

# Child Protection Learning Brief #5

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unicef   
for every child



In Bangladesh, a social service worker demonstrates to children how to properly wear a mask

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## PROTECTING CHILDREN ON THE MOVE DURING INFECTIOUS DISEASE OUTBREAKS: Lessons from UNICEF's COVID-19 response

### I. Introduction

While the coronavirus 2019 (COVID-19) pandemic has left few lives untouched, it has disproportionately affected children who were already vulnerable before the crisis.

This is particularly true for migrant, internally displaced or refugee children. The pandemic has both intensified the vulnerabilities 'children on the move'<sup>2</sup> face and introduced new risks. This learning brief identifies new and emerging risks facing children on the move, examines UNICEF's response in the context of an unprecedented operating environment, and draws on lessons learned to assist UNICEF offices, governments and practitioners as they respond to the current pandemic, while also informing our response to future infectious disease outbreaks and other emergencies.



“We believe that a child is a child – no matter where they live, where they come from or where they are in their journey.”

- Henrietta Fore, UNICEF Executive Director<sup>1</sup>

The Child Protection Learning Briefs aim to extract, synthesise and analyse learning on child protection risks and programme adaptation in the COVID-19 pandemic, contributing to improving policy, advocacy and programme results during infectious disease outbreaks.

Children and families move for a variety of reasons. Some migrate due to conflict or violence, poverty, the effects of climate change, or to reunify with family. Others are drawn to move in search of opportunities. Many children migrate even if it increases their risk of exploitation, abuse, neglect or violence.<sup>3</sup>



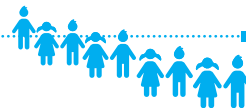
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## 'Children on the move' is not a legal term.

Instead, it describes groups of children affected by migration and displacement who often have overlapping experiences and protection needs, namely:

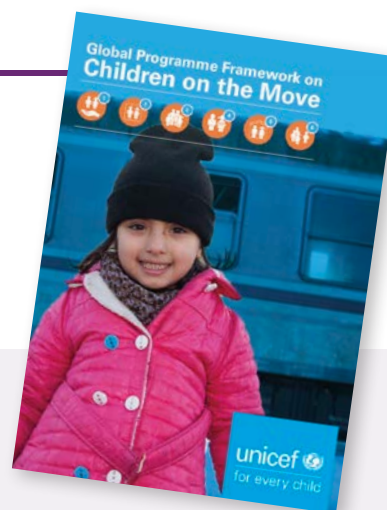
- Children who are migrating within their own country or across borders;
- Children migrating on their own or with their caretakers;
- Children forcibly displaced within their own country and across borders
- Children moving in a documented or undocumented manner, including those whose movement involves smuggling or trafficking networks.<sup>4</sup>



Even during a pandemic, migration will continue and remain a reality in the lives of millions of children. For this reason, UNICEF focuses on promoting a continuity of care throughout children's migration journey, while advocating for governments to mainstream children on the move into national child protection systems and other social services.<sup>5</sup>



UNICEF's approach is informed by its [Global Programme Framework on Children on the Move](#). This framework is organized around a six-point policy agenda that offers strategic direction for programming and advocacy.



## Global Programme Framework for Children on the Move: A six-point policy agenda



1 Protect child refugees and migrants, particularly unaccompanied children, from exploitation and violence;



4 All refugee and migrant children keep learning and have access to health and other quality services;



2 End the detention of children seeking refugee status or migrating;



5 Press for action on the underlying causes of large-scale movements of refugees and migrants;



3 Keep families together as the best way to protect children and give children legal status;



6 Promote measures to combat xenophobia, discrimination and marginalization in countries and areas of transit and destination.<sup>6</sup>

In alignment with its Global Programme Framework, UNICEF's pandemic response has focused on adapting to the changing risks for children resulting from border closures, suspension of asylum access and other shifts in internal and international migration dynamics.



**In 2020, UNICEF-supported programmes reached 1.8 million children on the move in 74 countries.**

UNICEF pivoted to provide remote assistance to overcome access limitations, including adapting case management and psychosocial support modalities. It offered support and training for social

service workers so that they could continue delivering protection services. This included providing them with personal protective equipment (PPE) and other essential supplies during the pandemic.

UNICEF also supported the development of protocols for emergency interventions in response to the migration flow in different settings, including in related services such as quarantine and care modalities, distance learning and social protection. In the context of widespread border closures and forced returns, UNICEF strengthened capacities to ensure adequate best interest determination procedures, advocate for a temporary suspension of forced returns and adapt reintegration assistance in line with public health requirements. This brief examines these emerging protection risks and programme responses.

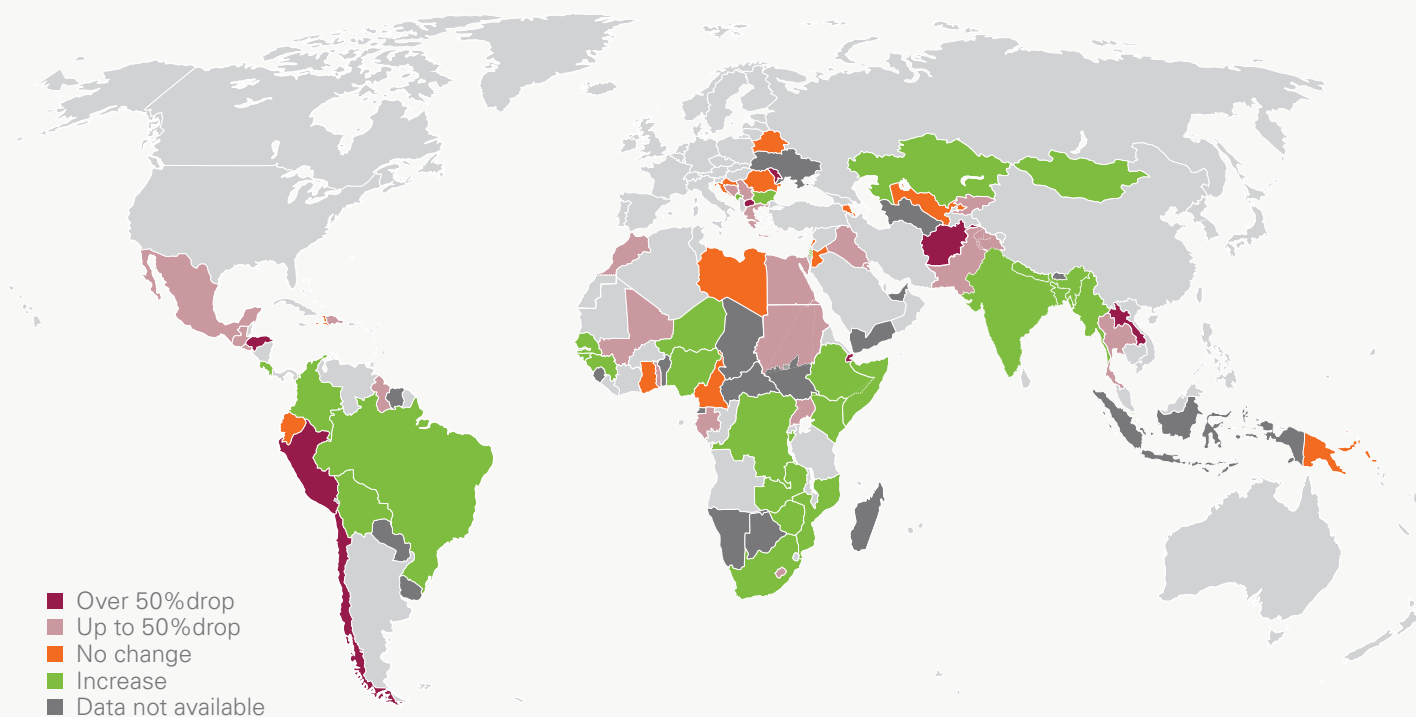
## II. Emerging risks to children on the move during COVID-19

Even in the absence of a pandemic, forced displacement and unsafe or irregular migration often exacerbate vulnerabilities and marginalization, which, in turn, can lead to further risks of violence, abuse, exploitation and discrimination. This section describes how the pandemic has intensified these risks while simultaneously introducing new challenges and constraining access to services.

Many governments have responded to the pandemic by closing borders, increasing pushbacks, and imposing other restrictions on movement, placing children on the move at further risk of violence and exploitation. By May 2020, 161 countries had

fully or partially closed their borders to contain the spread of the virus and at least 99 made no exception for people seeking asylum.<sup>7</sup> In December of that year, at least 69 countries were still applying restrictions on access to territory but made some exceptions for asylum seekers. Other children have been returned to their home countries without any individual assessment, putting them at risk of refoulement or serious harm.<sup>8</sup> Large numbers of children became stranded; others were forced to resort to more dangerous journeys as safe options to move were increasingly restricted, placing children at even greater risk of smuggling, trafficking, and other forms of exploitation and abuse.<sup>9</sup>

**Figure 1.** Level of COVID-19-related decline in assistance to children on the move and families, including case management and reintegration assistance, and best interest procedures in Q3 2020<sup>10</sup>



Global public health guidance calls for reducing the number of people in institutions to limit the spread of the virus;<sup>11</sup> this includes children in institutional care as well as immigration detention. However, many children still find themselves in immigration detention, even though this is never in the best interests of a child, is a violation of their rights, and should be avoided at all costs.<sup>12</sup> In addition to the clear and grave risks associated with being institutionalized during a pandemic, detention, even for a very short time, is a deeply traumatizing experience for children. It also places them at risk of violence or extortion by police and other officials and, during a pandemic, exposes them to heightened health risk.<sup>13</sup> Yet, immigration detention has continued during the pandemic.

While some countries have implemented measures to end or suspend immigration detention due to COVID-19, others have used the pandemic to enact stricter immigration detention measures as a form of deterrence.<sup>14</sup> However, some governments have shown momentum towards community-based alternatives to immigration detention as a viable solution to mitigate public health concerns, by decongesting detention facilities while ensuring access to human rights and essential services. Some countries released migrants from immigration detention into non-custodial community-based shelters run by civil society organizations, while in other countries, adequate screening and referral mechanisms prevented migrants from being detained and allowed them to instead be hosted in the community. Nonetheless, some worrying trends and unintended side effects of COVID-19 prevention measures have also emerged. This includes a lack of provision of adequate facilities for migrants who were not detained or who were released into the community without support; lack of appropriate medical safeguards to reduce the risk of COVID-19 in immigration detention and in the context of releases; suspension of migration and other protection procedures leading to prolonged periods of detention; and public health concerns being used to justify arbitrary and unlawful immigration detention practices, often under the guise of quarantine measures.<sup>15</sup>

The effects of the pandemic have also intensified mental health problems for displaced individuals and groups. Many migrants, refugees and internally displaced persons have been exposed to traumatic events or have pre-existing mental health conditions.<sup>16</sup> The pandemic-related lockdowns have placed many at higher risk of re-traumatization. At the same time, restrictions on movement further constrain the ability of social service workers to identify children at risk of mental health problems or other protection issues to provide appropriate case management and referrals.



**“The memory still hurts me. I will never forget what I have experienced in my journey ... There is no one to protect you there. But whenever we faced any challenges, we tried to help each other ... Words are inadequate to explain how much I was sad and lonely.”**

**– Interview with Ethiopian man, aged 18, Southern Nations, Nationalities, and People’s Region, Ethiopia<sup>17</sup>**

Children on the move face exclusion from national child protection systems and pandemic response plans. Unequal access to child protection systems extends to other sectors, including education, health care and social protection. In a December 2020 survey of 159 UNICEF country offices, 50 per cent reported that refugees and asylum seekers were not covered under COVID-19-related government social protection measures, while 36 per cent reported reduced protection services for migrant and displaced children.<sup>18</sup> Many national systems are overextended and lack the capacity to support all of the vulnerable children that they need to. Even when services are available

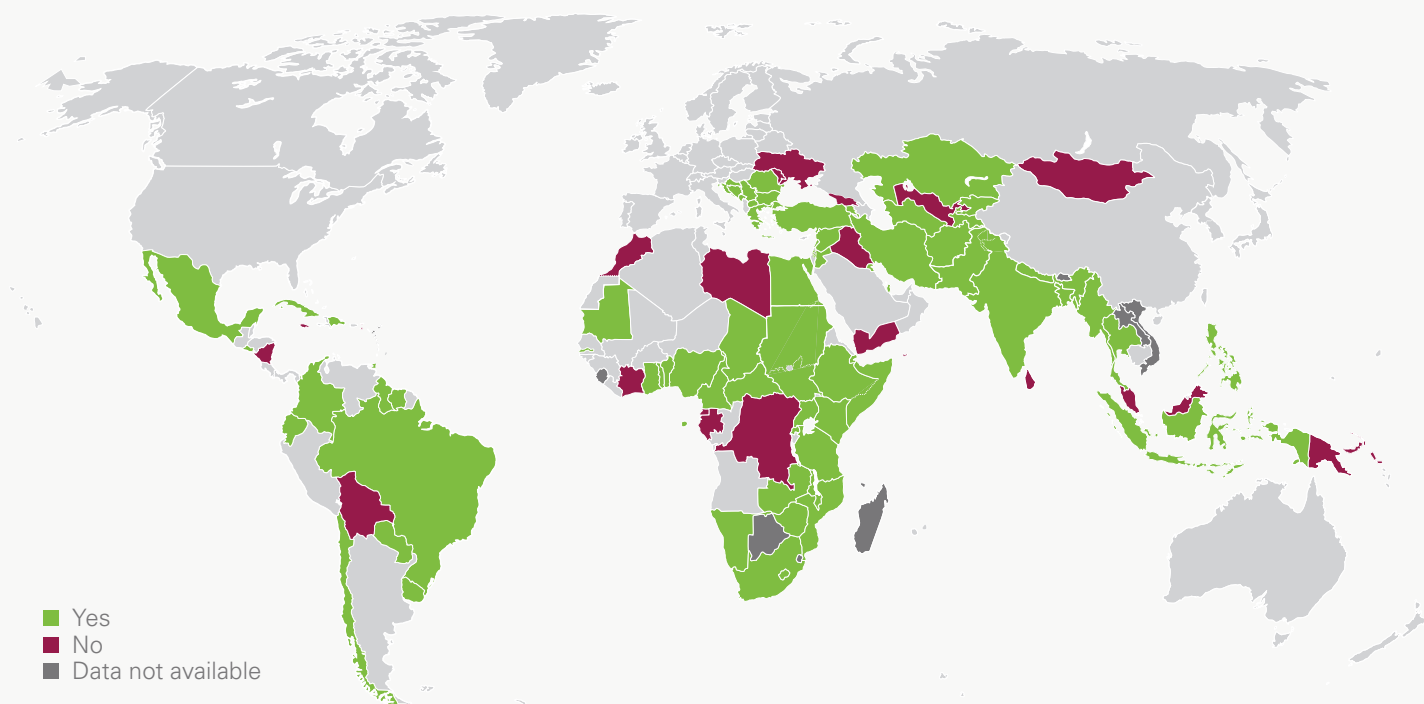
to non-nationals, they tend to focus on responding to their immediate and urgent needs, rather than on a more sustainable, systemic and inclusive response.

Even when children on the move have been allowed to access key services and protection schemes, they often face other barriers to access. Many programmes quickly shifted to remote delivery, but these shifts were not always made in the best interests of children on the move. In the earlier phases of the pandemic in particular, remote programming on psychosocial support or information on COVID-19-related risks was often provided in an unfamiliar language or distributed through channels that children on the move were unable to access or did not trust.<sup>19</sup> Further, some migrants put their own health at risk due to the lack of fire-walls between health and immigration authorities: a global survey by the World Health Organization

found that 22 per cent of refugees and migrants with a suspected case of COVID-19 infection reported not seeking health care out of fear of deportation.<sup>20</sup> The resulting exclusion from basic services and pandemic-recovery programmes is life-threatening; it also deepens poverty and intensifies protection risks such as gender-based violence and child labour.<sup>21</sup>

The challenge to provide services is compounded by a lack of information. Many governments and programmes still do not disaggregate data by migration status or nationality.<sup>22</sup> This means that the situation or magnitude of problems facing migrant or displaced children is invisible – and often ‘what is not counted does not count’.<sup>23</sup> By early 2021, only 17 countries made explicit reference to migrants or refugees in their COVID-19-focused social protection programming.<sup>24</sup>

**Figure 2. National child protection responses that include and/or target migrant and refugee children as of March 2021<sup>25</sup>**



Children on the move have been increasingly subjected to stigma, discrimination and xenophobia during the pandemic.<sup>26</sup> Some politicians and media outlets have used xenophobic rationales to blame migrants and other non-nationals for transmitting the disease or for being responsible for economic declines.<sup>27</sup> Even children who have been returned to their country of origin during the pandemic have faced stigma, discrimination and violence, as they were perceived to have been infected with COVID-19.<sup>28</sup>



**In a December 2020 survey, 39 per cent of UNICEF country offices reported increased tension against refugees, migrants, internally displaced persons and returnee populations, and this figure rose to nearly 50 per cent of countries in fragile contexts.<sup>29</sup> Around the same time, the WHO found that nearly 30 per cent of migrants and refugees aged 20–29 years felt that they were treated less well because of their origin.<sup>30</sup>**

In many contexts, migrants and displaced persons have been disproportionately affected by the pandemic due to weakened social support structures, bleak socioeconomic prospects, unequal access to health care and social services, precarious housing conditions, tenuous living and working conditions, and higher risks of exploitation and abuse.<sup>31</sup> They have also been at higher risk of severe COVID-19 due to undiagnosed or untreated underlying health conditions. In 2021, the roll-out of COVID-19 vaccines is likely to further disenfranchise migrants and displaced persons, who face barriers in accessing vaccines. In some contexts, they are not included in national vaccination plans or are considered ‘last in line’.



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Even when they are included in national plans in line with public health considerations, practical barriers may prevent them from accessing the vaccine. These include: administrative barriers, such as ID requirements, lack of access to online registration systems and the absence of firewalls between service providers and immigration authorities; vaccine hesitancy due to widespread misinformation and lack of information in accessible languages or formats, or through trusted communication channels; xenophobia and discrimination that prevent migrants and displaced persons from approaching health service providers; limited infrastructure and logistical hurdles to roll out vaccines to remote areas and reach mobile populations;<sup>32</sup> and overall limited supply of COVID-19 doses globally and persistent funding gaps.<sup>33</sup>

Some experts worry that countries will only open borders to those who are vaccinated, while systematically excluding populations on the move and other non-nationals from receiving the vaccine.<sup>34</sup>

Overall, children on the move are continuing to face a wide range of risks during the COVID-19 pandemic that have constrained their ability to enjoy the same rights afforded to other children. The pandemic has shown the need for systems and actors to be more flexible and agile to respond to these emergent risks.



### III. Adaptation and innovation: protecting children on the move during the pandemic

This section draws from country- and regional-level examples to consider how UNICEF has sought to protect and promote the best interests of children on the move during COVID-19. These actions are organized according to the key policy areas of the Global Programme Framework described above, including: (1) Protecting children on the move from exploitation and violence during COVID-19; (2) Keeping children out of immigration detention; (3) Keeping families together and promoting family-based care; (4) Ensuring that children on the move keep learning and have access to quality services; (5) Pressing for action to address the root causes of forced displacement and unsafe or irregular migration; and (6) Combatting xenophobia, discrimination and marginalization.



#### 1 Protecting children on the move from exploitation and violence during COVID-19

In line with UNICEF's programme approach developed in response to COVID-19 and the six-point action plan, which identified children on the move as a particularly vulnerable group, UNICEF's child protection response during the pandemic has focused on addressing the vulnerability of children and families to increased discrimination, abuse, violence and exploitation in the context of migration and displacement.

UNICEF has worked to ensure that the social service workforce has the resources, training, protection and authorization to identify and respond to protection risks in an unprecedented operating environment. One of the most critical actions UNICEF has taken during the pandemic has been to strongly advocate for the social service workforce to be considered essential. This has enabled front-line workers to carry out critical, life-saving service and follow up on children in high-risk situations, even in contexts where the government has imposed movement restrictions ([Learning Brief #4](#) of this series elaborates on this point). Proper authorization allows social service workers to continue to identify and respond to protection risks in person. For example, in a survey of UNICEF-supported social service workers across the Horn of Africa, 100 out of 111 respondents reported that they have been able to continue providing in-person support to children during the pandemic.<sup>35</sup>

UNICEF also worked to capacitate the social service workforce to respond to the realities facing children on the move by preparing front-line workers to respond to new working conditions.

- In **Ethiopia**, UNICEF partnered with the Ministry of Women, Children and Youth to (virtually) train social workers and community service workers across Ethiopia on the National Child Protection Case Management Framework (NCMF).<sup>36</sup> To increase the capacity of caseworkers via remote



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learning and to respond flexibly to COVID-19, UNICEF Ethiopia also partnered with the mobile phone contractor Viamo to roll out NCMF activities through a mobile phone-based service. Social workers were assisted in providing inclusive social protection services to displaced populations by the NCMF training modules being translated and read by an interactive voice response in different languages.

- In **Mexico**, UNICEF helped train more than 12,000 professionals who were working with children on the move during COVID-19 through a series of weekly webinars on positive parenting and mental health and psychosocial support (MHPSS) for professionals working with children on the move in shelters, institutions and NGOs.<sup>37</sup>
- In **the Dominican Republic**, UNICEF collaborated with the National Institute of Migration to carry out virtual training with 206 officials across the Dominican Republic and Haiti to help prevent the deportation of children and family separation, and advocate for the continuation of child protection services for children on the move at the border.<sup>38</sup>
- In **Guatemala**, UNICEF helped to provide child-appropriate quarantine facilities for unaccompanied and separated children who had faced forced return. UNICEF also helped to strengthen the capacities of the child protection system to undertake more robust screenings of returned children to ensure that they were not returned to situations that threatened their lives or integrity.

UNICEF recognized that social service workers needed to be physically protected so that they could safely continue their work. Across settings including Egypt, El Salvador, Ethiopia, Somalia and the Sudan,<sup>39,40</sup> UNICEF worked with its partners to purchase and distribute PPE to front-line workers so that they could continue supporting children on the move during the pandemic. In El Salvador, for example, UNICEF supported the provision of around 600 front-line personnel with



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PPE, enabling them to continue safely offering services to child victims of violence, including 245 unaccompanied migrant returnees.

Many UNICEF country offices continue to deliver MHPSS through remote and in-person support. The ability of a country office to adapt and respond depended on whether the country was under lockdown and the intensity of the lockdown, and whether children had access to internet-enabled technology.

- In **Turkey**, UNICEF supported a hotline to help ensure the continuation of existing community-based psychosocial support services.<sup>41</sup> The hotline offered psychosocial support in multiple languages, including those spoken by children with a migrant or refugee background. Nearly 100 staff were trained to operate the hotline and to provide remote psychosocial support, counselling and related services.
- In **Colombia**, 11 child-friendly spaces were shifted to distance-based modalities to become 19 child-friendly helplines. In addition, support groups were created on WhatsApp and Facebook to share key messages around protection, safety and support. This package of support contributed to the continuity of care for more than 3,000 migrant and refugee families.<sup>42</sup>

- In **Trinidad and Tobago**, UNICEF partnered with the Pan American Health Organization to provide remote MHPSS to both host and migrant populations. This included working with the country's ChildLine to develop a Spanish language app that migrant children could use as a helpline. The app also offers options for text-based chat and a short set of questions to help identify depression.<sup>43</sup>

UNICEF and partners were also able to modify some in-person MHPSS activities. This was often done through a hybrid approach, pairing remote support with in-person programmes.

- In **Turkey**, in addition to its hotline,<sup>44</sup> UNICEF helped distribute more than 45,000 MHPSS kits to 90,000 vulnerable children, including Syrian refugees. These kits were delivered to children and families who had previously been receiving in-person psychosocial support services.
- In **Bangladesh**, UNICEF and its partners delivered community messaging to children and caregivers when digital or phone options were not possible.<sup>45</sup> The MHPSS working group for Cox's Bazar developed audio-recorded awareness-raising material for children. The messages were delivered by bicycle through UNICEF's partners. The International Organisation for Migration (IOM) hired Rohingya refugees to ride through the camp with megaphones to deliver pre-recorded messaging in three languages.<sup>46</sup>
- In **Mexico**, as part of its MHPSS support early in the pandemic, UNICEF's partners provided sports and recreational activities to 156 migrant children who were living in shelters during the lockdowns.<sup>47</sup> It also participated in the *No Estás Solo* ('You Are Not Alone') campaign, which worked with hotels to create safe spaces to provide psychosocial support for women and girls.

One of the ways that UNICEF sought to prevent violence and exploitation was by facilitating cross-border collaboration to ensure a continuity of care and services. UNICEF helped facilitate this collaboration at the regional, national and sub-national levels.

- Within the **East Horn of Africa** and the **Great Lakes Region**, UNICEF's regional and country offices collaborated with partners to prevent discrimination against children on the move during the pandemic and coordinate cross-border child protection services.<sup>48</sup> Advocacy efforts focused on ensuring that child protection and gender-based violence services were classified as essential across the region, while working with partners to determine how best to coordinate case management for children on the move during lockdowns through mobile phones and child helplines. UNICEF also advocated for the release of children from immigration detention across the region.
- In **Latin America and Caribbean Region**, UNICEF worked through the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (GIFMM) to support family tracing and reunification for Venezuelan refugees in the region. Through GIFMM, UNICEF also co-led efforts to prevent statelessness and respond to unaccompanied and separated children, address xenophobia and pandemic-related stigma, and promote social integration.<sup>49</sup>
- In **India**, UNICEF worked to strengthen intra-state protection mechanisms to respond to risks around child labour and trafficking for migrant populations. In the State of Bihar, 800,000 child migrants returned to the state following a national lockdown early in the pandemic. About 5 per cent were unaccompanied minors. UNICEF worked with its partners to provide cross-sectoral case management to support children and families on the move through social protection, services and information.<sup>50</sup> UNICEF also held five online trainings on COVID-19-related child protection concerns for police working in several states, including Bihar. The trainings specifically focused on reaching children through train stations as millions were transiting during the migration crisis brought about by the countrywide shut-down. By July 2020, this initiative reached 270 police force members and an additional 30 members from civil society and NGOs.<sup>51</sup>



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## 2 Keeping children out of immigration detention during the pandemic

UNICEF is committed to preventing and ending child immigration detention. In doing so, UNICEF is supporting States and stakeholders to operationalize objective 13 of the Global Compact for Migration, which reaffirms the commitment of governments to work towards ending child immigration detention. This objective recognizes that to protect and respect children's rights and best interests, children – regardless of their migration status – must have access to non-custodial alternatives to detention. These alternatives must favour community-based care arrangements that ensure children have access to services including education and health care, and respect children's right to family life and family unity.

The COVID-19 crisis accelerated momentum among governments towards policy solutions to end child immigration detention. UNICEF is working closely with partners to build on positive steps taken by States during the pandemic, documenting lessons learned and promoting a community of practice among States championing alternatives to detention.<sup>52</sup> The map (Figure 3) shows examples of what UNICEF, governments, and other key stakeholders have done to address child immigration detention during the pandemic. The measures taken by States during the pandemic show both the capacity and potential to find alternatives to immigration detention – if there is the political will to do so.



### Figure 3. Snapshot of country-level efforts by UNICEF and its partners to keep children out of detention during the COVID19 pandemic

- In **Mexico**, UNICEF collaborated with United Nations High Commissioner for Refugees (UNHCR), IOM, Office of the United Nations High Commissioner for Human Rights (OHCHR), and civil society organizations to advocate for legal reforms to keep children out of immigration detention, focused on upholding principles of non-detention and protection for children on the move.<sup>53</sup> As part of this, UNICEF worked with the Government to re-establish the National Foster Care Programme – including an emergency foster care component – to care for vulnerable children, including migrant children, amidst the ongoing crisis.<sup>54</sup> In January 2021, a new law was passed to end immigration detention of children. The government added more capacity in the shelter system to adapt to the current COVID-19 crisis, including efforts to sustain, advance and scale up existing pilot programmes.<sup>55</sup>
- In **Costa Rica**, UNICEF worked with an intersectoral committee of government and other stakeholders to update and distribute care protocols for migrant children and adolescents. The protocols provided government agencies with ways to expedite case processing so that children were not deported or placed in immigration detention.<sup>56</sup>
- In **Peru**, UNICEF advocated to extend protective status to migrant children to prevent detention. Working with the Ministry of Women and Vulnerable Populations, UNICEF focused on strengthening family-based alternative care systems and de-institutionalization of children. By August 2020, 152 children had benefitted and received protective migration status,<sup>57</sup> successfully keeping them out of institutions or detention.
- In **Malawi**, UNICEF advocated for the suspension of deportations during COVID-19, due to concerns that deportations could otherwise lead to detention. Efforts focused on the public health argument that detention, push-backs and deportations of migrant and displaced children and families during the pandemic carried public health and child protection risks.<sup>58</sup>
- **Zambia's** Ministry for Community Development and Social Welfare built and renovated temporary shelters for unaccompanied migrant children and prepared guidelines to keep children out of detention facilities. In addition, following COVID-19 prevention protocols, immigration authorities made fewer migration-related arrests. As an alternative to immigration detention during the pandemic, the use of remote follow-ups increased from 5,000 in 2019 to over 10,000 in 2020.<sup>59</sup>
- In **Malaysia**, motivated by the pandemic, a pilot project on alternatives to immigration detention for unaccompanied and separated children is being established, with civil society organizations presenting options for community-based alternatives to detention.<sup>60</sup>
- Spurred by the pandemic, **Canada** successfully reduced immigration detentions by 61 per cent between March and November 2020. One reason the government was able to move swiftly was because it had been pursuing alternatives to immigration detention since 2017.<sup>61</sup> Whenever possible, children were not housed within an Immigration Holding Center (IHC) during the pandemic, to align with children's best interests and to ensure additional capacity within an IHC's family living unit could be used for overflow in accordance with public health guidance on physical distancing.
- The Government of **France** extended protection for all children in its care until the end of the pandemic, including unaccompanied and separated children who were previously cared for by the French child welfare services.<sup>62</sup>



### 3 Keeping families together and promoting family-based care

UNICEF has focused on keeping families together during the pandemic by developing mechanisms to identify, trace and reunite children and families. This entailed developing strategies for cross-border approaches to case management to ensure a continuity of care while coordinating with other countries for children returning home during pandemic-related border closures.

One way that UNICEF sought to keep families together was by anticipating and adapting child protection and case management strategies to the large movement of migrant returnees at borders. Some country offices focused on placing additional social service workers at borders while adapting case management tools to the realities of the pandemic to allow for more effective local level follow-up.

- Along major migration routes, UNICEF exchanged information between country offices to monitor and track anticipated returns from major destination countries to countries of origin. For example, UNICEF tracked announcements made by the Kingdom of Saudi Arabia regarding the return of migrants to their country of origin, particularly if children were involved. This type of information sharing enables UNICEF country offices to be better prepared. UNICEF also worked alongside the UN Migration Network to engage in advocacy with various States on maintaining the best interests of the child in any decision to return a child, and during the return process.
- In **Ethiopia**, 41 social workers were hired and stationed at air and land ports to assist with the reunification and reintegration process of unaccompanied children being returned to the country as a result of COVID-19 restrictions. UNICEF revised its risk assessment tools to take into account new risks created by the pandemic, adapted them to online platforms,



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and held online trainings.<sup>63</sup> Between March and December 2020, UNICEF provided 141 refugee children and 365 returnee migrant children with reunification and alternative care support.<sup>64</sup>

- In **Afghanistan**, UNICEF worked with its partners to reach migrant children in transit centres at border areas during the pandemic. The background of children on the move was recorded, including their regional and family details. Children then received case management, psychosocial support and extracurricular activities at transit centres.<sup>65</sup> As in Ethiopia, UNICEF Afghanistan helped to increase the number of social service workers so that they could provide better child-sensitive case management for children returning from Iran, including family tracing, family reunification, and follow-up. Between March and May 2020, 1,748 children were reunified with their families in different provinces around the country.<sup>66</sup> As part of this, UNICEF has been working with the National Child Protection Action Network in Afghanistan to train social service workers on how to follow up with children who have been reunified with their families.

In the immediacy of the crisis, UNICEF and its partners have worked to develop family-based and non-institutional alternative care options for children on the move.

- In **Brazil**, UNICEF helped to strengthen follow-up and referral services to keep unaccompanied and separated children out of institutions.<sup>67</sup> UNICEF supported mobile teams who identified 1,577 unaccompanied and separated children and the country's efforts to facilitate 316 family reunifications. UNICEF also supported the establishment of two family-based care homes, called *Casa Lares*, that successfully kept children out of institutionalized care during the pandemic.<sup>68</sup>

- In **Colombia**, UNICEF supported the development and expansion of alternative care spaces for migrant children and adolescents.<sup>69</sup> These spaces provided children and adolescents with MHPSS services, educational support, family strengthening, food, health diagnosis, recreation and case management, as well as livelihood skills training for parents and caregivers. UNICEF helped to convert two drop-in centres for 638 migrant children and their caregivers into emergency short-term shelters, which helped to keep children out of institutional care during the pandemic. Finally, UNICEF worked with the Government to expand a network of foster families to provide alternative care options that supported nearly 400 separated children and adolescents in 2020.



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Some country offices found that keeping in-person services open was one way to identify children on the move so that they could be reunited with their families.

- In the **Central African Republic**,<sup>70</sup> UNICEF found that reopening child-friendly spaces allowed its partners to identify and even reunify unaccompanied and separated children with their families. Through these spaces, service providers connected 208 separated children to placements in foster families or reunified them with their families. Local organizations provided case management and follow-up for additional referrals and other services.
- In **Morocco**, UNICEF and its partners kept alternative care centres open during the pandemic. This allowed 44 unaccompanied and separated children to be supported across two alternative care centres. The centres provided children with a wide range of supports and services including health, education, family reunification, accommodation, legal and case management.<sup>71</sup>



#### **4 Ensuring that children on the move keep learning and have access to quality services**

Education, health and other services are key to children's safety and protection. During the pandemic, UNICEF focused on providing resources and supporting services to accommodate the specific needs and situation of children on the move. Most of the examples below consider how access to education relates to protection in the context of the pandemic. However, it is important to note that UNICEF has also worked to ensure migrant children's access to health, nutrition and social protection during the pandemic,<sup>72</sup> and it has been at the forefront of advocating and programming around migrant-inclusive access to the COVID-19 vaccine in 2021.<sup>73</sup>

Ensuring the continuity of education was important to keep children safe and to keep them learning. Lockdowns often meant that in-person schooling was not available. However, UNICEF and its partners had some success in reaching children with education services. Even remote learning options could offer a protective function for children on the move through maintaining connections to social and protective services. During the pandemic, this was particularly important for migrant children, who may otherwise not be visible to social services.



**“Online sessions at the time of COVID-19 were not just to encourage children to study and not lose hope in taking the exam, but to create a feeling of belonging and support through continuous interactions and discussions with us and their classmates.”**

– Quotation from an Education Programme Officer, Catholic Relief Services (UNICEF implementing partner), Egypt<sup>74</sup>

- Just before the pandemic broke out, UNICEF and UNHCR launched a new Blueprint for Joint Action in 10 refugee-hosting countries.<sup>75</sup> The aim of the Blueprint is to reach over 10 million refugee and host community children and their families with essential services in the key areas of education, water, sanitation and hygiene and child protection (including birth registration and response to gender-based violence), and improve the capacity of national actors to better plan, finance, coordinate and ultimately deliver quality services for all children, regardless of their status. When the pandemic began, programming was rapidly adapted to the new realities. Over half a million children were successfully enrolled in school. The partnership also reached

over 168,000 children and youth with individual education learning materials through nationally supported systems in Bangladesh, Cameroon, Ecuador and Iraq. The partners also engaged jointly on advocating for the safe reopening of schools and expanding digital connectivity to schools in refugee-hosting areas.<sup>76</sup>

- In **Ecuador**, one of the UNICEF–UNHCR Blueprint countries, UNICEF sought to continue education in districts with a high concentration of Venezuelan refugees. Working with partners, UNICEF offered education programmes to more than 14,000 refugee students. The programmes were designed to respond to the reality of their situation. For example, UNICEF initiated a mobile technology and connectivity strategy to ensure that children and teachers could remain in communication. In addition, more than 4,000 teachers and student counsellors were trained in delivering pedagogical and psychosocial support to students and their caregivers, including in schools with refugee and migrant students.<sup>77</sup>
- In **Peru**, UNICEF recognized that the migrants and refugees within the country often had limited access to technology, which would limit the effectiveness of remote learning. As the lead of the Education Subgroup of the Refugee and Migrant Working Group, UNICEF successfully advocated for the government to develop partnerships with more than 60 local organizations that helped to improve in-person access to education for migrant and refugee children.
- In **Trinidad and Tobago**, UNICEF and UNHCR partners delivered education to migrants through an online modality called Equal Place. This programme normally takes a blended approach of in-person and remote learning, but it shifted to 100 per cent online during the pandemic. In 2020, Equal Place reached nearly 1,200 migrant refugee children, helping them to develop literacy, numeracy and life skills. A child-friendly bilingual app was also developed, targeting particularly vulnerable host and migrant children in Trinidad and Tobago.<sup>78</sup>
- In **Egypt**, UNICEF provided more than 5,000 refugee students with distance learning supplies during school closures.<sup>79</sup> The country office procured tablets and equipped a Learning Passport platform to bring Sudanese curriculum and supplementary content to learning centres and homes of the Sudanese refugee community. By the end of 2020, there were over 7,325 registered users of the Learning Passport platform. A smaller but crucial intervention targeted 58 unaccompanied and separated children who had previously dropped out of school and helped them regain access to education through an Accelerated Learning and Life Skills programme. During the country's lockdown, the programme shifted fully to online platforms. Teachers and facilitators remained in close contact with students to provide support and guidance, including psychosocial support.
- In **Ethiopia**, UNICEF helped to provide 20,000 refugee and host community households with solar-powered radios to enable children to keep learning during pandemic-related school closures.<sup>80</sup> In areas where radio frequencies were weak, UNICEF and its partners delivered pre-recorded lessons on USB drives so that children could continue their studies.
- In **Uganda**, UNICEF worked with its government partners to help ensure that refugee children could continue learning during the pandemic, through a free and user-friendly digital learning platform called Kolibri. Between March and December 2020, more than 368,000 refugee children used this platform to continue their studies during school closures.<sup>81</sup>
- In **Greece**, UNICEF helped to expand a digital language learning course for refugees and migrants.<sup>82</sup> The course, called Akelius, was already in operation before the pandemic. When the pandemic forced schools to close in April 2020, the Greek government placed the Akelius programme on its web portal as a recommended remote learning tool. The programme quickly expanded to reach more unaccompanied children



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in shelters and safe zones across the country. Before the pandemic, Akelius had reached more than 4,600 children in 17 learning centres; by July 2020, the programme had expanded to reach over 6,000 children across 36 refugee camps, shelters and learning centres.

Supporting children and families on the move through social protection services offers a crucial lifeline. This is particularly important where government pandemic response plans do not include migrant children and families. In Peru, for example, migrant families were excluded from the government's social protection measures during the pandemic. To address this gap, UNICEF provided cash transfers to 400 Venezuelan migrant families with children and pregnant women in Northern Lima. UNICEF paired this with digital messaging about the virus, violence prevention and access to health, education and protection services.<sup>83</sup>



## 5 Pressing for action to address the root causes of forced displacement and unsafe or irregular migration during COVID-19

UNICEF has continued to focus on addressing systemic and upstream issues, such as widespread poverty, social exclusion, violence and conflict, because these child protection risks can result in forced displacement and risky migration that is driven by desperation rather than choice.

Even in the immediacy of a pandemic, UNICEF's focus on root causes is linked to its longer-term programming interventions to strengthen child protection, education, health, social protection, and WASH systems and responses. These areas, in turn, align with specific Sustainable Development Goals that focus on protection, education, health and nutrition, social policy and WASH indicators.



The programming examples in relation to root causes are wide-ranging and cover much of UNICEF's global activities during the pandemic. Two examples that illustrate how UNICEF is addressing root causes are described below.

During the pandemic, UNICEF sought to raise awareness through risk communication, U-Reports and youth-led empowerment activities. In alignment with the Global Framework, UNICEF also adapted some of its advocacy and programming to focus on improving conditions in communities of origin considering the risks and vulnerabilities that were exacerbated by the pandemic. For example, in Haiti, UNICEF and its partners provided more than 2,800 vulnerable families with cash transfers and training to increase their financial autonomy during the pandemic. While this programme was not explicitly directed at children on the move, it nevertheless had a focus on preventing family separation: by providing this support, families may be more empowered and less compelled to send their children into migration as a risky survival strategy.<sup>84</sup>

UNICEF has continued to advocate for increasing the range of viable life opportunities so that families and children do not consider migration as the only option to improve their lives. For example, in Somalia and the Sudan, UNICEF supported the implementation of a life skills programme called UPSHIFT that provided nearly 1,500 adolescents and youth with alternatives to irregular and unsafe migration practices. Graduates of the programme applied their skills to respond to COVID-19, including by printing information, education and communication materials, manufacturing and distributing hand-washing soap, face masks and other protective equipment.

## **6 Combatting the surge of xenophobia, discrimination and marginalization**

UNICEF country offices used a variety of approaches to combat the growing surge of xenophobia, discrimination and marginalization that children on the move faced in many settings during the pandemic.



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This included population-based risk communication and awareness-raising components to overcome misinformation and misperceptions.

UNICEF country offices focused on addressing misinformation about migrants and returnees during COVID-19. They employed various modalities such as radio and television spots, banners and flyers, social media, U-Reports, door-to-door messaging, media sensitization campaigns, and even cross-border coordination and messaging.

- In **Brazil**, UNICEF supported the integration of a chatbot within Facebook Messenger to allow people to communicate with a fictional character called Fabi Grossi. The chatbot was originally designed to address gender-based violence, but during the pandemic, the content was adapted to focus on helping Brazilian and Venezuelan youth speak out against xenophobia. The chatbot reached around 190,000 people in 2020.<sup>85</sup>
- In **Afghanistan**, UNICEF countered stigma and discrimination facing children who had been returned from Iran.<sup>86</sup> It offered awareness-raising campaigns and behaviour change messaging through television and radio spots, banners and flyers, on-screen messages at border crossings, and through the country's child helpline.<sup>87</sup> At the peak of the pandemic, UNICEF's partners also employed community mobilizers to reach at-risk families through door-to-door campaigns.
- In **Guatemala**, UNICEF took a similar approach, aiming to address the hostility and threats that some migrants had encountered upon their return to the country during the pandemic. The UNICEF country office developed radio messages to address misinformation and stigma about migrants and COVID-19.<sup>88</sup>
- In **Malaysia**, UNICEF used U-Reports to change public perceptions of children in immigration detention.<sup>89</sup> The platform measured public perception of child immigration detention through a pre-post survey. The survey results showed that the programme was effective in shaping

public perceptions of child immigration detention. Before completing the survey, nearly half of respondents thought there was a good reason for migrant children to be detained, but 80 per cent changed their mind after taking the survey.



Another approach UNICEF used was to equip and sensitize the media to produce accurate information about migrant children.

- In **Peru**, UNICEF helped to sensitize the media so that they could produce accurate reporting on stigmatized groups such as children on the move.<sup>90</sup> UNICEF held seven workshops for 462 journalists that focused on strengthening rights-based reporting about Venezuelan migrants during the pandemic.
- In **Romania**, UNICEF and its partners worked directly with children to craft messages to raise awareness about migrants for the broader population. This messaging was then shared through different social media outlets.<sup>91</sup> Their approach was led, in part, by UNICEF's Children's Board, a child-led group that included young people from migrant backgrounds. The Children's Board developed communication materials and prevention messages that were then posted on blogs and through TikTok videos.
- In **Mali**, 40 children have applied their skills in journalism and media to combat stigma and promote social cohesion during the pandemic.<sup>92</sup> This has been particularly important, as conflict has led to a growing number of internally displaced persons in the country. The children were part of a programme that was first established in 2019 by UNICEF and its partners. Children used their training in journalism, digital media and children's rights to lead radio shows, write newspaper articles and share videos on social media.



## IV. Lessons learned

**UNICEF has maintained its focus on working with governments and other partners to uphold the rights of children on the move and to promote their best interests.** COVID-19 has highlighted the protection risks facing children on the move in new and important ways, but the situation facing these children remains largely out of sight. Even when the virus recedes, children and families on the move will continue to deal with other pandemic-related hardships, stressors and anxieties, including the effects of protracted border closures and backlogs caused by the suspension of asylum processes, additional health requirements further restricting mobility – creating a two-class system of travellers – and linked to the exclusion of people

on the move from equitable COVID-19 vaccine access, the disproportionate socioeconomic impact, and the continued threat of xenophobia and stigma targeting children and families on the move.

Despite these headwinds, it is important to reflect on the challenges and opportunities that arose during the COVID-19 response. Below are some key lessons learned that can be applied to the pandemic. They will likely also be relevant for the response to future infectious disease outbreaks and in emergencies more generally.

- **The protection risks of children on the move need to be anticipated from the very beginning of the crisis.** COVID-19 risk and mitigation strategies often impacted children



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on the move differently and negatively. Better data disaggregation is needed to enable UNICEF and government response plans to better articulate the situation and needs facing children on the move and to engage in effective advocacy and programming.

- **The social service workforce needs the authorization, training and resources to respond to the specific protection risks facing children on the move during an emergency.** Even the most seasoned social service worker needs an orientation to new strategies for child protection during a pandemic, such as anticipating the effects of border closures, adapting tools, understanding changing migration patterns during a crisis, or keeping in-person programmes open to maintain links to formal services, including cultural and language orientations to work directly with families and children.
- **Maintaining access to asylum while protecting public health is critical during a global pandemic.** The virus does not discriminate on the basis of nationality, and measures to mitigate COVID-19 can and must be applied while respecting rights and specific circumstances of children on the move, particularly those seeking asylum or stranded migrants.
- **The pandemic showed what governments can do if immigration detention is not a viable option – and that there is more work to do to keep children out of detention in the first place.** The short-term solutions enacted during the pandemic to release children and families from immigration detention created important momentum to accelerate a shift towards non-custodial and community-based alternatives to detention and strengthening national case management systems to accompany this shift. It is now critical to sustain and expand the use of alternatives to immigration detention seen during the pandemic, moving towards non-detention for the purposes of migration governance being the norm.<sup>93</sup>

- **Cross-border case management must be strengthened, especially in the context of widespread border closures and forced returns.** This includes improving the continuity of care and best interest determination procedures. All return and reintegration practices must uphold children's rights and guarantee due process, including best interests procedures that involve child protection authorities, assess each child's case in their own right and in an age- and gender-sensitive manner, and aim to identify a sustainable solution that protects the long-term best interests and welfare of the child. Families should always remain together (in non-custodial, community-based contexts), upholding children's right to family life. If unaccompanied or separated, children should be appointed a competent and independent guardian by the State to accompany them throughout the return process.<sup>94</sup>
- **Actions must be taken to match new learning modalities with the realities of children on the move.** Digital adaptations can play a key role, but so too can in-person or hybrid approaches to learning. Regardless of modality, the COVID-19 response draws attention to the protective function that education and other services can play during periods of crisis by keeping children connected to formal services.
- **Even when children on the move technically have access to key services and protection schemes, there are other barriers that impede their access.** For example, COVID-19 underlined the risk that refugees and migrants do not access formal services (including COVID-19 testing) out of fear of deportation. This is another argument for the long-standing call for firewalls between service providers and immigration authorities to prevent the sharing of information.

- **The rise in discrimination and xenophobia means that non-nationals are often last in line to receive vaccines.** While vaccination does not fall under the direct purview of child protection, lack of access is likely to affect mobility in the future, including labour migration and family reunification and in some contexts access to asylum. This may push even more children and families to seek out risky and non-regular options to migrate. In contexts where migrants are last in line to be vaccinated, their non-vaccinated status will undoubtedly increase xenophobia and increase child protection risks. Migrant-inclusive access to vaccines, in line with public health considerations, and addressing barriers to access, are key from a child protection perspective.
- **Discrimination and xenophobia increase during crises and populations on the move are often among the first to be blamed and stigmatized.** This must be anticipated with any crisis and responded to immediately through advocacy and engagement with various stakeholders, including governments, community-based organizations, the public and the media. Risk communication and community engagement (RCCE) initiatives play a key role when it comes to countering stigmatization, discrimination against children on the move, and misinformation. RCCE initiatives should be participatory, people-centred, and community-led and facilitate two-way communication with communities, including migrant and displaced communities, to increase trust and social cohesion and ultimately reduce the negative impacts of crises such as the COVID-19 pandemic.

## V. Conclusion

**The COVID-19 pandemic is one of the worst human development crises in recent memory.** It has disproportionately affected migrant, refugee, returnee and internally displaced children, who were already vulnerable before the crisis and have been excluded from prevention, response and recovery efforts. UNICEF's response to the pandemic has involved adapting from in-person services to remote services, expanding mobile outreach working with local implementing partners, including from the refugee or migrant community, advocating for and supporting governments in suspending forced returns and accelerating releases of migrant or refugee children from immigration detention, advocating for vaccine access, and countering a new rise in xenophobia and discrimination by working with governments, communities and the media. UNICEF has had to dynamically adapt its response to rapidly changing circumstances, migration dynamics and risks. Going forward, UNICEF and its partners must continue to advocate for migrant and displaced communities from the outset – during this crisis and the next.



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