SITUATIONAL BRIEF: RESEARCH REPORT ON HEIGHTENED VULNERABILITIES OF MIGRANT CHILDREN & YOUNG PEOPLE LIVING ALONE IN THE CONTEXT OF COVID-19
LESSONS FROM THREE EASTERN AFRICAN COUNTRIES

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INTRODUCTION

As health systems worldwide struggle to respond to the COVID-19 pandemic, migrants find themselves among the hardest hit.[2] Emerging evidence highlights the multiple pathways of impact that COVID-19 can have on migrant and displaced populations, as a result of both the direct effects of the pandemic and policy measures put in place to prevent contagion.[3] Those in detention, living in camp or camp-like conditions, or in crowded urban environments are less able to maintain social distancing and implement other protective measures and, therefore, are likely to be more vulnerable to the disease. They are also often particularly vulnerable to secondary impacts of the response, such as the impact on healthcare systems, the economic impacts of closures and the direct and indirect consequences of closing borders.[4] Children are a particularly vulnerable and often hidden group. While children appear to be at lower risk of serious illness from coronavirus than other population sub-groups, where they are living in suboptimal conditions, they risk being among its biggest victims.[5] Not only are children in these circumstances at increased risk of infection and losing loved ones to the virus, they are likely to face socio-economic effects with a greater negative impact than the virus itself.[6]

This situational brief draws on research undertaken in 2019, before the pandemic outbreak was underway, with migrant children and young people in Somalia, Ethiopia and Sudan. The aim of this brief is to illustrate some of the particular vulnerabilities likely to be faced by this group in the context of COVID-19, and to suggest some policy strategies in response. Between April 2019 and January 2020, UNICEF's Office of Research – Innocenti undertook primary mixed methods research with nearly 1,300 migrant children and young people[7] who were aged between 14-24 years and who were living in Ethiopia, Somalia or Sudan at the time of their interview.[8] Interviews were conducted with children and young people who had left their habitual residence to live somewhere else either permanently or temporarily; or had previously left their habitual residence and had returned to their country of origin or habitual residence within the last 12 months, selected with a view to capturing the diversity of migration, and ensuring representation across citizenship, type of movement and geographical location.[9] The focus of the research was to understand their experiences at different points of their migration journeys, including exploring the different profiles and backgrounds of those that move - the drivers of movement; their access to health, schooling and protective services; their informal support networks; and their perceptions of safety and experience of harms or vulnerabilities during their journeys.

Some findings from this research have already been used to draw attention to a number of vulnerabilities likely to be faced by migrant children and young people in relation to COVID-19.[10] In this situational brief we focus particular attention on the vulnerabilities of migrant children and young people in Somalia, Ethiopia and Sudan who reported living by themselves, contrasting their experiences with those children who reported living with others - either families, peers or other relations

[2] See, for instance, "Migrant and displaced children in the age of COVID-19": https://publications.iom.int/books/migration-policy-practice-vol-x-number-2-april-june-2020
[3] See, for instance, "The impacts of COVID-19 on the world's displaced populations" hosted by the Kaldor Centre, UNSW, Sydney: https://www.kaldorcentre.unsw.edu.au/publication/impacts-covid-19-world%E2%80%99s-displaced-people-watching-brief and statement by UNICEF Executive Director Henrietta Fore: https://www.unicef.org/press-releases/covid-19-pandemic-could-devastate-refugee-migrant-and-internally-displaced
[4] See examples: Returnees to Ethiopia: https://www.unicef.org/ethiopia/stories/heightened-risks-thousands-migrants-return-ethiopia-amid-coronavirus-pandemic, Children living in Rohingya camps: https://www.unicef.org/coronavirus/stories/rohingya-children-fight-back-against-covid-19-one-pair-hands-time, and Migrant children in Italy: https://blogs.unicef.org/blog/covid-19-support-refugee-migrant-children-italy/
[5] United Nations 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
[6] Danzhen You, Naomi Lindt, Rose Allen, Claus Hansen, Jan Beise and Saskia Blume, 'Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help', Vol. X, Number 2, April–June 2020 MIGRATION POLICY PRACTICE
[7] Children and young people defined as "those who are migrating within their own country or across borders; migrating on their own or with their caretakers or others; forcibly displaced within their own country and across borders; and moving in a documented or undocumented manner, including those whose movement involves smuggling or trafficking networks" (UNICEF (2017), Global Programme framework on Children on the Move, available at: https://www.unicef.org/media/62986/file)
[8] Reports from this research will be published in the second half of 2020.
[9] 21% of the sample were returnees, that is they had previously migrated but had returned to their home area within the last 12 months.
[10] UNICEF Innocenti, "Children on the move in East Africa: Research insights to mitigate COVID-19," 31 March 2020, available at https://blogs.unicef.org/evidence-for-action/children-on-the-move-in-east-africa-research-insights-to-mitigate-covid-19/.

- at the time of interview.[11] Children and young people moving and living alone and away from home, family and other social networks are likely to be exposed to further vulnerabilities linked to safety, nutritional and physical well-being, and the consequent impact on mental health. The younger the person, the greater the impact is likely to be. This group of children is a particularly hidden population given that many are deliberately trying to evade contact with officials of any sort, and their vulnerability merits better understanding and response in the context of the pandemic.

BACKGROUND: MIGRANT CHILDREN AND YOUNG PEOPLE LIVING ALONE IN THE CONTEXT OF COVID-19

When considering the impact of COVID-19 on migrant children and young people, it is important to take into account factors such as age, gender, citizenship status and whether children are living alone or with others, whether adults or peers. These factors may overlap to exacerbate vulnerability to the consequences of the pandemic. Overall, of the 1,291 migrant children and young people who were interviewed across the three countries, one in five (21%) said that they were living by themselves (see Figure 1). Those living alone were more likely to be aged 18-24 years (81%) rather than 14-17 years (19%), and more likely to be male (70%) than female (30%). In contrast, the age and gender profile of those living with others was much more balanced. Two additional findings are striking from our sample. First, 63% of those travelling alone were not citizens of the country they were in when interviewed, compared with under half (47%) of those who were living with others. This shows that those travelling alone were more likely to cross borders and to be living in a foreign environment – both of which would increase potential harms and vulnerabilities. Second, 2% of respondents reported living alone before their journeys began, while 21% reported living alone by the time of the interview (after moving). Therefore, our data demonstrates that the process of migration increases separation of children and young people from their families and communities, thereby disrupting informal support networks.

Figure 1. Profile of those living alone vs. those living with others[12]
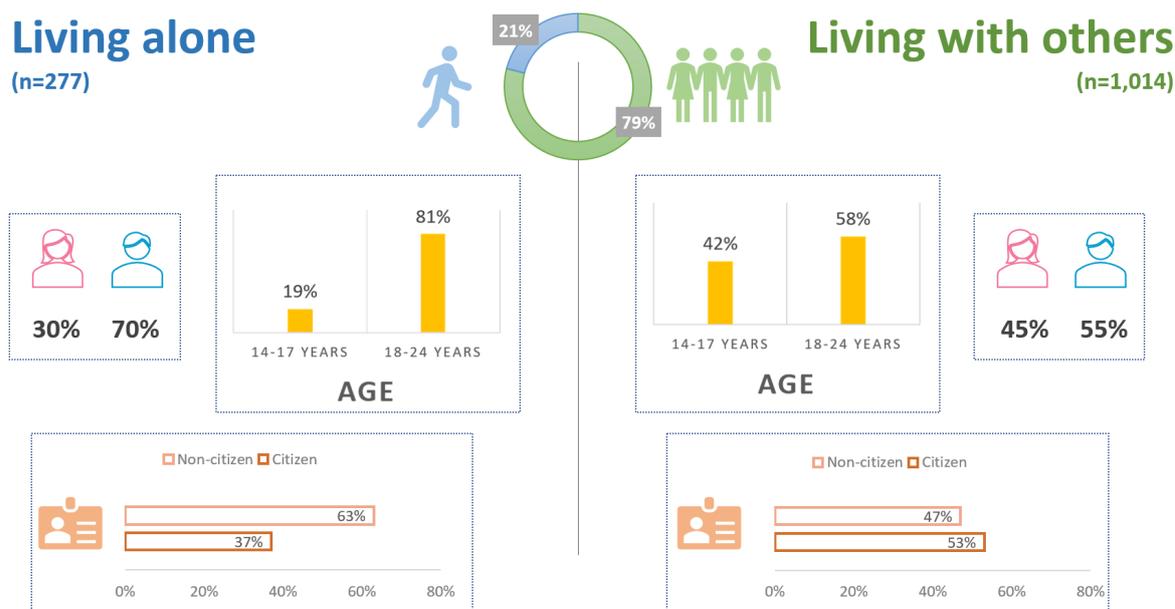
The combined vulnerabilities of being young and living alone and being in a different country from home, are likely to bring specific challenges, including the risks of being excluded from entitlements to services and resources provided to mitigate the impacts of COVID-19. Non-citizen migrants would most likely have travelled further, crossing international borders, and thereby are more likely to face challenges, including being unable to travel further if borders are closed. They run the risk of being de-prioritised in national plans in the wake of economic recession, being deported or facing delays in resettlement or procedures to determine their legal status. Language barriers and xenophobia, combined with extreme economic vulnerability, are additional factors that could intensify their vulnerabilities.

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[11] Although there may be some overlap between those living alone and unaccompanied minors, the categories are distinct. In our sample, those living alone include young people (18-24 years), as well as children (14-17) years who said they were living alone. Some of the children who said they were living with other people might, in practice, not be with someone legally responsible for them. However, our researchers did not assess whether children met the legal definition of an "unaccompanied minor".

[12] Figure produced by UNICEF Office of Research, Innocenti, Florence, Italy from own data.

THE IMPACT OF LIVING ALONE AND POTENTIAL RISKS DURING THE COVID-19 PANDEMIC

Much remains unknown about how the impacts of the COVID-19 pandemic will unfold, including the impact it will have on individual migrants. However, the following section outlines some of the challenges faced by children and young people prior to the pandemic and considers the potential risks that migrant children who are living alone might face in light of the additional layer of restrictions and challenges brought about by the pandemic. Specifically, it considers the potential impact on access to services; to mental health; and to feelings of insecurity and vulnerability for those who are living on their own.

ACCESS TO HEALTH AND HYGIENE SERVICES WHEN LIVING ALONE

Our research findings showed that an **inability to access basic services was a particular problem for those living alone.** Four in ten (38%) of those living alone said they were unable to access a **health service** (e.g. a hospital or health centre) when they wanted to.[13] This was a greater proportion than those who were living with others (23%). If health services become more stretched in the future, those living on their own could be even further excluded. Cost was the barrier to accessing health care most commonly cited by our overall sample of children and young people. As one 15-year-old Ethiopian boy put it, "I need health services, but I do not have money." In other contexts, availability was the major barrier, and at times these two barriers overlapped. As a key informant in Sudan observed of an area heavily populated by internally displaced persons, South Sudanese and other migrants, "They have no money for private clinics, nor for the transport that would be needed to travel to the public ones [which are further away]."[14] Furthermore, it was not just barriers to accessing formal health services that were particularly acute for those living alone. More than half (55%) stated that they did not have access to **water to wash themselves** and two in five (43%) did not have access to **clean water to drink**. These figures are alarming not only for COVID-19 prevention and response, but also for the risk of further spread of other illnesses linked to conditions of poor hygiene and lack of water. While lack of access to health and hygiene services was also a matter of concern for those migrant children and young people who lived with others, the number was lower at around three in ten.

The research also revealed that those living alone – as compared to those who were living with others[15] – were twice as likely to be unable to access **accommodation/shelter** when they wanted it (45% vs. 21%) and were more likely not to have **access to the Internet** (78% vs. 68%), which implies reduced ability to access information about the virus and the prevention measures, or to access response services, especially as physical access is minimised during the lockdown. The pattern is striking: high proportions of all types of migrant children and young people were excluded from basic services before the pandemic has hit, but this was much more so for those living alone. Figure 2 below illustrates the key findings discussed above. Those who live alone are more vulnerable because of gaps in available and quality services, **and they are less likely to have the informal protection environment that others can rely on.** They are also likely to have less support in the event that they get ill. As NGOs, counsellors and social workers increasingly find that their movement is restricted, they are likely to find that their options for reaching out are even more limited.
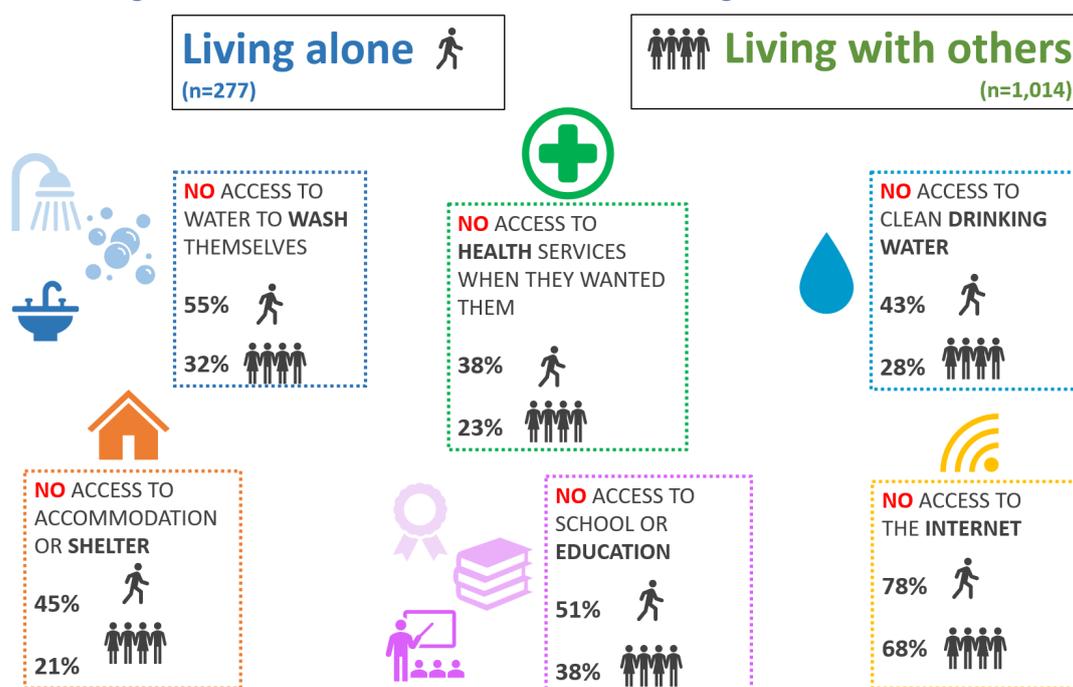
Although base sizes are relatively small and therefore statistical analysis should be used cautiously, there do appear to be differences between levels of service exclusion among those boys and girls who were alone. For the most part, boys living alone reported higher levels of exclusion than girls living alone. This was particularly true in terms of not having access to water to wash themselves (60% of boys did not vs. 43% of girls), not being able to access accommodation or shelter (55% vs. 43%) and not being able to attend school (55% vs. 43%). Both UNHCR and UNICEF have recently warned that displaced children "are among those with the most limited access to prevention services, testing, treatment and other essential support."[16] Further, these populations may be crowded out of other essential care, such as reproductive and paediatric health as health systems focus on COVID response. This reality is reflected in our research, which demonstrates clearly that migrant children struggle to access hygiene and health services, amongst others. It also highlights the need to focus on children who move primarily for economic reasons as well as those who are internally displaced or refugees, especially since they are more likely to be alone. In addition, those living on their own are likely to face additional obstacles in accessing care and may need particular outreach in broader efforts to address migrant and displaced populations to ensure that they are able to access services.

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[13] The question asked if the respondent had (a) used the service, (b) wanted to but had been unable to use the service, or (c) had not wanted to use the service. The 38% statistic refers to just those who answered (b) wanted to but had not been able. Those who were not able to access services cited a range of reasons for this from the lack of services in their area to cost to discrimination.

[14] Interview with key informant, Khartoum, 21 November 2019.

[15] Of the children and young people who reported living with other people, 51% were living with one or both of their parents, and 11% were living with other children and not with parents or other adults.

[16] UNHCR-UNICEF on forcibly displaced children: https://www.unicef.org/press-releases/covid-19-pandemic-continues-forcibly-displaced-children-need-more-support-ever

Figure 2. Differential access to services of those living alone or with others[17]

Living alone 🚶
(n=277)

👨‍👩‍👧‍👦 Living with others
(n=1,014)

NO ACCESS TO WATER TO **WASH** THEMSELVES	**NO** ACCESS TO **HEALTH** SERVICES WHEN THEY WANTED THEM	**NO** ACCESS TO CLEAN **DRINKING WATER**
55% 🚶	38% 🚶	43% 🚶
32% 👨‍👩‍👧‍👦	23% 👨‍👩‍👧‍👦	28% 👨‍👩‍👧‍👦
NO ACCESS TO ACCOMMODATION OR **SHELTER**	**NO** ACCESS TO SCHOOL OR **EDUCATION**	**NO** ACCESS TO THE **INTERNET**
45% 🚶	51% 🚶	78% 🚶
21% 👨‍👩‍👧‍👦	38% 👨‍👩‍👧‍👦	68% 👨‍👩‍👧‍👦

THE MENTAL HEALTH IMPACT FOR THOSE LIVING ALONE

Being alone can undermine mental health. Loneliness has been linked to a variety of adverse mental and physical outcomes, including depression, cognitive decline and impaired immunity.[18] Three in five (62%) of those living alone reported feeling lonely – this is fifty percent more than those who lived with others. In addition, twice the proportion of those living alone said that they had no friends as compared to those who were with others (26% vs. 12%). A higher proportion of boys than girls living alone reported feeling lonely (66% vs. 51%), although fewer boys said they had no friends (22% vs. 33%). The findings paint a picture of children living alone not being supported not only by their own social networks but also by formal systems and protection mechanisms. In addition, three in four (75%) of those moving alone felt the authorities did not care about their needs, compared with three in five (62%) of those who were with others. The pattern is clear. Not only are children and young people living alone more likely to be vulnerable to COVID-19 because they have less access to services and support, but loneliness and isolation are likely to be exacerbated by lockdown measures – measures that require individuals to minimise contact and that are affecting service providers' ability to deliver adequate response and reach out to the most 'invisible' children. In this context, feelings of loneliness, exclusion, stigma and discrimination that are already affecting migrant children and young people are likely to increase and further endanger children's mental and psychosocial well-being – an area that already presents huge unmet demand for professional support.

THE CONSEQUENCES OF PHYSICAL AND EMOTIONAL INSECURITY

Being alone increases physical vulnerability, with both physical and mental health consequences. Those living on their own (both male and female at about the same rate) were more likely to feel unsafe than those who were living with others, both during the daytime (20% vs. 11%) and where they slept at night (36% vs. 22%) respectively. Information from qualitative interviews indicates that in some cases, this was due to the fact that these children and young people were living alone without proper shelter and were vulnerable to adults living in the same situation. Those living alone do not only report feeling more unsafe, but are also more likely to report facing harms and vulnerabilities. To explore the extent to which different types of children and young people faced harms and vulnerabilities, all respondents were asked if they had experienced any of eleven different harms or vulnerabilities while living in their current location. These included being physically hurt, forced to work, detained and feeling scared of other people /wild animals. Although children and young people living alone reported similar exposure to most harms and vulnerabilities to those living with others, **those living alone were twice as likely to have been forced to work without being paid** (14% vs. 7%) **or had been arrested by the army or police** (21% vs. 11%), suggesting that living with someone else may offer some protection from some forms of harm and

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[17] Figure produced by UNICEF Office of Research, Innocenti, Florence, Italy from own data.
[18] Amy Novotney, "The risks of social isolation," Monitor on Psychology (American Psychological Association), Vol. 50 No. 5: https://www.apa.org/monitor/2019/05/ce-corner-isolation

exploitation. Keeping in mind the relatively small base sizes, boys and young men were significantly more likely to have been arrested by the army or police (24% vs. 13%). The reasons for this discrepancy are unclear, but it may be because boys/young men are more likely to undertake potentially risky journeys traveling alone or over longer distances. Both of these harms may directly affect vulnerability to COVID. Those who are forced to work are likely to be less able to enact recommended guidelines on physical distancing or self-isolate. And those who are arrested and detained are likely to be particularly vulnerable. UNICEF has already pointed out the vulnerability of detained children to the virus and called for their release,[19] and for improved conditions in case there is any delay in release. This is likely to be of particular relevance to children living on their own, given the finding that they are twice as likely to have been arrested or detained. In addition, those children living alone are likely to be more vulnerable when detained as they are less likely to have families advocating for them (for early release or to ensure adequate access to care in detention).

RECOMMENDATIONS AND CONCLUSIONS

While migration is not always a negative experience, it can create specific vulnerabilities for those who move, especially children and young people, and especially those who do so with limited connections to family and other social networks. The impact of the pandemic is only likely to increase the challenges that many of them face. While many migrants show incredible resourcefulness and resilience in the face of harsh odds, the impact of the virus poses the potential to significantly erode this resilience. While we are not the first to point out that vulnerable populations are particularly at risk in the context of the COVID-19 pandemic, and significant technical guidance and advocacy messages have been released by UN agencies urging governments to recognise these vulnerabilities and address them in a timely way,[20] this research points to a number of key conclusions.

First, **the pre-existing lack of services for this population** is likely to make them more vulnerable to COVID-19, and serious effort must be made to ensure that the same forces of exclusion and neglect that led to this situation do not extend to prevention and mitigation efforts. This means making urgent efforts to expand access to water, sanitation and health care. Second, **guidance for protecting migrants** needs to go beyond the important task of protecting migrant children directly from COVID-19, to ensuring that their needs are addressed in efforts to mitigate the impact of containment measures, from mental health to education. Efforts should be made to **reintegrate them into education systems** and help them to catch up once restrictions are eased. Particular focus should be made to ensure that those at risk of dropping out are encouraged to return. Because children and young people living on their own are likely to be more susceptible to the mental health consequences of isolation, it is critical that mental health services in particular, and vital humanitarian services more generally, be supported to continue to operate, for example by exempting them from movement restrictions and allowing them to continue to operate. Third, **migration policy needs to be rebalanced.** Immigration control is likely one reason for the high rates of arrest and detention in this population, and only exposes them to greater risk of COVID-19. Further, closing borders and sending children "home" is not an appropriate response for several reasons. First, it will do little to secure their safety and protection; second, it will not address the most important drivers of movement: economic factors and conflict related displacement; and third, it may exacerbate the problem of smuggling and trafficking.

In the short term, the COVID-19 pandemic appears to have slowed rates of migration. However, those still forced to move may be even more vulnerable under current conditions. According to UNHCR, as of 22 April, 167 countries had fully or partially closed their borders, with fully 57 failing to make any kind of exception for seeking asylum. Facing such obstructions may lead to those who believe they have no other option to rely even more heavily on smuggling networks – which, as previous research has shown, exposes them to greater risk of trafficking, exploitation and abuse.[21] Once the initial crisis passes, the longer-term economic damage caused by shutdowns and accompanying job losses will be devastating for many. The outcome is likely not to be less movement of the most vulnerable, but more unsafe movement. Strong programmatic and policy responses, therefore, need to ensure that children and young people who move, including those living on their own, are able to recover better through inclusion in social and economic recovery plans. This could include increasing pathways to legal status and reducing obstacles to employment and assistance.

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[19] UNICEF on children detention: https://www.unicef.org/press-releases/children-detention-are-heightened-risk-contracting-covid-19-and-should-be-released.
[20] See, for instance UNHCR (2020) on long-term damage to human rights and refugee rights: https://www.unhcr.org/news/press/2020/4/5ea035ba4/beware-long-term-damage-human-rights-refugee-rights-coronavirus-pandemic.html; Statement by the United Nations Network on suspension of forced returns of migrants in times of COVID-19: https://www.unicef.org/press-releases/forced-returns-migrants-must-be-suspended-times-covid-19
[21] See, for example, Lucy Hovil and Lutz Oette, "Tackling the root causes of human trafficking and smuggling from Eritrea: The need for an empirically grounded EU policy on mixed migration in the Horn of Africa." International Refugee Rights Initiative, School of Oriental and African Studies, London University, and Strategic Initiative in the Horn of Africa. November 2017.

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