

# Checklist for child-friendly isolation and treatment centers: Considerations for design, implementation, and budgeting

Strengthening collaboration between child protection and health actors during infectious disease outbreaks

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A common element of outbreak response is the establishment of isolation and treatment centers. These are dedicated spaces for isolating sick and infected people to facilitate their treatment while preventing the spread of infection. An isolation and treatment center can be a new building, a repurposed site, or a temporary structure. This is often highly context-dependent and influenced by the severity of the disease, its spread, and the likelihood of recurrence.

In many humanitarian settings where disease outbreaks occur, children represent a large proportion of the affected population. Their physical and psychological needs must continue to be met during triage, admission, clinical care, and discharge. However, isolation and treatment centers are rarely designed, implemented, or budgeted to fully meet the needs of children and their caregivers. They must be prepared to prevent and respond to the protection risks faced by children of diverse backgrounds based on their evolving capacities and needs. Child protection staff should be an integral part of isolation and treatment centers. Whenever possible, children should not be separated from their caregivers.

Many of the considerations outlined here for isolation and treatment centers may also be applicable to other health facilities providing medical care to children during outbreak preparedness and response.

## Who should use this checklist?

Isolation and treatment centers are usually run by health actors but are multisectoral in nature. They should be planned and implemented in collaboration with child protection actors to ensure they are child-friendly. Certain interventions also require the involvement of actors from Water, Sanitation and Hygiene (WASH); Nutrition; Shelter; Mental Health and Psychosocial Support (MHPSS); and Education. Health and Child Protection staff should review the budget section of the checklist with colleagues in logistics, fundraising, grant management, finance, human resources, and/or management to identify specific costs in each context and ensure sufficient prioritization of funding for the integration of child protection considerations.

## When should you use this checklist?

This checklist is designed to be used during outbreak preparedness and readiness phases. You can also use it to improve child-friendly services when responding to an outbreak. The budget checklist can also help with preparing funding proposals, allocating budgets, recruiting personnel, and planning procurement.

## What does this checklist cover?

This checklist is divided into three main sections:

- > Design
- > Implementation
- > Budgeting



Source: Lei Tapang / Save the Children  
Alvin puts a mask on his daughter Feliza, 5, Philippines.

☑	Design
	<b>Consult with children</b> on the design and implementation of child-friendly isolation and treatment centers as part of outbreak preparedness activities.
	> Collaborate with child protection personnel to safely and meaningfully engage children and youth of different ages, genders, disabilities, and backgrounds.
	> Build on existing community-level child protection structures to consult with children and use innovative approaches as needed.
	> Continue to engage with children, including inpatients, during the outbreak response to capture their perspectives and feedback.
	> Work with WASH stakeholders to apply the <a href="#">CHILD-SAN Framework</a> <sup>1</sup> based on consultation with children with disabilities.
	<b>Designate a child-friendly corner or space</b> where children can access a safe environment to promote their psychosocial well-being through play, peer support, and/or learning.
	> If there is a high risk of disease transmission that cannot be adequately mitigated through infection prevention and control measures, child-friendly spaces cannot always involve mixing children in designated areas.
	> The area can be made available indoors and/or outdoors.
	> Provide adequate space for children and their caregivers to maintain safe social distancing.
	> Provide a sanitized mat for infants and younger children to sit, lie, or crawl.
	> Provide learning and recreational materials for diverse children, including those of different ages, genders, and disabilities. These should be easily and regularly cleaned and sanitized.
	> Provide child-sized furniture that can be easily cleaned and sanitized.
	> Decorate with bright colors and textures.
	Provide a <b>safe and accessible environment for children.</b>
	> Select a location for the isolation and treatment center that is sensitive to the needs of children and families.
	> Choose a location that is accessible by public transportation, if available.
	> Provide accessibility throughout the site with ramps, angled handrails, wide doorways, and other inclusive accommodations for children and adults with various disabilities.
	> Install fencing, barriers, and lockable storage areas and/or containers as needed to ensure physical safety throughout the site.
	> Post warning signs in picture format and/or in the languages of the affected population at heights visible to children.
	> Restrict children’s access to needles and other sharp instruments that can cause physical injury, medications and cleaning products that can cause poisoning or overdose, or recreational or learning materials that can pose a choking hazard.

<sup>1</sup> Rosato-Scott, C., Evans, B. E., & Barrington, D. J. (2021). CHILD-SAN: A new disability-inclusive framework for emergency sanitation for children aged five to 11, based on a systematic review of existing guidance. *Journal of International Humanitarian Action* 6(1), 18. <https://doi.org/10.1186/s41018-021-00107-6>

☑	Design
	<b>Make safe, family-centered sleeping and sanitation facilities available.</b>
	> Provide designated family rooms and/or children’s wards. In addition, provide a safe sleeping area for unaccompanied children, including overnight monitoring. This area should be located as close as possible to staff offices or nursing stations to facilitate monitoring.
	> Ensure that bathroom for women and girls and men and boys are separate, lockable, and well-lit.
	> Small children should be allowed to accompany older siblings or adult caregivers to the bathroom of their choice.
	> Children of diverse sexual orientation, gender identity or expression, or sex characteristics (SOGIESC) should be allowed to choose the bathroom that best matches their gender identity and where they feel safe.
	> Ensure bathrooms and handwashing stations are accessible to younger children and/or children with disabilities.
	> Provide warm water for bathing, especially for young children. Infants and toddlers cannot regulate their body temperature.
	> Provide a comfortable ambient temperature for children whenever possible. Because of their smaller size, they are more likely to become dehydrated than adults.
	> Provide natural light whenever possible.
	> Follow appropriate ventilation guidelines depending on the type of pathogen.
	> Create an outdoor area whenever possible.
	<b>Procure and maintain</b> age-appropriate equipment, furniture, and supplies.
	> Establish a budget that includes the cost of child-friendly... <ul style="list-style-type: none"> <li>• furniture,</li> <li>• infrastructure and transportation,</li> <li>• sanitation facilities,</li> <li>• medical equipment,</li> <li>• uniforms,</li> <li>• nutritional and personal hygiene supplies, and</li> <li>• learning and recreational materials.</li> </ul>
	> Adapt existing hygiene and/or dignity kits to the specific needs of children.
	> Use the budgeting section below when preparing donor proposals, allocating funding, recruiting personnel, and procuring goods and equipment.

<input checked="" type="checkbox"/> Implementation
<p>Improve <b>children’s understanding of infection prevention and control measures</b> and provide them with the skills, tools, and knowledge to follow public health recommendations or mandates.</p>
<ul style="list-style-type: none"> <li>&gt; Use child-friendly and creative communication techniques, such as singing, music, puppets, or drama, to explain containment and control measures.<sup>2</sup></li> </ul>
<ul style="list-style-type: none"> <li>&gt; Adapt activities and communication for age, developmental stage, and diverse disabilities.</li> </ul>
<p>Plan specific <b>snack times</b> with nutritious foods and drinks to promote children’s holistic well-being.</p>
<ul style="list-style-type: none"> <li>&gt; Budget for and offer locally sourced foods that are appropriate for diverse children.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Consider possible allergies or intolerances.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Consider any religious restrictions when selecting and preparing snacks/meals.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Consider the provision of food for accompanying caregivers.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Consider how the disease is transmitted and how food preparation and distribution may create and/or mitigate risks.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; If on-site catering is provided, plan to serve smaller amounts of food more frequently to children than adults. If on-site catering is not provided for adult patients, consider how to sensitively manage the distribution of snacks to children and/or caregivers (for example, in a separate area).</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Accompany snack times with stories, songs, and other child-friendly activities to promote play and psychosocial well-being.</li> </ul>
<p>Develop <b>intake, treatment, and discharge protocols</b> that restore family links, prevent separation, and promote family unity.<sup>3</sup></p>
<ul style="list-style-type: none"> <li>&gt; At intake (triage or admission), document the child’s name (including any nicknames) and other personal information such as date of birth, family contacts, and home address. If the family is not present, seek alternative contacts, such as the name of a trusted neighbor or friend.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; During treatment, keep families together in designated wards or rooms whenever possible (especially breastfeeding mothers and infants). If the child is unaccompanied or must be separated, ensure regular contact with the family through in-person visits with appropriate infection prevention and control measures or by supporting virtual or remote communication via text, voice, and video messages, letters, photos, etc. Keep the family regularly informed of the child’s condition.</li> </ul>
<ul style="list-style-type: none"> <li>&gt; Upon discharge, connect with a child protection caseworker to arrange transportation, assist with family reunification, combat stigma, and make connections to community-level survivor support groups.</li> </ul>
<p>Inform children and their families of their rights and available <b>reporting and referral pathways</b>.</p>
<ul style="list-style-type: none"> <li>&gt; Put up child-friendly posters in accessible language, pictures, and formats about the rights of children and their caregivers with the following information:             <ul style="list-style-type: none"> <li>• how to access free support (goods and services),</li> <li>• how to assess and provide feedback on the assistance they receive, and</li> <li>• how to report concerns about child protection.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>&gt; Provide information about toll-free hotlines or helplines (if available).</li> </ul>
<p>Provide <b>training on child protection and safeguarding</b> to all staff and volunteers who may come into contact with children at any time.</p>

<sup>2</sup> For more tips and ideas, please see The Alliance for Child Protection in Humanitarian Action. (2022). Mini-Guide #4: Child protection in Outbreaks: *Communicating with children in infectious disease outbreaks*. [https://alliancecpa.org/en/miniguide\\_4](https://alliancecpa.org/en/miniguide_4)

<sup>3</sup> For more information, please see The Alliance for Child Protection in Humanitarian Action. (2022). Mini-Guide #3: Child protection in Outbreaks: *Collaborating with the health sector in infectious disease outbreaks*. [https://alliancecpa.org/en/miniguide\\_3](https://alliancecpa.org/en/miniguide_3)

☑	Implementation
	<p>&gt; Training must cover the following:</p> <ul style="list-style-type: none"> <li>• how to recognize, document, and refer child protection cases;</li> <li>• actions necessary to safeguard children;</li> <li>• all relevant organizational policies, including child safeguarding, protection from sexual exploitation and abuse, and the code of conduct;</li> <li>• child-friendly communication techniques;<sup>4</sup> and</li> <li>• Psychological First Aid for children and their caregivers.</li> </ul>
	<p>&gt; Training must include all medical and non-medical personnel, including administrative staff, security guards, receptionists, and drivers.</p>
	<p>&gt; All humanitarian staff and volunteers must understand and sign a code of conduct. All staff and volunteers from national or other government entities should also be made aware of the importance of agreeing to the same or a similar code of conduct.</p>
	<p>&gt; Additional on-the-job coaching and refresher training should also be provided.</p>
	<p>Appoint at least two <b>child protection officers or social workers</b> per shift at each site to oversee case management and referrals and provide practical and psychosocial support.</p>
	<p>&gt; Designate at least one male and one female worker per shift. The total number of child protection workers should be appropriate to the number and location of child patients in the center.</p>
	<p>&gt; Train health workers as child protection focal points when qualified personnel or budgets are limited. Maintain regular contact with relevant authorities and/or service providers to refer children needing further child protection case management.</p>
	<p>&gt; Ensure that child protection expertise is available on-site during all hours of operation, day and night.</p>
	<p>Make sure <b>personnel are easily identifiable and approachable</b> to diverse children and their families.</p>
	<p>&gt; Ask staff and volunteers to wear name badges at all times.</p>
	<p>&gt; Facilitate communication using personal protective equipment (PPE) that allows facial expressions to be seen and/or use designs such as CUBE (Biosecure Emergency Care Unit for Epidemics) to enable safe interaction without PPE, even for highly infectious diseases.<sup>5</sup></p>
	<p>&gt; Provide brightly colored uniforms.</p>
	<p><b>Provide small treats</b> for children.</p>
	<p>&gt; Purchase small items that can be used as rewards for children feeling sad, brave, fearful, etc., or as incentives during treatments, vaccinations, etc. These may include stickers, fruit, and candy.</p>
	<p>&gt; Brief medical, administrative, and non-medical staff on when it is appropriate to provide these treats and how to distribute them.</p>
	<p>Engage with education stakeholders to <b>ensure continuity of learning</b> for children staying medium to long term. If possible:</p>
	<p>&gt; Facilitate activities for diverse children to learn individually or in small, physically separate groups.</p>
	<p>&gt; Enable children to take important exams.</p>

<sup>4</sup> For more tips and ideas, please see The Alliance for Child Protection in Humanitarian Action. (2022)., *Mini-Guide #4: Child protection in Outbreaks: Communicating with children in infectious disease outbreaks.* [https://alliancecpha.org/en/miniguide\\_4](https://alliancecpha.org/en/miniguide_4)

<sup>5</sup> The CUBE (Biosecure Emergency Care Unit for Epidemics) is a self-contained, easily transportable treatment unit for highly infectious diseases. For more information, please see The Alliance for International Medical Action. (n.d.). *ALIMA's game-changing innovation: The CUBE.* <https://alima.ngo/en/2022/12/15/cube-en/>

<input checked="" type="checkbox"/>	Budgeting
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Below is an overview of the list of items you should budget for if you are making isolation and treatment centers child-friendly. Actual costs for these items will differ for each location. Use this list to confirm you have included each item in your budget.

Accountability	
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|  | Participatory consultations with diverse children of varying ages, genders, and disabilities.  |
|  | Design and dissemination of posters displaying child-friendly reporting and referral pathways. |

Personnel	
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|  | Recruitment and retention costs of at least two child protection specialists or social workers <b>per shift</b> at each site. |
|  | Training of <b>all</b> personnel in child protection and safeguarding measures and policies.                                  |
|  | Child-friendly uniforms and name badges.  |
|  | Recruitment and retention costs of sign language interpreters, if needed.   |

Infrastructure and transport	
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|  | Rental, purchase, and/or construction of additional space for children and families (for example, indoor and outdoor play spaces, family rooms or wards, visitation areas, CUBE, <sup>6</sup> etc.). |
|  | Ramps, handrails, wide doorways, and other inclusive accommodations.   |
|  | Barriers, signage, and lockable storage areas.   |
|  | Accessible restrooms, sinks, and handwashing stations.   |
|  | Heaters, fans, and/or air conditioners, as needed.   |
|  | Adequate ventilation and sufficient natural light.   |
|  | Clean drinking water.  |
|  | Warm water for bathing.  |
|  | Transportation at discharge.   |

Equipment	
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|  | Cleaning materials and disinfectants.   |
|  | PPE appropriate for children and people with disabilities (for example, transparent masks for personnel).   |
|  | Medical equipment adapted to children, such as syringes, stethoscopes, pediatric blood pressure monitors, weighing scales for infants and older children, mid-upper arm circumference (MUAC) tape, etc. |
|  | Child-sized mobility aids, including wheelchairs, crutches, walking sticks, etc.  |
|  | Electronic devices to facilitate text, voice, and video communication with families.  |

<sup>6</sup> For more information, please see The Alliance for International Medical Action. (n.d.). *ALIMA's game-changing innovation: The CUBE*. <https://ajima.ngo/en/2022/12/15/cube-en/>

<input checked="" type="checkbox"/>	<b>Budgeting</b>
<b>Learning and recreational materials</b>	
	Child-sized furniture (tables and chairs).
	Plastic play mats for infants and younger children.
	Decorative materials (paints, stencils, posters, etc.).
	Coloring books and plain paper.
	Crayons, paints, and craft supplies.
	Whiteboard and markers.
	Blackboard and chalk.
	Erasers, rulers, and scissors.
	Puzzles and building blocks.
	Books and magazines (in print, picture, or audiovisual format/Braille/local languages for children of different ages, genders, and disabilities).
	Football and basketballs.
	Additional toys that can be easily sanitized.
	Small rewards (stickers, etc.).
<b>Personal hygiene and sanitation supplies</b>	
	Soap and sanitizer.
	Child-sized masks.
	Diapers, wipes, and cream for infants and younger children.
	Towels.
	Toothbrush and toothpaste for children.
	Body lotion.
	Feminine hygiene products for adolescent girls.
	Shaving kits for adolescent boys.
	Age-appropriate and gender-sensitive clothing options, including underwear.

<input checked="" type="checkbox"/>	<b>Budgeting</b>
<b>Nutritional support</b>	
	Materials to promote and support breastfeeding (whenever safe), including syringes for expression, pumps, nipple guards, access to sterilization, access to refrigerators, containers and labels for breast milk storage, small cups and spoons, etc. <sup>7</sup> Provide breastmilk substitute only if deemed necessary as a last resort. <sup>8</sup>
	Essential supplies to screen and support children with severe acute malnutrition (SAM), including ready-to-use therapeutic food (RUTF) if deemed necessary by relevant nutritional care protocols.
	Age-appropriate, consistent food for infants and young children, as well as nutritionally adequate, culturally appropriate, and diverse food options and snacks.
	Child-friendly plates, bowls, cups, and cutlery.

<sup>7</sup> For more information, please see The Infant Feeding in Emergencies Core Group. (2017, October). *Infant and young child feeding in emergencies: Operational guidance for emergency relief staff and programme managers*. <https://ta.nutritioncluster.net/IYCFE>.

<sup>8</sup> For more information, please see The Infant Feeding in Emergencies Core Group. (2021). *Infant feeding during infectious disease outbreaks* [Infographic]. [https://www.enonline.net/attachments/4237/Infant-feeding-during-infectious-disease-outbreaks-a-guide-for-policy-makers-\(ENGLISH\).pdf](https://www.enonline.net/attachments/4237/Infant-feeding-during-infectious-disease-outbreaks-a-guide-for-policy-makers-(ENGLISH).pdf).

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