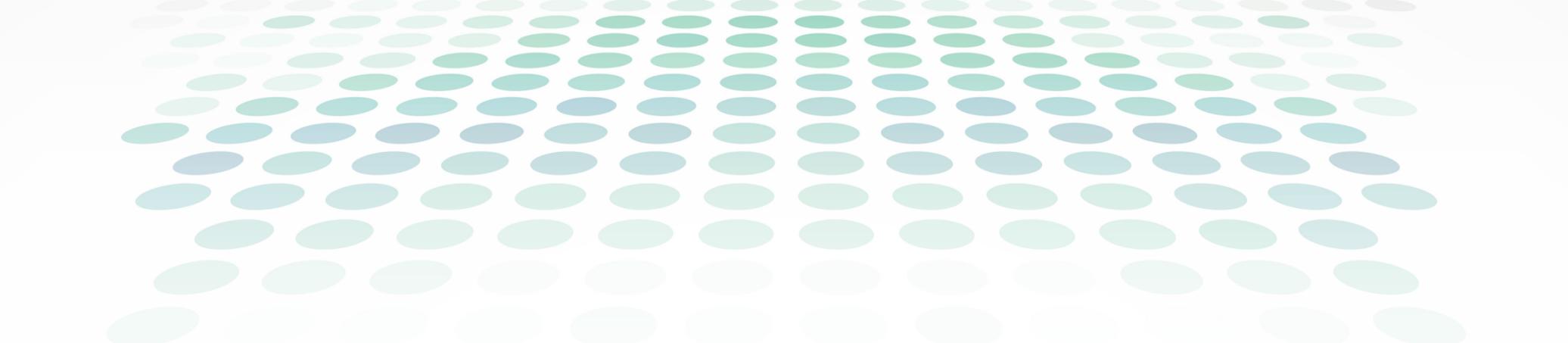


The rights of children amid COVID-19

Joint guidance note by United Nations Human Rights oPt, the Ministry of Social Development, UNICEF, and the Independent Commission for Human Rights

In response to the spread of the Corona Virus (COVID-19) in the State of Palestine, Palestinian President Mahmoud Abbas declared a state of emergency on March 5, 2020 for a period of 30 days, extended for additional 30 days on 3 April 2020, and renewed for 30 days on 5 May 2020. This announcement was followed by a number of preventive measures and precautionary measures taken by the Palestinian Government as announced by Prime Minister Shtayyeh, including closures of schools and universities, movement restrictions, quarantine, and social distancing. Subsequently, the Palestinian President issued a Decree-Law on the 22nd of March 2020 regarding the state of emergency and the Minister of Social Development issued several decisions, the most important of which was the closure of nurseries and protection shelters, as listed in the decision No. 2, and its appendix, on March 8, 2020.



In the same direction, the Ministry of Social Development has taken additional decisions to ensure the continuation of the work of the Al-Amal Centre for Juvenile Protection in Ramallah and the Girls Care Center in Beit Jala, and launched a package of initiatives aimed at meeting the needs of children in government-organised or home quarantine. Additionally, the Ministry launched “Capture it” and “From the crisis we make a smile” (in partnership with Defence for Children (DCI)) which are initiatives that target children at home. It also produced a substantial number of films and short educational and explanatory audio-visual spots. The Ministry strives to meet the needs of shelters for orphans by issuing support and by raising the capacity of its employees on how to provide psychosocial support during the pandemic. These decisions, in addition to decisions taken by the Ministry of Education, set out measures aimed at improving the situation of children, particularly children’s access to protective services, primary and secondary education, leisure and recreation, rehabilitation, and other facility-based services for children with disabilities.

These decisions, in addition to decisions taken by The Palestinian Ministry of Education, contain measures that influence the situation of children, particularly children’s access to protection, basic and secondary education, entertainment, recreation, and leisure, and rehabilitation –and other facility-based services- for children with disabilities.

The declaration of a state of emergency carries a number of obligations in accordance with the Palestinian basic law and the international human rights treaties to which the State of Palestine has acceded and is bound by. In crisis situations, like the current pandemic, international human rights law exceptionally permits measures that

may restrict the enjoyment of certain human rights in order to protect public health. However, such restrictions must be imposed only when necessary, be proportionate and kept to an absolute minimum. The longer the schools are closed, the less likely that the marginalized children will return when schools reopen. The negative impact on the children’s right to education access is likely to be higher amongst children from poor families as they may not have the means to access distance learning during the school closure. Additionally, the COVID-19 pandemic may have a significant and adverse impact on the availability of financial resources. These difficulties should not be regarded as an impediment to the implementation of child rights. Nevertheless, the response to the pandemic, including restrictive measures and decisions on allocating resources must reflect the principle of the best interests of the child. Further, targeted measures should be introduced to protect the most vulnerable children, who may be disproportionately affected by the circumstances caused by the pandemic. Children living in vulnerable areas such as in Gaza, Hebron and Area C, children with disabilities, particularly those with mental disabilities, children living in poverty, children deprived of their liberty, Bedouin and refugee children must be protected. The right to non-discrimination of every child should be respected as measures to address the pandemic are put in place.

The closure of educational institutions, combined with the general movement restrictions, lead to children being confined to the home and poses various challenges and protection concerns. Below are specific recommendations on support and protection to be provided for children during the COVID-19 response with a view to maintain their basic human rights and ensure protection.



Rest, leisure, recreation, play, and cultural and artistic activities

The current emergency-related measures negatively affect the availability of recreational spaces for children to exercise and play which is essential to their health, well-being, development of their creativity, imagination, self-confidence, self-efficacy, as well as physical, social, cognitive and emotional strength and skills. In the current situation, creating opportunities for play, recreation and cultural activity for children can play a significant therapeutic and rehabilitative role in helping them to build a sense of normality, regain control over their lives, build a sense of personal value and self-worth, explore their own creativity, and to achieve a sense of connectedness and belonging.

A realistic option would be to explore alternative and creative solutions for children to enjoy their rights to rest, leisure, recreation and cultural and artistic activities. This may include supervised outdoor activities at least once a day that respect physical distance protocols and other hygiene standards, and child-friendly cultural and artistic activities on TV, radio and online.

Nutritious food

The COVID-19 related restrictions on public movement, including limiting the hours for purchasing food supplies, as well as the consequences of such restrictions e.g. loss of household income could make access to nutritious and quality food -that satisfies the dietary needs of children, pregnant and lactating women (PLW) - a challenge. Children and PLW belonging to the poorest and most vulnerable families or families in quarantine and isolation are likely to be most affected by these measures.

Although, it is not known yet definitively the full extent of the effects of COVID-19 on the nutritional status of children, including those suffering from wasting and micronutrient deficiencies, it is to be assumed that malnourished children are at a higher risk of COVID-19 related complications. The nutritional status of PLW, highly vulnerable children and children living with disabilities is expected to deteriorate further in the coming months due to the socio-economic impact of COVID-19.

Immediate measures should be rolled out to ensure that children and PLW have access to nutritious food during the period of emergency, or lockdown, as many children receive their only nutritious meal through kindergarten and school feeding schemes



Education

Due to the COVID-19 pandemic, all educational and training facilities are closed, including kindergartens and schools since the 6th of March 2020 to date. Since then, the Palestinian Ministry of Education has adopted distance learning to replace the formal education with multiple aims, first of which is to maintain interaction between the students and their teachers. It is imperative that measures put in place do not exacerbate inequalities, particularly for already marginalized children, such as those in the Bedouin Communities or living in Area C who may not have access to technology, such as TVs, smartphones or computers to continue learning. In such instances, deliberate investments will be required to ensure that children continue to learn.

Continuing education through alternative pathways, as soon as possible, must be a priority so as to prevent an increase in school drop-out rates. The provision of the necessary information, and the use of telecommunication technology that uses accessible software, is essential to ensure effective and sustainable distance education, and possibilities to highlight protection concerns. In this regard, it remains essential that online learning does not exacerbate existing inequalities or replace student-teacher interaction. Online learning is a creative alternative to classroom learning but poses challenges for children who have limited or no access to technology or the Internet, who do not have adequate

parental support, who are facing learning difficulties, and children with disabilities. Alternative solutions should be available for such children to benefit from the guidance and support provided by teachers. Moreover, it is important to have a post-pandemic recovery plan that ensures a gradual return to school once the reality on the ground allows. The plan should include a clear strategy on how lost schooling time will be quickly recovered to mitigate the risk of school drop-outs and to ensure a smooth transition for returning to school and learning. Having clear guidelines on safe school operations will enable prevention of infection amongst children and teachers once schools reopen.

As stressed also by the Palestinian Ministry of Education, parents -or primary caregivers- have an exceptional and crucial role towards maintaining the psychosocial well-being of their children, encouraging them to develop their self-learning capacities, and ensuring maximal use of their time. Special attention should be offered to the orphaned and to children whose guardians, or primary caregiver, are hospitalized or otherwise unavailable.



Basic services and healthcare

In the current emergency, it is crucial to ensure that children have access to clean water and sanitation facilities during the period of emergency, especially when confined to the home for prolonged periods.

Frequent and proper handwashing with soap is one of the most important measures that can be used to prevent infection by COVID-19. WASH is a key preventive measure in reducing the spread of COVID-19. Therefore, it is vital to ensure that all children and their families have access to safe and affordable water and sanitation services, menstrual health management and hygiene supplies.

The severe economic impact of the crisis on income of a substantial number of households in Palestine is a reality. Thus, proper and temporary measures should be put in place to ensure the continuation of essential services for families whose source of income has severely declined or stopped. Additionally, cash-transfers to the poorest and most vulnerable groups have to be maintained, expanded to the extent possible and reviewed regularly.

The COVID-19 pandemic has increased the pressure on health systems and underlined the scarcity of resources globally as well as in Palestine. Nevertheless, children, pregnant and lactating women should continue to be guaranteed access to essential health care services, including to testing and a potential future vaccine, for COVID-19 – related or other prevention and medical treatment, to mental health services and to treatment for pre-existing conditions, in a manner that ensures the privacy, corresponds to the specific needs of children, and protect them from infection.

Establishing mobile clinics and outreach services could be one option to maintain routine and compulsory vaccinations to new born babies and protect and support exclusive breastfeeding as a lifesaving intervention. Special measures should be put in place to ensure that vulnerable groups of children and PLWD have access to acceptable and good quality medical treatment and medicine, including children in remote and marginalized areas, children in poverty, children of single mothers, orphans, children with chronic diseases, and children with disabilities. Designated maternity wards should be in place for COVID-19 positive cases.

Pregnant women with respiratory illnesses should be given special attention due to increased risk exposure. This includes the need to segregate pre-natal, neonatal and maternal health units from those units with identified COVID-19 cases.

It is crucial to ensure water and sanitation services are functioning in Health Care Facilities, especially those that will receive an influx of patients or used as screening points, as well as proper waste management protocols and the provision of hygiene and cleaning materials to ensure all children and their families will receive adequate services.



Children in isolation and quarantine facilities

The process of transferring and placing children into facility-based isolation or quarantine increases stress, fear, and panic amongst children, especially when some degree of separation from their parents, families, or primary caregivers is required, and when children are housed in facilities that accommodate non-relative adults. Therefore, it is essential to ensure smooth and safe transfer to the isolation facilities whilst guaranteeing privacy and avoiding stigma and discrimination related to COVID-19.

In addition, facilities for isolating individuals may not have services in place tailored to the specific needs of children, including opportunities for cognitive and social stimulation. Thus, these facilities need to be adapted to the needs of children, including separation from adults, provision of healthcare, access to recreational activities and resources, and guidance for staff on child-friendly communication and special measures to support children's psychosocial well-being when undergoing treatment or in quarantine.

Prolonged periods of home confinement and community-based quarantine measures, including social distancing measures, can have a negative psychological impact on children, including anxiety, depression, and feelings of uncertainty, rejection, boredom, isolation, frustration and worry. In such situations, it is recommended to:

- a. Adopt measures to provide psychosocial support to children and their families, including through online/phone counselling.
- b. **Establish child safeguarding protocols:** Quarantine facilities should be safe spaces for all children. A child safeguarding policy for all quarantine centres and staff/ volunteers must be developed and implemented,

including essential elements such as respect, communication, emotional abuse, no physical violence, no sexual abuse, and confidentiality. All staff must be made aware of the policy. A clear reporting line should be established, including reporting to someone beyond the facility (police, social worker etc.).

- c. Establish systems to monitor the situation of children who may be at increased risk of violence, abuse and neglect, such as children with disabilities, chronic illnesses or albinism; children victims and survivors of the disease; and children with family or household members who have contracted the disease, and
- d. Support and guide families to maintain a daily routine for their children. Such routine may include school-related activities, play and sport activities, family activities including handcrafts and game-production, housekeeping activities in line with their age and abilities, and watching films.
- e. Ensure adequate access to WASH facilities in the quarantine centres, with drinking water needs covered and dignity hygiene kits, including especial items for the use of children.

Finally, Children and women attending the quarantine centres may require additional support beyond isolation support. Specific cases of concern for protection should be identified. On admission to the facilities, the procedures must include documentation of children arriving, provision of psychosocial support, provision for infant care, and transitioning out of facilities, including identification of, and arrangements for alternative care in the communities or alternative care solutions when family care is not possible.



Children deprived of liberty

During the ongoing COVID-19 pandemic, children deprived of liberty, especially children with underlying, psychological, physical, and mental health conditions are likely at greater risk of contracting the disease. Additionally, due to the emergency prevention measures, family visits and contact opportunities for children living in institutions or deprived of their liberty is restricted. Detained children are also more vulnerable to neglect, abuse and gender-based violence, especially if staffing levels or care is negatively impacted by the pandemic or restrictive measures.

At the same time, measures to prevent or contain transmission of the virus may undermine the rights of detained children, increasing their isolation and vulnerability to violence and neglect. Restriction or suspension of regular court proceedings can result in children being detained for longer than the shortest appropriate period of time. Restrictions on detained children's contact with their families and lawyers, or requiring their isolation or quarantine while detained, may exacerbate the traumatic experience of detention, and pose barriers to detained children's ability to report and seek remedy for any violations of their rights.

Upholding the best interests and the rights of children, as articulated in the CRC, is even more important during a time of global pandemic, as children are inherently vulnerable. All children must be healthy and protected, irrespective of their background or circumstance, to ensure that they retain the opportunity to reach their innate potential.

Considering these alarming factors, it is strongly recommended that children in all forms of

detention, who can safely return to their families or an appropriate alternative, should be released immediately taking into account the best interests of the child. This is in line with the statement issued by the Committee on the Rights of the Child calling for the release of children in all forms of detention, whenever possible, and to provide children who cannot be released with a means to maintain regular contact with their families. Alternatives to detention include extended families and other family- or community-based care. In the process of releasing children the views of the child need to be taken into account as well as underlying health conditions, the trial/pre-trial status, the type of offense for which the child is held, and the individual feasibility and safety of release for both the juveniles and the community. In parallel to release, an immediate moratorium on new admissions of children to detention facilities has to be put in place during the ongoing emergency.

In case restrictive measures on family visits become necessary for children kept in detention, children should -at all times- be allowed to maintain regular contact with their families, and if not in person, through electronic communication or telephone. Prolonged lack of contact with their families will have a marked negative effect. In addition, medical treatment and support has to be ensured to children deprived of their liberty, including the provision of nutritious and quality food, hygiene, and sterilization materials. Lastly, Proper protocols have to be in place to isolate children immediately and to make treatment available in case of a COVID-19 outbreak in the facility where children are placed.



Protection

During the current state of emergency, it is essential that core child protection services, including professional mental health services, remain functioning and available, including through home visits when necessary or otherwise with online media platforms. Prolonged home confinement may expose children to increased physical and psychological violence, including sexual abuse and exploitation, or force children to stay in homes that are overcrowded and lack the minimum conditions of habitability. Children with disabilities and with behavioural problems, as well as their families, may face additional difficulties behind closed doors. Therefore, phone and online reporting and referral systems, as well as sensitization and awareness activities through TV, radio and online channels, must be strengthened. Strategies to mitigate the economic and social impact of the COVID-19 pandemic should also include specific measures to protect children, particularly those living in poverty and lacking access to adequate housing.

The exceptional and unprecedented circumstances caused by the pandemic have further increased the vulnerability of certain groups of children. These include children with disabilities, children living in poverty, children living in the street, refugees, children with underlying or critical health conditions, children deprived of their liberty, children living in refugee camps, and children living in

institutions. The measures taken to address the COVID-19 pandemic should respect the fundamental human rights of every child and should be tailored to take into account the specific needs of children in such vulnerable situations.

Lastly, any child who is separated from one or both parents is entitled to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests. This extends also to any person holding custody rights, legal or customary primary caregivers, foster parents and persons with whom the child has a strong personal relationship. In case such contact becomes impossible or difficult, due to the imposed restrictions on movement, or as a preventive measure to fight the spread of the pandemic, alternative measures should be put in place including via social media platforms and phone.



Child-friendly communication

The emergency measures taken in response to the pandemic and directly affecting children – including the closure of educational facilities and movement restrictions- negatively affect the psychosocial and mental wellbeing of children. The dissemination of accurate, evidence-based information in a rapid, regular, and transparent manner to the whole population is crucial at all stages of the emergency, and carries additional importance for children in term of the need to mitigating feelings of uncertainty and ambiguity that lead to anxiety and other psychosocial complications.

It is highly recommended that accurate information about COVID-19, and on how to prevent infection is disseminated in child-friendly and accessible formats to all children including children with disabilities, and children with limited access to the Internet. A message that uses a simple and coloured content, associated with pictures, real/puppet performance, or storey-teller, and ensures human rights based language, can successfully reach a juvenile audience. Stakeholders should be encouraged to use two way communication channels with children to ensure that they can share feedback, share concerns, suggest ideas, and ask questions.

Participation

During situations of emergency, it is necessary to provide opportunities for children's views to be heard and taken into account in decision-making processes regarding the response. Children should understand what is happening and feel that they are taking part in the decisions that are being made. In fact, the participation of children in decision-making processes can help and support them in mitigating feelings of fear, frustration and worry and – in the longer term – help build a better awareness of their rights even for after the health crisis. It will also ensure that the COVID-19 response is sensitive to the needs and wishes of children.

Children and adolescents can meaningfully engage as educators and change agents among their peers and in their communities. For this to happen, stakeholders need to be encouraged to value adolescents and youth, approach them as equals, respect their views and leverage their added value to the response. Working alongside children and adolescents will help bridge inter-generational divides and promote solidarity between age groups.

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