disasters by sector

	No	Recommendation
Health	1	Planning should be made to ensure that healthcare organizations and their personnel can maintain their services.
	2	Planning should be made to ensure the relatives of health workers receive the necessary care.
	3	Health institutions and social services should be integrated.
	4	Planning should be made to ensure hospital safety.
	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	16	Parents and children need to be provided with psycho-social support services.
	19	The supporting role of social services for health services needs to be strengthened.
	21	A monitoring system prioritizing child safety should be established.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
Education	5	Planning should be made to provide high-quality distance education to all children.
	6	All children should have the necessary tools and environment to access education.
	7	Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.
	8	Content that can be used with alternative tools should be prepared to ensure children have access to education.
	9	It needs to be ensured that schools and distance education tools include family education as well.
	10	The school absence tracking system needs to be strengthened.
	11	The decision to close the schools should be made after a comprehensive assessment.
	12	Every school needs to have a child protection policy.
	13	Schools and social services should be integrated.

Education	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	16	Parents and children need to be provided with psycho-social support services.
	17	Parents should be empowered to support their children.
	18	Children should be protected against digital risks.
	20	Childcare support should be provided.
	21	A monitoring system prioritizing child safety should be established.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
Social Services	3	Health institutions and social services should be integrated.
	7	Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.
	12	Every school needs to have a child protection policy.
	13	Schools and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	16	Parents and children need to be provided with psycho-social support services.
	17	Parents should be empowered to support their children.
	18	Children should be protected against digital risks.
	19	The supporting role of social services for health services needs to be strengthened.
	20	Childcare support should be provided.
	21	A monitoring system prioritizing child safety should be established.
	22	A network should be created to ensure that children who remain unattended are quickly identified.
	23	Planning should be made to ensure the relatives of social workers receive the necessary care.

Social Services	24	Guides should be prepared to support social workers.
	25	Social protection services for children need to be strengthened.
	26	An effective helpline should be set up.
	27	A risk map should be prepared and planning should be made accordingly.
	28	Child-friendly spaces need to be created.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
Social Security	20	Childcare support should be provided.
	25	Social protection services for children need to be strengthened.
	27	A risk map should be prepared and planning should be made accordingly.
	29	Financial support needs to be provided.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.

Table 4. Classification of recommendations for strengthening child protection services during and after pandemics and natural disasters by outcome

Outcome	No	Recommendation
I Children lose their lives / experience permanent physical and mental health problems. **Right to be protected** CRC art. 6 CRC art. 24	1	Planning should be made to ensure that healthcare organizations and their personnel can maintain their services.
	2	Planning should be made to ensure the relatives of health workers receive the necessary care.
	3	Health institutions and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	16	Parents and children need to be provided with psycho-social support services.
	19	The supporting role of social services for health services needs to be strengthened.
	27	A risk map should be prepared and planning should be made accordingly.
	28	Child-friendly spaces need to be created.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
II Children experience developmental problems due to inadequate and unbalanced nutrition.	1	Planning should be made to ensure that healthcare organizations and their personnel can maintain their services.
	3	Health institutions and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	20	Childcare support should be provided.
	27	A risk map should be prepared and planning should be made accordingly.
	29	Financial support needs to be provided.
	30	Planning should be made taking into account different risk types.

II **Right to be protected** CRC art. 24 CRC art. 27	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
III Children do not receive adequate academic and psycho-social education / are disconnected from education. **Right to be protected** CRC art. 28 CRC art. 31	5	Planning should be made to provide high-quality distance education to all children.
	6	All children should have the necessary tools and environment to access education.
	7	Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.
	8	Content that can be used with alternative tools should be prepared to ensure children have access to education.
	9	It needs to be ensured that schools and distance education tools include family education as well.
	10	The school absence tracking system needs to be strengthened.
	11	The decision to close the schools should be made after a comprehensive assessment.
	12	Every school needs to have a child protection policy.
	13	Schools and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	16	Parents and children need to be provided with psycho-social support services.
	24	Guides should be prepared to support social workers.
	27	A risk map should be prepared and planning should be made accordingly.
	28	Child-friendly spaces need to be created.
	29	Financial support needs to be provided.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.

III	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
IV Children are forced to work or marry.	5	Planning should be made to provide high-quality distance education to all children.
	6	All children should have the necessary tools and environment to access education.
	10	The school absence tracking system needs to be strengthened.
	11	The decision to close the schools should be made after a comprehensive assessment.
	12	Every school needs to have a child protection policy.
	13	Schools and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	17	Parents should be empowered to support their children.
	21	A monitoring system prioritizing child safety should be established.
	23	Planning should be made to ensure the relatives of social workers receive the necessary care.
	25	Social protection services for children need to be strengthened.
	26	An effective helpline should be set up.
	27	A risk map should be prepared and planning should be made accordingly.
	29	Financial support needs to be provided.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.
Right to be protected CRC art. 32 CRC art. 19	34	Legislation should be regularly analyzed, rearranged and implemented.
	35	A human resources database should be created and personnel should be supported.
	36	Guides should be prepared for institutions and services according to the types of services that children will need.

IV	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.
	38	A collection point must be created for accurate information.
V Children are subjected to physical, sexual, emotional or digital abuse.	1	Planning should be made to ensure that healthcare organizations and their personnel can maintain their services.
	3	Health institutions and social services should be integrated.
	7	Specific plans and assistance should be offered to children who have a weak connection with the school and need special education.
	10	The school absence tracking system needs to be strengthened.
	11	The decision to close the schools should be made after a comprehensive assessment.
	12	Every school needs to have a child protection policy.
	13	Schools and social services should be integrated.
	14	Widespread information services should be provided for parents and the community.
	15	Information and support services should be provided for children.
	16	Parents and children need to be provided with psycho-social support services.
	17	Parents should be empowered to support their children.
	18	Children should be protected against digital risks.
	19	The supporting role of social services for health services needs to be strengthened.
	20	Childcare support should be provided.
	21	A monitoring system prioritizing child safety should be established.
	22	A network should be created to ensure that children who remain unattended are quickly identified.
	23	Planning should be made to ensure the relatives of social workers receive the necessary care.
	24	Guides should be prepared to support social workers.
	25	Social protection services for children need to be strengthened.
	26	An effective helpline should be set up.
	27	A risk map should be prepared and planning should be made accordingly.
Right to be protected CRC art. 19 CRC art. 20 CRC art. 25 CRC art. 34 CRC art. 39	28	Child-friendly spaces need to be created.
	29	Financial support needs to be provided.
	30	Planning should be made taking into account different risk types.
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.
	32	Regular research should be conducted and a data collection system should be established for this purpose.

V	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.	
	34	Legislation should be regularly analyzed, rearranged and implemented.	
	35	A human resources database should be created and personnel should be supported.	
	36	Guides should be prepared for institutions and services according to the types of services that children will need.	
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.	
	38	A collection point must be created for accurate information.	
VI Children are exposed to security risks such as accidents, disappearance, abduction.	4	Planning should be made to ensure hospital safety.	
	11	The decision to close the schools should be made after a comprehensive assessment.	
	13	Schools and social services should be integrated.	
	14	Widespread information services should be provided for parents and the community.	
	15	Information and support services should be provided for children.	
	17	Parents should be empowered to support their children.	
	20	Childcare support should be provided.	
	21	A monitoring system prioritizing child safety should be established.	
	22	A network should be created to ensure that children who remain unattended are quickly identified.	
	23	Planning should be made to ensure the relatives of social workers receive the necessary care.	
	25	Social protection services for children need to be strengthened.	
	26	An effective helpline should be set up.	
	27	A risk map should be prepared and planning should be made accordingly.	
	30	Planning should be made taking into account different risk types.	
	31	Coordination between sectors and institutions should be ensured and workflows should be arranged.	
	32	Regular research should be conducted and a data collection system should be established for this purpose.	
	33	A national plan and local plans need to be prepared for the protection of children in pandemics and natural disasters.	
	34	Legislation should be regularly analyzed, rearranged and implemented.	
	35	A human resources database should be created and personnel should be supported.	
Right to be protected CRC art. 19 CRC art. 39	36	Guides should be prepared for institutions and services according to the types of services that children will need.	
	37	A communication strategy should be prepared for the process of combating pandemics and natural disasters.	
	38	A collection point must be created for accurate information.	

References

The references used in the report are presented below classified per sections of the report. All references can be accessed through ÇOKMED website:

✍ www.cokmed.net/kutuphane.html

INTRODUCTION

- Committee on Economic, Social and Cultural Rights. (2020). *Statement on the Coronavirus Disease (Covid-19) Pandemic and Economic, Social and Cultural Rights.*

- Fischer, H. T., Elliott, L. and Bertrand, S. L. (2018). *Guidance Note: Protection of Children During Infectious Disease Outbreaks.* The Alliance for Child Protection in Humanitarian Action.

- Küppers, B. Mischo, F. Pazdzierny, T. and Strube, F. (2018). Most Disaster Victims are Children. *World Risk Report 2018*.

- UNICEF. (2017). *UNICEF Humanitarian Action for Children 2017.*

- WHO. (2020). *Addressing Violence Against Children, Women and Older People During the COVID-19 Pandemic: Key Actions.*

PART I. Risk Factors Caused by Pandemics and Natural Disasters

- Bayar, A.A., Günçavdı, Ö. and Levent, H. (2020). *COVID-19 Salgınının Türkiye'de Gelir Dağılımına Etkisi ve Mevcut Politika Seçenekleri.* İstanPol (İstanbul Politik Araştırmalar Enstitüsü) Politika Raporu.

- Kestel, T. (2020). Pandeminin Yoksulluğa Etkileri. *Sosyal Hizmet*, Temmuz-Aralık 2020.

- Konteh, F. (2017). *After the Outbreak.* World Vision UK and Tearfund.

- Parolin, Z. (2020). Share of Children with Unemployed Parents Reach Historic Highs During the COVID-19 Pandemic. *Poverty and Social Policy Brief, 4*(19).

- Street Child. (2020). COVID-19 Crisis Response – Rapid Assessment Report.

- Şahin, İ. and Kılınç, T. (2016). Türkiye'de 1980-2014 Yılları Arasında Görülen Depremlerin Ekonomik Etkileri. *Siirt Üniversitesi İktisadi ve İdari Bilimler Fakültesi İktisadi Yenilik Dergisi, 4* (1), 33-41.

- TMMOB (2010). Türkiye'de Deprem Gerçeği ve Hastanelerin Durumu. *Türkiye Mühendislik Haberleri (TMH)*, 2020/3-4, 461-2.

- TTB (2020). COVID-19 Pandemisi Altıncı Ay Değerlendirme Raporu.

- You, D., Lindt, N., Allen, R., Hansen, C., Beise, J. and Blume, S. (2020). Migrant and Displaced Children in the Age of Covid-19. *Migration Policy Practice, 10*(2), 32-39.

PART II. Impacts of Pandemics and Natural Disasters on the Protective Environment for Children

- Banerjee, D. and Rai, M. (2020). Social Isolation in Covid-19: The Impact of Loneliness. *International Journal of Social Psychiatry, 66*(6), 525-527.

- Bıkmazer, A., Kadak, M. T., Görmez, V., Doğan, U., Aslankaya, Z. D., Bakır, F., Tarakçıoğlu, M. C., Kaya, İ., Gümüş, Y. Y., Esin, İ. S., Karayağmurlu, A., Adak, İ., Yaylacı, F., Güller, B., Tanır, Y., Koyuncu, Z., Serdengeçti, N., Ermiş, ç., Kaçmaz, G., Gülşen, H., Doğru, H., Bayati, M., Üstündağ, B., Gökler, E., Özyurt, G., Baykara, B., Ekinci, Ö., Başgül, Ş.S., Görmez, A., Emiroğlu, N.İ., Türkçapar, H. and Öztürk, M. (2020). Parental Psychological Distress Associated with COVID-19 Outbreak: A Large-Scale Multicenter Survey From Turkey. *International Journal of Social Psychiatry*.

- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N. and Rubin G.J. (2020). The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. *The Lancet, 395*(10227), 912-920.

- Brown, S.M., Doom, J.R., Lechuga-Pena, S., Watamura, S.E. and Koppels, T. (2020). Stress and Parenting During the Global COVID-19 Pandemic. *Child Abuse and Neglect*.

- Crayne, M.P. (2020). The Traumatic Impact of Job Loss and Job Search in the Aftermath of Covid-19. *Psychological Trauma: Theory, Research, Practice and Policy, 12*(S1), S180-S182.

- Davidson, B., Schmidt, E., Mallar, C., Mahmoud, F., Rothenberg, W., Hernandez, J., Berkovits, M., Jent, J., Delamater, A. and Nalate, R. (2020). Risk and Resilience of Well-Being in Caregivers of Young Children in Response to the COVID-19 Pandemic. *Translational Behavioral Medicine*.

- Miller, J.J., Cooley, M.E. and Mihalec-Adkins, B.P. (2020). Examining the Impact of COVID-19 on Parental Stress: A Study of Foster Parents. *Child and Adolescent Social Work Journal*.

- Osofsky, J.D., Osofsky, H.J. and Mamon, H.Y. (2020). Psychological and Social Impact of Covid-19. *American Psychological Association, 12*(5), 468-469.

- Reynolds, D., Garay J., Deamond S., Moran M., Gold W. and Styra R. (2008). Understanding, Compliance and Psychological Impact of the SARS Quarantine Experience. *Epidemiology & Infection, 136*(7), 997-1007.

- Romanou, E. and Belton, E. (2020). *Isolated and Struggling: Social Isolation and The Risk of Child Maltreatment, In Lockdown and Beyond.* NSPCC.

- Tamo, A.R.T. (2020). An Analysis of Mother Stress Before and During COVID-19 Pandemic: The Case of China. *Health Care for Women International*.

PART III. Outcomes of Pandemics and Natural Disasters for Child Protection Services

- Bayar, A.A., Günçavdı, Ö. and Levent, H. (2020). *COVID-19 Salgınının Türkiye'de Gelir Dağılımına Etkisi ve Mevcut Politika Seçenekleri.* İstanPol (İstanbul Politik Araştırmalar Enstitüsü) Politika Raporu.

- BBOM. (2020). *Pandemi Döneminde Çocukların Hallerine Dair Çevrimiçi Bir Araştırma.*

- Birleşmiş Milletler. (2020). *Politika Notu: COVID-19 Salgınının Çocuklar Üzerindeki Etkileri.*

- Boğaziçi Üniversitesi SPF (Sosyal Politika Forumu) (2020). *COVID-19 Salgınında İstanbul'da Çalışanların Deneyimleri.*

- Child Rights Now. (2020). *Policy Brief: Ending Violence against Children and Covid-19.*

- Eğitim-Sen. (2020). Salgın Günlerinde Uzaktan Eğitim Çalıştayı Sonuç Raporu.

- ERG. (2020). *Eğitim Yönetişimi ve Finansmanı.*

- Eyimaya, A.O. and Irmak, A.Y. (2021). Relationship between Parenting Practices and Children's Screen Time During the COVID-19 Pandemic in Turkey. *Journal of Pediatric Nursing, 56*, 24-29.

- Görmüş, K. and Arslankoç, S. (2020). Sosyal Hizmet Perspektifinden COVID-19 Salgını Sürecinde Aile İçi Şiddet Olgusuna Dair Genel Bir Değerlendirme. *Sosyal Hizmet*, Temmuz-Aralık 2020.

- Gromada, A. Richardson, D. and Rees, G. (2020). Childcare in a Global Crisis: The Impact of COVID-19 on Work and Family Life. *UNICEF Innocenti Research Brief*.

- İşlek, E., Özatkan, Y., Bilir, M.K., Arı, H.O., Çelik, H. and Yıldırım, H.H. (2020). *COVID-19 Pandemi Yönetiminde Türkiye Örneği: Sağlık Politikası Uygulamaları ve Stratejileri.* TÜSPE (Türkiye Sağlık Politikaları Enstitüsü).

- Kalkınma Atölyesi. (2020b). *Pandemi Döneminde Öğretmen Olmak.*

- Kara, E. (2020). Kovid-19 Pandemisindeki Dezavantajlı Gruplar ve Sosyal Hizmet İşgücünün İşlevi. *Türkiye Sosyal Hizmet Araştırmaları Dergisi, 4*(1), 28-34.

- NSPCC. (2020). *The Impact of the Coronavirus Pandemic on Child Welfare: Domestic Abuse.*

- Parolin, Z. and Wimer, C. (2020). Forecasting Estimates of Poverty during the COVID-19 Crisis. *Poverty and Social Policy Brief, 4*(6).

- Plan International. (2014). *Young Lives on Lockdown: The Impact of Ebola on Children and Communities in Liberia.*

- Richardson, D., Carraro, A., Cebotari, V., Gromada, A. and Ress, G. (2020). *Supporting Families and Children Beyond Covid-19.* UNICEF Innocenti Office of Research.

- Romanou, E. and Belton, E. (2020). *Isolated and Struggling: Social Isolation and The Risk of Child Maltreatment, In Lockdown and Beyond.* NSPCC.

- Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S. (2020). Child Welfare and Pandemics: Literature Scan. Toronto: University of Toronto.

- Tolu, Ö. (2020). Salgın Günlerinde Eğitim. *İstanbul Barosu Çocuk Hakları Merkezi 23 Nisan Özel Yayını*.

- UNICEF. (2020a). *Children in Lockdown: What Coronavirus Means for UK Children.*

- UNICEF. (2020f). *Lives Upended: How COVID-19 Threatens the Futures of 600 Million South Asian Children.*

- UNICEF. (2020g). Protecting Children from Violence in the Time of Covid-19: Disruptions in Prevention and Response Services.

- UNICEF. (2020k). *Averting a Lost Covid Generation.*

- UNICEF and ITU. (2020). *How Many Children and Young People Have Internet Access at Home.*

- United Nations. (2020a). *Policy Brief: COVID-19 and People on the Move.*

- Uysal, G. and Genç, Y. (2019). Üç Çocuktan Biri Maddi Yoksunluk İçinde Büyüyor. *Betam Araştırma Notu,* 19/241.

- World Vision. (2020b). *Policy Brief: COVID-19 and Risks to Children's Health and Nutrition.*

PART IV. Outcomes of Pandemics and Natural Disasters for Children

- Akoğlu, G. and Karaaslan, B.T. (2020). COVID-19 ve İzolasyon Sürecinin Çocuklar Üzerindeki Olası Psikososyal Etkileri. *İzmir Katip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 5*(2), 99-103.

- Alliance for Child Protection in Humanitarian Action. (2016). *Inter-Agency Toolkit: Supporting the Protection Needs of Child Labourers in Emergencies.*

- Alliance for Child Protection in Humanitarian Action. (2020d). *Technical Note: COVID-19 and Child Labour.*

- Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF and WHO. (2020). *COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home.*

- Bakrania, S., Chavez, C., Ipince, A., Rocca, M., Oliver, S., Claire, S. and Subrahmanian, R. (2020). Impacts of Pandemics and Epidemics on Child Protection Lessons Learned from a Rapid Review in the Context of Covid-19. *UNICEF Innocenti Working Paper*, 5.

- Campbell, A. M. (2020). An Increasing Risk of Family Violence During the COVID-19 Pandemic: Strengthening Community Collaborations to Save Lives. *Forensic Science International: Reports* 2, (100089).

- Center for Sports and Human Rights. (2020). *An Overview of the Sport-Related Impacts of the COVID-19 Pandemic on Children.*

- Child Rights Now. (2020). *Policy Brief: Ending Violence against Children and Covid-19.*

- Clay, J. M. and Parker, M. O. (2020). Alcohol Use and Misuse During the COVID-19 Pandemic: A Potential Public Health Crisis? *The Lancet: Public Health 5*(5).

- CRED (Centre for Research on the Epidemiology of Disasters) and UNISDR (United Nations Office for Disaster Risk Reduction). (2018). *Economic Losses, Poverty and Disasters (1998-2017).*

- Cuartas, J. (2020). Heightened Risk of Child Maltreatment Amid the COVID-19 Pandemic can Exacerbate Mental Health Problems for the Next Generation. *American Psychological Association, 12*(S1), S195-S196.

- Curtis, T., Miller, B.C. and Berry, E.H. (2000). Changes in Reports and Incidence of Child Abuse Following Natural Disasters. Child Abuse and Neglect, 24(9), 1151-1162.

- Cuschieri, S. and Grech, S. (2020). Covid-19: A One-Way Ticket to a Global Childhood Obesity Crisis? *Journal of Diabetes and Metabolic Disorders*.

- ERG. (2020). *Eğitim Yönetişimi ve Finansmanı.*

- Ergönen, A.T., Biçen, E. and Ersoy, G. (2020). COVID-19 Salgınında Ev İçi Şiddet. *Adli Tıp Bülteni*, 25, 48-57.

- Eurochild. (2020). *Growing Up in Lockdown: Europe's Children in the Age of Covid-19.* 2020 Eurochild Report.

- Fischer, H. T., Elliott, L. and Bertrand, S. L. (2018). *Guidance Note: Protection of Children During Infectious Disease Outbreaks.* The Alliance for Child Protection in Humanitarian Action.

- Graber, K.M., Byrne, E.M., Goodacre, E.J., Kirby, N., Kulkarni, K., O'Farrelly, C. and Ramchandani, P.G. (2020). A Rapid Review of the Impact of Quarantine and Restricted Environments on Children's Play and the Role of Play in Children's Health. *Child Care Health Dev.* 1-11.

- Gupta, J. and Agrawal, A. (2010). Chronic Aftershocks of an Earthquake on the Well-Being of Children in Haiti: Violence, Psychosocial Health and Slavery. *Canadian Medical Association Journal, 182*(18), 1997–1999.

- ILO and UNICEF. (2020). *COVID-19 and Child Labour: A Time of Crisis, A Time to Act.*

- Interpol. (2020). *Threats and Trends: Child Sexual Exploitation and Abuse – COVID-19 Impact.*

- Kofman, Y.B. and Garfin, D.R. (2020). Home Is Not Always a Haven: The Domestic Violence Crisis Amid the COVID-19 Pandemic. *American Psychological Association, 12*(S1), S199-S201.

- Li, A. M., Chan, C. H. and Chan, D. F. (2004). Long-Term Sequelae of SARS in Children. *Paediatric Respiratory Reviews, 5*(4), 296–299.

- Miranda, D.M., Athanasio, B.S, Oliveira, A.C.S. and Simoes-e-Silva, A.C. (2020). How Is COVID-19 Pandemic Impacting Mental Health of Children and Adolescents? *International Journal of Disaster Risk Reduction*, 51.

- Morelli, M., Cattelino, E., Baiocco, R., Trumello, C., Babore, A., Candelori, C. and Chirumbolo, A. (2020). Parents and Children During the COVID-19 Lockdown: The Influence of Parenting Distress and Parenting Self-Efficacy on Children's Emotional Well-Being. *Frontiers in Psychology*, 11.

- Nogueira-de-Almeida, C. A., Del Ciampo, L. A., Ferraz, I. S., Del Ciampo, I., Contini, A. A. and Ued, F. (2020). COVID-19 and Obesity in Childhood and Adolescence: A Clinical Review. *Jornal de Pediatria, 96*(5), 546–558.

- OECD. (2018). Children and Young People's Mental Health in the Digital Age.

- OECD. (2020). *Combatting COVID-19's Effect on Children.*

- Öztürk, M.S., Yılmaz, N., Erbil, D.D. and Hazer, O. (2020). COVID-19 Pandemi Döneminde Hanehalkındaki Çatışma ve Birlik-Beraberlik Durumunun İncelenmesi. *Turkish Studies, 15*(4), 295-314.

- Palacio-Ortiz, J.D., Londono-Herrera, J.P., Nanclares-Márquez, A. Robledo-Rengifo, P. and Quintero-Cadavid, C.P. (2020). Psychiatric Disorders in Children and Adolescents during the COVID-19 Pandemic. *Rev. Colomb. Psiquiat, 49*(4), 279-288.

- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S. and Van Gelder, N. (2020). Pandemics and Violence Against Women and Children. Washington D.C: Center for Global Development, *Working Paper*, 528.

- Phelps, C. and Sprery, L.L. (2020). Children and the COVID-19 Pandemic. *American Psychological Association, 12*(S1), S73-S75.

- Plan International, Save the Children, Terre des Hommes, UNICEF and World Vision. (2016). *One Year After the Nepal Earthquake.*

- Rezaeian, M. (2013). The Association Between Natural Disasters and Violence: A Systematic Review of the Literature and a Call for More Epidemiological Studies. *Journal of Research in Medical Sciences, 18*(12), 1103-1107.

- Romanou, E. and Belton, E. (2020). *Isolated and Struggling: Social Isolation and The Risk of Child Maltreatment, In Lockdown and Beyond.* NSPCC.

- Safe to Learn. (2020a). *Safe to Learn During Covid-19: Recommendations to Prevent and Respond to Violence against Children in All Learning Environments.*

- Save the Children. (2004b). *Emergencies and the Psychosocial Care and Protection of Affected Children.*

- Save the Children. (2020c*). The Hidden Impact of COVID-19 on Child Protection and Wellbeing.*

- Save the Children, UNICEF, Plan, World Vision. (2016). *Children's Ebola Recovery Assessment: Sierra Leone.*

- Shrestha, A., Bhusal, C.K., Shrestha, B. and Bhattarai, K. D. (2020). Nutritional Status of Children and Its Associated Factors in Selected Earthquake-Affected VDCs of Gorkha District, Nepal. *International Journal of Pediatrics*, 2020, 5849548.

- Sosyo Politik Saha Araştırmaları Merkezi. (2020). COVID-19 Karantinasından Kadının Etkilenimi ile Kadın ve Çocuğa Yönelik Şiddete İlişkin Türkiye Araştırma Raporu.

- Street Child. (2020). COVID-19 Crisis Response – Rapid Assessment Report.

- Taddei, L. (2020). *Impact of COVID-19 on Online Child Exploitation.* London: We PROTECT Global Alliance.

- Tso, W.W.Y., Wong, R.S., Tung, K.T.S., Rao, N., Fu, K.W., Yam, J.C.S., Chua, G.T., Chen, E.Y.H., Lee, T.M.C., Chan, S.K.W., Wong, W.H.S., Xiong, X., Chui, C.S., Li, X., Wong, K., Leung, C., Tsang, S.K.M., Chan, G.C.F., Tam, P.K.H., Chan, K.L., Kwan, M.Y.W., Ho, M.H.K., Chow, C.B., Wong, I.C.K. and Ip, P. (2020). Vulnerability and Resilience in Children During the COVID-19 Pandemic. *European Child and Adolescent Psychiatry*.

- UNFPA and UNICEF. (2020). *Child Marriage in COVID-19 Contexts.*

- UNICEF. (2020a). *Children in Lockdown: What Coronavirus Means for UK Children*.

- UNICEF, WHO and World Bank Group. (2020). *Levels and Trends in Child Malnutrition.*

- UNICEF, World Childhood Foundation, End Violence Against Children, ITU, UNESCO, UNODC, We PROTECT Global Alliance and World Health Organization (WHO). (2020a). *COVID-19 and Its Implications for Protecting Children Online.*

- United Nations. (2020c). *Policy Brief: The Impact of COVID-19 on Children.*

- United Nations. (2020d). *Policy Brief: The Impact of COVID-19 on Food Security and Nutrition.*

- Usher, K., Bhullar, N., Durkin, J., Gyamfi, N. and Jackson, D. (2020). *Family Violence and COVID-19: Increased Vulnerability and Reduced Options for Support. International Journal of Mental Health Nursing, 29*(4), 549-552.

- Uysal, G. and Genç, Y. (2019). *Üç Çocuktan Biri Maddi Yoksunluk İçinde Büyüyor. Betam Araştırma Notu,* 19/241.

- Ünal, B. and Gülseren, L. (2020). *COVID-19 Pandemisinin Görünmeyen Yüzü: Aile İçi Kadına Yönelik Şiddet. Klinik Psikiyatri Dergisi*, 23, 89-94.

- Via, E., Estrada-Prat, X., Tor, J., Virgili, C., Fabrega, M., Duran, L., Aida, J.A., Keating, C. and Dolz, M. (2020). *COVID-19 Pandemic: Increased Risk for Psychopathology in Children and Adolescents?*

- Weitzman, A. and Behrman, J.A. (2016). *Disaster, Disruption to Family Life and Intimate Partner Violence: The Case of the 2010 Earthquake in Haiti. Sociological Science*, 3, 167-189

- Whipple, E. E. and Webster-Stratton, C. (1991). *The Role of Parental Stress in Physically Abusive Families. Child Abuse & Neglect, 15*(3), 279-291.

- WHO. (2006). *Child Maltreatment and Alcohol.*

- WHO. (2020). *Addressing Violence Against Children, Women and Older People During the COVID-19 Pandemic: Key Actions.*

- World Vision. (2020b). *Policy Brief: COVID-19 and Risks to Children's Health and Nutrition.*

- World Vision. (2020c). *Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children.*

- World Vision. (2020d). *COVID-19 Aftershocks: Access Denied.*

- World Vision. (2020e). *COVID-19 Aftershocks: A Perfect Storm.*

- World Vision. (2020f). *COVID-19 Aftershocks: Out of Time.*

- World Vision. (2020h). *Act Now: Experiences and Recommendations of Girls and Boys on the Impact of Covid-19.*

Vulnerable Groups

- Alliance for Child Protection in Humanitarian Action. (2020e). *Teknik Bilgi Notu: COVID-19 ve Özgürlüğünden Yoksun Bırakılan Çocuklar.*

- Better Care Network, Alliance and UNICEF. (2020). *Protection of Children During the COVID-19 Pandemic – Children and Alternative Care.*

- Childhood Trust. (2020). *Children in Lockdown – The Consequences of the Coronavirus Crisis for Children Living in Poverty.*

- Consortium for Street Children. (2020). *The Impact of COVID-19 on Children in Street Situations.*

- Endale, T., Jean, N. and Birman, D. (2020). *COVID-19 and Refugee and Immigrant Youth: A Community-Based Mental Health Perspective. American Psychological Association, 12*(S1), S225-S227.

- IOM. (2015). *Addressing Human Trafficking and Exploitation in Times of Crisis.*

- Kalkınma Atölyesi. (2020a). *Fındık Dalda Kalmaz: Koronavirüs Salgınının Mevsimlik Gezici Tarım İşçileri ve Onların Çocuklarının Fındık Hasadına Katılımına Olası Etkileri ve Önlemler.*

- Kalkınma Atölyesi. (2020c). *Salgında Ötelenenler.*

- Kalkınma Atölyesi. (2020d). *Virüs mü, Yoksulluk mu? Koronavirüs Salgınının Mevsimlik Gezici Tarım İşçileri ve Onların Çocukları ile Bitkisel Üretime Olası Etkisi.*

- Mardin, D., Özvarış, Ş.B., Sakarya, S., Kayı, İ., Gürsoy, G., Yukarıkır, N. and Başpınar, A. (2020). *COVID-19 Sürecinde Türkiye'de Göçmen ve Mültecilerin Durumu. Sağlık ve Toplum*, COVID-19, Özel Sayısı, 112-118.

- OECD. (2020). *Combatting COVID-19's Effect on Children.*

- Save the Children. (2020d). *Tipsheet for Disability Inclusion During COVID-19 – Child Protection.*

- Save the Children. (2020e). *Tipsheet for Disability Inclusion During COVID-19 – Education.*

- Save the Children. (2020f). *Tipsheet for Disability Inclusion During COVID-19 – Nutrition.*

- SGDD-ASAM. (2020). *COVID-19 Salgınının Türkiye'de Mülteciler Üzerindeki Etkilerinin Sektörel Analizi.*

- SPI (Small Projects İstanbul). (2020). *COVID-19 Sürecinde İstanbul'un Farklı Yerleşimlerinde Çocukların Haklarına Erişimi Araştırması: Mülteci Çocuklardan Deneyimler.*

- UNICEF. (2020e). *Children with Disabilities – Ensuring their Inclusion in COVID-19 Response Strategies and Evidence Generation.*

- UNICEF. (2020i). *COVID-19 Response: Considerations for Children and Adults with Disabilities.*

- United Nations. (2020a). *Policy Brief: COVID-19 and People on the Move.*

- United Nations. (2020b). *Policy Brief: A Disability-Inclusive Response to Covid-19.*

- You, D., Lindt, N., Allen, R., Hansen, C., Beise, J. and Blume, S. (2020). Migrant and Displaced Children in the Age of Covid-19. *Migration Policy Practice, 10*(2), 32-39.

PART VI. Recommendations for Strengthening Child Protection Services During and After Pandemics and Natural Disasters

- Aile ve Sosyal Politikalar Bakanlığı and UNICEF. (2015). *Değerlendirme Raporu: Van-Erciş Depremleri Sonrası Yürütülen Psikososyal Destek Programlarının Değerlendirilmesi.*

- Akbaş, A., Akpınar, F., Cucu, S.C., Fırat, M.Ç., Hayran, G., İnce, S., Brohi, Z.Y., Keleş, C. and Yağbasan, B. (2020). *Yeni Tip Koronavirüs Salgınında İlk Beş Yaştaki Çocuklarımızın Gelişimini Destekleme Rehberi.*

- Alliance for Child Protection in Humanitarian Action. (2019). *Minimum Standards for Child Protection in Humanitarian Action.*

- Alliance for Child Protection in Humanitarian Action. (2020a). *Technical Note: Protection of Children During the Coronavirus Pandemic.*

- Alliance for Child Protection in Humanitarian Action. (2020b). *Teknik Bilgi Notu: Koronavirüs Pandemisi Sırasında Çocukların Korunması.*

- Alliance for Child Protection in Humanitarian Action. (2020c). *Technical Note: Adaptation of Child Protection Case Management to COVID-19 Pandemic.*

- Alliance for Child Protection in Humanitarian Action. (2020f). *Weighing up the Risks: School Closure and Reopening under Covid-19.*

- Alliance for Child Protection in Humanitarian Action, Child Helpline International and UNICEF. (2020). *Technical Note: Child Helplines and the Protection of Children during the COVID-19 Pandemic.*

- Alliance for Child Protection in Humanitarian Action, Save the Children and UNICEF. (2020). *Social Protection and Child Protection: Working Together to Protect Children from the Impact of COVID-19 and Beyond.*

- Arigatou International. (2020). *Learning to Live Together: An Activity Booklet for Children during the COVID-19 Pandemic.*

- Australian Government. (2020a). *COVID-19 Global Online Safety Advice for Parents.*

- Australian Government. (2020b). *Keeping Children Safe Online During the COVID-19 Pandemic.*

- Barnett, K. and Wedge, J. (2010). *Child Protection Systems in Emergencies: A Review of Current Thinking and Experience.*

- Better Care Netwok, Save the Children, Alliance and UNICEF. (2020). *Guidance for Alternative Care Provision During Covid-19.*

- Better Care Network and UNICEF. (2020). *It's Time for Care – Prioritizing Quality Care for Children During the COVID-19 Pandemic.*

- Bitler, M., Hoynes, H. and Kuka. E. (2016). Child Poverty, The Great Recession and the Social Safety Net in the United States. *NBER Working Paper Series* No. 22682.

- CDEMA and UNICEF. (2020). *Regional Protocol for the Integrated Protection of Children and Adolescents in Emergency and Disaster Situations.*

- Council of Europe. (2017). *Parenting in the Digital Age.*

- Çelik, C., Pehlivan, R., Kınay, Ş., Selim, M., Özkan, A., Dinçer, M., Öztürk, E. and Tortop, Z. *Çocuk Bakım Kuruluşlarında Çalışan*

Personele Yönelik İstismar ile Mücadele Rehber Kitapçığı. T.C. Aile ve Sosyal Politikalar Bakanlığı, Yayın No. 07.

- Çocuk Çalışma Grubu (2012). _İnsani Yardım Çalışmalarında Çocuk Korumaya Yönelik Asgari Standartlar._

- Dreesen, T., Akseer, S., Brossard, M., Dewan, P., Giraldo, J., Kamei, A., Mizunoya, S. and Ortiz, J.S. (2020). _Promising Practices for Equitable Remote Learning – Emerging Lessons from COVID-19 Education Responses in 127 Countries. UNICEF Innocenti Research Brief._

- ECDC. (2020). _COVID-19 in Children and the Role of School Settings in COVID-19 Transmission._

- ECPAT International. (2006). _Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations._

- Eğitim-Sen. (2020). _Salgın Günlerinde Uzaktan Eğitim Çalıştayı Sonuç Raporu._

- Ercan, E.S., Arman, A.R., Emiroğlu, N.İ., Öztop, D.B. and Yalçın, Ö. (2020). _COVID-19 (Korona) Virüs Salgını Sırasında Aile, Çocuk ve Ergenlere Yönelik Psikososyal ve Ruhsal Destek Rehberi._ Türkiye Çocuk ve Genç Psikiyatrisi Derneği.

- Esencan, S.N. (2020). _Pandemide Çocuk Olmak. İstanbul Barosu Çocuk Hakları Merkezi 23 Nisan Özel Yayını._

- European Commission. (2020). _EU Strategy for a More Effective Fight Against Child Sexual Abuse._

- Fischer, H. T., Elliott, L. and Bertrand, S. L. (2018). _Guidance Note: Protection of Children During Infectious Disease Outbreaks._ The Alliance for Child Protection in Humanitarian Action.

- Global Protection Cluster. (2016). _Child Protection in Emergencies – Coordination Handbook._

- Global Education Cluster. (2020). _Safe Back to School: A Practitioner's Guide._

- Global Protection Cluster. (2020a). _Key Aspects on the Activation of Child Protection Coordination Platforms for Responding to Co-vid-19._

- Global Protection Cluster. (2020b). _Needs Identification and Analysis Framework for Child Protection Response Planning during Covid-19._

- Global Protection Cluster. (2020c). _Child Protection and Covid-19: Data Collection Tips and Key Considerations._

- Harman, L., Anderson, C., Anderson, N. Fiala. O. and Wright, Y. (2020). _A Foundation to End Child Poverty. Save the Children._

- Herrenkoh, T.I., Scott, D., Higgins, D.J., Klika, J.B. and Lonne, B. (2020). _How COVID-19 Is Placing Vulnerable Children at Risk and Why We Need a Different Approach to Child Welfare. Child Maltreatment._

- IASC (Inter-Agency Standing Committee). (2020). _My Hero Is You: How Kids Can Fight Covid-19._

- IICRD, CPC Learning Network, Global Protection Cluster, UNICEF, IFRC. (2020). _Children as Partners in Child Protection in COVID-19 Guide._

- INEE (The Inter-Agency Network for Education in Emergencies). (2004). _Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction._

- ITU (International Telecommunication Union). (2020a). _Guidelines for Parents and Educators on Child Online Protection._

- ITU (International Telecommunication Union). (2020b). _Guidelines for Policy Makers on Child Online Protection._

- ITU (International Telecommunication Union). (2020c). _Guidelines for Industry on Child Online Protection._

- Kara, E. (2020). _Kovid-19 Pandemisindeki Dezavantajlı Gruplar ve Sosyal Hizmet İşgücünün İşlevi. Türkiye Sosyal Hizmet Araştırmaları Dergisi, 4_(1), 28-34.

- Kliman, G., Oklan, E. and Wolfe, H. (2020). _Benim Pandemi Hikayem._ Çeviri ve uyarlama: Prof. Dr. Fevziye Toros.

- Konteh, F. (2017). _After the Outbreak._ World Vision UK and Tearfund.

- MHPSS Collaborative and Save the Children. (2020). _Tips for Parents and Caregivers during COVID-19 School Closures._

- Molina, M. (2020). _Covibook._

- NASP (National Association of School Psychologists) and NASN (National Association of School Nurses). (2020). _Talking to Children About COVID-19 (Coronavirus) – A Parent Resource._

- NSTSN (The National Child Traumatic Stress Network). (2020). _Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019 (Covid-19)._

- O'Brien, M., Webster, S. and Herrick, A. (2007). _Coping with Disasters and Strengthening Systems: A Framework for Child Welfare Agencies._

- Öğretmen Ağı. (2020). *Yeni Dönemde Okula Uyum Kitapçığı.*

- Öner, Ö. (2020). *COVID-19 ve Çocuklar.* Türkiye Psikiyatri Derneği.

- Parentkind. (2020). *School Closures and Coronavirus – Parent Survey.*

- Plan International. (2010). *Child-Centred Disaster Risk Reduction.*

- Plan International. (2016a). *Child and Adolescent Friendly Spaces – Providing Child Protection and Education in Emergencies.*

- Plan International. (2016b). *Help and Protection Desks.*

- Plan International. (2016c). *Mobile Teams Delivering Child Protection and Education in Emergencies.*

- Plan International. (2018). *Child-Centered Multi-Risk Assessments.*

- Romanou, E. and Belton, E. (2020). *Isolated and Struggling: Social Isolation and The Risk of Child Maltreatment, In Lockdown and Beyond.* NSPCC.

- Safe to Learn. (2020b). *Reopening Schools Safely: Recommendations for Building Back Better to End Violence against Children in and Through Schools.*

- Safe to Learn. (2020c). *Supporting Schools to Provide a Safe Online Learning Experience.*

- SAMHSA (Substance Abuse and Mental Health Services Administration). *Talking with Children: Tips for Caregivers, Parents and Teachers during Infectious Disease Outbreaks.*

- Save the Children. (2004a). *Separated Children: Care and Protection of Children in Emergencies.*

- Save the Children. (2004b). *Emergencies and the Psychosocial Care and Protection of Affected Children.*

- Save the Children. (2004c). *Psychosocial Care and Protection of Children in Emergencies – A Field Guide.*

- Save the Children. (2006). *Child Rights Perspective in Response to Natural Disasters in South Asia.*

- Save the Children. (2007). Child Protection in Emergencies.

- Save the Children. (2015). *Protecting Children in Disasters – A Guide for Parks and Recreation Professionals.*

- Save the Children. (2020a). *COVID-19 Child Protection Case Management Guidance.*

- Save the Children. (2020b). *COVID-19 Guidance for Interim Care Centers.*

- Save the Children, UNICEF, Plan, World Vision. (2016). *Children's Ebola Recovery Assessment: Sierra Leone.*

- SGD (Sulukule Gönüllüleri Derneği). (2020). *COVID-19 Sürecinde İstanbul'un Farklı Yerleşimlerinde Çocukların Haklarına Erişimi Araştırması: Karagümrük Örneği.*

- SPI (Small Projects İstanbul). (2020). *COVID-19 Sürecinde İstanbul'un Farklı Yerleşimlerinde Çocukların Haklarına Erişimi Araştırması: Mülteci Çocuklardan Deneyimler.*

- Stevens, A.H. (2019). Safety Net Enables Faster, More Permanent Exit from Deep Poverty. *Center for Policy Research, Policy Brief, 7*(6).

- Şen, N.B. (2020). COVID-19'un Sosyal Boyutu; Koruyucu ve Önleyici Sosyal Hizmet. *Sosyal Hizmet*, Temmuz-Aralık 2020.

- Tarlabaşı Toplum Merkezi. (2020). *COVID-19 Sürecinde İstanbul'un Farklı Yerleşimlerinde Çocukların Haklarına Erişimi Araştırması: Tarlabaşı Örneği.*

- Tokmak, M. (2020). *Çocuklar ve Gençlerin Kısık Seslerini Duyun ve Kulak Verin Lütfen.*

- Trivayi, N., Richardson, D., Gavrilovic, M., Groppo, V., Kajula, L., Valli, E. and Viola, F. (2020). A Rapid Review of Economic Policy and Social Protection Responses to Health and Economic Crises and Their Effects on Children. *UNICEF Innocenti Research Brief, 2.*

- Türk Kızılayı. (2008). *Afetlerde Psikososyal Destek Uygulama Rehberi.*

- UNICEF. (2007). *The Lost Ones: Emergency Care and Family Tracing for Separated Children from Birth to Five Years.*

- UNICEF. (2009). *Psychosocial Support of Children in Emergencies.*

- UNICEF. (2010). *Core Commitments for Children in Humanitarian Action.*

- UNICEF. (2014a). *Acil Durumlarda Çocuk Koruma Eğitimi – Katılımcı El Kitabı.*

- UNICEF. (2014b). *Acil Durumlarda Çocuklara Yönelik Temel Görevler.*

- UNICEF. (2016). *Care and Protection of Children in the West African Ebola Virus Disease Epidemic.*

- UNICEF. (2020b). *Children, Isolation and Quarantine: Preventing Family Separation and Other Child Protection Considerations during the COVID-19 Pandemic.*

- UNICEF. (2020c). Psychosocial Support for Children during COVID-19 – A Manual for Parents and Caregivers.

- UNICEF. (2020d). *Research on Violence Against Children During the COVID-19 Pandemic.*

- UNICEF. (2020h). *COVID-19 – Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents and Families.*

- UNICEF. (2020j). Responding to the Mental Health and Psychosocial Impact of COVID-19 on Children and Families.

- UNICEF. (2020k). *Averting a Lost Covid Generation.*

- UNICEF, IFSW, The Alliance and Global Alliance. (2020c). *Social Service Workforce Safety and Wellbeing During the COVID-19 Response – Recommended Actions.*

- UNICEF, ILO and UN Women. (2020). *Family-Friendly Policies and Other Good Workplace Practices in the Context of Covid-19: Key Steps Employers Can Take.*

- UNICEF, WFP and FAO. (2020). Mitigating the Effects of the COVID-19 Pandemic on Food and Nutrition of Schoolchildren.

- UNICEF, World Childhood Foundation, End Violence Against Children, ITU, UNESCO, UNODC, We PROTECT Global Alliance and World Health Organization (WHO). (2020b). *COVID-19 and Its Implications for Protecting Children Online – Resource Pack.*

- United Nations. (2020e). *Policy Brief: Education During COVID-19 and Beyond.*

- United Nations. (2020d). *Policy Brief: The Impact of COVID-19 on Food Security and Nutrition.*

- Viner, R. M., Russell, S.J., Croker, H., Packer, J., Ward, J., Stansfield, C., Mytton, O., Bonell, C. and Booy, R. (2020). School Closure and Management Practices During Coronavirus Outbreaks Including COVID-19: A Rapid Systematic Review. *The Lancet, Child and Adolescent Health, 4.*

- Walsh, K., Wallace, E., Ayling, N. and Sondergeld, A. (2020). *Best Practice Framework for Online Safety Education.* Queensland University of Technology.

- WHO. (2015). *Hospital Safety Index Guide for Evaluators.*

- World Vision. (2020a). *Policy Brief: COVID-19 and Urgent Need for Child-Sensitive Social Protection.*

- World Vision. (2020b). *Policy Brief: COVID-19 and Risks to Children's Health and Nutrition.*

- World Vision. (2020g). *Strengthening Livelihoods and Preventing Child Marriage in Times of Covid-19.*

Resource Sites

Alliance for Child Protection in Humanitarian Action	⌀ alliancecpha.org/en/series-of-child-protection-materials/protec-tion-children-during-covid-19-pandemic
Better Care Network	⌀ bettercarenetwork.org/library/particular-threats-to-childrens-ca-re-and-protection/resource-center-on-covid-19-and-child-rens-care
	⌀ www.coe.int/en/web/children/covid-19
Council of Europe	⌀ www.cpaor.net/COVID-19
CP AoR (Child Protection Area of Responsibility)	⌀ home.crin.org/readlistenwatch/stories/coronavirus-and-child-rens-rights
CRIN	⌀ www.end-violence.org/protecting-children-during-co-vid-19-outbreak
Global Partnership to End Violence Against Children	⌀ www.globalprotectioncluster.org/covid-19/
Global Protection Cluster	⌀ www.ispcan.org/covid19resourcepage/
ISPCAN	⌀ learning.nspcc.org.uk/safeguarding-child-protection/coronavirus
NSPCC Learning	⌀ plan-international.org/covid-19-pandemic
Plan International	⌀ reliefweb.int/topics/covid-19-global
Relief Web	⌀ resourcecentre.savethechildren.net/spotlight/covid-19-informa-tion-and-guidance
Save the Children	⌀ www.togetherforgirls.org/covid-19/
Together for Girls	⌀ www.unicef.org/coronavirus/covid-19
UNICEF	⌀ www.who.int/emergencies/diseases/novel-coronavirus-2019
World Health Organization	