Version 3 - As of 20 March 2020

**This document will be continuously updated. New additions since last version highlighted.**

# **Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (Children on the Move)**

Migrant and displaced children are at heightened risk to the immediate and secondary impacts of COVID-19. They often live in cramped conditions with limited access to water, sanitation, and hygiene (WASH), may be in immigration detention or “left behind,” unaccompanied or separated from their families, and can be hardest to reach with accurate information in a language they understand. Migrant workers and refugees can live in the most disadvantaged urban areas, where access to essential services is already limited. Refugee and migrant children may also be prevented from accessing essential services due to legal, documentation, linguistic or safety barriers. Further, the misinformation on the spread of COVID-19 exacerbates the xenophobia and discrimination that migrant and displaced children and their families already face. Migration is gendered, with gender roles, relations and inequalities influencing who migrates, why and how they move, and where they end up, and boys and girls on the move potentially impacted differently by CODVI-19.[[1]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx) With cascading border closures, travel restrictions, and policy changes, we must be swift, bold, and adaptive in our respective contextual responses.

We need urgent action to put migrant and displaced children at the forefront of UNICEF’s preparedness, prevention and response to COVID-19 – to ensure health, safety, and protection for all. We need to work together to ensure that the UN system-wide response remains child-sensitive and always upholds the principle of the best interests of the child.

# **What must we do now?**

## Include migrant and displaced children in preparedness, response, and mitigation efforts for COVID-19. Start with the following key questions:

## Where are migrant and displaced children in your country (in camps, urban contexts, in makeshift dwellings, in transit)? Are they unaccompanied or separated from their families?

## What challenges do they currently face? Are UN (including UNICEF’s) preparedness and response plans including them – are government plans and responses inclusive of displaced and vulnerable migrant children? What steps are being taken to reach the hard-to-reach, “hidden,” and “left-behind” populations?

* Are the main protective measures - hand-washing and social distancing – within reach for migrant and displaced children? What is being done to ensure access to WASH and health services in places where displaced or migrant children live?
* Are child protection authorities informed about UN-wide and/or national/local COVID-19 preparedness and response plans?
* How are COVID-19 response measures impacting girls and boys differently, in terms of their safety, health and wellbeing, family unity, as well as caregiver’s abilities to provide for basic needs?

## Inserting image...Advocate proactively against xenophobia, stigma, and discrimination – the virus does not discriminate, and neither should we.

## Do not miss any opportunity to lead by example and call out all instances of discrimination or stigmatization against any person, including migrant and displaced children. Activate local influencers, leaders, and youth bloggers to speak up in support of protecting all children IN a country, not just OF a country or of a given local area. The virus knows no passports.

## Avoid singling out children on the move but include them along with other groups in vulnerable situations who need specific support. For a good example see the [UNICEF’s Press Release](https://www.unicef.org/press-releases/unicef-statement-covid-19-outbreak) of 11 March.

## Migrant and displaced youth, especially those moving irregularly are at heightened risk of being stigmatized or becoming targets of violence. Proactively consider and engage youth on the move as critical partners in your COVID-19 response in ways that are safe and responsible.

## Provide accessible, timely, culturally and linguistically appropriate, child-friendly and relevant information on COVID-19 to children and families on the move.

* Ensure that your C4D (Communication for Development) response plan and any RCCE (Risk Communication and Community Engagement) activities are inclusive of displaced and migrant children and families and do not inadvertently stigmatize them. They are likely among the worst affected and the hardest to reach.
* Use their preferred channels of information and sources they trust (peer migrants, refugee networks, diaspora groups, volunteers, frontline workers). Ensure to account for gender differences in how information is accessed, disseminated and trusted.
* Consider cultural barriers and disabilities. Ensure translation and audio-visualization of C4D materials and other information into languages and formats commonly spoken and easily understood by all children and youth on the move in your context, including those living with a disability.
* Build upon existing protection programs and contact points, such as Child Friendly Spaces and Blue Dot hubs, for COVID-19 preventative and response measures targeting children and families on the move.
* See here for [more tips](https://micicinitiative.iom.int/guidelines/guideline-9-communicate-widely-effectively-and-often-migrants-evolving-crises-and-how) on considerations when communicating with migrant populations. See [here](https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender) for more tips on accounting for gender differences.

## Ensure universal access to COVID-19 testing, healthcare, Mental Health and Psychosocial Support (MHPSS) and other essential services, for all those who need them, regardless of status.

## Identify and address barriers in law or practice that prevent safe access to health or MHPSS services for migrant and displaced children. Advocate for health as a human right–as being in the best interest of all. To keep everyone healthy, all people should be included and have access to care, regardless of their status. To keep everyone healthy, no one should be denied access to care and no one should fear they will be penalized for accessing services, for example if their legal status is communicated to law enforcement agencies who may act to deport them.

* Efforts to contain pandemic outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health services for those on the move.[[2]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx) Ensure continuous access.
* Integrate and invest more resources into MHPSS for migrant and displaced children and their families, wherever possible. The COVID-19 crisis piles onto existing uncertainties and distress, may prolong family separation, lead to the loss of family members, and maintenance of precarious conditions, so MHPSS services will become even more crucial for children and families’ coping and resilience.

**Note**: This is not an exhaustive list for the health sector response, but only raises additional points for migrant and displaced children otherwise commonly overlooked – please refer to your UNICEF Health Specialist colleagues, WHO Guidance, [here](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/critical-preparedness-readiness-and-response-actions-for-covid-19) and continuously updated UNICEF Guidance [here](https://unicef.sharepoint.com/sites/ICON/SitePages/Everything-you-need-to-know-about-Coronavirus.aspx).

## Ensure clean water, basic toilets and good hygiene practices are also available for migrant and displaced children and families, when transiting or for those living in camps and in urban areas.

* + Coordinate with other UN partners and support governments to expand the availability and access to WASH services in places where migrant and displaced children live and at other critical locations, such as border crossings, bus/train stations or key transit points.
  + If WASH facilities are not readily available, communicate clearly (in languages understood by displaced or migrant children) and often that avoiding touching one’s mouth or eyes is another way to minimize the risk of infection.
  + Do not overlook menstrual health and hygiene management in COVID-19 response plans, with an emphasis on migrant and displaced women and adolescent girls.

## Support and advocate for safer living and housing conditions to allow for social distancing, including in shelters, refugee and IDP camps.

* + Work with partners to sensitize governments and donors not to forget about those in the most precarious living conditions.
  + If environments remain crowded, to the extent possible, isolate the sick from the most high-risk (the elderly, those with co-morbidities, co-infections, and other pre-existing conditions). Scale up risk communication and information to encourage coughing hygiene, such as coughing into elbow rather than hands.
  + Be wary of the impact of social distancing on essential social support systems, especially in contexts where children rely on their elders. Implement measures to provide further support and monitoring to minimize new or exacerbated vulnerabilities.
  + Outbreaks can fuel and exacerbate the risk for women and girls to experience gender-based violence. Quarantines force families to stay at home or in shelters, but for many women and girls, home is a dangerous place, therefore mitigating measures should be in place, while following government regulations.

## Pay special attention to children and families who are currently detained and continue advocating to end child immigration detention. During a pandemic, those in detention face a disproportionate risk, as social distancing/spacing becomes difficult to maintain and many facilities are inadequately equipped with WASH.

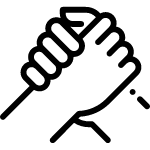
## o Step up your advocacy calling for the immediate placing of children in safe accommodation and non-custodial alternatives to detention.

* + Where detention continues, advocate for WASH facilities and the provision of [essential COVID supplies](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance) and referral service.

## Implement education strategies for continued learning for all children - including migrant and displaced children - and make schools safe, healthy, and inclusive environments.

* + Click here to [read more](https://www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools) about UNICEF’s Key Messages and Actions for COVID-19 Prevention and Control in Schools.
  + While schools are an important platform to provide information to migrant and displaced children, do not rely on schools only to reach them. Migrant and displaced children are already disproportionally affected by learning disruptions and make up a large part of the out-of-school child population.
  + Often poor, many migrant or displaced children depend on school lunches and other services being provided at schools. As schools close, provide alternative, safe options for hot meals and support for the most vulnerable.
  + Consider the need for special childcare options especially for children whose parents are living or working abroad or directly involved in the COVID-19 response (e.g. healthcare workers).

## Expand social protection to minimize the economic impact of COVID-19 on families.

* + Millions of children have parents who are migrant workers currently residing in faraway cities or different countries, sending money home (remittances). Monitor and mitigate the socio-economic impact of the economic downturn affecting migrant workers and their ability to support children left behind in communities of origin.
  + Identify key indicators to promote more effective and efficient data collection, exchange, and analysis for improved understanding and response to secondary impacts of COVID-19.
  + Monitor and buffer the effects of border closures, travel restrictions, and policy changes on members of migrant workers’ families and children left behind through adaptive social protections. Families may now be separated for prolonged periods exposing children to protection and mental health risks. Advocate for children of migrant workers to be included in economic stimulus packages, response plans and mitigation measures.
  + Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently “downloaded” onto women and girls, who often bear responsibility for caring for ill family members and the elderly. Ensure that their particular situation is taken into account in all response measures. [[3]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx)
* Join forces with IOM and UNHCR as needed, to disseminate information, coordinate response plans and minimize the impact of COVID-19 on children and families on the move.
  + [UNHCR](http://reporting.unhcr.org/sites/default/files/UNHCR%20COVID-19%20Appeal%20-%20March%202020.pdf#_ga=2.237885184.1090787721.1584051862-2011578628.1584051862) and [IOM](https://www.iom.int/sites/default/files/country_appeal/file/25.2.2020_iom_srp_and_funding_requirements_covid-19_final.pdf) have issued COVID-19 response plans and engage in proactive communication to prevent stigma and discrimination. As children constitute almost half of all forcibly displaced (including refugees) and 1 in 3 international migrants is under 30, UNICEF can and must play its part to ensure the best possible UN-wide response.
  + Assess whether there is coordination between WHO, UNICEF, UNHCR, IOM and other relevant agencies to ensure full coverage and inclusion of migrant and displaced children in COVID-19 preparedness and response measures in your context.
  + Contribute to UN-wide, coordinated advocacy with partners to support and include migrant and displaced children and families in national/regional and global COVID-19 responses.

**Communications Assets**

Media plays a critical role in the spread of information and misinformation, reinforcing stigma and dismantling it. Let’s ensure positive and proactive communication to minimize stigma and discrimination and to promote a more united world. Where possible, engage a diversity of young people in these efforts, including migrant and displaced children. Strengthen your digital and online channels and pay attention to the framing of your messages. Trust and safety in UNICEF are critical, so utilize technical experts to ensure this is conveyed and achieved in our organization.

* Tackle misinformation
* Multimedia content
* Young people combatting xenophobia
* Internal communication

The Uprooted Campaign is developing Communication Assets on Children on the Move, which will be uploaded on the DOC website once finalized – stay tuned: [**Coronavirus Communication Strategy**](https://unicef.sharepoint.com/sites/DOC/SitePages/Coronavirus-Communication-Strategy.aspx)**.**

**Latest Additional Resources**

* **UN Migration Network** Joint Statement on Covid-19 (issued March 20th) - [here](https://migrationnetwork.un.org/statements/covid-19-does-not-discriminate-nor-should-our-response)
* **Child Protection:** The Alliance for Child Protection in Humanitarian Action developed this [technical note](https://alliancecpha.org/en/COVD19) for the protection of children during the COVID-19 pandemic (published March 16)
* **MHPSS:**   [Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (developed by the IASC’s Reference Group on Mental Health and Psychosocial Support)](https://interagencystandingcommittee.org/other/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak);
* IASC Guidance on COVID-19 **Response for Camp and Camp-like settings** (led by IFCR, IOM, UNHCR, WHO)  [Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO)](https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp);
* [**UNHCR Guidance**](https://www.refworld.org/docid/5e7132834.html)**:** Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response
* **UNICEF Q&A** on Children on the Move and COVID-19 (addressing recent border closures, disruptions in asylum processing, humanitarian resettlement etc) under development

**This is a living document. We welcome your feedback.**

Any feedback to Saskia Blume (sblume@unicef.org)

**Thank you for your dedication.**

[[1]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx) See more here: <http://www.sddirect.org.uk/media/1617/health-responses-and-gbv-short-query-v2.pdf>

[[2]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx) More: Gender-based violence AoR, *The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific*, [here](https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender)

[[3]](file:///C:/Users/sblume/Desktop/PD%20Migration/Sectoral%20Engagements/Corona/UPDATED%20March17%20COVID19%20Children%20on%20the%20Move%20Quick%20Tips%20V2.docx) Gender-based violence AoR, *The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific*, [here](https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender)