World Vision

COVID-19 & Child Protection in Fragile and Humanitarian Contexts

Globally, one in five children are living in areas affected by armed conflict. Of the 25.9 million refugees worldwide, half are children. An additional 17 million children remain internally displaced. These girls and boys are facing heightened vulnerability because of the fragile contexts they live in, marked by risks to their safety, exposure to violence, and inability to exercise their rights. In fragile contexts, least able to cope with a pandemic, the consequences of the COVID-19 virus could be catastrophic for children.

World Vision is responding to COVID-19 by scaling up preventative measures with a focus on fragile and humanitarian contexts. Over the next six months, World Vision's response aims to reach 22.5 million people, half of them children, with efforts to strengthen health systems and workers, and child protection, education, food security and livelihoods interventions to support those impacted by COVID-19.

This brief outlines the child protection risks girls and boys are facing, and the proactive measures all duty bearers and stakeholders, including governments, donors, the United Nations (UN), and nongovernmental organisations (NGOs) must take, to mitigate the impact of COVID-19 on children in fragile and humanitarian contexts.

COVID-19 has rapidly changed the context in which children live, directly affecting the daily lives of girls and boys around the world and weakening the socio-economic environment that normally provides protection to children and creates space for healthy development. The virus directly affects parents and caregivers, reducing their capacity to provide nurturing environments. Required social distancing, coupled with fear and uncertainty, places strain on or interrupts family connections, faith communities, community-based services, and local coping mechanisms that traditionally protect children. Fear can lead to a breakdown in trust, dividing communities and further reducing children's protective environment. Government COVID-19 prevention policies and the sheer scale of the pandemic may translate into less access to basic services for children, a loss of access to education, disruption of parents' and caregivers' livelihoods impacting their ability to provide and care for children, and the erosion of social capital.

> **Children's increased exposure to violence, abuse, neglect, and exploitation is thus a likely but devastating secondary outcome of COVID-19, requiring child protection to be prioritised and mainstreamed across global responses.**

Children living in fragile contexts are least able to adopt the most basic COVID-19 prevention strategies. According to UNICEF, 3 billion people do not have access to a hand-washing facility at home with water and soap. High population density and inadequate housing conditions in overcrowded urban, camp-based, and informal settlement settings render social distancing practices impossible or unrealistic.

Fragile and humanitarian settings have the weakest healthcare and social protection systems, many destroyed or inaccessible due to conflict, or decayed from protracted crisis. In Syria, health facilities have been repeatedly attacked, leaving extremely limited equipment and supplies. In Afghanistan, only 30% of the population has access to a health facility within a two-hour distance, with few currently equipped to address severe COVID-19 symptoms. Extremely weak health systems, with dangerous or limited access, will contribute to significant loss of life, leaving children without parents or caregivers. Children in fragile and humanitarian settings are often already in the care of their grandparents or elderly caregivers, and thus at even greater risk of experiencing loss or separation. Children are also at risk of becoming unaccompanied or separated in the short term due to medical isolation. Loss or separation from loved ones can create significant mental health and psychosocial distress. It exposes children to significant risks, creates the potential for an increase in child headed households, and brings all the protection concerns that accompany a child without care and a protective environment.

Fear and distrust, particularly about COVID-19's origins and how it spreads, are creating stigma towards particular groups. Already vulnerable groups such as refugees and returnees who have crossed international borders face heightened stigmatisation. This can create additional protection concerns and further impact children's physical and mental health, and access to education.

Children in fragile and humanitarian contexts have limited access to mental health and psychosocial support (MHPSS) services, despite their incredible need. In South Sudan, over 1 million children already experience psychosocial distress, and with just 3 practicing psychiatrists and 29 psychologists in the country, the systems in place are unable to cope.

The limited ability of any existing MHPSS services in fragile contexts to cope or adapt to COVID-19 prevention requirements presents a significant challenge for addressing children's increased MHPSS needs as a result of the pandemic.

As the challenges posed by COVID-19 reduce capacities to monitor, report, and respond to children with protection concerns, the risks for children increase. Restrictions on movement and public gatherings severely compromise community-based prevention and monitoring strategies. Comprehensive case management to support children with protection concerns similarly becomes more challenging as services are harder to access, closed or are stretched to capacity.

COVID-19's secondary impacts on child development are severely compounded in fragile and humanitarian contexts. Ebola and Zika epidemic response evaluations found the severe strain these viruses placed on national healthcare systems limited their capacity to provide preventative and curative care for ongoing childhood illnesses, negatively affecting mortality and morbidity; the scale of COVID-19 poses a similar risk. In addition, findings showed that as children and families attempted to cope, girls and boys experienced greater exposure to all forms of gender-based violence. In these situations, child marriage for adolescent girls and a 'dowry economy' reframing girls as a form of family income generation increases, as does child labour, particularly for adolescent boys. Married or partnered adolescent girls face a heightened risk of intimate partner violence, with movement restrictions limiting opportunities to seek support and alternative shelter. The absence of parents and caregivers, or the loss of household income, put both girls and boys at risk of sexual exploitation and abuse, including trafficking.

Loss of income from movement restrictions and local market closures, coupled with increasing prices, is likely to have a devastating impact on parents' and caregivers' ability to provide sufficient food, shelter, and other essentials for child survival.

While schools are closed for an unprecedented 1.58 billion learners, children in fragile contexts are least likely to have access to online distance learning or other alternatives, compounding already existing gaps in girls' and boys' education. In these contexts, schools may be the only safe space for children, and closure exposes them to even greater protection risks.

Finally, there are specific concerns for the 100 million people who have been relying on the UN and humanitarian actors for life-saving assistance prior to COVID-19, including those with status as internally displaced people (IDPs), refugees, asylum seekers, and undocumented migrants. Already incredibly vulnerable, their situation has been compounded by government COVID-19 policies, many of which limit travel and movement for all, including frontline humanitarian workers. Public gathering regulations can prevent distribution of assistance even where adapted for COVID-19 and some forms of humanitarian assistance may not be possible to deliver at all. This also translates into closure of essential legal services, referral centres including for child protection services, and points to receive critical information, an issue now acutely affecting Venezuelan refugees. Refugees are often excluded from disaster and epidemic preparedness plans, National Action Plans (NAPs) and, in many contexts, existing public healthcare systems. Heightened border controls, increasing risk of refoulement, and xenophobia pose specific concern for refugees. Interruptions and suspensions of humanitarian assistance have a life-threatening consequence for these populations, especially children.

WORLD VISION'S RECOMMENDATIONS

The COVID-19 pandemic and response are putting millions of children in fragile and humanitarian contexts at heightened risk, and jeopardising their immediate and long-term health and well-being. It is critical that all stakeholders take proactive measures to mitigate the primary and secondary impacts of COVID-19 on children, and that response efforts at all levels take into account vulnerable children's needs and rights. Based on decades of experience working with children, families and communities in crises, World Vision recommends the following:

Governments should facilitate humanitarian access for all frontline medical and humanitarian workers in order to ensure a timely COVID-19 response and the continued provision of critical humanitarian assistance to affected children and their families. Where movement of essential personnel and supplies is authorised, governments should consider staff and services necessary to monitor and ensure children's protection is classed as 'essential' and life-saving.

Governments, UN agencies, and NGOs must ensure decisions to close or temporarily suspend essential humanitarian child protection programming— to be in compliance with domestic COVID-19 prevention policies—are informed by assessments that capture both the risks to children and gendered impacts, and are followed by ongoing protection monitoring to identify increased risks as a result. Where protection concerns emerge, immediate action must be taken to identify alternatives to re-start humanitarian programming, particularly for children.

Governments must ensure continued compliance with international humanitarian, human rights, children's rights, and refugee laws, particularly respect for non-derogable human rights, and non-refoulement, and including Key Legal Considerations on access to territory for persons in need of international protection. Refugees, returnees, asylum seekers, IDPs, and undocumented migrants must be included in NAPs, and public health and social protection systems to prevent status-based discrimination.

Donors must adequately resource child protection in the COVID-19 response, recognising the secondary impacts of the virus on children including heightened exposure to violence, abuse, neglect, and exploitation. They should ensure 4% of total humanitarian assistance is dedicated to child protection, in alignment with the Alliance for Child Protection in Humanitarian Action's 2019 standing recommendation.

Governments, donors, UN agencies, and NGOs must include child protection as a global priority, incorporated in all response plans and efforts at national level, inclusive of initiatives to end all forms of violence against children, and ensuring continuity of child protection systems and services particularly for children in fragile and humanitarian contexts, in alignment with the Minimum Standards for Child Protection in Humanitarian Action. This should include provision of age and gender-responsive comprehensive case management and related services, care for unaccompanied and separated children, child-friendly monitoring and reporting mechanisms, and investment in local systems and structures to prevent and mitigate child protection risks.

Governments, UN agencies, and NGOs should prioritise the provision of age and gender-appropriate MHPSS by qualified personnel to support children experiencing distress consequent of or compounded by COVID-19. MHPSS approaches and curricula should also help prevent, mitigate, and respond to the risks of stigmatisation. Faith actors also play an essential role in promoting healing and resilience, and they should be engaged to ensure faith-sensitive psychosocial support is provided.

Governments, UN agencies, and NGOs must ensure safeguarding measures are in place and adapted to the context of COVID-19. This should include child safeguarding measures for children who are quarantined or isolated at medical facilities. All frontline personnel must be trained on COVID-19 related child protection risks, the prevention of sexual exploitation and abuse, and how to safely report and refer concerns.

Governments, donors, UN agencies, and NGOs must ensure that global and country level response plans are informed by protection and gender analysis, and adapt interventions and implementation strategies to respond to the specific needs, vulnerabilities, and capacities of women, girls, boys and men. Recognising the increased risk for all forms of GBV, particularly for adolescents, operational actors should ensure frontline staff have capacity to safely receive a report of GBV and confidentially manage referral.

Governments, donors, UN agencies, and NGOs must concurrently address COVID-19's secondary impacts on child development and ensure the continuity of a protective environment for children, particularly girls and boys in fragile and humanitarian contexts. This should include:

- Mainstreaming child protection risk prevention and mitigation across all areas of response, including the strengthening of referral pathways between health, water, sanitation and hygiene, and child protection actors and services to ensure children at risk are identified and receive support;

- Ensuring continuity of maternal, newborn, and child healthcare and nutrition services to prevent and mitigate increased mortality and morbidity from childhood illnesses;

- Limiting the impact of school closures and education disruption by urgently rolling out child-friendly distance education methods such as TV, radio or, when possible, online learning. Curriculum should include continued life skills education aimed at minimising risks related to exclusion and stigmatisation and child-friendly information on COVID-19, including on increased child protection risks; and

- Ensuring social protection measures are in place for the most vulnerable, providing families with cash and food assistance to meet their children's immediate basic needs, and supporting parents to identify positive coping mechanisms cognizant of protection risks for children.

Faith leaders must use their unique and essential role as trusted community members to promote and share vital, accurate and science-based information about COVID-19, support and contribute to child protection monitoring and reporting mechanisms, strengthen children's and families' resilience through appropriate spiritual and psychosocial support, build social cohesion, and combat xenophobia.

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

We believe a world without violence against children is possible, and World Vision's global campaign It takes a world to end violence against children is igniting movements of people committed to making this happen. No one person, group or organisation can solve this problem alone, it will take the world to end violence against children.