

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,” live with disabilities, 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. Boys and girls on the move are potentially impacted differently by COVID-19. With cascading border closures, travel restrictions, and policy changes, we must be swift, bold, and adaptive in our respective contextual responses and ensure national authorities maintain their obligations to international laws, which guarantee proportionate and non-discriminatory responses, and uphold the rights of every child.

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 global and 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 your national and local government’s 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 in your country? What is being done to ensure access to WASH (Water Sanitation and Hygiene) and health services in places where these displaced or migrant children live?
- Are child protection authorities (those that prevent and respond to violence, exploitation, and abuse of children) part of 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 caregivers’ abilities to provide for basic needs?

- How will COVID-19 responses affect existing public services, programs, and aid efforts? How will measures such as “social distancing” or border closures affect your own capacity to respond, interact, and help communities in need?

✓  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. Encourage 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.
- Advocate for ALL children in vulnerable positions, such as children with disabilities, children separated from their families, and others who need specific support alongside migrant and displaced children. For a good example, see the [UNICEF’s Press Release of 11 March](#).
- Migrant and displaced youth, especially those moving irregularly are at heightened risk of being stigmatized, discriminated against, or becoming targets of violence. Proactively consider and engage youth on the move as critical partners in COVID-19 responses, 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.

- Make sure COVID-19 public messaging and services announcements, verified resources, and other important communication activities are inclusive of displaced and migrant children and families. Do not inadvertently stigmatize them. They are likely among the worst affected and the hardest to reach.
- To get these messages across, use displaced and migrant families’ 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 messaging and communication 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, services, and contact points to disseminate COVID-19 preventative and response measures targeting children and families on the move, such as Child Friendly Spaces and Blue Dot hubs.
- See here for [more tips on considerations when communicating with migrant](#) populations. See here 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 – this being in the best interest of all. To keep everyone healthy, all people should be included and have access to care, regardless of their financial or legal 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. This can exacerbate already limited access to sexual and reproductive health services for those on the move. Ensure continuous access to these essential services.
- 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 WHO Guidance [here](#) and UNICEF's official website [here](#).



✓ 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.

- Civil society, UNICEF, and partner organizations should 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 and formats 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.

- Join voices and advocate with partners to sensitize governments and donor organizations to not 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 elbows 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 or help with implementation 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, girls, and children, home is a dangerous place. Therefore, mitigating measures should be in place, while following government regulations. Support women's and crisis shelters in your context.

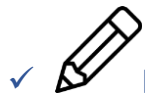


✓ Advocate to stop refoulement, detention, push-backs, deportations and mass expulsions of migrant and displaced children and families in the context of the COVID-19 pandemic. These practices threaten children's rights and health and are a risk to public health.

- Every child's right to seek asylum, protection or to reunite with family members should never be compromised because of public health considerations. States can and must protect both public health and access to asylum. Any child should be allowed to enter a State's territory in order to apply for asylum and be able to remain there for the duration of asylum proceedings, or until a sustainable solution in their best interests is identified. Protocols to prevent and mitigate COVID-19 risks and safeguards for unaccompanied and separated children must be in place.
- States should immediately put a moratorium on any new detentions of children because of their or their parents' migration status and release children and families in immigration detention into non-custodial community-based alternatives to detention, following strict safeguards to prevent and respond to COVID-19. Detention is always harmful to children's physical and mental wellbeing, but it is particularly dangerous in the context of COVID-19.
- States should immediately stop push-backs and deportations of children, especially if they are unaccompanied or separated. These practices do not only threaten children's rights and health, but also public health for all States involved, including the likelihood of further spread of the virus in countries ill-equipped to manage an emergency of this scale.
- In contexts where push-backs and deportations continue, returning and receiving States should urgently step up COVID-19 prevention and response measures and cross-border cooperation to protect children, as well as their families and communities.

Advocacy Guidance for Refoulement, Detention, Push-backs, Deportations of Children and Families on the Move

- Focus on the impact on children and families and try to gather as many data & facts as possible (e.g. number of children being deported; conditions in detention; UASC being pushed back).
- Have an advocacy plan for the whole migration corridor, approaching returning and receiving countries in a coordinated manner with consistent messaging. It is of course key to ask returning countries to stop returning children, but at the same time we must ask receiving countries to stop receiving them, at least until some key safeguards are in place.
- Combine public and quiet advocacy.
- Bring these issues to the attention of national and local media and use social media to spread awareness, including about potential solutions and examples of governments doing the right thing.
- Partner with and support the efforts of UN entities, child rights organizations, members of the International Detention Coalition, pro-bono legal services and any other local actors working on these issues in your context (e.g. exchange information; start joint initiatives).
- Reach out to Human Rights Institutions to initiate independent investigations.



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

- Read more about UNICEF’s Key Messages and Actions for COVID-19 Prevention and Control in Schools [here](#).
- 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 disproportionately affected by learning disruptions and make up a large part of the out-of-school child population.
- Often living in poverty, 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 or caregivers are living or working abroad, directly involved in the COVID-19 response (e.g. healthcare workers), or parents’ and caregivers’ own health has been affected by COVID-19 and impairs child-caring capabilities.



✓ Expand social protection policies and programs 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 and send vital money home (remittances). It is important we 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 (specific, measurable, and observable characteristics) to promote more effective and efficient data collection, exchange, and analysis for improved understanding and response to the 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.



✓ Join forces with relevant partners and stakeholders, to disseminate information, coordinate response plans and minimize the impact of COVID-19 on children and families on the move. Our collaboration and unity is needed more than ever to ensure health, safety, and protection for all, especially for those in the most vulnerable of circumstances

- 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. Determine implementation capacity among partners, national authorities, and civil society organizations.
- 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 work to ensure positive and proactive communication to minimize stigma and discrimination and to promote a more united world. Strengthen your digital and online channels if present, and pay attention to the framing of your messages – for example, you can frame the risks for migrant and displaced communities as part of a broader narrative on the need to reach and protect the most vulnerable. Where possible, engage a diversity of young people in these efforts, including migrant and displaced children. Show not only the vulnerabilities they face, but also the contributions they are making to the response: how they are engaged and finding ways to help while following the rules. Trust and safety in UNICEF are critical for the work that we do, so utilize technical and verified resources to ensure this is conveyed and achieved in your messaging and information-sharing.

- UNICEF [Press Statement](#), [OpEd](#) by the UNICEF Executive Director and dedicated [video](#) on the need to protect refugees and IDP children from COVID-19.
- UN Migration Network Joint Statement on COVID-19 (issued March 20th) - [here](#)
- Social Media assets supporting messaging on non-discrimination, such as [this one](#)
- Article from UNICEF's blog Voices of Youth "[Migrants: exposed and vulnerable to the COVID-19 pandemic](#)"

For more information and materials, see the [UNICEF Uprooted Site](#) and follow UNICEF channels on social media.

Additional Key Resources

- Guiding UNICEF's overall response for children around the world is UNICEF's [COVID-19 Agenda for Action](#)
- **Child Protection:** The Alliance for Child Protection in Humanitarian Action developed this [technical note for the protection of children during the COVID-19 pandemic](#) (published March 16)
- **Mental Health and Psycho-Social Support:** [Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#) (developed by the IASC's Reference Group on Mental Health and Psychosocial Support)
- **Leaflet** with key [information on COVID-19 in 26 languages for migrants](#), developed by IOM
- IASC Guidance on COVID-19 **Response for Camp and Camp-like settings** (led by IFRC, IOM, UNHCR, WHO) [Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings \(jointly developed by IFRC, IOM, UNHCR and WHO\)](#);
- **UNHCR Guidance:** Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response
- **UNICEF Innocenti Blog Post:** Children on the move in East Africa: [Research insights to mitigate COVID-19](#) – with some powerful data coming out of the 1290 children on the move surveyed.

This is a living document. We welcome your feedback.

Any feedback can be sent to Saskia Blume (sblume@unicef.org). **Thank you for your dedication.**