



Children face three dangers during the COVID-19 pandemic: 1) infection with the virus; 2) the immediate impacts of measures to stop transmission of the virus (school closures for example); and 3) the long-term impact of the resulting economic crisis on social and economic development with regard to the Sustainable Development Goals. Their impact on children will vary based on their age, gender, vulnerability, health, disability, family situation and the wide-ranging, dynamic conditions of their environment.

**Disruption of services and movement restrictions** limit children's access to life-saving services, including health, mental health and psychosocial support, as well as case management. **Movement restrictions** have also separated children from their families, or caregivers, and often made reunification more difficult, if not impossible.

**Disruptions to families, friendships and daily routines** have had negative consequences for children's well-being resulting in high levels of stress, anxiety and harmful coping strategies.

**Closure of schools** deprives many girls and boys not only of education, but also of basic social and psychological support, child protection

services, and, for many, access to school feeding programs.

**Worsening socio-economic situations** also expose children to a variety of forms of exploitation and abuse, such as child labour, child trafficking, and child marriage.

**Confinement to home** has led to increased violence, including sexual and gender-based violence against children and limited their options to seek assistance. Caregivers, women and girls in particular, are vulnerable to such violence, as they are left exposed to harmful family coping mechanisms in times of crisis. In Chad, UNHCR's most recent monitoring showed that more than 71% of refugee women who reported experiencing physical violence identified their husband/partners as the perpetrators.

This brief provides a snapshot of child protection interventions by UNHCR and its partners during the pandemic, covering community engagement, case management, alternative care and capacity building. In addition to working with children and communities, UNHCR also engages with authorities through policy advocacy in the context of COVID-19, such as to end immigration detention of children.

# Community-based protection and the participation of children

*UNHCR supported the resilience and capacities of displaced children themselves, their families and communities to mitigate the impacts of COVID-19.*

UNHCR has been engaging and supporting communities through two-way communication about the risks of COVID-19 and providing child-friendly access to accurate information. Raising the awareness of children and communities about COVID-19 risks and mitigation methods builds their confidence and empowers them to take on greater responsibility for their own safety and protection – not only protection from COVID-19, but also the other protection risks during the pandemic.

To ensure that children have age appropriate and accurate information, UNHCR uses child-friendly communication methods. Depending on their age, gender, cultural/religious identity and education level, messages have been designed in consultation with parents, caregivers and with the children themselves, and delivered through the use of creative and interactive approaches such as posters, songs, story-telling and drama.

UNHCR and partners continue to identify and support community-based mechanisms to protect children, including child protection committees, parenting groups, adolescent clubs, community volunteers, sports and the establishment of child friendly spaces, and life-skills education groups. Operations and partners map the community actors to further facilitate and enhance their roles vis-a-vis the aforementioned mechanisms to protect children and their communities.

In Mexico, UNHCR, in collaboration with IOM and UNICEF, developed [child-friendly information materials on COVID-19](#) and supported

[recreational activities during the lockdown](#). UNHCR also developed [videos to disseminate distance-learning opportunities](#) made available by the Ministry of Education. UNHCR also worked with Save the Children to conduct [recreational activities, through Zoom, for three of the five shelters where child friendly spaces have been operating](#) in the north of the country

In Malawi, 1,000 [SMS messages](#) were sent to individuals in the refugee community with [information on the new referral management system, human rights, SGBV and child protection issues](#).

In Serbia, UNHCR trained a group of unaccompanied children, who had assumed the role of [peer educators, on COVID-19 protective measures and on GBV core concepts and services](#).

In Syria, [awareness sessions and dissemination of COVID-19 information were provided remotely through virtual platforms and SMS messaging](#). Communication and meetings were held with the [community-based child protection structures \(Children Clubs and Child Welfare Committees\)](#) through WhatsApp and other online platforms to [disseminate referral pathways updates and key protection messages](#).

In Ukraine, UNHCR shared important information on its [online refugee youth platform](#), including useful links for free online courses that was used for social interactions and [peer-to-peer support](#).

# Prevention and Response

*UNHCR strengthened prevention mechanisms, and children at risk were identified and supported through prioritized, targeted services.*

Protection risks for children are further compounded by restrictions on movement and social distancing measures, which has inhibited UNHCR, and its partners', ability to respond to children's protection needs. UNHCR has worked to adapt prevention measures, identification of children at risk and Best Interests Procedures for those children who require individualised support in response to such measures.

[Advocacy to ensure access](#) to children at heightened risk is carried out throughout UNHCR operations, enabling UNHCR and partners to conduct face-to-face interviews and follow-up for high risk cases.

Procedures for [remote case management](#) have been developed and are being implemented. This includes remote assessments for low and medium risk cases, and [remote counselling sessions](#) undertaken in Ecuador, Pakistan, Ukraine and Bangladesh.

Around the globe, UNHCR and partners revisited and updated the [case prioritisation criteria](#) to ensure that the most critical child protection cases are identified and monitored, and existing cases continue to receive follow-up and support.

In Jordan, Morocco and Panama, and elsewhere, UNHCR and partners have [expanded help/hotline services](#) by re-deploying staff, who would have been directly accessible, to call centres to provide advice and guidance to children and their families.

[Best Interest Procedures, Standard Operating Procedures and referral pathways](#) have been updated and/or [additional protocols](#) have been developed in multiple countries, including

Thailand, Ecuador, Lebanon and Uganda. This is further supported by country-specific guidance to staff on safe home-visits and case management.

In Uganda, Ethiopia, South Sudan, Cameroon and other countries UNHCR, with its partners, have been [updating their respective maps of available services and community support structures](#) to identify children at risk and the appropriate response and support mechanisms.

In Tanzania, Lebanon, Ethiopia, Egypt and Uganda, UNHCR and partners have been working to [strengthen the role of community case workers within Best Interest Procedures](#). This includes providing updated contact lists, and documentation, as well as remote coaching and supervision, in addition to stipends to cover communication and transportation costs.

[On-line Best Interest Determination panel meetings](#) have been strengthened in Morocco and Turkey, providing additional support to panel members on confidentiality, mechanisms to formally indicate their views on cases, and on the documentation of decisions.

In collaboration with the Education unit, UNHCR in Burkina Faso and Mali distributed 3,200 solar-powered radio sets to refugee children to ensure they could have [access to the distance learning programmes](#) broadcast through national and community radios. This ensured that children were productively engaged, and families were involved in their children's education, which promoted family unity and reduced stress both at home and within communities.

## Alternative Care

*UNHCR and partners worked to ensure that unaccompanied and separated children (UASC) continue to receive on-going monitoring, while newly separated children are placed in appropriate temporary care arrangements.*

Restriction measures, and the subsequent impact on the household income has had a significant effect on families' ability to continue to care for unaccompanied and separated children. In addition, these measures also prevent UNHCR staff and partners from carrying out the monitoring of alternative care arrangements, and the identification of new unaccompanied and separated children. The COVID-19 pandemic has also prevented the identification of temporary care arrangements for children who are separated from their parent(s) or caregiver(s) who have been hospitalised – which continues to be an additional challenge and presents a significant protection risk to the child or children.

In order to respond effectively, operations have reviewed their planned projects, [reprioritised activities and reallocated funds](#) towards child protection responses during the COVID-19 pandemic.

Throughout various operations, including Ethiopia and Ecuador, [monitoring of care arrangements](#) are also taking place through phone calls and through the mobilization of refugee volunteers.

In Ukraine, UNHCR has [increased emergency assistance to unaccompanied and separated children to cover their basic needs and rent](#). The

operation has also been working with families and individuals to identify caregivers for unaccompanied children.

In Ecuador and Jordan, UNHCR and partners, together with the national child protection systems have increased the [capacity for community-level identification](#) of unaccompanied and separated children, and [organised transportation to care facilities](#). Capacity-building and support to the national system continues to be strengthened through the deployment of UNHCR staff to the national system – one of many mechanisms of cooperation established before the pandemic.

In Ethiopia, UNHCR and partners have scaled up the identification of potential foster families through [increased community engagement](#). In addition, prevention of secondary separation is being addressed through the [provision of two-months of cash-based assistance](#) to known vulnerable families in need of support.

In Serbia, UNHCR partners - Danish Refugee Council and CRPC - trained UASC Peer Educators on COVID-19 protective measures.

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[https://www.yunbaogao.cn/report/index/report?reportId=5\\_17694](https://www.yunbaogao.cn/report/index/report?reportId=5_17694)

