



Policy Brief

COVID-19 & Children Protection in Fragile and Humanitarian Contexts

June 2020

Globally, one in six children live in areas affected by armed conflict.¹ Of the 25.9 million refugees worldwide, over half are children.² An additional 17 million children remain internally displaced.³ 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. COVID-19 is only increasing and amplifying protection concerns for children. [Recent research](#) conducted by World Vision projects that up to 85 million girls and boys worldwide may be exposed to physical, sexual or emotional violence over the next 3 months as a result of COVID-19 quarantine.⁴ Fragile contexts, now hit by the pandemic, are the least able to cope, and the consequences of the COVID-19 virus are likely to be catastrophic for the protection and rights of children already living in situations of humanitarian crisis.

World Vision is globally responding to COVID-19 in 70 countries, with a focus on fragile and humanitarian contexts. Over the next eighteen months, World Vision's response aims to reach at least 72 million people, half of them children, focusing on situations of pre-existing vulnerability and fragility, where children are most at risk - conflict affected contexts, urban slums and refugee settings.

To date, we have helped ensure COVID-19 preparedness and prevention, strengthened health systems, supported children affected by the indirect impacts of the pandemic on education, protection, nutrition and food security, and advocated to protect children and ensure access to the most vulnerable, reaching over 36 million children and their families worldwide.⁵

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 non-governmental organisations (NGOs) must take, to mitigate the impact of COVID-19 on children in fragile and humanitarian contexts.

António Guterres, Secretary General of the UN, suggests that COVID-19 is quickly turning into a "broader child rights crisis."⁶ This pandemic threatens children's protection in three ways: first, through the virus itself; second, through the socio-economic measures adopted to contain or mitigate the spread of the virus; and third, through the longer-term impacts of economic downturn and declining humanitarian access.⁷

A child's right to be safe, as outlined in the [Convention on the Rights of the Child](#) and [Child Protection Minimum Standards \(CPMS\)](#), is profoundly at risk, particularly for children already affected by conflict and displacement, living in fragility and humanitarian crisis.

COVID-19 directly affects parents and caregivers, reducing their capacity to provide safe and 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, even in humanitarian crisis. Fear can lead to a breakdown in trust, dividing communities and further reducing children's protective environment.

[Preliminary data suggests children's exposure to violence is likely to increase 20-35% as a devastating indirect outcome of COVID-19; consequently, child protection must be prioritised and mainstreamed across global response.](#)

Children living in contexts affected by conflict and displacement are the least able to adopt the most basic COVID-19 prevention strategies, increasing the direct risk of the virus itself to them and their parents or primary caregivers. According to UNICEF, 3 billion people do not have access to a hand-washing facility at home with water and soap.⁸ 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.

Children in fragile and humanitarian contexts have limited access to mental health and psychosocial support (MHPSS) services, despite the 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.⁹ 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.

In armed conflict settings in particular, COVID-19 mitigation measures have a specific impact on the functionality of country-level Monitoring and Reporting Mechanisms (MRM), essential for identifying grave violations of children's rights, linking children who experience these grave violations to support services, and providing a basis for justice and accountability in the longer term.

Children who have or are already experiencing grave violations of their rights, such as recruitment by armed groups, sexual violence, detention, or denial of humanitarian assistance, are at risk of the harm from these violations being significantly exacerbated and compounded by domestic COVID-19 policies and measures.¹⁰

The socio-economic impacts of COVID-19 are demonstrating that the risk of experiencing gender-based violence has dramatically increased. UNFPA predicts that for every 3 months of lockdown, 15 million additional cases of gender-based violence are likely to occur.¹¹ Child marriage for adolescent girls is expected to increase, as 'dowry economies' reframe girls as a form of family income generation in severe economic downturn, similar to anticipated increases in child labour, particularly for adolescent boys. Recent research projects that 13 million additional child marriages will take place between 2020 and 2030 as an indirect consequence of COVID-19, with 4 million of these predicted to occur in the first two years.¹²

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.

While schools are closed for an unprecedented 1.18 billion learners,¹³ 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 emergencies. In these contexts, schools may have been the only safe space for children, and closure exposes them to even greater protection risks.

Particularly in countries where recruitment and use of children by armed forces or groups already occurs, the risk of re-recruitment increases, such as in the Central African Republic, where anecdotally, child protection workers have shared that with school and other closures, children who left armed groups no longer see opportunity and are now vulnerable to re-joining these groups in lieu of alternatives.

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. While essential status has been granted to many health and humanitarian workers, and some programming adapted, child protection programming is still not consistently classified as essential and prioritized across all existing humanitarian responses. New or additional bureaucratic impediments compound existing humanitarian access challenges necessary to maintain child protection systems and deliver services robustly and consistently.

Heightened border controls, increasing risk of refoulement, and xenophobia pose specific concern for refugees. Refugees are often excluded from disaster and epidemic preparedness plans, National Action Plans (NAPs) and, in many contexts, existing public healthcare systems. Interruptions and suspensions of humanitarian assistance have a life-threatening consequence for these populations, especially children.

World Vision's Recommendations

The COVID-19 pandemic is 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 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 health 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. This must include provisions for the movement of frontline personnel responsible for child protection and ensuring children's protection is identified as 'essential' and life-saving.
- 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 Considerations¹⁴ 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.

Governments, donors, UN agencies, and NGOs should:

- 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.¹⁵ 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.
- 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.
- 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, confidentially report and refer concerns.
- 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 adolescent girls, operational actors should ensure frontline staff have capacity to safely receive a report of GBV and confidentially manage referral.
- Concurrently address COVID-19's socio-economic impacts on children's rights and development, taking actions to ensure the continuity of a protective environment for children, particularly girls and boys in fragile and humanitarian contexts. This must include mainstreaming child protection risk prevention and mitigation across all aspects of COVID-19 policy and response approaches.

Donors should:

- Adequately resource child protection in the COVID-19 response, recognising all impacts of the virus on children including heightened exposure to violence, abuse, neglect, and exploitation in the immediate and longer term. 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.

Faith leaders should:

- 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.

¹ "Children Affected by Armed Conflict, 1990-2018." Conflict Trends – January 2020. Peace Research Initiative Oslo (PRIO). <https://www.prio.org/utility/DownloadFile.ashx?id=2019&type=publicationfile>

² UNHCR Statistical Yearbook. 2019. <https://www.unhcr.org/figures-at-a-glance.html>

³ "Protecting and Supporting Internally Displaced Children in Urban Settings." UNICEF 2019. <https://www.unicef.org/reports/protecting-and-supporting-internal-ly-displaced-children-urban-settings>

⁴ "COVID-19 Aftershocks: A Perfect Storm." World Vision. May 2020. <https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-perfect-storm>

⁵ "Our Impact." World Vision International. Accessed June 7, 2020. <https://www.wvi.org/emergencies/coronavirus-health-crisis/our-impact>

⁶ UN Secretary-General. "Policy Brief: The impact of COVID-19 on children." 15 April 2020. https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf

⁷ "Technical Note: The protection of children during the Coronavirus pandemic v.2." The Alliance for Child Protection in Humanitarian Action. May 2020. https://alliancecpa.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184

⁸ Remarks by UNICEF Executive Director Henrietta Fore. March 2020. <https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic>

⁹ Jasmin Bauomy. "In South Sudan, stigma and underfunding plague mental health care." Al Jazeera. January 2019 <https://www.aljazeera.com/indepth/features/south-sudan-stigma-underfunding-plague-mental-health-care-190117180739562.html>

¹⁰ "Factsheet on the impacts of COVID-19 on children in armed conflict." Watchlist on Children & Armed Conflict. April 2020. <https://watchlist.org/publications/factsheet-on-the-impacts-of-covid-19-on-children-in-armed-conflict/>; "Key messages and considerations for programming children associated with armed forces or armed groups during the COVID-19 pandemic." The Alliance for Child Protection in Humanitarian Action. May 2020. <https://www.alliancecpa.org/en/child-protection-online-library/key-messages-and-considerations-programming-children-associated>

¹¹ "Impact of the COVID-19 pandemic on family planning, and ending gender-based violence, female genital mutilation and child marriage." UNFPA. April 2020. <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

¹² Ibid; "COVID-19 Aftershocks: Perfect Storm." World Vision. May 2020. https://www.wvi.org/sites/default/files/2020-05/Aftershocks%20FINAL%20VERSION_0.pdf

¹³ "COVID-19 Educational Disruption and Response," UNESCO, accessed 20 April 2020, <https://en.unesco.org/covid19/educationresponse>

¹⁴ UNHCR, "Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response," 16 March 2020. <https://www.refworld.org/docid/5e7132834.html>

¹⁵ Alliance for Child Protection in Humanitarian Action. Minimum Standards for Child Protection in Humanitarian Action. <https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/>

World Vision is undertaking the largest humanitarian response in its 70-year history to limit the spread of COVID-19 and reduce its impact on vulnerable children and their families, aiming to reach 72 million people, half of them children, over the next 18 months and raising US \$350 million to do so. Response efforts will cover 70 countries where World Vision has a field presence, prioritising scale up of preventative measures to limit the spread of the disease; strengthening health systems and workers; supporting children impacted by COVID-19 through education, child protection, food security, and livelihoods; and advocating to ensure vulnerable children are protected. For more information, read World Vision's [COVID-19 Emergency Response Plan](#).



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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

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