STUDY PROTOCOL: Impacts of Pandemics and Epidemics on Child Protection Lessons learned from a rapid review in the context of COVID-19

Shivit Bakrania, Cirenia Chavez, Alessandra Ipince, Matilde Rocca, Sandy Oliver, Claire Stansfield and Ramya Subrahmanian

Office of Research - Innocenti Working Paper
WP-2020-06 | April 2020
UNICEF OFFICE OF RESEARCH – INNOCENTI

The Office of Research – Innocenti is UNICEF’s dedicated research centre. It undertakes research on emerging or current issues in order to inform the strategic directions, policies and programmes of UNICEF and its partners, shape global debates on child rights and development, and inform the global research and policy agenda for all children, and particularly for the most vulnerable.

Publications produced by the Office are contributions to a global debate on children and may not necessarily reflect UNICEF policies or approaches. The views expressed are those of the author/s.

The Office of Research – Innocenti receives financial support from the Government of Italy, while funding for specific projects is also provided by other governments, international institutions and private sources, including UNICEF National Committees.

For further information and to download or order this and other publications, please visit the website at www.unicef-irc.org.

INNOCENTI WORKING PAPERS

UNICEF Office of Research Working Papers are intended to disseminate initial research contributions within the programme of work, addressing social, economic and institutional aspects of the realization of the human rights of children.

The findings, interpretations and conclusions expressed in this paper are those of the authors and do not necessarily reflect the policies or views of UNICEF.

This paper has been peer reviewed both externally and within UNICEF.

The text has not been edited to official publications standards and UNICEF accepts no responsibility for errors.

Extracts from this publication may be freely reproduced with due acknowledgement. Requests to utilize larger portions or the full publication should be addressed to the Communications Unit at: florence@unicef.org.

For readers wishing to cite this document, we suggest the following form:


© 2020 United Nations Children's Fund (UNICEF)

Correspondence should be addressed to:
UNICEF Office of Research - Innocenti
Via degli Alfani 58
50121 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
florence@unicef.org
www.unicef-irc.org
@UNICEFInnocenti
facebook.com/UnicefInnocenti
STUDY PROTOCOL: IMPACTS OF PANDEMICS AND EPIDEMICS ON CHILD PROTECTION LESSONS LEARNED FROM A RAPID REVIEW IN THE CONTEXT OF COVID-19

Shivit Bakrania\textsuperscript{a}, Cirenia Chavez\textsuperscript{a}, Alessandra Ipince\textsuperscript{a}, Matilde Rocca\textsuperscript{a}, Sandy Oliver\textsuperscript{b}, Claire Stansfield\textsuperscript{b}

\textsuperscript{a} UNICEF OoR-Innocenti
\textsuperscript{b} EPPI-Centre, University College London

This study protocol accompanies a broader rapid review. The main report can be found at: Bakrania et al. (2020). Impacts of Pandemics and Epidemics on Child Protection: Lessons learned from a rapid review in the context of COVID-19. Florence: Office of Research – Innocenti.

CONTENTS

1. TITLE AND RESEARCH QUESTIONS: ........................................................... 5
2. RATIONALE ......................................................................................... 5
3. SCOPE AND INCLUSION CRITERIA ....................................................... 6
4. OVERVIEW OF APPROACH AND METHODS ........................................ 8
5. SEARCH STRATEGY ........................................................................... 9
6. SCREENING AND CODING ................................................................. 10
7. DATA EXTRACTION ............................................................................ 12
8. QUALITY ASSESSMENT ..................................................................... 13
9. QUALITY CONTROL AND CONSISTENCY ........................................... 13
10. SYNTHESIS ....................................................................................... 13
11. CROSS-SECTORAL/TEAM WORKING AND EXPERT ADVICE ............. 14
APPENDIX 1: SEARCH STRINGS ............................................................... 15
1. TITLE AND RESEARCH QUESTIONS:

Pandemics, Epidemics and Child Protection Outcomes

- What are the effects of pandemics and epidemics on child protection outcomes?
- What are the effects of pandemic and epidemic containment/control measures on child protection outcomes?
- How do the effects of pandemics and epidemics and their associated infection control measures vary for children and adolescents in vulnerable circumstances or at risk?

2. RATIONALE

UNICEF has rapid evidence needs in the face of the COVID-19 pandemic. While there has been a global rush to generate rapid evidence, much of this has focused on the impacts on health. There is limited evidence on the potential socio-economic effects of the pandemic, and even less evidence reporting on children. While compared to other demographic groups, children seem to be at lower risk of experiencing the most severe health impacts of the virus, they are likely to be carriers and hence infectious to other population groups. Furthermore, children may carry the societal costs from the pandemic for years to come, and poor and vulnerable children worldwide will carry an inordinate burden.

The nature of the virus and its spread has led to the global adoption of a few key policy measures to control infection rates including quarantine and isolation; physical distancing; movement restrictions; and the closure of schools, services and non-essential businesses.

Policy guidance and media commentary suggests that COVID-19 – both the pandemic as well as its containment measures – could have both short- and long-term impacts on families and children due to multiple stresses. These disruptions can have negative consequences for children’s well-being, development and protection, particularly for those already vulnerable to socio-economic exclusion and those who live in overcrowded settings. Competition for scarce resources, and limited access to social supports and safe spaces could all result in children’s increased vulnerability to abuse, neglect, exploitation and violence. Parental stress is increased during this time, which can also put children at heightened risk for maltreatment. These impacts have gendered and generational consequences – including through domestic violence and intimate partner violence faced – in particular – by women and girls, and the potential impacts of illness or the death of caregivers, a parent or a grandparent.

Findings from previous ‘COVID-19-like’ events (including regional epidemics and global epidemics such as Ebola, SARS, MERS, Zika, H1N1 and HIV/AIDS) on child protection outcomes can provide an indication of the possible magnitude and nature of child protection risks and impacts and the specific vulnerabilities of different sub-groups. Although the Zika virus and HIV/AIDS carry different infection mechanisms and require different control measures, their inclusion seeks to speak to the longer-term impacts that may affect children as the COVID-19 crisis evolves and subsides.

4. Ibid.
To our knowledge, no such synthesis exists. This rapid review would be adding knowledge by synthesizing the evidence on pandemics, epidemics and child protection outcomes, and by considering the effects in the current COVID-19 context. This in turn can help UNICEF amplify the importance of protection issues in the COVID-19 response and determine where its COVID-19 child protection response needs to be focused and strengthened. This can further lead to better integration of child protection into national and global epidemic and pandemic preparedness strategies.

3. SCOPE AND INCLUSION CRITERIA

| Population | Children and Adolescents (aged 0-19 years old)  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> While the evidence might be limited, we are specifically interested in the effects of pandemics/epidemics and the containment measures on vulnerable sub-groups of children. These include:</td>
<td></td>
</tr>
</tbody>
</table>
|  | Street-connected children  
|  | Slum dwellers and those living in high density urban areas  
|  | Orphans  
|  | Carers and child-headed households  
|  | Refugees, IDPs, children on the move - separated and unaccompanied children living in camps  
|  | Children in detention  
|  | Children in institutional care  
|  | Indigenous or ethnic minority children  
|  | Children with disabilities |

| Pandemics and epidemics | Epidemics that rose to become regional crises: HIV/AIDS, Ebola, Zika, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated global pandemics: H1N1 and COVID19.</td>
<td></td>
</tr>
</tbody>
</table>

| Control/containment policies/measures | Studies of the effects of infection control measures on child protection outcomes. These include: quarantine and social isolation; social/physical distancing; movement restrictions within and across borders; the suspension or restriction of health, protection and social services; and the closure of non-essential businesses. |

| Child protection and violence outcomes | A range of child protection outcomes: stigmatization, discrimination and xenophobia; school attendance, enrollment and dropout; child labor and exploitative/hazardous work; unpaid work; unpaid care and domestic work; teenage pregnancy; harmful acts including child marriage and female genital mutilation (FGM); orphanhood; family separation and abandonment; and unsafe and irregular migration.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We will also consider a broad range of violence (exposure to or perpetration of) outcomes: intimate partner violence between married, cohabiting or dating partners; sexual violence and exploitation by caregivers and strangers; child abuse and maltreatment; self-directed violence including suicide or self-harm; violence from security actors; gang involvement and crime; homicide; and online abuse and exploitation.</td>
<td></td>
</tr>
</tbody>
</table>

| Context | Global (high-, middle- and low-income countries) |
Recognizing that the evidence might be limited, we will consider a broad range of research designs.

- Systematic or non-systematic reviews on the effects of pandemics and epidemics on child protection outcomes;
- Qualitative and quantitative primary empirical study of whatever research design on the effects of all included pandemic and epidemic types, apart from HIV/AIDS.

Searches will be undertaken in English but without language restrictions.

We epidemic studies from the 1980s onwards to account for the initial classification of HIV/AIDS as an epidemic.

---

**Study type**

<table>
<thead>
<tr>
<th>Study type exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will exclude the following types of studies:</td>
</tr>
<tr>
<td>- Conceptual and theoretical studies;</td>
</tr>
<tr>
<td>- Studies that did not report on their methodology;</td>
</tr>
<tr>
<td>- Entire books, unless there was a chapter as part of an edited book, which was both eligible and freely available. We also excluded theses;</td>
</tr>
<tr>
<td>- Single studies on HIV/AIDS.</td>
</tr>
</tbody>
</table>

---

**Thematic/sectoral exclusion criteria**

<table>
<thead>
<tr>
<th>Thematic/sectoral exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will exclude broader educational outcomes apart from school dropout and attendance, as these were particularly associated with some of our included child protection outcomes, such as child labour, child marriage and teenage pregnancy.</td>
</tr>
<tr>
<td>We will also exclude physical and mental health outcomes with the caveat that certain outcomes we included in our scope will, at points, be inevitably linked to mental health; for instance in cases of xenophobia, stigma and abuse.</td>
</tr>
<tr>
<td>This is to keep the scope of this review manageable, and to recognize that we should not duplicate the work of other agencies that have already conducted reviews on children’s mental health outcomes.</td>
</tr>
</tbody>
</table>
4. OVERVIEW OF APPROACH AND METHODS

We will follow the guidance and principles we have set out on evidence synthesis to produce a rapid review, with a suggested timeline of four to five weeks. The intention is to produce an even more ‘rapid’ version of a standard rapid evidence assessment, which usually takes between two to six months.

The final product will be a report synthesizing the findings of studies and answering the stated research questions. The findings will be presented in understandable language with an executive summary focusing on recommendations/implications and will be presented in a manner that can easily inform decision-making and policy.

This will involve:

- **Systematic searches in a limited number of databases:** We will search only for systematic and non-systematic reviews on HIV/AIDS. We will include single studies and systematic and non-systematic reviews for other pandemics or epidemics. This is because of the expected large number of studies on HIV/AIDS relative to other epidemics.

- **Screening:** We will screen studies according to simple pre-defined inclusion criteria.

- **Data extraction:** We will extract key data including: authors; publication year; country of study; epidemic/pandemic; design and method; participants (including sample size and demographic information); and key results.

- **Analysis/synthesis:** In line with other systematic reviews of broad literature that crosses academic disciplines and policy sectors, we will adopt framework synthesis. If we identify a relevant framework from the theoretical or empirical literature, we will use that as a starting point. If not, we will construct an initial framework that takes into account our initial understanding of the population, phenomenon, infection control measures and outcomes and allow this to develop as the accrued literature advances our understanding. In either case, if time allows, we will refine the framework as the included literature enhances our understanding.⁶

- **Limitations:** The searches are by no means comprehensive. We will not be conducting a quality appraisal of included studies. We may decide to retrospectively quality appraise included studies at a later date, or we can revisit this decision after we have conducted the screening and before coding.

- **Efficiencies:** We will implement smart modes of working wherever possible to speed up the process. This will include dividing responsibility according to skills so that texts can be quickly screened and coded. We will attempt to incorporate machine learning in the screening process to automate some of this work.

---

5. SEARCH STRATEGY

The search strategy will be conducted in blocks, with efforts to apply these search blocks concurrently where possible (e.g. by dividing responsibility for search blocks among the team).

5.1 Searches in Social Systems Evidence (systematic review database)

We will undertake very simple searches in the Social Systems Evidence database. We will select relevant systematic reviews and we will screen the reference lists of those systematic reviews for relevant single studies and systematic reviews.7

5.2 Systematic searches in Web of Science

Searches will emphasize systematic reviews on HIV/AIDS and primary studies on other pandemics or epidemics. Search terms have been developed in collaboration with an information specialist to capture the following concepts (see annex):

- Pandemic/epidemic: Pandemic, epidemic, shock, Ebola (or EVD), SARS, MERS, Zika (or ZKV), H1N1 (or swine flu), HIV/AIDS.
- Infection control measures: Quarantine, social distancing, physical distancing, isolation, school closures; movement restrictions, suspension of social services; and the closure of non-essential businesses.
- Outcomes: Refer to the individual child-level outcomes above (see Section 3).
- Population: Children and adolescents (0-19 years old).

5.3 Targeted searches in Google Scholar

We will undertake targeted searches in Google Scholar and screen the first 100 results of each search. Studies will be screened in-situ by title and abstract and will be passed on for full-text screening.

5.4 Hand searches in a selection of institutional and grey literature databases

- EPPI Centre’s Living Map for COVID-19 studies: http://eppi.ioe.ac.uk/COVID19_MAP/covid_map_v8.html
- Save the Children Resource Center: https://resourcecentre.savethechildren.net/
- UNICEF – EISI: https://eisi.unicef.org/home
- Better Care Network: www.BetterCareNetwork.org
- Open Grey: http://www.opengrey.eu/
- Center on the Developing Child, Harvard University: https://developingchild.harvard.edu/resources/
- Alliance Child Protection in Humanitarian Action: https://www.alliancecpha.org/en/library-solr?f%5B0%5D=field_series_this_is_part_of%3A11913

7 Note that we considered the 3ie and Campbell systematic review repositories, but they do not contain relevant reviews, as they are focused on systematic reviews of intervention effects.
6. SCREENING AND CODING

We will import all search results into EPPI-Reviewer for abstract/title and full-text screening. We will use machine learning functions of EPPI reviewer (if possible) to reduce the screening workload.

<table>
<thead>
<tr>
<th>SCREENING QUESTION</th>
<th>NO (EXCLUDE)</th>
<th>YES (INCLUDE)</th>
<th>UNCLEAR (Forward to full-text screening)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title and Abstract Screening</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclude quickly using the criteria below. Put in a separate folder if you’re unclear and need to consult the team for a second opinion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Date:</strong> Published after 1980? (Note in most case you’ll be able to set a filter)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Language:</strong> Is the study in English, Spanish or Portuguese? (Again, you’ll be able to set a filter for this in most cases. Note that we are not setting language restrictions in Web of Science, but that Spanish and Portuguese studies will largely already be translated into English)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Population:</strong> Does the study report results for children and adolescents? Immediately EXCLUDE all studies which only report on outcomes for adults.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Particular attention should be paid to literature that covers the most vulnerable children and adolescents, including:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Street-connected children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Slum dwellers and those living in high density urban areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Orphans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Carers and child-headed households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Refugees, IDPs, children on the move – separated and unaccompanied children, living in camps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Children in detention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Children in institutional care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Indigenous or ethnic minority children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Children with disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ [Other specific vulnerable group that we should add – if it appears]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Explanatory variables:</strong> Does the study focus on the impacts of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Infection control measures? Quarantine/social distancing/isolation; school and daycare closures; movement restrictions within and across borders; suspension or restriction of social services; closure of non-essential businesses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediately EXCLUDE all studies of: biomedical trials, medications or procedures; purely physical health or health policy related; those related to virus or disease vectors.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. **Outcomes of interest:** Does the paper look at the impacts of the pandemic/epidemic in question on one or more of the following CP outcomes?

- School dropout
- Neglect
- Unpaid work
- Child labour and exploitative/hazardous work
- Unpaid care and domestic work
- Child marriage
- Teenage pregnancy
- Irregular migration
- Social exclusion (including stigmatization, discrimination and xenophobia)

- Violence exposure, including to:
  - Intimate partner violence or dating violence by adolescents’ partners (sexual, physical, emotional and economic)
  - Sexual violence or rape by caregivers or peers
  - Sexual exploitation
  - Interpersonal violence
  - Child abuse or domestic violence by caregivers (including physical punishment, corporal punishment and violent discipline)
  - Female genital cutting/mutilation
  - Child maltreatment by caregivers
  - Violence from state authorities and security forces
  - Peer victimization and bullying
  - Gang involvement/crime
  - Homicide
  - Suicide and self-harm
  - Online abuse and exploitation

6. **Research design:** Is the study either a:

- Qualitative and quantitative empirical study of whatever research design that reports on primary research or secondary data?
- Secondary review synthesizing evidence on the effects of the pandemic/epidemic and/or on the effects of infection control measures on CP outcomes? This could include systematic reviews (including rapid reviews or rapid evidence assessments) as well as non-systematic ones such as literature or narrative reviews.

*Immediately EXCLUDE all theoretical or conceptual studies, toolkits and policy guidelines that do not report on the effects of phenomena or intervention. But mark those that look particularly interesting for the background, discussion or framing the synthesis.*

*Exclude all single studies on HIV/AIDS*

*Exclude theses or entire books.*

**At full-text**
*Repeat Questions 3 to 6 if necessary. Go to relevant sections of the study (e.g. those pertaining to methodology, interventions and outcomes covered)*

7. Is the methodology clearly reported?

*Immediately EXCLUDE if there is no description of the methodology.*
## 7. DATA EXTRACTION

We will extract data in EPPI Reviewer Web using the following coding tool:

<table>
<thead>
<tr>
<th>Coding category</th>
<th>Options/data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bibliographic data</td>
<td>Authors, Date of study, Abstract (if available)</td>
</tr>
<tr>
<td>Geographic coverage</td>
<td>Country/ies</td>
</tr>
<tr>
<td>Study design (Primary)</td>
<td>Experimental, Quasi-experimental, Observational quantitative, Observational qualitative, Systematic review, Non-systematic review</td>
</tr>
<tr>
<td>Study population characteristics</td>
<td>N (if available), Age range (min and max), Gender, Vulnerable group</td>
</tr>
<tr>
<td>Pandemic/epidemic</td>
<td>Ebola, Zika, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), HIV/AIDS, H1N1 and COVID19.</td>
</tr>
<tr>
<td>Infection control measure</td>
<td>Quarantine and social isolation; social/physical distancing; movement restrictions within and across borders; the suspension or restriction of health, protection and social services; and the closure of non-essential businesses.</td>
</tr>
</tbody>
</table>
| Outcomes assessed                     | Child protection: stigmatization, discrimination and xenophobia; school attendance, enrollment and dropout; child labour and exploitative/hazardous work; unpaid work; unpaid care and domestic work; teenage pregnancy; harmful acts including child marriage and female genital mutilation (FGM); orphan hood; family separation and abandonment; and unsafe and irregular migration.  
Violence: intimate partner violence between married, cohabiting or dating partners; sexual violence and exploitation by caregivers and strangers; child abuse and maltreatment; self-directed violence including suicide or self-harm; violence from security actors; gang involvement and crime; homicide; and online abuse and exploitation. |
| Moderators                            | Inductive coding/free text                                                  |
8. QUALITY ASSESSMENT

This is a rapid review, so no quality assessment will be conducted. This can be done retrospectively if time and resources allow.

9. QUALITY CONTROL AND CONSISTENCY

- The entire team will review 30 of the same title and abstracts to calibrate and test the screening protocol.
- Ten per cent of the title and abstracts will be reviewed by a second reviewer and the conflicts resolved.
- The entire team will review five full-text articles to calibrate and test the screening protocol.
- One reviewer will screen all full text articles (not necessarily the same reviewer).
- Twenty per cent of the full text articles will be reviewed by a second reviewer and conflicts resolved.
- The entire team will code five studies to calibrate and test the coding form.
- Twenty per cent of the coding will be checked by a second reviewer and conflict resolved.

10. SYNTHESIS

We will conduct a framework synthesis, developing a simple framework at the beginning of the process, and amending this as our narrative synthesis proceeds.

Research team

A team leader and four researchers. The team leader will provide the methodological lead and will ensure quality control. It is preferable that at least one of these four researchers has some background in evidence synthesis (i.e. experience of conducting a systematic review). The others can be more junior researchers, who have a good understanding of social research methods. This will ensure that some of the workload, such as setting up systems to manage data and synthesis/analysis, can be shared with the team leader.

Time: Estimated 24 days
11. CROSS-SECTORAL/TEAM WORKING AND EXPERT ADVICE

The intention is to involve colleagues from across the sector teams within Innocenti. Innocenti’s Child Rights and Protection Team have provided expert advice and overall guidance. We have also enlisted external experts to provide expert advice:

- Sandy Oliver (EPPI-Centre, University College London)
- Claire Stansfield (EPPI-Centre, University College London)
- Dr. Tracie Afifi – University of Manitoba
- Prof. Mark Tomlinson – Stellenbosch University
- Dr. Amber Peterman – UNICEF Office of Research - Innocenti
- Hani Mansourian – Alliance for Child Protection in Humanitarian Action
- Kerry Albright – UNICEF Office of Research – Innocenti
- Alessandra Guedes – UNICEF Office of Research – Innocenti
APPENDIX 1: SEARCH STRINGS

1. Social Systems Evidence

Key search terms: pandemic, epidemic, COVID-19 (or coronavirus), Ebola (or EVD), Severe Acute Respiratory Syndrome (SARS), Middle Eastern Respiratory Syndrome (MERS), Zika (or ZIKV), H1N1 (or swine flu), HIV/AIDS.

Select relevant systematic reviews for inclusion at full text screening, also screen the references of the selected systematic reviews by title and abstract

2. Google Scholar (GS)

- For each search, enter in the search box in parentheses rather than in advanced search, e.g.: (Ebola OR “EVD”) (children OR adolescent) (school OR dropout OR labor OR care OR “domestic work” OR marriage OR pregnancy OR migration OR exclusion OR discrimination OR stigma OR violence OR exploitation OR abuse OR victimization OR gang OR crime)
- Note 256-character limit for GS searches – made adaptations is necessary using your judgement but record the search strings you used
- Enter filter 1980 to 2020
- Screen first 100 results in-situ by title and abstract

<table>
<thead>
<tr>
<th>Pandemic/epidemic keywords</th>
<th>Population keywords</th>
<th>Outcome keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 or “coronavirus”</td>
<td>(children OR adolescent)</td>
<td>school OR dropout OR labor OR care OR “domestic work” OR marriage OR pregnancy OR migration OR exclusion OR discrimination OR stigma OR violence OR exploitation OR abuse OR victimization OR gang OR crime OR “FGM”</td>
</tr>
<tr>
<td>Ebola OR “EVD”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zika OR “ZIKV”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H1N1 or “swine flu”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pandemic keywords</th>
<th>Population keywords</th>
<th>Vulnerable population keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 or “coronavirus”</td>
<td>(children OR adolescent)</td>
<td>Street OR slum OR orphan OR carer OR detention OR disability OR indigenous OR “ethnic minority” OR refugee</td>
</tr>
<tr>
<td>Ebola OR “EVD”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SARS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zika OR “ZIKV”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H1N1 or “swine flu”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Impacts of Pandemics and Epidemics on Child Protection
Lessons learned from a rapid review in the context of COVID-19

3. COVID-19 Living Map of Evidence at the EPPI-Centre (searched 28 April 2020)

- Violence AND children
- Schools AND children
- Quarantine AND children
- Isolation AND children
- Adolescent

4. Web of Science

- AIDS search Systematic reviews: 1) AND 2) AND 3) AND 4) -
- Other conditions search: 3) AND 4) AND 5)
- For control measures/policies search: 3) AND 4) AND 5) AND 6)
- All results will be uploaded to EPPI-Reviewer for title and abstract, and then full-text screening.

1) AIDS/HIV

TS=(“hiv” OR “HIV/AIDS” OR “PLWHA” OR “HIV-infect*” OR “hiv-1” OR “hiv-2” OR “acquired immunodeficiency syndrome” OR “acquired immunodeficiency syndrome” OR “acquired immuno-deficiency syndrome” OR “acquired immune-deficiency syndrome” OR “human immunodeficiency virus” OR “human immunodeficiency virus” OR “human immunodeficiency virus” OR “human immunodeficiency virus” OR “human immunodeficiency virus” OR “human immunod deficiency virus” OR “human immunodefi ciency virus” OR “human immuno-deficiency virus” OR “human immuno deficiency virus”)

2) Systematic reviews and Umbrella reviews etc.

TI=((overview* or “synthesis” or “systematic” or “evidence”) and “reviews”) OR TI=(“umbrella”) OR TI=(“summary” or “analysis” or “review”) and (“articles” and “reviews”) OR TI=(“meta-analysis” or “metaanaly*” or “meta-analy*”) OR TI=((“synthesis” or “systematic”) and (“evidence” or “research” or “review”)) OR TI=((“review”) and (integrat* or critical* or “mapping” or “comprehensive” or “evidence” or “research” or “literature”)) ORTS=(“umbrella review” or “metareview” or “meta-
review") OR TS=((systematic* NEAR/2 review*) or (“Review articles” or “systematic review*” or “Overview of reviews” or “Review of Reviews”) OR “data synthesis” or “evidence synthesis” or “metasynthesis” or “meta-synthesis” or “narrative synthesis” or “qualitative synthesis” or “quantitative synthesis” or “realist synthesis” or “research synthesis” or “synthesis of evidence” or “thematic synthesis” or “systematic map*” or “systematic overview*” or “systematic review*” or “systematically review*” or “bibliographic search” or “database search” or “electronic search” or “handsearch*” or “hand search*” or “keyword search” or “literature search” or “search term*” or “literature review” or “overview of reviews” or “review literature” or “reviewed the literature” or “reviews studies” or “scoping study*” or “overview study” or “meta-ethnograph*” or “meta-epidemiological” or “data extraction” or “meta-regression” or “narrative review” or “art review” or “scoping review” or “iterative review” or “meta-summary”)

3) Children and Young People

TS=(“young people*” or child* or schoolchild* or “boys” or “girls” or adolescent* or youth* or “young person*” or teen*) OR TS=(“Young” NEAR/2 (“men” or “men’s” or women* or “female” or “females” or “male” or “males”)) OR TS=(“infant” or “infants” or “toddlers” or “toddler” or “preschoolers” or “pre schoolers” or “pre-schoolers”) OR TS=(“young carer*” OR “Care leaver*” OR “street child*” OR “street child OR orphan”)

4) Child protection terms

TS=(“child protection” OR “child welfare”) OR TS=(“Social exclusion” OR “social rejection” OR “stigma*” OR “discrimination” OR “xenophobi*” OR “prejudice”) OR TS=((“Ill treat” OR “Ill treatment” or maltreat* or “Neglect” or “cruelty” or “cruel” or abus* or assault* or abandon* or violence) NEAR/3 (“offspring” or “young people” or children* or “childhood” or “child” or “boys” or “girls” or adolescent* or youth* or “young person” or teen* or preadolescen* or “early life”)) OR TS=((Sexual* or interpersonal) NEAR/2 (Abus* or assault* OR violence)) OR TS=(“rape” or “raped”) OR TS=((teen* OR adolescen*) NEAR/2 pregnanc*) OR TS=((“family” or “families” or “carer*” or caregiver* or institution* OR state OR domestic) NEAR/2 violen*) OR TS=((“family” or “families” or “carer*” or caregiver* or institution* OR state OR domestic) NEAR/2 abus*) OR TS=(Sexual* NEAR/5 (assault or harassment)) OR TS=(“child bride” OR “child brides” OR “child marriage*” OR “early marriage”) OR TS=(forced NEAR/3 marriage*) OR TS=(“under age” NEAR/3 marriage*) OR TS=(underage NEAR/3 marriage*) OR TS=(“teenage pregnancy”) OR TS=(“female genital mutilation” OR “FGM” OR “female genital cutting” OR “forced prostitution”) OR TS=(child* NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(sale of children*) OR TS=(traffick*) OR TS=(forced NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(slavery OR slaves) OR TS=(compulsory NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(bonded NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(hazardous NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(exploitation) OR TS=(exploit* NEAR/2 (work* OR labor OR labour OR employment)) OR TS=(unsafe NEAR/2 (migration OR work* OR labor OR labour OR employment)) OR TS=(illegal* NEAR/2 (migration OR work* OR labor OR labour OR employment)) OR TS=(unpaid NEAR/2 (work* OR labor OR labour OR employment OR care)) OR TS=(gang OR crime OR homicide OR bully OR “peer victimization” OR “peer victimization”) OR TS=(“female genital mutilation” OR “female genital cutting” OR “FGM”)
5) Pandemics/ epidemics/ zoonotic diseases

TS=((“pandemic” OR “pandemics” OR “epidemic” OR “epidemics” OR “emergency” OR “emergencies”) NEAR/5 (“health” OR disease* OR infectio* OR outbreak*)) OR TS=(“disease outbreak” OR “disease outbreaks” OR “zoonotic diseases” OR “zoonotic outbreaks” OR “zoonotic infections” OR “zoonotic infectious diseases”) OR TS=(“SARS” OR “severe acute respiratory syndrome” OR “Middle East Respiratory Syndrome” OR “MERS-CoV” OR “MERS” OR “Middle Eastern Respiratory Syndrome*” OR “MERS-CoV*” OR “coronavirus*” OR “COVID-19” OR “COVID 19” or “2019-nCoV” or “SARS-CoV-2” OR “Ebola” OR “ebolavirus*” OR “ebola-virus*” OR “EVD” OR “H1N1*” OR “Swine-Flu” OR “Swine flu” OR “swine influenza” OR “swine origin influenza” OR “swine-origin influenza” OR “Zika” OR “Zika-virus*” OR “zikavirus*” OR “ZIVD”)

6) Control measures/policies

TS=(quarantine OR “social isolation” OR “social distancing” OR “physical distancing” OR “movement restriction”) OR TS=((closure OR suspension OR restriction) NEAR/2 (school OR health OR protection OR service OR business))