Key Messages and Considerations for Programming for Children Associated with Armed Forces or Armed Groups During the COVID-19 Pandemic, v.1 [1]

Photo courtesy of UNICEF/Karel Prinsloo/South Sudan/2020

Every day a child remains with an armed force or group, he or she is at risk of physical, psychological and sexual violence, and even death. Prevention of recruitment; separating children from armed forces and groups; responding to their needs; and supporting the reintegration process are all life-saving interventions. Actions to address the needs of Children Associated with Armed Forces or Armed Groups (CAAFAG) must continue in spite of the COVID-19 pandemic and in coordination with associated response measures.[2]

In addition to the unique dynamics of each conflict context, the wide-ranging socioeconomic impacts of COVID-19 and restrictive, or at times repressive, containment measures may have destabilizing effects on conflict-affected countries. This may lead to rapid or unexpected changes to conflict dynamics. Child protection actors should routinely monitor and analyze issues and the risks they may pose including:

- Changes in political and power dynamics due to the pandemic or related containment measures;
- Socioeconomic factors that may drive association of children with armed forces and armed groups or that may hinder or foster recruitment, release and reintegration;
- Expansion or diversification of crime or illegal markets;
- Exacerbation of existing child protection risks, including gender-based violence and changes in trends of violence or pre-cursors to violence against vulnerable, minority or other communities or groups.

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[2] The pandemic response measures include early detection; containment; control and mitigation; and elimination or eradication. See: Managing epidemics: key facts about major deadly diseases. Geneva: World Health Organization; 2018, https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf

Child protection agencies should assess risks to children, families, communities, and staff posed by the COVID-19 pandemic and related response measures. Any actions taken must be consistent with the principle of 'do no harm'. Practitioners must put in place mitigation measures to address risks of staff contracting the disease and of exposing children, communities, and partners to the virus. Practitioners are encouraged to continuously monitor developments in the association of children with armed forces and groups to inform advocacy and programming as the COVID-19 pandemic evolves.

This document highlights issues relating to prevention and response programming for Children Associated with Armed Forces or Armed Groups (CAAFAG) in the context of the COVID-19 pandemic. Key references supporting this area of work are:

- Convention on the Rights of the Child and its Optional Protocol on the Involvement of Children in Armed Conflict,
- Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups.
- Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers.
- Standard 11 of the Minimum Standards for Child Protection in Humanitarian Action.
- Guidance Note: Protection of children during infectious disease outbreaks.
- World Health Organization Country & Technical Guidance - Coronavirus disease (COVID-19).

This document is an Annex to the Technical Note: Protection of children during the COVID-19 pandemic and will be revised on an ongoing basis to reflect: (1) new information about the impact of COVID-19 on CAAFAG programming and (2) requests for technical support and guidance.

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KEY MESSAGES

Children who spend any time with an armed force or group face serious risks of physical, psychological and sexual violence, and death. The following messages are intended to guide child protection actors in their advocacy with parties to the conflict, governments, other child protection actors, and donors.

- All parties to conflict should end recruitment and use of children in armed conflict and release all associated girls and boys to child protection authorities immediately and without any preconditions.
- Children's release or disengagement should not be delayed due to fear of transmission of the virus.
- Governments, UN field missions, child protection actors, and communities should work together to ensure continued life-saving interventions for prevention of recruitment; verification; release; reunification; and reintegration.
    - Actions must be adapted to ensure measures are in place to prevent and control transmission of the virus.
    - The best interests of children should be a primary consideration in all decisions affecting children.
- All parties to conflict should immediately cease hostilities, in line with the UN Secretary-General's appeal for a global ceasefire, to allow public health containment, control and mitigation measures to be implemented unhindered.

KEY ISSUES FOR CONSIDERATION

Issue 1: Preventing new recruitment and re-recruitment

COVID-19 may increase drivers for child association and thus result in increased recruitment of girls and boys. Children's vulnerability to recruitment and abduction may increase due to:

- Reduced presence of child protection and humanitarian actors and security personnel;
- Weakened community structures; and
- Reduced parental supervision and care.

Certain factors associated with COVID-19 may push girls and boys into armed forces or groups for the first time or encourage them to return, for example:

- The economic impacts of COVID-19 pushing children to search for food, basic goods, or livelihood opportunities.
- Increased violence and tensions within the home or in community, including increased gender-based violence.
- Reduced access to support services.

Efforts to address the underlying causes of recruitment may be hampered. Viable alternatives to association with armed forces or groups – including education and vocational programs[3]; income

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[3] For more resources on education and COVID-19, please see the Interagency Network for Education in Emergencies COVID-19 Resource Page.

generating opportunities; and access to social protection and livelihood opportunities – may be reduced. School closures, lack of school feeding programs, mobility restrictions, limited access to local markets, and reduced household incomes may all contribute to an increase in child association.

Consider how to:

- Consult children, families, and communities in the design of prevention strategies and activities. Where standard methods for running consultations are not possible, explore alternative options. Alternatives may include phone calls, SMS, email, written inputs, and open-air sessions with physical distancing. Any methods used must maintain safety and confidentiality standards.

- Continue to provide individual, family, or community-level support through adapted case management or psychosocial support services to children at risk of recruitment or undergoing reintegration. All assistance must adhere to guidance on providing case-based support in COVID-19 contexts.

- Decisions to provide material assistance – such as hygiene kits or educational materials for groups of children such as those living with disabilities, unaccompanied children, or girl mothers – should only be delivered:
    o After assessing and mitigating risks of stigma or unintended harm and
    o In a way that does not stigmatize or inappropriately privilege CAAFAG as compared to other children.

- Adapt reintegration services, such as vocational training, so they can continue despite public health measures. For example, for a vocational training session it may be possible to continue face-to-face activities if:
    o The number of participants in each session is reduced;
    o Adequate hygiene products are provided – such as cleaning materials, soap and water, etc. – to the trainer and students;
    o Health screening of all participants and facilitators takes place before each session; and
    o Thorough cleaning of the training room, furnishings, and materials before and after each session.

- Coordinate with other agencies and across sectors to update service mapping and referral pathways for emerging needs such as food insecurity, education and vocational needs, income replacement or social protection, legal issues, health, mental health and psychosocial support, and gender-based violence. During the COVID-19 pandemic, service providers may have reduced capacity; may not be functioning; may have changed the way they prioritize cases and target clients; or may be working through new modalities.

Issue 2: Verification and release of children formerly associated with armed forces and groups

Reports indicate that COVID-19 is impacting the verification and release of CAAFAG. In some countries, fear of contagion is halting or delaying verification and release processes. In some settings, restrictions on travel and public gatherings are also affecting mobility of child protection staff. There have been

no reported increases in rates of release as a result of either (1) ceasefires or (2) fear of spread of the virus within armed forces or groups.[4]

Actors should consider how to:

- Identify risks and initiate virus transmission mitigation measures to allow interventions to continue.
- Engage with all relevant actors to prioritize the follow life-saving interventions:
    o Formal verification and release processes and
    o Informal community-based identification mechanisms.
- Keep release and identification processes as rapid as possible and with safety, dignity, health, and confidentiality as key considerations.
- Conduct physical health assessments of children during verification and release processes. Screen for virus symptoms in line with WHO guidelines. Health staff deployed to conduct testing during verification and release should receive training in dealing with CAAFAG.
- Provide children, families, and communities with information on both:
    o Children's right to be released and their options for release and
    o Information about measures to limit the risk of children becoming infected or transmitting the virus when they re-enter communities.
- Incorporate psychosocial support services in all actions – from release and throughout all stages of reintegration – to address any distress caused by the COVID-19 outbreak and resulting public health measures.
- Address any additional stigma related to COVID-19 that released children may face.
- All children in situations of detention as a result of their actual or alleged associated with armed forces or armed groups should be prioritized for immediate release. For specific guidance on children deprived of liberty, please refer to Technical Note: COVID-19 and Children Deprived of their Liberty.

Issue 3: Transit and interim care centers and interim care placements for children formerly associated with armed forces and groups

Transit and interim care centers are potential sites of virus transmission. Potential COVID-19 related risks in transit and interim care centers and alternative care options include:

- Public health measures to contain, control, and mitigate infection may result in lower levels of supervision or care for children. This may lead to increased risk of exploitation or abuse, including gender-based violence, in care centers.
- Sudden closures of centers without adequate planning.
- Prolonged stays in centers due to delays in family reunification and diminished functioning of child protection systems.

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[4] Sudden increase in rates of child release were not documented during the Ebola outbreak.

Interim care placements in foster families may also be affected due to foster family concerns about virus spread or inability to ensure self-isolation.

Given these risks, measures to prevent the spread of the virus should be immediately implemented in these transit and interim-care locations. Consider how to:

- <u>Continue to operate existing transit and interim care centers</u>, registration processes, and release and reintegration services with adaptations to contain, control, and mitigate COVID-19. All actions must still appropriately safeguard children, including against the risk of sexual exploitation and abuse.
- Continue to prioritize family tracing and reunification to reduce time children spend in transit or interim care centers.
- Take measures to detect, contain, control, and mitigate the COVID-19 virus, including, where necessary, developing protocols for testing and treatment for children who have symptoms of illness. All actions should be consistent with <u>WHO guidelines</u>.
- Provide access to essential services such as family tracing, <u>MHPSS</u>, <u>education</u>, and <u>sexual and reproductive health and rights</u>,[5] as well as contact with case workers and their families to any children in isolation or quarantine.
- Prioritize family-based interim care over center-based care as much as possible. In collaboration with health actors, before placement families and children should be:
    o Checked for symptoms and
    o Be briefed on COVID-19 and prevention measures.
- Identified foster families should be able to continue to host a child even if a member of the household develops symptoms. Selection of foster families should prioritize households where:
    o There are no individuals with underlying conditions that are recognized as at increased risks[6] of getting severe COVID-19 disease and
    o It is possible for individual members of the household to self-isolate if needed.[7]
- For specific guidance on children in alternative care, please refer to <u>Children and Alternative Care: Immediate Response Measures.</u>

Issue 4: Family tracing and reunification

Possible negative impacts on children associated with armed forces and groups include:

- Delays or halts to family tracing and reunification efforts due to movement restrictions;
- Lack of available of staff;
- Hesitation of families and communities to receive children due to perceived risk of virus spread; and

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[5] World Health Organization, 6 April 2020, Q&A: Contraception/Family planning and COVID-19, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/contraception-family-planning-and-covid-19

[6] Understanding of the virus is constantly evolving, including recognition of which individuals are at heightened risk. Check latest guidance from WHO on COVID-19 to ensure the list of risk factors is current. See for example: Course on Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19) https://openwho.org/courses/COVID-19-IPC-EN.

[7] Advice on Home care for people with suspected or confirmed COVID-19 is given in the Home Care section of this WHO website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

- Families and communities directly impacted by the outbreak and thus unable to receive children.

Consider how to:

- Continue family tracing on an urgent basis as CAAFAG are identified, including establishing safe contact with families and communities as soon as possible. Government should classify family tracing staff and those working with them as essential workers. Staff working on tracing and reunification must receive support to safely adapt their tracing activities.

- Work with a trusted adult to explain to a child if it is not possible to reunify a child immediately due to COVID-19 restrictions. Steps must be taken to maintain family links and communication channels until reunification is possible.

- Protect confidential and identifiable information about children and families if case workers must transition to working over the phone or from home.

- Establish, as early as possible, safe alternative communication methods and channels to continue <u>dialogue and engagement with the communities</u> to which children will return or be reintegrated. Include sensitization messages to <u>reduce any additional stigma or discrimination</u> that children may face as a result of COVID-19.

- Conduct assessments considering risks due to COVID-19, including the benefits of reunification as compared to risks of the child contracting the virus. The assessment process may also help identify mitigation measures that can be taken (e.g. in transport, personal protective equipment, etc.). In some cases, this may be a child's only chance to be reunified with his or her family. The child's best interests should be a primary consideration in any decisions.

Issue 5: Monitoring, reporting and engagement with parties to conflict

In all countries in which there is a situation of armed conflict, monitoring and reporting of grave violations against children continues. In these locations, engagement with parties to conflict should be maintained to the extent possible. Alerts and initial reports of grave violations being perpetrated against children continue to be received from multiple sources at community level. The ability to verify reported cases depends on the level of mobility in each country and the geographic area affected by public health measures. For countries with few or no movement restrictions, verification continues as it was prior to the COVID-19 pandemic. For countries with restrictions, alerts are being recorded, but the ability of child protection actors to verify the information may be limited. This impacts documentation and processing of reports in accordance with the requirements of the Monitoring and Reporting Mechanism on Grave Violations against Children (MRM) established pursuant to Security Council Resolution 1612 (2005).

Inability to meet in-person remains a challenge for engaging with parties to conflict; although dialogue already underway ahead of the COVID-19 outbreak can be adapted and maintained. In some instances, the response to the COVID-19 emergency may create space to engage in new or step up existing dialogue with some parties to conflict. For example, providing public health messaging relating to the COVID-19 pandemic may mean contact is made with previously inaccessible actors. In these instances, child protection actors should take the opportunity to engage in new dialogue and gradually seek to address issues relating to the needs of children.

- Existing engagement with parties to conflict should be maintained to the extent possible and in line with recommended IPC measures, including through remote modalities. Opportunities for dialogue resulting from the pandemic and emergency response should be explored and used.

No matter what the current level of restriction of movement or confinement is in a setting, staff in all countries engaged in the MRM should explore options for remote verification. Global parameters for MRM verification remain unaltered. In addition, consider the following:

- MRM activities should not expose victims and witnesses, including children and families, community members, or child protection actors, to the risk of spreading the COVID-19 virus.

- As per the existing global guidelines, MRM activities should not require victims and/or witnesses, including children and families, to share information on an incident in an environment that exposes them to security risks and threats. This is particularly the case if alternative communication channels – such as mobile devices and applications – are remote or insecure and where follow-up with victims and witnesses is not possible.

- Assess the security of methods for carrying out remote verification. If there is a risk that phone lines can be tapped[8] or Internet communication can be intercepted,[9] these methods should be avoided.

- Child protection actors who engage in reporting or verification should not attempt to report or verify a case if or when safety or security conditions cannot be met, or health considerations or movement restrictions make it inadvisable or illegal to do so.

- The Country Task Force on Monitoring and Reporting (CTFMR) in each country should map its network of sources and clearly communicate expectations in relation to receiving alerts and verifying incidents.

- Information sharing protocols should be established/adapted to the operational context based on the impact of COVID-19 and the associated public health measures. These protocols should ensure the protection of the data through all phases of documentation, including collection, transmission, and storage.

Issue 6: Engagement of community groups.

COVID-19 may affect the ability of community-level child protection approaches and child protection workers to:

- Support identification of CAAFAG;
- Conduct awareness raising and sensitization; and
- Provide follow-up case management support.

Community-level actors may have limited access to children and families due to COVID-19 and the public health response resulting in:

- Restrictions in mobility;

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[8] When individuals secretly listen in to conversations between two or more other parties.
[9] When an individual sees or overhears (a message, transmission, etc.), **meant** for someone else.

- Reduced support from child protection implementation agencies;

- Reduced income and livelihoods opportunities;

- Increased household and care duties; and/or

- Ill health caused by virus.

As a result, community-level approaches to reintegration may be weakened. Consider how to:

- Support and conduct community-level awareness raising to ensure that kinship and community care systems are not dissuaded from caring for CAAFAG and unaccompanied and separation children due to fears of COVID-19.

- Identify ways to continue supporting community-level actors. This may include, but is not limited to:
    - Providing protective equipment and hygiene kits;
    - Training on Infection Prevention and Control (IPC) measures; and
    - Extra support to facilitate communication such as top-up funds for mobile phones.

- Consult community actors on safe and confidential channels for continued identification of at-risk children.

- Maintain regular contact with community-level actors and carry out check-ins to understand their changing support needs and constraints.

- Provide community-level actors with up-to-date information about COVID-19. Describe the possible impact of COVID-19 on reintegration programming.

- Encourage community-level actors – whenever it is safe to do so and in line with recommended IPC measures – to continue to play an important role in monitoring trends in:
    - Recruitment and release (formal and informal) and
    - New or changing risks for groups of children, including girls, as a result of COVID-19.

- Jointly agree on priorities and coordinate requests directed at community focal points across agencies so as not to overburden community-level actors.

- Consult girls, boys, families, and community-level actors on how to maintain and strengthen community-based reintegration support in COVID-19.

- Engage children directly to get their ideas on program adaptation. Where face-to-face consultations are not possible, alternative options should be identified, including through mobile or online solutions.

- Ensure children can still access tailored services and psychosocial support to help them recover and reintegrate within their families and communities.

- For specific guidance on adapting case management and information management, please see COVID-19 Child Protection Case Management Guidelines.

- For guidance on community engagement, see Working with communities to keep children safe.

THE ROLES OF KEY STAKEHOLDERS

Coordination and collaboration amongst key stakeholders are particularly important in the context of COVID-19 as new and emerging challenges may require adaptation of approaches.

<u>Implementing child protection agencies</u> should:

- Play a key role in developing COVID-19 contingency planning and program adaptations that support the continuation of existing CAAFAG programming for prevention, release, and reintegration.

- Support the dissemination of information about the impact of COVID-19 whenever it is safe to do so. They should do this by collecting information from and sharing information with community-level actors, missions and other members of CTFMRs, government ministries, and other stakeholders.

- Adapt protocols for sharing information, revise program approaches in light of in-country public health measures, and engage in joint advocacy with other sector actors such as education, livelihoods, and health.

- Wherever possible, work in collaboration with other stakeholders through respective inter-agency groups, including but not limited to working groups on: CAAFAG; Unaccompanied and Separated Children (UASC); and case management.

- Coordinate with UNCHR for issues related to cross-border returns of CAAFAG, including refugee children.

<u>Country Task Forces on Monitoring and Reporting</u> should:

- Work with government – including national release and reintegration/disarmament, demobilization, and reintegration (DDR) mechanisms – to continue life-saving verification and release activities while taking appropriate COVID-19 risk mitigation measures.

RESOURCES

Publisher	Resource
World Health Organization	Medical Q & A on COVID-19
World Health Organization	Infection Prevention and Control during Health Care when COVID-19 is suspected
World Health Organization	COVID-19 technical guidance for schools, workplaces, and institutions
Inter-Agency Standing Committee (IASC)	Interim Guidance, Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings (v. 1)
The Alliance for Child Protection in Humanitarian Action	Technical Note: Protection of Children during the COVID-19 Pandemic and its annexes covering Child Labour; Children Deprived of their Liberty; Alternative Care; Adapting CP Case Management; Social Service Workforce Safety and Wellness; and Community Engagement.
The Alliance for Child Protection in Humanitarian Action	Guidance Note: Protection of Children During Infections Disease Outbreaks
Save the Children	COVID-19 Guidance for Interim Care Centres
Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, IASC and Global Protection Cluster	Identifying and Mitigating Gender-based Violence Risks with the COVID-19 Response GBVIMS and Remote GBV Case Management Resources to support COVID-19 Response
Inter-Agency Standing Committee	Interim Technical Note Protection of Sexual Exploitation and Abuse during the COVID-19 Response
IASC, MHPSS Reference Group	Briefing Note on Mental Health and Psychosocial Support in COVID-19
UNICEF, IFRC, World Health Organization	Communicating with children, families and communities to prevent social stigma
Child Protection Area of Responsibility	Child Protection Resource Menu for COVID-19
The Alliance for Child Protection in Humanitarian Action	Child Protection resources on COVID-19
GBV Area of Responsibility	GBV Tools and Resources for COVID-19
INEE Resource Page on Novel Coronavirus (COVID-19)	A collection of COVID-19 and education in emergencies resources

ENDORSEMENTS

DRC DANISH REFUGEE COUNCIL

INTERNATIONAL RESCUE COMMITTEE

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PROTEKNON FOUNDATION FOR INNOVATION AND LEARNING

Save the Children

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