



Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help

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Available data and statistics show that children have been largely spared the direct health effects of COVID-19. But the indirect impacts – including enormous socioeconomic challenges – are potentially catastrophic for children. Weakened health systems and disrupted health services, job and income losses, interrupted access to school, and travel and movement restrictions bear directly on the well-being of children and young people. Those whose lives are already marked by insecurity will be affected even more seriously.

Migrant and displaced children are among the most vulnerable populations on the globe. In 2019, around 33 million children were living outside of their country of birth, including many who were forcibly displaced across borders. At the end of 2018, a total of over 31 million children were living in forced displacement in their own country or abroad due to violence and conflict. This includes some 13 million child refugees, around 1 million asylum-seeking children, and an estimated 17 million children displaced within their own countries. It is estimated that 3.7 million children live in refugee camps or collective centres.² COVID-19 threatens to bring even more uncertainty and harm to their lives.

The challenges of day-to-day life

Worldwide, 52 per cent of migrant children and over 90 per cent of displaced children live in low- and

middle-income countries where health systems have been overwhelmed and under capacity for protracted periods of time. It is in these settings where the next surge of COVID-19 is expected, following China, Europe and the United States.³ In low- and middle-income countries, migrant and displaced children often live in deprived urban areas or slums, overcrowded camps, settlements, makeshift shelters or reception centres, where they lack adequate access to health services, clean water and sanitation.⁴ Social distancing and washing hands with soap and water are not an option. A UNICEF study in Somalia, Ethiopia and the Sudan showed that almost 4 in 10 children and young people on the move do not have access to facilities to properly wash themselves.⁵ In addition, many migrant and displaced children face challenges in accessing health care. Half of respondents aged 14–24 years in a UNICEF poll who self-identified as migrants and refugees indicated that they did not see a doctor when needed.⁶

Similarly, in high-income countries, the safety of many migrant and displaced children is also under threat. In Marseille, France, for instance, many unaccompanied minors had been left unprotected before the pandemic as authorities failed to provide care and shelter. Now

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² Data from end of 2018; UNICEF analysis based on United Nations High Commissioner for Refugees, *Global Trends: Forced displacement in 2018*, Geneva, 2019.

³ “COVID-19 Will Not Leave Behind Refugees and Migrants”, Editorial, *The Lancet*, vol. 395, 4 April 2020.

⁴ United Nations High Commissioner for Refugees, “UN Refugee Agency Steps Up COVID-19 Preparedness, Prevention, and Response Measures”, Press release, 10 March 2020. Available at www.unhcr.org/uk/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html, accessed 23 April 2020.

⁵ United Nations Children’s Fund, “Children on the Move in East Africa: Research insights to mitigate COVID-19”, 31 March 2020. Available at <https://blogs.unicef.org/evidence-for-action/children-on-the-move-in-east-africa-research-insights-to-mitigate-covid-19/>, accessed 24 April 2020.

⁶ United Nations Children’s Fund, *A Right to be Heard: Listening to children and young people on the move*, December 2018. Available at https://data.unicef.org/wp-content/uploads/2018/12/A_right_to_be_heard_youthpoll.pdf, accessed 24 April 2020.

that public child protection services have halted due to the risks posed by COVID-19, more unaccompanied migrant children have been forced to live on the streets or in unsanitary, often overcrowded squats.⁷ This has become a harsh reality for many children around the world. Children in situations like these may face the added risk of being detained by immigration authorities, potentially exposing them to violence, abuse or exploitation.

Migrant and displaced children across contexts are at risk of missing out on accurate public health information, due to language barriers or simply being cut off from communication networks. Undocumented children living in foreign countries may fear contact with public authorities. Meanwhile, misinformation on the spread of COVID-19 has exacerbated the xenophobia and discrimination that migrant and displaced children and their families face.

Legal shifts

Sudden, sweeping restrictions and regulations have been enacted to contain the virus's spread. Many further undermine displaced children's safety and security. Closed borders and restricted travel are disrupting the humanitarian supply chain and relief workers' ability to assist displaced communities. Millions are missing out on vital assistance such as food distributions and other basic medical supplies. In Yemen, where one third of children are malnourished and 80 per cent of the population depends on humanitarian aid, travel restrictions have already led to reduced relief operations.⁸

UN agencies were forced to suspend resettlement procedures due to the COVID-19 pandemic, cutting off a "vital lifeline for particularly vulnerable refugees",⁹ leaving millions of refugees with an uncertain path ahead. In many countries, border closures have left migrants stranded, placing children and their families at risk of further harm and potentially separating

families for longer stretches. As of 22 April, of the 167 countries that have fully or partially closed their borders to contain the spread of the virus, some 57 States have made no exception for access for asylum seekers.¹⁰ In the United States, people seeking asylum, including children, have been turned away or deported to their countries of origin at the United States–Mexico border as part of the response against COVID-19.¹¹

As countries instituted lockdowns and quarantines, in Ethiopia, 3,273 returnees have been registered and quarantined at various centres set up by the Government in Addis Ababa, including 434 unaccompanied children – 135 of them girls.¹² Many had not gone through prior health screenings nor received child protection assistance. UNHCR has called on States to respect international human rights and refugee protection standards, including through quarantines and health checks, stating, "Securing public health and protecting refugees are not mutually exclusive".¹³

The dimensions of risks for children

Facing many challenges and barriers, migrant and displaced children stand to be hit hard by the socioeconomic impacts of COVID-19. A UN report grouped the impacts on children in general into four dimensions: poverty, survival and health, learning and safety.¹⁴ The pandemic is exacerbating pre-

⁷ Human Rights Watch, "France: Children left in limbo despite COVID-19", 26 March 2020. Available at www.hrw.org/news/2020/03/26/france-children-left-limbo-despite-covid-19#, accessed 23 April 2020.

⁸ United Nations Children's Fund, "Yemen Crisis". Available at www.unicef.org/emergencies/yemen-crisis, accessed 23 April 2020.

⁹ "COVID-19: Agencies temporarily suspend refugee resettlement travel", *UN News*, 17 March 2020. Available at <https://news.un.org/en/story/2020/03/1059602>, accessed 23 April 2020.

¹⁰ United Nations High Commissioner for Refugees, "Beware Long-Term Damage to Human Rights and Refugee Rights From the Coronavirus Pandemic", Press release, 22 April 2020. Available at www.unhcr.org/news/press/2020/4/5ea035ba4/beware-long-term-damage-human-rights-refugee-rights-coronavirus-pandemic.html, accessed 23 April 2020.

¹¹ Hesson, Ted, and Mica Rosenberg, "U.S. Deports 400 Migrant Children Under New Coronavirus Rules", *Reuters*, 7 April 2020. Available at www.reuters.com/article/us-health-coronavirus-usa-deportations/u-s-deports-400-migrant-children-under-new-coronavirus-rules-idUSKBN21P354, accessed 23 April 2020.

¹² United Nations Children's Fund, "Heightened Risks as Thousands of Migrants Return to Ethiopia amid the Coronavirus Pandemic", 16 April 2020. Available at www.unicef.org/ethiopia/stories/heightened-risks-thousands-migrants-return-ethiopia-amid-coronavirus-pandemic, accessed 24 April 2020.

¹³ UNHCR, "Beware Long-Term Damage to Human Rights and Refugee Rights From the Coronavirus Pandemic".

¹⁴ United Nations, "The Impact of COVID-19 on Children", Policy brief, 15 April 2020. Available at https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf, accessed 23 April 2020.

existing vulnerabilities and lack of access to services – meaning migrant and displaced children will be disproportionately affected and suffer long after the public health crisis ends.

Dimension one: Impacts on poverty

Migrant and displaced children often live in families that are more vulnerable to job loss or economic downturns. The World Bank has suggested that COVID-19 will push some 40 to 60 million people into extreme poverty, forecasting stark economic consequences.¹⁵ The ILO estimated a rise in global unemployment of between 5.3 million and 24.7 million from a base level of 188 million in 2019.¹⁶ In addition, 1.25 billion workers, or 38 per cent of the global workforce, were employed in sectors with high risk of workforce displacement.¹⁷ These economic impacts are likely to widen pre-existing vast global economic inequalities and disproportionately hit developing countries and vulnerable populations. Yet migrant families and children are less likely to be included in economic recovery initiatives, which are mainly aimed at the formal sectors and nationals.¹⁸

Migrant workers are particularly vulnerable – and among these, the young, women, and female domestic workers even more so – as restrictions are enacted on access to places of work in destination

countries and on return to families.¹⁹ Many foreign nationals are employed in short-term work in trades such as tourism, hospitality, construction, and the garment industry, and are at great risk of losing their jobs. Others are engaged in precarious work with limited provision for health care or sick leave.

In Thailand, following the closure of border points and many businesses, coupled with uncertainty around the validity of work permits, an estimated 60,000 to 200,000 migrant workers rushed home to Myanmar, Cambodia and the Lao People's Democratic Republic. Other migrant workers across Thailand reported losing their jobs but being unable to travel, putting their challenged health and economic security at greater risk.²⁰ For those who have retained work, the shuttering of Migrant Learning Centers or day care centres – where many children of migrants are able to secure food and care – introduced other difficulties.

For children staying behind with caregivers when one or both parents have migrated for work, remittances are often a critical source of income and security. This is especially the case in low- and middle-income countries, where remittances alleviate poverty, improve nutritional outcomes, and are associated with higher education spending and reduced child labour. It is estimated that three quarters of remittances are used to cover essentials such as food, housing, school and health care.²¹ The World Bank projects that remittances will decline by about 20 per cent in 2020, the sharpest decline in recent history.²² As this happens, the well-being of families and children will come under threat, potentially leading more children to drop out of school, seek work, migrate, or be subjected to child marriage or trafficking.

¹⁵ Mahler, Daniel Gerszon, et al., "The Impact of COVID-19 (Coronavirus) on Global Poverty: Why sub-Saharan Africa might be the region hardest hit", *World Bank Blogs*, 20 April 2020. Available at https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest?CID=WBW_AL_BlogNotification_EN_EXT, accessed 23 April 2020.

¹⁶ International Labour Organization, "COVID-19 and the world of work: Impacts and policy responses", Briefing note, 18 March 2020. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf, accessed 30 April 2020.

¹⁷ International Labour Organization, "ILO Monitor: COVID-19 and the world of work. Second edition", Briefing note, 7 April 2020. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_740877.pdf, accessed 30 April 2020.

¹⁸ International Organization for Migration, "IOM Launches USD 499 Million Expanded COVID-19 Response Plan to Help Address Critical Socio-Economic Impacts of Pandemic", Press release, 15 April 2020. Available at www.iom.int/news/iom-launches-usd-499-million-expanded-covid-19-response-plan-help-address-critical-socio, accessed 23 April 2020; Guermond, Vincent, and Kavita Datta, "How Coronavirus Could Hit the Billions Migrant Workers Send Home", *World Economic Forum*, 19 April 2020. Available at www.weforum.org/agenda/2020/04/how-coronavirus-could-hit-the-billions-migrant-workers-send-home, accessed 23 April 2020.

¹⁹ International Organization for Migration, "COVID-19 Places Migrant Workers in Highly Vulnerable Situations", News release, 26 March 2020. Available at <https://crest.iom.int/news/covid-19-places-migrant-workers-highly-vulnerable-situations%C2%A0>, accessed 23 April 2020.

²⁰ Guadagno, Lorenzo, *Migrants and the COVID-19 Pandemic: An initial analysis*, IOM, Geneva, 2020, <https://publications.iom.int/system/files/pdf/mrs-60.pdf>, accessed 23 April 2020.

²¹ United Nations Department of Economic and Social Affairs, "Remittances Matter: 8 facts you don't know about the money migrants send back home", 17 June 2019, www.un.org/development/desa/en/news/population/remittances-matter.html, accessed 24 April 2020.

²² World Bank, "World Bank Predicts Sharpest Decline of Remittances in Recent History", Press release, 22 April 2020. Available at www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history, accessed 23 April 2020.

Dimension two: Impacts on survival and health

Many migrants and displaced children live in conditions where latrines and water supplies are inadequate and extreme overcrowding is common. Humanitarian agencies have warned of the catastrophic health consequences of COVID-19 for displaced persons around the world – especially children.²³ Across the Syrian Arab Republic, medical infrastructure and water facilities have been destroyed and there are few doctors to tend to the needs of the displaced. In the country's Idlib Province, for instance, children are living outside or in tents packed with family members, with little to no access to water.²⁴ In the Greek islands, tens of thousands of people, including children, live in reception and identification centres, where conditions are dire. UNICEF has called for the immediate transfer of these vulnerable refugees, including the 1,900 unaccompanied and separated refugee and migrant children, to appropriate accommodation facilities on the mainland, in line with public health measures and guidelines.²⁵

The situation in the Bolivarian Republic of Venezuela presents another example of the intersecting challenges presented to migrant and refugee populations. With most essential services to refugees nearly halted and work across borders scarce, as reported by the International Rescue Committee, many Venezuelans are going back to their country. But they are returning to a country where half the doctors have left and 90 per cent of hospitals face supply shortages.²⁶

²³ United Nations Children's Fund, "COVID-19 Pandemic Could Devastate Refugee, Migrant, and Internally Displaced Populations Without Urgent International Action", Press release, 1 April 2020. Available at www.unicef.org/press-releases/covid-19-pandemic-could-devastate-refugee-migrant-and-internally-displaced, accessed 23 April 2020.

²⁴ United Nations Children's Fund, "Syrian Crisis". Available at www.unicef.org/emergencies/syrian-crisis, accessed 23 April 2020.

²⁵ Sharp, Melanie, and Olga Siokou-Siova, "Refugee and Migrant Communities Brace for COVID-19 in Already Dire Conditions on Greek Islands", UNICEF, 21 March 2020. Available at www.unicef.org/eca/stories/refugee-and-migrant-communities-brace-covid-19-already-dire-conditions-greek-islands, accessed 23 April 2020.

²⁶ International Rescue Committee, *COVID-19 in Humanitarian Crisis: A double emergency*, April 2020. Available at www.rescue.org/sites/default/files/document/4693/covid-19-doubleemergency-april2020.pdf, accessed 23 April 2020; Daniels, Joe Parkin, Tom Philip, and Emily Costa, "Venezuelans Return Home as Coronavirus Piles More Misery on Migrants", *The Guardian*, 12 April 2020. Available at www.theguardian.com/world/2020/apr/12/venezuelans-return-home-coronavirus-migrants, accessed 23 April 2020.

Deprived of access to health care, underlying conditions among displaced children – such as malnutrition and communicable and non-communicable diseases – can worsen.²⁷ The Measles & Rubella Initiative has cautioned that over 117 million children in 37 African countries are at risk of missing out on life-saving measles vaccines as immunization campaigns are delayed, which would further threaten the health and well-being of vulnerable migrant and displaced children.²⁸

Access to public health services for migrant and displaced children and their families may be limited, and, in some cases deliberately avoided, particularly if they are undocumented. In conflict zones with large internally displaced populations, health systems have often been destroyed and high levels of distrust in government may exist.²⁹ In Libya, ongoing hostilities continue to threaten health care and water supplies and have led to the further displacement of thousands.³⁰

Migrants and displaced families may also be excluded from public health information programming or lack the financial means to manage periods of self-isolation or quarantine or seek health care. Poor integration of these populations in hosting countries further limits access to health care and social benefits.

There are also psychological concerns associated with COVID-19. Cases of anxiety, depression and stress have been reported in China, prompting mental health professionals to be stationed at isolation hospitals and the establishment of psychological assistance

²⁷ IRC, *COVID-19 in Humanitarian Crisis*.

²⁸ The Initiative comprises representatives from the American Red Cross, U.S. CDC, UNICEF, UN Foundation and WHO; World Health Organization, "More Than 117 Million at Risk of Missing Out on Measles Vaccines, as COVID Surges", 14 April 2020. Available at www.who.int/immunization/diseases/measles/statement_missing_measles_vaccines_covid-19/en/, accessed 23 April 2020.

²⁹ IRC, *COVID-19 in Humanitarian Crisis*.

³⁰ United Nations Office for the Coordination of Humanitarian Affairs, "Libya: Hostilities Threaten COVID-19 Response", News release, 13 April 2020. Available at www.unocha.org/story/libya-hostilities-threaten-covid-19-response, 23 April 2020.

hotlines and online counselling services.³¹ Migrant and displaced children face additional psychological harms, such as pre-existing psychological trauma; marginalization and stigma from host communities; less recreational material to offset boredom caused by lockdowns and school closures; and poor access to psychosocial support, which is already under-resourced among this group.³² In Italy, young migrants and refugees – many of whom are unaccompanied – are experiencing isolation, apathy, frustration, boredom, mood swings and sleep problems following sudden impacts on their studies, jobs, permit of stay process and appeals.³³

Dimension three: Impacts on education

The pandemic has affected the schools of 1.5 billion students worldwide and is likely to exacerbate the vulnerabilities of the millions of migrant and displaced learners around the world.³⁴ In many cases, these marginalized children have already missed critical time in the classroom and are at risk of falling even further behind. Even before the COVID-19 crisis, refugee children were twice as likely to be out of school than other children. Migrant and displaced children face numerous obstacles accessing classrooms, ranging from enrolment issues to lack of available instruction to language barriers.³⁵ For many learners living in

displacement, their education will now be more limited or disappear completely.

Where learning has switched to online delivery, access to online resources and reliable electricity is out of reach for many, especially those living in remote locations, refugee camps or informal settings. In sub-Saharan Africa, where more than a quarter of the world's refugees reside, 89 per cent of learners do not have household computers and 82 per cent lack Internet access.³⁶

Nearly 120,000 Syrians live in Jordan's two largest refugee camps, where a large portion of residents are children – many of whom have seen war deprive them of years in the classroom. As the nation came under lockdown, 32 schools in the camps were closed, impacting 18,000 students who now rely on a national television broadcast to learn. UNHCR is helping these students continue their studies by increasing the supply of electricity to camp households from eight to more than 12 hours each day, while UNICEF is providing children learning materials and life-skills messages, strengthened by positive parenting messages and related activities for parents.³⁷

Prior to COVID-19, Internet and education for the Rohingya refugees in Bangladesh had already been limited. After years of advocacy, the Bangladeshi Government recently pledged to offer these hundreds of thousands of children education, but it is difficult to see how these students can regain their chance to learn without the conditions to connect to the outside world.³⁸

³¹ Wen, Li, et al., "Progression of Mental Health Services during the COVID-19 Outbreak in China", *International Journal of Biological Sciences*, vol. 16, no. 10, 15 March 2020, pp. 1732–1738. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC7098037; Liu, Shuai, et al., "Online Mental Health Services in China During the COVID-19 Outbreak", *The Lancet – Psychiatry*, vol. 7, no. 4, 1 April 2020. Available at [www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30077-8/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30077-8/fulltext).

³² Save the Children, *COVID-19: Operational Guidance for Migrant & Displaced Children*, version 1, April 2020. Available at <https://bettercarenetwork.org/sites/default/files/2020-04/OperationalGuidanceCovid19andMigrationandDisplacement.pdf>, accessed 23 April 2020.

³³ United Nations Children's Fund, "The Impact of the COVID-19 Emergency on Unaccompanied Minors and Young Refugees and Migrants in Italy", Internal document, 24 April 2020.

³⁴ United Nations Educational, Scientific, and Cultural Organization, "COVID-19 Educational Disruption and Response". Available at <https://en.unesco.org/covid19/educationresponse>, accessed 23 April 2020; *Migration, Displacement, and Education: Building bridges not walls*, UNESCO, 2018. Available at <https://en.unesco.org/gem-report/report/2019/migration>, accessed 23 April 2020.

³⁵ Right to Education, "Migrants, Refugees, and Internally Displaced Persons". Available at www.right-to-education.org/migrants-refugees-IDP, accessed 23 April 2020.

³⁶ United Nations Educational, Scientific, and Cultural Organization, "Startling Digital Divides in Distance Learning Emerge", Press release, 21 April 2020. Available at <https://en.unesco.org/news/startling-digital-divides-distance-learning-emerge>, accessed 23 April 2020.

³⁷ Dunmore, Charlie, and Rima Cherri, "Syrian Refugees Adapt to Life Under Coronavirus Lockdown in Jordan Camps", UNHCR Press release, 2 April 2020. Available at www.unhcr.org/en-us/news/stories/2020/4/5e84a3584/syrian-refugees-adapt-life-under-coronavirus-lockdown-jordan-camps.html, accessed 23 April 2020; UNICEF Middle East and North Africa Regional Office, "CoViD-19 Situation Report No.2, 1–15 April 2020". Available at www.unicef.org/mena/reports/unicef-menarocovid-19-situation-report-no2, accessed 24 April 2020.

³⁸ Human Rights Watch, "COVID-19 and Child's Rights", 9 April 2020. Available at www.hrw.org/news/2020/04/09/covid-19-and-childrens-rights-0#, accessed 23 April 2020; Reidy, Karen, "Expanding Education for Rohingya Refugee Children in Bangladesh", UNICEF, 10 February 2020. Available at www.unicef.org/rosa/stories/expanding-education-rohingya-refugee-children-bangladesh, accessed 23 April 2020.

As access to school is curtailed, more children may drop out; some will be called to work to offset economic strains, potentially making a return to school after the pandemic subsides even more difficult.

Dimension four: Impacts on protection and safety

The safety and security of migrant and displaced children stand to further erode as jobs and incomes are lost. Economic downturns typically lead to more children working, getting pregnant or married, and being trafficked or sexually exploited.³⁹ As pressures on families around the world increase, so too has domestic violence, as seen in reports from Brazil, Australia and the United States.⁴⁰ Lockdowns, income loss, and confinement to small places increase threats to the safety and well-being of children – including mistreatment, gender-based violence, exploitation, social exclusion and separation from caregivers.⁴¹ These impacts are likely to be even more acutely felt in humanitarian settings, where the stresses of daily life are already severe and child protection services less available.⁴²

In Jordan, with most case management and protection services being provided remotely, women and children are not always able to call hotlines because of proximity with the perpetrator. For refugees living in camps sharing the same limited space, privacy becomes an issue; moreover, women and children in the camps often do not own their own mobile phone.⁴³

The increasing global death toll means some children will be orphaned and become vulnerable to child protection abuses. Children from migrant and displaced families will be less likely to have extended family nearby to turn to for help, leaving many to fend for themselves.

Stigma, xenophobia and discrimination towards migrant and displaced children and their families are reaching new levels of concern in countries around the world. In Lebanon, multiple municipalities have introduced restrictions on Syrian refugees to stem the spread of the virus that do not apply to Lebanese residents, such as curfews.⁴⁴ Displaced families in the Greek islands are also facing curfews that do not apply to Greek nationals.⁴⁵ Meanwhile, in Italy there have been episodes of discrimination by the police towards young migrants and refugees simply walking on the street.⁴⁶

What needs to be done?

The COVID-19 pandemic will have broad-ranging, long-term humanitarian and socioeconomic impacts on migrant and displaced children. Many of these effects have yet to be seen. Sound policies and urgent actions are needed to put migrant and displaced children at the forefront of preparedness, prevention and response to COVID-19 – to ensure health, safety, and protection for all today, and for the long term.

Some countries are already taking action to mitigate the risks for these children: Portugal has set an example by temporarily granting residency permits

³⁹ Human Rights Watch, “COVID-19 and Child’s Rights”.

⁴⁰ The Brazilian Public Security Forum, *Domestic Violence During COVID-19 Pandemic*. Available at http://forumseguranca.org.br/publicacoes_posts/violencia-domestica-durante-pandemia-de-covid-19, accessed 23 April 2020; Peterman, et al., “Pandemics and Violence Against Women and Children”, CDG Working Paper 528, Center for Global Development, Washington D.C., April 2020. Available at www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf, accessed 23 April 2020.

⁴¹ United Nations Children’s Fund, “COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures”, Press release, 20 March 2020. Available at www.unicef.org/mena/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst, accessed 24 April 2020.

⁴² Ibid.

⁴³ GBV IMS Taskforce Jordan, “Preliminary Analysis of Gender Based Violence Trends During COVID 19”, 14 April 2020. Available at <https://data2.unhcr.org/en/documents/download/75490>, accessed 24 April 2020.

⁴⁴ Human Rights Watch, “Lebanon: Refugees at Risk in COVID-19 Response”, News release, 2 April 2020. Available at www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response, accessed 23 April 2020.

⁴⁵ General Secretariat for Information and Communication, “National Situational Picture Regarding the Islands at Eastern Aegean Sea”, Government of Greece, 21 April 2020. Available at <https://infocrisis.gov.gr/8631/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-21-4-2020/?lang=en>, accessed 23 April 2020; Khatib, Lina, “COVID-19 Impact on Refugees is Also Political”, Chatham House, 31 March 2020. Available at www.chathamhouse.org/expert/comment/covid-19-impact-refugees-also-political?utm_source=Chatham%20House&utm_medium=email&utm_campaign=11425646_MENA%20COVID-19%20newsletter&dm_i=1S3M,6SW32,07Z3PV,R87RM,1, accessed 23 April 2020.

⁴⁶ United Nations Children’s Fund, “The Impact of the COVID-19 Emergency on Unaccompanied Minors and Young Refugees and Migrants in Italy”, Internal document, 24 April 2020.

to all migrants and asylum seekers with pending applications, allowing them full access to health care and social services, such as social benefits and housing.⁴⁷ The Spanish Government agreed to release persons in immigration detention, after examining each case in light of the 60-day detention limit.⁴⁸ Ireland introduced an unemployment payment scheme that is accessible to all, regardless of legal status.⁴⁹ The Malaysian authorities have said non-citizens – including those who are undocumented – that come forward for testing will not be arrested or detained.⁵⁰ To better protect vulnerable migrants, Belgian authorities are transferring them to individual accommodation or other facilities, moving families together to maintain unity; new arrivals are also being medically screened.⁵¹

In Peru, where 1.2 million Venezuelans have migrated, children of asylum seekers in quarantine are being provided hygiene kits and virtual psychosocial support. The Government is implementing distance learning for all public schools, paying specific attention to rural areas and the enrolment of migrant children – 66.7 per cent of whom are out of school – while also working to provide cash transfers to at least 63,000 migrants in extreme vulnerability.⁵²

And in many contexts, governments are addressing the issue of violence against children during the pandemic, including among migrant and displaced children, with UNICEF-supported efforts taking place in countries including Cameroon, Colombia, Côte d'Ivoire, Croatia and Mexico. To increase access to remote services, child and family helplines have been set up, expanded or are being explored in many countries, such as Algeria, Bulgaria, Jordan, several Gulf States,⁵³ Mauritania and Tunisia. To reach all migrants in Libya, a national hotline has been established, and multiple channels – social media, radio, television, outdoor and print materials – are being used to share key messages. These messages have been translated into French, Somali, Hausa, Amharic and Tigrinya and are being widely disseminated to health facilities, host communities, restaurants and other public spaces.⁵⁴

With the right policies, it is possible to mitigate the risks that migrant and displaced children are facing today – and the hardships to come. The global and UN system-wide response must include a child-sensitive approach and always uphold the principle of the best interests of the child.⁵⁵

Policies and actions are needed to:

1. Include migrant and displaced children in preparedness, response, and mitigation efforts for COVID-19.
2. Provide accessible, timely, culturally and linguistically appropriate, child-friendly and relevant information on COVID-19 to children and families on the move.
3. Ensure access to clean water, basic toilets and good hygiene practices for migrant and displaced children and families when transiting or for those living in camps and in urban areas.
4. Ensure universal access to COVID-19 testing, health care, mental health and psychosocial support, and other essential services, for all those who need them, regardless of status.

⁴⁷ Serviço De Estrangeiros E Fronteiras, “Covid-19: Changes at SEF Public Service”, Portugal Ministry of Foreign Affairs. Available at <https://Imigrante.Sef.Pt/En/Covid-19/>, accessed 24 April 2020.

⁴⁸ “Interior Abre la Puerta a Liberar a Internos en los CIE por el Coronavirus”, *Lavanguardia*, 19 March 2020. Available at www.lavanguardia.com/politica/20200319/474263064358/interior-abre-puerta-liberar-internos-cie.html, accessed 23 April 2020.

⁴⁹ Gov.ie, “COVID-19 Pandemic Unemployment Payment”. Available at www.gov.ie/en/service/be74d3-covid-19-pandemic-unemployment-payment, accessed 23 April 2020.

⁵⁰ Arumugam, Tharanya, “Don’t Worry About Being Detained, Just Come Forward for Covid-19 Testing, Please” *The Straits Times*, 22 March. Available at www.nst.com.my/news/nation/2020/03/577004/dont-worry-about-being-detained-just-come-forward-covid-19-testing-please, accessed 23 April 2020.

⁵¹ United Nations High Commissioner for Refugees, “Practical Recommendations and Good Practices to Address Protection Concerns in the Context of COVID-19”, April 2020. Available at <https://data2.unhcr.org/en/documents/download/75453>, accessed 23 April 2020.

⁵² United Nations Children’s Fund, “Inspirational Models for UNICEF’s COVID-19 Response for Refugees/Migrants/the Displaced: What can be done/is being done concretely?”, Working draft, version 13 April 2020.

⁵³ Participating Gulf States are: Bahrain, United Arab Emirates, Qatar, Kuwait and Saudi Arabia; *ibid*.

⁵⁴ *Ibid*.

⁵⁵ United Nations Children’s Fund, “Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children” (Children on the Move), 6 April 2020. Available at www.unicef.org/media/67221/file, accessed 23 April 2020.

5. Support and advocate for safer living and housing conditions to allow for social distancing, including in shelters and camps for refugees and internally displaced persons.
6. Implement education strategies for continued learning for all children – including migrant and displaced children – and make schools safe, healthy, and inclusive environments.
7. Stop refoulement, immigration, detention, push-backs, deportations and mass expulsions of migrant and displaced children and families in the context of the COVID-19 pandemic. These practices threaten children’s rights and are a risk to public health.
8. Expand social protection policies and programmes to minimize the economic impact of COVID-19 on families.
9. Advocate proactively against xenophobia, stigma and discrimination – the virus does not discriminate, and neither should we.

Collaboration and unity are needed more than ever to ensure health, safety, and protection for all, especially for those in the most vulnerable of circumstances. Around the world, millions of migrant and displaced children on nearly every continent are already facing acute deprivations that will upend their growth and development as they mature into adults. COVID-19 presents even greater challenges and threatens to disrupt their lives even further. Protecting these children’s well-being today is the best way to invest in their future and restore hope for a calmer path ahead. ■