

## COVID-19 SYNTHESIS #5: Children refugees, internally displaced persons (IDPs) and/or forced migrants

September 1-October 1, 2020

*This synthesis is a digest of COVID-19 related resources (guidance, news, & academic articles). The purpose is to identify emerging child protection risks, responses, and apparent resource gaps based on the information gathered. Each synthesis analyses a different topic related to child protection during COVID-19.*

Child refugees, internally displaced persons (IDPs) and migrants have faced forced displacement, lack access to basic protection, education and healthcare services even prior to the COVID-19 pandemic. In Northwest Syria alone, more than 575,000 children were displaced between December 2019 and March 2020, while half a million Rohingya refugee children live in camps in Bangladesh (Al Jazeera, 31 March 2020). Given that 80% of refugees are hosted in low- and middle-income countries (Plan International, 2020), the focus of the evidence gathered for this synthesis primarily reflects the impacts of the pandemic on refugees, IDPs and/ or forced migrant children and their access to services in host countries in the majority world.

Before COVID-19, these children were routinely denied their rights by both source and host countries. The COVID-19 pandemic has exacerbated the challenges faced by refugees, migrants and IDPs, and has intensified their physical, psycho-social, and economic risks during the ongoing crisis. In Ethiopia and Pakistan, for example, pre-pandemic secondary school enrolment of refugee girls was less than 10%, meaning that all refugee girls in the two countries are now at risk of dropping out for good due to the impacts of COVID-19 (GPE, 26 June 2020). In the face of these challenges, however, refugee children, youth and refugee-led organizations have continued to demonstrate adaptive and resilient strategies and ownership of solutions to persistent and new challenges (All Africa, 19 June 2020).

This synthesis will analyse the primary and secondary impacts of the pandemic on children who are refugees, IDPs and/or migrants and will highlight important protective factors and emerging response measures identified in a review of recent news media, project reporting, academic research and other relevant resources mapped over the previous five-month period. In this synthesis we will explore several key questions including:

- What impacts has the pandemic had on refugee, IDPs and/or migrant children? What are the new risks to these populations as a result of COVID-19?
- What protective factors were reported in the evidence for refugee, IDPs and/or migrant children to access limited or otherwise suspended services during the pandemic?
- What practices and program adaptations are emerging to promote the rights of these children in prevention activities and responses to child protection challenges during COVID-19?
- What tools or practices for supporting children's access to services emerged that should be shared more widely



The rest of this synthesis is organized in the following way: we illustrate child participation barriers and opportunities by using examples from select articles and research studies, discuss key emerging practices in the information identified, and conclude with reflections and recommendations on more effectively responding to the needs of refugee, IDP and forced migrant children during COVID-19. A limited number of case studies of emerging practices related to child participation are also included in the annex.

## EMERGING PRACTICES

With the safety of all children as a top priority, emerging practices identified include:

- Partnerships with existing community leaders and trusted refugee-led and youth organisations;
- Design and implementation of prevention and mitigation activities together with refugee volunteers; and
- Promotion of flexible delivery methods adapted to the conditions facing these populations.

## SUMMARY OF GAPS

Several gaps in knowledge related to child refugees, IDPs, and forced migrants during COVID-19 were identified, including a lack of evidence regarding:

- Children in non-camp settings;
- Children with special needs/disabilities;
- Gender disaggregated data, especially related to the impacts of COVID-19 on boys or LGBTQ+ youth;
- Quality and appropriateness of services provided to refugee, IDP, and/or forced migrant children;
- How to effectively engage communities and children who are on the move; and
- New or potential risks associated with recruitment of unaccompanied or separated children (UASC) by armed groups as a result of COVID-19.

## COVID-19 CASE STUDIES\*

**Location:** Lebanon

**Topic:** Remote delivery of adolescent life skills and parenting sessions for refugees and IDPs, including content adaptation to incorporate skill-building and behaviour change focused on inter-active awareness raising and identification/referral of at-risk adolescents and their families.

**Location:** South Sudan

**Topic:** Development and adaptation of appropriate response strategies and support mechanisms at the child, family and community level in the Malakal IDP/PoC Camp.

**Location(s):** Various

**Topic:** Impact of COVID-19 on refugee girls and engagement with refugee girls to implement response measures and disseminate critical information in camp settings in Egypt, Jordan, and Tanzania.

*\*Click on the 'Case Studies' heading above to read through full write-ups on each of these issues, including first-hand accounts of children and caregivers impacted by COVID-19, as well as observations from child protection practitioners in the field.*

## PRIMARY IMPACTS

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Lack of access to education due to school closures</b></p>	<ul style="list-style-type: none"> <li>• <b>Lack of consideration for or inclusion of refugee children in alternative schooling plans</b> proposed by national authorities.</li> <li>• <b>Lack of access to technology</b> for remote learning, including access to mobile phones, computers and/or internet connectivity, especially for children in refugee camps and for <b>girls</b> who often have less access to technology than boys.</li> <li>• <b>Language barriers</b> preventing access to available remote learning solutions.</li> <li>• <b>Widening of</b> existing educational inequities and levels for all refugee children, especially girls.</li> <li>• <b>Significant long-term negative impacts on refugee girls, in particular, including</b> drop out from school, increased rates of early, forced and child marriage, and pregnancy.</li> </ul>	<p>“In Turkey, lectures have been delivered via television and an application called EBA TV. However, not all families have access to televisions or smartphones. In some families, the whole family has only one smartphone; therefore, the child cannot regularly use it for education purposes. Not surprisingly, some families do not have enough technological literacy to use the application. These observations are confirmed in a very recent research project on refugee children’s experiences during the pandemic (Small Projects Istanbul, 2020). As a result, children’s school lives are being disrupted once more. Refugees speak their native languages at home and the children learn Turkish in schools. With schools being closed, the language acquisition process of children is also disrupted” (Nisanci, A., Kahraman, R., Alcelik, Y. and Kiris, U., 2020).</p> <p>“The challenge is about access, and whether people have a phone, or other hardware at home,” [Rebecca Telford, education chief for UNHCR] said. “Families might also not be able to afford data. Many refugee camp settings are in remote areas which aren’t reached by FM signals from national radio stations, so people can’t listen to educational broadcasts” (UNHCR, 11 May 2020).</p> <p>“Following school closures in Bulgaria, refugee children initially struggled to participate in online education partly because they lacked devices, but also because of the language barrier, according to Borislav Grozdanov, a public information associate for UNHCR in Bulgaria” (UNHCR, 1 May 2020).</p> <p>“[globally] Refugees are half as likely than the general population to have an internet-enabled phone. Harmful gender norms and safety concerns make some parents reluctant to allow girls access to devices. And 29% of refugees have no phone at all” (GPE, 26 June 2020 quoting UNHCR, Filippo Grandi, 2020).</p> <p>“While 13 million refugees, 40 million displaced and an overall 75 million girls and boys in conflict and emergency zones already had their education disrupted, with the impact of COVID-19, another 30 million – who were in school before the pandemic – may now never continue their education” (Inter Press Service, 14 July 2020).</p> <p>“The closure of schools in refugee camps is also depriving girls of a protective environment, school meals and psychosocial support. Plan International’s research shows that the longer-term effects of lockdowns on girls’ education include increased rates of early, forced and child marriage” (Plan International, 2020).</p>

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Disproportionate economic hardship</b></p>	<ul style="list-style-type: none"> <li>• <b>Increasing food insecurity</b> due to local food supply disruptions stemming from COVID-19 restrictions and lockdown measures.</li> <li>• <b>Rise of child labour</b> for children already engaged in child labour and children who were in school now entering into child labour due to COVID-19-related economic hardship.</li> <li>• <b>Increased risk of trafficking and abuse due to</b> declining work conditions and increased economic hardship.</li> </ul>	<p>“<i>[Tdh rapid need assessment in Palestinian refugee camps in Lebanon]</i> According to the household respondents, the main concerns related to food are the lack of income (70%) as well as lack of food’s availability and quality food. Concerns about lack of food contribute to increased stress levels and fear of not having enough food: following WFP, 63% of the Palestinians felt worried about not having enough food to eat in the last month” (Terre des hommes, June 2020).</p> <p>“People on the move in vulnerable situations are also at greater risk of being affected by COVID-19-related food insecurity resulting from reduced agricultural activity, supply chain disruptions, and price increases for essential goods and a decline in purchasing power due to the economic crisis... In East Africa, for instance, at least 60 per cent of refugees in the region are already experiencing food ration cuts forcing them to resort to alternative means to cover their basic needs. Disruptions in children’s diets will result in acute wasting and stunting among children on the move, exposing them to a lifelong impact” (United Nations, June 2020).</p> <p>“<i>[Tdh rapid need assessment in Palestinian refugee camps in Lebanon]</i> Harsh times such as the COVID-19 pandemic and its terrible economic consequences put children under greater pressure to carry the burden of the whole family. Tdh’s teams noted that more children are forced to work. This is confirmed by 70% of the KII in BML<sup>1</sup> saying that working children are one of the main contributors to the family income. [...]80% of KII answered that there is an increase of harsh child labour during pandemic. These are composed of children working voluntarily to support themselves and/or their families, children sent to engage in such work by their parents/caregivers, children sent to engage in such work by people other than their caregivers” (Terre des hommes, June 2020).</p> <p>“Children who have been in school may need to go back to work to support their families. Child labour has never ceased to be a problem for refugee children. Contrary to our expectations, children who had been working before the pandemic continued to work despite the government-enforced curfew for children. Furthermore, some employers wanted children to sleep at the workplaces overnight” (Nisanci, A., Kahraman, R., Alcelik, Y. and Kiris, U., 2020).</p>

<sup>1</sup> BML stands for Beirut/Mount Lebanon

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Lack of access to mental health and psychosocial support and protection services</b></p>	<ul style="list-style-type: none"> <li>• <b>Lack of adequate attention and resources devoted to effectively adapting psychosocial support</b> to refugee populations.</li> <li>• <b>Increased difficulty in assessing, accessing and following up on children’s needs.</b></li> <li>• <b>Diminished mental health and ability to access</b> support for children living on their own.</li> <li>• <b>Increased barriers for refugee and migrant children to access essential services</b> due to additional legal, documentation, linguistic or safety restrictions.</li> </ul>	<p>“For refugees living in isolation and having minimum exchange with the society, talking about their past lives may trigger traumas. When we met them face-to-face, we could give proper attention to verbal and nonverbal signs of trauma or risks of re-traumatization. It is concerning that we are not able to identify nonverbal clues over the phone, and we cannot refer clients to much needed trauma support services. It was impossible for us to incorporate video calls to our tele-social work practice, primarily due to concerns such as privacy issues, lack of prior informed consent and possible Internet connection problems. [...] An additional challenge for us is our need for a translator. Working with refugees as non-Arabic- or non-Farsi-speaking social workers has already been a barrier for us. Having a translator as a third person over the phone line is an additional layer of challenge” (Nisanci, A., Kahraman, R., Alcelik, Y. and Kiris, U., 2020).</p> <p>“[Bangladesh, Cox Bazaar refugee camp] UNHCR and its partners are following up on 5,000 child protection cases. The number of cases increased significantly after the COVID-19 response started. It is a serious indication of the impact and consequences of the pandemic on the refugee community. Children are exposed to heightened levels of violence, pressure to work, as well as abuse and neglect. These concerns have been raised through consultations with adolescents, children, and parents/caregivers. The closure of learning centres, child friendly centers and other venues for children has resulted in further exposure of children to protection risks, giving rise to increased behavioural challenges and the adoption of negative coping mechanisms” (UNHCR, 31 July 2020).</p> <p>“Not only are children and young people living alone more likely to be vulnerable to COVID-19 because they have less access to services and support, but loneliness and isolation are likely to be exacerbated by lockdown measures – measures that require individuals to minimise contact and that are affecting service providers’ ability to deliver adequate response and reach out to the most ‘invisible’ children. In this context, feelings of loneliness, exclusion, stigma and discrimination that are already affecting migrant children and young people are likely to increase and further endanger children’s mental and psychosocial well-being – an area that already presents huge unmet demand for professional support” (UNICEF Office of Research Innocenti: Ramya Subrahmanian et al., 18 June 2020).</p>

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Chronic underfunding and lack of prioritization affect children’s well-being</b></p>	<ul style="list-style-type: none"> <li>• Lack of prioritization of refugee populations <b>for service delivery by host countries.</b></li> <li>• Decreased availability of and access to services – especially for children living alone – due to <b>lockdown of humanitarian workers and underfunded refugee-led organizations.</b></li> <li>• <b>Increased restrictions on movement and greater insecurity</b> negatively impacting the overall health and wellbeing of displaced children and their families.</li> </ul>	<p>“In many environments, especially those deemed too dangerous, remote or complex for international NGOs to access, refugee-led organizations offer the only COVID-19 response services available for refugees. They are also almost always the most trusted. Yet, local organizations — including [Refugee Led Organizations] RLOs — are receiving less than 1% of available humanitarian funding” (Amnesty International, 19 August 2020).</p> <p>“The current situation has created additional trauma for the families, adding to their already very difficult lives,” explains Jezerca Tigani, head of the Terre des hommes delegation in Greece [...].The general insecurity and the new restrictions make the situation particularly frightening for children. ‘Families of six or seven live in a 12-square-metre container that serves as their accommodation, without anything to do. The children show signs of anger and aggressiveness. We often see them crying,’ explains Jezerca. ‘Similar conditions prevail in the camps where we work in Lebanon and Bangladesh’” (Terres des hommes, 18 July 2020).</p> <p>“The combined vulnerabilities of being young and living alone and being in a different country from home, are likely to bring specific challenges, including the risks of being excluded from entitlements to services and resources provided to mitigate the impacts of COVID-19. Non-citizen migrants would most likely have travelled further, crossing international borders, and thereby are more likely to face challenges, including being unable to travel further if borders are closed. They run the risk of being de-prioritised in national plans in the wake of economic recession, being deported or facing delays in resettlement or procedures to determine their legal status. Language barriers and xenophobia, combined with extreme economic vulnerability, are additional factors that could intensify their vulnerabilities” (UNICEF Office of Research Innocenti: Ramya Subrahmanian et al., 18 June 2020).</p>

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Higher risks of exposure to COVID-19</b></p>	<ul style="list-style-type: none"> <li>• <b>Overcrowded living conditions</b> for refugees, migrants and IDPs often <b>make it difficult to contain the spread of the virus.</b></li> <li>• <b>Limited and/or compromised access to health and WASH services:</b> public health services, testing facilities, adequate and clean water, sanitation and hygiene facilities and nutritious foods.</li> </ul>	<p>“Refugee and IDP camps are mostly chronically overcrowded and measures to avoid community transmission of the virus, such as physical distancing and frequent handwashing, are difficult to implement. The absence of basic amenities, such as clean running water and soap, insufficient medical personnel, and poor access to health information, let alone access to masks, will make avoiding infection virtually impossible. Also, in many host countries, refugees’ entitlement to healthcare and social protection systems are restricted or non-existent, which increases their vulnerability even further” (Plan International, 2020).</p> <p>“Internally displaced people are more at risk of contracting COVID-19 and are more susceptible to complications, owing to cramped living conditions in camps, camp-like settings and urban slums; poor nutritional and health status; limited access to sanitation, health care and reliable information; lack of support networks; and language barriers and other social and cultural obstacles” (IFRC, May 2020).</p> <p>“Action Against Hunger provides lifesaving nutrition treatment to children in Pagak, but the reception center has no hospital facility, substandard water and sanitation services, and little capacity to provide other essential support. Many refugees need additional medical treatment for malnutrition, COVID-19, or other health issues, yet the nearest health center is 35 miles away, with no reliable transportation system. Malnutrition can complicate illness, with malnourished children 12 times more likely to die than their well-nourished peers” (Africa News, 08 August 2020).</p>

RISKS		
RISKS	KEY ISSUES	EVIDENCE
<p><b>Rising risk of detention, deportation and exposure to abuse within the system</b></p>	<ul style="list-style-type: none"> <li>• New strains on host country resources leading to increased risk of migrants, refugees and asylum seekers <b>being turned away or sent back to the home countries from which they fled.</b></li> <li>• <b>Refugees held in limbo awaiting relocation to established camps</b> due to health concerns and lack of appropriate resources.</li> <li>• <b>COVID-19 used as a justification for unlawful detention of refugee and displaced populations.</b></li> <li>• <b>Increased risk of child abuse perpetrated by officials during resettlement processes.</b></li> </ul>	<p>“Migrants, including unaccompanied and separated children, have been deported to their home countries, which are ill-equipped to receive them in safety, or have been stranded in border areas unable to return home. Growing incidents of stigmatisation, xenophobia and discrimination have in certain situations led to forced evictions of refugees, migrants and IDPs from their homes, leaving many without shelter and prone to forced returns” (United Nations, 2020).</p> <p>“Children as young as a year old — often arriving at the border with no parents — are being put in hotels under the supervision of transportation workers who are not licensed to provide child care [...].’A transportation vendor should not be in charge of changing the diaper of a 1-year old, giving bottles to babies or dealing with the traumatic effects they might be dealing with,’ said Andrew Lorenzen-Strait, another former deputy assistant director for custody management at Immigration and Customs Enforcement, who worked with MVM during his time at the agency. ‘I’m worried kids may be exposed to abuse, neglect, including sexual abuse, and we will have no idea,’ he said” (The New York Times, 16 August 2020).</p> <p>“After conflict broke out in parts of South Sudan in May, more than 8,200 people sought refuge in neighboring Ethiopia, arriving in the Pagak Reception Center, a temporary station set up in May before the border closed due to COVID-19. Normally, the refugee resettlement process would move new arrivals from the temporary reception center to better-established camps within two to three weeks. Currently, the relocation process has been delayed for months due to COVID-19 restrictions and a lack of testing kits” (Africa News, 08 August 2020).</p> <p>“Internally displaced people may experience protracted displacement if plans for their voluntary return or resettlement are put on hold due to restrictions on movement and no support is provided for their temporary local integration. Restrictions on movement may undermine people’s ability to flee violence and find refuge elsewhere in their country or their right to seek asylum in other countries (e.g. blanket border closures and pushbacks, in violation of the principle of non-refoulement)” (IFRC, May 2020).</p> <p>“Some countries are reportedly using the coronavirus pandemic as an excuse to lock up refugees and asylum seekers for longer periods of time. The U.N. agency says refugees are fleeing war and persecution. It says they are not criminals and should not be detained without due legal process...It says social distancing in these settings is impossible and access to medical care and clean water is limited.” (VOA, 26 July 2020).</p>

FACTORS	KEY ISSUES	EVIDENCE
<b>Fear and stigma related to the virus</b>	<ul style="list-style-type: none"> <li>• Reluctance among refugee and IDP children to seek assistance due to <b>perceptions of aid workers as carriers of COVID-19.</b></li> <li>• <b>Increased stigma and ostracization forcing already displaced populations</b> from their temporary homes with little to no alternatives or means of support.</li> <li>• <b>Fear of being arrested if they seek healthcare.</b></li> </ul>	<p>“They may be stigmatized and deliberately targeted due to their contact with foreign aid workers (perceived as carriers of the virus) or because they have come from areas with high infection rates. In some cases, the authorities may use the COVID-19 emergency to introduce restrictions targeting internally displaced people, especially those already facing stigma on the basis of their ethnic, religious or political affiliation(s), arbitrarily limiting their rights. Such measures may also entail camps being turned into de facto detention centres” (IFRC, ICRC, May 2020).</p> <p>“[<i>Sudanese refugee in Ethiopia</i>] While all new refugees are now required to be tested for the virus, testing supplies and PPE are limited. We suspect that many people are avoiding testing because of the severe stigma and fear that comes with COVID-19,” Abebe said. “We are providing health education to stop the spread of COVID-19 and malnutrition, as well as mental health support to refugees and frontline workers. In recent weeks, we have seen a sharp increase in admissions to our health centers in other parts of the Gambella region” (Africa News, 08 August 2020).</p> <p>According to Médecins Sans Frontières (MSF), refugees across Europe are particularly vulnerable and susceptible to COVID-19. “They too often live in collective and overcrowded accommodation. Sometimes, access to water is problematic, and they face obstacles to access services. This is particularly true for undocumented people or refugees that are at risk of <u>Dublin returns</u>.<sup>2</sup> If they fear they will be arrested when going to the doctors, they won’t report symptoms that could be linked to COVID-19,” said Aurélie Ponthieu, a humanitarian specialist at MSF” (Foreign Policy, 20 April 2020).</p>

<sup>2</sup> Regulation establishing the criteria and mechanisms for determining the Member State responsible for examining an asylum application lodged in one of the Member States by a third-country national. See: [https://ec.europa.eu/home-affairs/what-we-do/policies/asylum/examination-of-applicants\\_en](https://ec.europa.eu/home-affairs/what-we-do/policies/asylum/examination-of-applicants_en).

FACTORS	KEY ISSUES	EVIDENCE
<p><b>Suspended access to asylum and protection</b></p>	<ul style="list-style-type: none"> <li>• <b>Restrictions on freedom of movement and “blanket” border closures preventing children with or without their families to seek asylum.</b></li> <li>• <b>Lack of child friendly adaptations to justice mechanisms, asylum processes, and other protective services.</b></li> </ul>	<p>“As of 22 May 2020, UNHCR reports that 161 countries have so far fully or partially closed their borders to contain the spread of the virus. At least 99 States are making no exception for people seeking asylum seriously limiting their rights. Denials of entry and pushbacks of asylum-seekers and unaccompanied migrant children at frontiers have been reported in different regions and so have been refusals to allow refugees and migrants rescued at sea to disembark. In some cases, States have returned asylum-seekers to transit countries to await lifting of the restrictive measures, while in other countries refugees were forcibly sent home in violation of the principle of non-refoulement” (United Nations, 2020).</p> <p>“The first 48 hours of teleconferencing were marred by technical difficulties. Children tried to make sense of the judge’s image on a video screen and the interpreter in the courtroom, not knowing exactly whom to direct their attention to. Surrounded by strangers and lawyers they had only known for a short time, they answered questions between frequent pauses to sort out audio issues. Often they overheard other asylum seekers in neighbouring courtrooms describe threats of violence they faced” (Texas Monthly, 21 April 2020).</p>

## EMERGING PROTECTIVE PRACTICES / RESPONSES

TARGET	OPPORTUNITIES	EVIDENCE
<p><b>Community based approaches</b></p>	<ul style="list-style-type: none"> <li>• <b>Support to strong refugee leaders and increased community engagement.</b></li> <li>• Identification of and partnership with <b>effective and trusted refugee and youth-led organizations</b> operating within camp settings.</li> </ul>	<p>“Refugee leaders have stepped in to fill the gaps left by states and traditional humanitarian actors during the pandemic, providing essential services and helping to mitigate the worst impacts of the crisis. They have done this vital work with almost no support from humanitarian funders - imagine the impact they could have if they were properly funded,” said Victor Nyamori, Researcher and Advisor on Amnesty International’s Refugees and Migrants Rights Team.’ (Amnesty International, 19 August 2020)</p> <p>“Three years since hundreds of thousands fled violence and persecution in Myanmar, Rohingya refugee children and families in Cox’s Bazar District of Bangladesh are now facing new challenges. In spite of incredibly difficult circumstances, the refugee population is actively participating in response efforts to prevent and manage the threat of COVID-19 in the camps” (UNICEF, 25 August 2020).</p> <p>“CIYOTA<sup>3</sup> is just one example of what refugee youth around the world are doing. In Kyangwali refugee settlement alone, there are six other primary schools founded and run by refugees. These schools together are educating about 5,000 children without any external donations. Besides producing the most competitive children in the national exams, these schools work with parents and guardians in the refugee camp to provide breakfast and lunch to learners. [...] When COVID-19 caused the closure of schools around Uganda, the refugee-led school leaders came together to re-imagine how to safely continue to deliver education to learners who have no access to radios or technology they needed to learn. By working with Parents’ Teachers Associations to provide mentorship and guidance to secondary school students, by providing upper primary school lessons using a combination of hand-written notes, recorded WhatsApp audios and videos, and by enabling children to access Ministry of Education online lessons, refugee-led organizations have continued to show their adaptive and resilient ways to own solutions to their challenges. Youth have volunteered to give families accurate information on COVID-19 and have reached out to refugees who were resettled to developed countries to request contributions of food, soap, and other basic support for the most vulnerable members of the community” (All Africa, 19 June 2020).</p>

<sup>3</sup> CIYOTA stands for the COBURWAS International Youth Organization to Transform Africa and is a youth-led, volunteer-based organization, which was established in the Kyangwali refugee settlement in Uganda by refugee youth from Congo (DRC), Burundi, Uganda, Rwanda, and Sudan (COBURWAS).

FACTORS	KEY ISSUES	EVIDENCE
<p><b>New ways to reach out to children and implement child protection activities</b></p>	<ul style="list-style-type: none"> <li>• Design and implementation of prevention activities <b>together with refugee volunteers.</b></li> <li>• <b>Evaluation of and improvements to the resiliency of child protection systems</b> in the face of hardship due to COVID-19.</li> <li>• Promotion of <b>flexible delivery methods adapted to the conditions facing these populations:</b> i.e. reorganizing alternative care, resettlement of vulnerable UASC to third countries, staff capacity building, etc.</li> </ul>	<p>“With the reduction of humanitarian workers going to the camps in an effort to limit the spread of the virus, UNICEF and other humanitarian organizations have established new ways to deliver critical services. Rohingya volunteers and Bangladeshi personnel have been essential to these efforts, connecting communities to critical services and information to protect against COVID-19” (UNICEF, 25 August 2020).</p> <p>“Throughout various operations, including Ethiopia and Ecuador, monitoring of care arrangements are also taking place through phone calls and through the mobilization of refugee volunteers. In Ecuador and Jordan, UNHCR and partners, together with the national child protection systems have increased the capacity for community-level identification of unaccompanied and separated children, and organised transportation to care facilities. In Ethiopia, UNHCR and partners have scaled up the identification of potential foster families through increased community engagement. In addition, prevention of secondary separation is being addressed through the provision of two- months of cash-based assistance to known vulnerable families in need of support” (UNHCR, July 2020).</p> <p>“In a rapid response to train educators and technical teams in reception centers, a guide has been developed with recommendations for infection prevention and emotional support. Trained staff are caring for 3,122 children in the reception centers who also received food supplies. Besides, nine shelters for migrant and street children housing at least 351 children were equipped with food and hygiene supplies. At the same time, 179 other migrant and street children received family baskets to cover their basic food needs” (UNICEF, April 2020).</p> <p>“With the reopening of schools and resumption of classes in Ogoja, Nigeria, UNHCR and its partners are taking precautions to make schools as safe as possible. A refugee-led community-based organization is providing students with water and locally-made soap during lessons. In addition to contributing to a safe return to school, this initiative, which is carried out within the refugee settlements and hosting communities, serves as platform to sensitise and keep community members updated on issues related to COVID-19” (UNHCR, July 2020).</p>

## GAPS

While many of the child protection risks identified for refugees, internally displaced (IDPs) and/or forced migrant children related to access to services during the COVID-19 pandemic, we noticed several particular gaps in the data collected including:

- **Children in non-camp settings:** Evidence collected is primarily focused on children living in camp settings, while little evidence exists addressing refugee, forced migrant and/or IDP children in urban settings or even more specifically in urban settings within emergency contexts.
- **Children with special needs/ disabilities:** No monitoring report directly tackled the specific needs of migrants, IDPs and refugees with special needs and disabilities.
- **Gender:** There continues to be a significant gap in evidence related to the impacts of COVID-19 on boys, including in the evidence related to child refugees, forced migrants and IDPs.
- **Quality of the accessed services:** Most reports focus on the accessibility of the services but very little on their appropriateness and quality.
- **Reaching children and communities:** There is little evidence or guidance describing how to reach out to communities and children that were not engaged by other activities or CP actors prior to the lockdowns, or who are on the move.
- **Child recruitment to armed groups:** Potential or identified risks associated with recruitment of children on the move by armed groups is not addressed.

## CONCLUSION

For refugees, IDPs and asylum-seeking children, COVID-19 has exacerbated existing barriers to basic rights and protections, like access to basic services (health, protection, education, etc.), as well as access to asylum processes, relocation (except for few UASC from Greek refugee camp in EU) and justice mechanisms.

**The main recommendations emerging from this synthesis are:**

- Remind the states of their duties regarding “non refoulement”, asylum and the compliance of their processes with children’s rights.
- Work with national authorities on preparedness plans to ensure the continuity of service delivery and provision of necessary protective equipment for workers and affected populations during infectious disease outbreaks.
- Work more to empower and fund refugee communities to ensure the continuum of service delivery in camps and identified urban settings, even during infectious diseases outbreaks.
- Prioritize the inclusion of refugee children in remote learning plans and back to school initiatives.
- Conduct situational assessments to understand local priorities and what children and communities are doing in order to design and implement more responsive prevention and mitigation strategies.

## CASE STUDIES

*Below are case studies from practitioners in the field related to emerging issues, best practices, and challenges in addressing additional risks to refugee, IDP, and forced migrant children during COVID-19. Case studies can be submitted to The Alliance using the [online form found here](#).*

### **Lebanon - Adolescents in Crisis Settings: Life Skills and Parenting, Plan International**

Lebanon hosts the largest number of refugees per capita in the world. The country is home to 1.5 million Syrian refugees, among other displaced groups, of which 55% are children and adolescents below the age of 18 years. Despite the hospitality in accepting large refugee populations, there has been significant strain on resources and infrastructure to refugees and hosting communities. Syrian refugees and Lebanese adolescents (aged 10 to 17 years) in already vulnerable households face significant risks of school drop-out, lack of access to services, physical and sexual violence, child labour, and child marriage.

The COVID-19 pandemic and related restrictions worsen these pre-existing risks for adolescents. Movement restrictions limit income of many already food insecure households and push even more adolescents into child labour or child marriage as economic coping mechanisms. Lack of access to information and communication, such as mobile phones and internet, coupled with limited opportunities to see friends, get support or access services, increases psychosocial distress experienced by adolescents and their parents/caregivers.

To make the life skills and parenting sessions more suitable for remote delivery via conference call and WhatsApp, the number of sessions was reduced from 12 to 10 sessions. The themes that were most prominent to the context of COVID-19 were selected, focusing on psychosocial support, protection, COVID-19 awareness and sexual and reproductive health and rights. The two-hour sessions were reduced to 45 minutes by selecting only the activities that could be delivered online with key messages. In doing so, the nature of the sessions changed somewhat from skill building and practicing behavioural change towards a stronger focus on inter-active awareness raising as well as identification and referral of at-risk adolescents and their families. The sessions were delivered once a week for a period of ten weeks.

The sessions were delivered through conference calls and WhatsApp with small groups. Existing adolescent and parent groups (15-20 persons) were divided into smaller groups of maximum five participants with a facilitator. During and in between sessions, WhatsApp was used by facilitators to stay in contact with the groups or to share information. Facilitators also recorded short videos of 30-60 seconds with key messages, information, education or communication (IEC) materials for the adolescents or parents/caregivers to watch prior to, or after the session. Prior to forming WhatsApp groups, all participants were informed about the purpose of the group and informed consent was obtained. A guidance for facilitators on how to safely and effectively use WhatsApp has been produced.

During implementation, a new feature was added to the programme: recorded sessions with key activities and clear instructions were provided to adolescents and parents/caregivers who were not able to join the online sessions. These sessions were shared on DVD, along with a DVD player, to families to watch and apply at home.

The groups have been led by trained community facilitators, who were trained by Plan International Lebanon prior to COVID-19 to implement the regular life skills and parenting package. The facilitators received a one-hour online refresher training session facilitated by Plan International Lebanon technical specialists which covered the following topics:

- online facilitation skills;
- child and young people safeguarding including online safety;
- safe online identification and referral; and
- updated service mapping.

The wellbeing of the facilitators has been taken very seriously with Plan staff constantly checking on them to make sure they are able to deliver the sessions in the best way possible.

### **South Sudan - Community Based Child Protection Approaches during COVID 19 Pandemic: The Case of Malakal IDP/PoC Camp, War Child Holland**

Malakal IDP/PoC camp hosts more than 30,000 people displaced from the surrounding communities following the fighting between government and opposition forces in 2013 and subsequent hostilities between the groups. The camp is hosting large number of IDPs in a limited space and is recognized as one of the most congested settlement in South Sudan. Recent consultations conducted with children, adults and community leaders indicated that child labour, separation, sexual and domestic violence, child marriage, neglect, psychological distress, school dropout, limited livelihood options are among issues affecting children and caregivers in the camp. With the onset of COVID-19 and associated restrictions, additional risks have been reported as both schools and CFSs are closed and children are kept at home. Fear of COVID-19 infection, stigma, lack of peer support and group play, physical violence against children at home, increased involvement of children in business activity are among the emerging issues.

War Child has continued its engagement with camp leaders and community representatives to respond to both pre-pandemic and emerging child protection issues in the camp. As group meeting and activities were suspended as part of COVID-19 prevention measures, War Child frontline workers organized small group meetings (5-7 persons) observing physical distancing, wearing face mask and practicing frequent hand washing during community meetings. Community representatives were also provided mobile phone airtime to report any protection issues in the community as regular meeting was limited. In collaboration with camp leaders and community representatives, War Child formed outreach teams that moved door to door to disseminate information on COVID-19 and protection risks and prevention measures. The team used megaphone and recorded audio messages in such campaigns and distributed posters with key

COVID-19 messages and graphics. Home visits and family level sessions were conducted depending on the issues reported by community representatives for those cases which need individual support. Most vulnerable households and their children were provided with psychological first aid, cash assistance, hygiene and sanitation kits, parenting and life skills sessions and home-based recreational and learning package through frontline case workers. War Child organized weekly radio programs to discuss on community wide protection and COVID-19 related issues and recommended community action.

COVID-19 and associated restrictions present additional challenges to protection actors operating in resource constrained settings. Hence, organizations need to explore safe, flexible and effective approaches to continue engaging children, families and community structures in both COVID-19 and protection response. These approaches should look at adapting appropriate strategies and support at child, family and community level to address the issues in a comprehensive manner. Limited phone network coverage, misconceptions about COVID-19, community wide fear and distress, labour intensive nature of home-based CP/PSS sessions (parenting, life skills, etc.) and staff care considerations need continuous attention and additional resources for effectiveness of protection response amidst the ongoing COVID-19 pandemic.

#### Other examples:

Plan International (2020) [Close to contagion: The impact of COVID-19 on displaced and refugee girls and women.](#) (p4)

- Jordan - the Azraq refugee camp: under some of the strictest lockdown conditions in the world young women and girls have taken on the responsibility of protecting and engaging some of the most vulnerable groups in the camp. When the lockdown came into effect, young women helped distribute sanitised handicraft kits to mothers and girls so that they could join group sessions on how to make masks. Via social media, young women in the camp led classes in parenting, life skills and literacy and youth club sessions. Additionally, girls in the camp have been taking on leadership roles as part of their Youth Committees. They have helped facilitate online life skills sessions for children that highlight issues such as girls' rights, mental health, wellbeing, education and safe spaces.
- Tanzania - Nyarugusu, Mtendeli and Nduta refugee camps: older Burundian adolescent girl refugees are using their skills and experience to help others in the camps. This includes supporting vulnerable girls through peer-to-peer activities, collecting information on issues affecting girls through a children's parliament and engaging with service providers to address the issues they have raised. With schools in refugee camps closed, young women and older adolescent girls are also involved in a mentorship programme that helps in distributing school materials and providing learning support to students and their parents at home. If there is an outbreak of COVID-19 they will play a critical role by providing additional child protection support to affected families.
- Egypt - during the current pandemic adolescent Syrian refugee girls and young women living in Upper and Lower Egypt and Greater Cairo, have been playing a vital role in disseminating awareness raising messages about COVID-19 and addressing the emotional impact of the curfew on their peers. In the Kalyoubya governorate, a youth-led initiative uses social media platforms to communicate child-friendly messages to children on COVID-19 prevention. In addition, young women are addressing the rising trend of sexual and gender-based violence by offering peer to peer support to adolescent girls and women and alerting them to any available services.

**Main Children refugees, internally displaced (IDPs) and/or migrants’ guidance, academic research & innovative responses**  
(not exhaustive)

THEMES	RESOURCES
<b>General</b>	<ul style="list-style-type: none"> <li>• Alliance for child protection in humanitarian action (June 2020) Podcast Protected! <a href="#">Ep 3: Protecting refugee children in East Africa.</a></li> <li>• The Alliance for Child Protection in Humanitarian Action- UNICEF (08 April 2020) <a href="#">TECHNICAL NOTE: COVID-19 AND CHILDREN DEPRIVED OF THEIR LIBERTY.</a></li> <li>• Danzhen You, Naomi Lindt, Rose Allen, Claus Hansen, Jan Beise and Saskia Blume (April-June 2020) Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help, Migration and Policy practice. Vol X, number 2.</li> <li>• IFRC, ICRC (May 2020) <a href="#">Reducing the Impact of the COVID-19 Pandemic on Internally Displaced People.</a></li> <li>• Nisanci, A., Kahraman, R., Alcelik, Y. and Kiris, U., 2020. Working with refugees during COVID-19: Social worker voices from Turkey. International Social Work [Online], 63(5), pp.685–690.</li> <li>• Plan International (2020) <a href="#">Close to contagion The impact of COVID-19 on displaced and refugee girls and women.</a></li> <li>• Save the Children (April 2020) Covid-19: operational guidance for migrant and displaced children, v1.</li> <li>• Terre des hommes (June 2020) COVID-19 Rapid Needs Assessment in the Palestinian camps of Lebanon.</li> <li>• UNHCR (11 May 2020) <a href="#">Refugee children hard hit by coronavirus school closures.</a></li> <li>• UNICEF (6 April 2020) <a href="#">Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (Children on the Move).</a></li> <li>• UNICEF Office of Research Innocenti: Ramya Subrahmanian, Lucy Hovil, Mark Gill, Olivia Bueno and Iolanda Genovese (18 June 2020) <a href="#">SITUATIONAL BRIEF: RESEARCH REPORT ON HEIGHTENED VULNERABILITIES OF MIGRANT CHILDREN &amp; YOUNG PEOPLE LIVING ALONE IN THE CONTEXT OF COVID-19 LESSONS FROM THREE EASTERN AFRICAN COUNTRIES.</a></li> <li>• UNICEF (6 May 2020) <a href="#">Muna’s diary.</a></li> <li>• Vonen, H. D. <i>et al.</i> (2020) ‘Refugee camps and COVID-19: Can we prevent a humanitarian crisis?’, <i>Scandinavian Journal of Public Health</i>. doi: <a href="#">10.1177/1403494820934952.</a></li> </ul>
<b>Emerging Practice / Responses</b>	<ul style="list-style-type: none"> <li>• UNHCR, Education section (July 2020) SUPPORTING CONTINUED ACCESS TO EDUCATION DURING COVID-19 Emerging Promising Practices, issue 2.</li> </ul>

## Mapped News Articles (*not exhaustive*)

THEMES	SOURCES
<b>General</b>	<ul style="list-style-type: none"> <li>• Africa News (08 August 2020) <a href="#">Coronavirus - Ethiopia: 1 in 4 Refugee Children in Pagak are Dangerously Malnourished.</a></li> <li>• Al Jazeera (31 March 2020) <a href="#">Time is running out to protect refugees from a coronavirus crisis.</a></li> <li>• CBC News (7 May 2020) <a href="#">U.S. suspends protections for migrant kids at border, expelling hundreds amid pandemic.</a></li> <li>• Christian Blind Mission (17 August 2020) <a href="#">World Humanitarian Day 2020: our partners and staff in the refugee camps of Cox's Bazar, Bangladesh, show selfless commitment during the COVID-19 pandemic by ensuring that persons with disabilities continue receiving inclusive humanitarian services.</a></li> <li>• Foreign Policy (20 July 2020) <a href="#">In Europe, the Lives of Refugees Are on Hold.</a></li> <li>• GPE (26 June 2020) <a href="#">Displacement, girls' education and COVID-19.</a></li> <li>• Info Migrants (21 July 2020) <a href="#">Lockdown in refugee camps on Greek islands 'discriminatory', MSF says.</a></li> <li>• Info Migrants (12 August 2020) <a href="#">COVID putting young refugees at risk.</a></li> <li>• Inter Press Service (14 July 2020) <a href="#">UNESCO, UNHCR &amp; EDUCATION CANNOT WAIT Call for the Inclusion of Refugees in the Post-Covid-19 Education Effort.</a></li> <li>• Inter Press Service (13 August 2020) <a href="#">Keeping Education within the Grasp of Refugee Children.</a></li> <li>• Inventiva Swapnil Singh (8 August 2020) <a href="#">Studying as a refugee child in the 'COVID-19 era'.</a></li> <li>• NPR (6 August 2020) <a href="#">Ending 'Asylum As We Know It': Using Pandemic To Expel Migrants, Children At Border.</a></li> <li>• Psychology Today (04 July 2020) <a href="#">The COVID-19 Burden of Disease on Refugees and Immigrants.</a></li> <li>• Save the Children (25 August 2020) <a href="#">GAZA'S CHILDREN FACE COVID-19 SPIKE AMID POWER SHUTDOWN AND ONGOING AIRSTRIKES.</a></li> <li>• Sky news (12 May 2020) <a href="#">Unaccompanied children among 50 migrants arriving in UK from camps in Greece.</a></li> <li>• UNICEF (25 August 2020) <a href="#">Rohingya children bearing brunt of COVID disruptions in Bangladesh refugee camps as education facilities remain closed.</a></li> <li>• UNHCR (11 May 2020) <a href="#">Refugee children hard hit by coronavirus school closures.</a></li> <li>• UNHCR, Filippo Grandi (2020) <a href="#">Internet and mobile connectivity for refugees-leaving no one behind.</a></li> <li>• UNHCR (July 2020) Protecting Forcibly Displaced Children during the COVID-19 Pandemic.</li> <li>• UNHCR (31 July 2020) <a href="#">UNHCR Bangladesh-COVID 19 Preparation/Response- 31 July 2020 (#7).</a></li> <li>• UNICEF (April 2020) Child protection E-Bulletin News from Country offices.</li> <li>• UNICEF (July 2020) <a href="#">The impact of COVID-19 on migrant children in Trinidad and Tobago.</a></li> <li>• UNICEF (2020) Quick Tips in Action: Emerging Practices for Children on the Move during Covid-19.</li> </ul>

	<ul style="list-style-type: none"> <li>• UNICEF (25 August 2020) <a href="#">Rohingya children bearing brunt of COVID disruptions in Bangladesh refugee camps as education facilities remain closed.</a></li> <li>• United Nations (June 2020) Policy brief: Covid-19 and people on the move.</li> <li>• UN NEWS (13 July 2020) <a href="#">COVID-19: UN and partners work to ensure learning never stops for young refugees.</a></li> <li>• UN News (26 august 2020) <a href="#">Refugees at risk of hunger and malnutrition, as relief hit in Eastern Africa.</a></li> <li>• Terres des Hommes (18 June 2020) <a href="#">Covid-19: One danger too many for refugee children.</a></li> <li>• Texas Monthly (21 April 2020) <a href="#">Children Grappling With Remote Asylum Hearings? With COVID-19, That’s Now the Norm.</a></li> <li>• The BJM (26 March 2020) <a href="#">The world’s largest refugee camp prepares for covid-19.</a></li> <li>• The Hill (19 August 2020) <a href="#">We must preserve asylum to protect children.</a></li> <li>• The New York Times (16 August 2020) <a href="#">A Private Security Company Is Detaining Migrant Children at Hotels.</a></li> <li>• The Telegraph (14 August 2020) <a href="#">As schools reopen, millions of refugee children risk being left behind, campaigners warn.</a></li> <li>• The World (22 April 2020) <a href="#">US and Mexico are blocking kids from asking for asylum because of coronavirus.</a></li> <li>• Their World (24 july 2020) <a href="#">New education centre offers hope to refugee children on Greek island.</a></li> <li>• VOA ( 26 July 2020) <a href="#">UNHCR: Refugees Unlawfully Detained Amidst COVID-19 Pandemic Must Be Released.</a></li> </ul>
<p><b>Emerging Practice / Responses</b></p>	<ul style="list-style-type: none"> <li>• Amnesty international (19 August 2020) <a href="#">Refugee-led organizations need support to continue their vital work.</a></li> <li>• All Africa (19 June 2020) <a href="#">Refugee-Led Organizations Can Deliver Education to Refugee Children During COVID-19 and Beyond.</a></li> <li>• Sky news (12 May 2020) <a href="#">Unaccompanied children among 50 migrants arriving in UK from camps in Greece.</a></li> <li>• UNICEF (April 2020) Child protection E-Bulletin News from Country offices.</li> <li>• UNICEF (25 August 2020) <a href="#">Rohingya children bearing brunt of COVID disruptions in Bangladesh refugee camps as education facilities remain closed.</a></li> </ul>