



# **COVID-19 IN FRAGILE HUMANITARIAN CONTEXTS**

**IMPACTS OF THE PANDEMIC ON CHILDREN**

**WAR**  
child

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This briefing is based on information obtained by War Child UK (referred to as War Child hereafter) through qualitative interviews and desk research carried out between April and June 2020.

Front and back cover: Children playing and participating in activities in a child friendly space in the Central African Republic.

# INTRODUCTION

**The coronavirus disease (or COVID-19), was first documented in Wuhan, Hubei Province, China in December 2019. In March, the World Health Organisation (WHO) escalated the designation of this virus outbreak from a Public Health Emergency of International Concern to a pandemic as an increasing number of countries around the world experienced large outbreaks. As of 22 June, over 9 million cases have been reported worldwide including 471,681 deaths.<sup>1</sup>**

Although trends to date have suggested children are less likely to be infected with the virus than adults, children have undoubtedly been impacted by the current crisis and are at increased risk of rights' deprivation. The range of measures taken by various governments to contain the virus and mitigate its effects – albeit in good faith – have caused harm and produced knock-on effects on children.

Travel restrictions have limited life-saving humanitarian assistance exacerbating conditions of already vulnerable populations, and lockdowns have resulted in less resilient and more fragile economies, causing price hikes for basic food leading to food insecurity.<sup>2</sup> School closures have resulted in loss of education increasing the likelihood of negative coping mechanisms such as child labour<sup>3</sup> and child marriage.<sup>4</sup>

Restrictions on movements have disrupted children's routines and caused concern with regards to their mental health as they experience anxiety due to lack of understanding, fear, and uncertainty as to when life will go back to normal. This is particularly concerning for vulnerable children who have experienced the trauma of war and have a history of anxiety, mental health problems and stress and those who lack access to trusted adults to whom they can speak with to voice concerns.

This briefing paper features stories of children and their families to illustrate the challenges being faced because of COVID-19. International agencies have presented alarming projections on the impact the pandemic will have on children, this briefing aims to also bring to light the current situation and provide an insight into the impact of lockdown on individual families.

The case studies are from four countries – Afghanistan, the Central African Republic, Iraq and Yemen – countries that have been affected by conflict, are heavily reliant on humanitarian assistance for their populations and are especially vulnerable to this pandemic. Children living in these contexts with limited access to healthcare, education and protection services due to COVID-19 risking long-term damage to their physical and mental health. UNICEF has predicted 6,000 children around the world could die each day from preventable causes in the coming months as the pandemic weakens health systems and disrupts routine services.<sup>5</sup>

This briefing is based on information obtained by War Child through qualitative interviews. These were carried out in Herat province in Afghanistan; in the capital and Ouham-Pende province of Central African Republic; in the capital and in northern provinces of Iraq and in south-west Yemen.

The names of all individuals have been withheld for security and safeguarding reasons and all quotes use pseudonyms.

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1 COVID-19 situation update worldwide, as of 22 June 2020, <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

2 Shared responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, March 2020, <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>

3 As documented in this briefing.

4 In past crises such as the Ebola outbreak we have seen how the closure of schools and lack of protection for girls created a more enabling environment for child marriage as well as sexual exploitation and abuse.

5 UNICEF, Coronavirus could increase child deaths by 6,000 a day, UNICEF warns <https://www.unicef.org.uk/press-releases/coronavirus-could-increase-child-deaths-by-6000-a-day-unicef-warns/>



## CASE STUDIES

# AFGHANISTAN



**On 22nd February, Afghanistan, a country of over 37 million people, announced its first confirmed COVID-19 case in Herat. Since then there has been a rapid increase of cases and there are now over 28,000 confirmed positive cases across all provinces with 581 deaths to date.<sup>6</sup>**

Since February, hundreds of thousands of Afghan migrant workers have returned from neighbouring countries including Iran<sup>7</sup> due to the closure of worksites and to improve their chances of receiving healthcare. Most provinces have introduced measures to combat the virus including the shutting down of schools and closures of sections within cities.<sup>8</sup> As of 6 June, the government implemented additional measures, including bans on local public transport and mass gatherings for more than 10 people.

While the spread of coronavirus is growing every day, a shortage of artificial ventilation devices has posed a major problem. According to health professionals in April, there are only around 300 artificial ventilation devices in the country and while there are plans to purchase more, this has been impacted by both imports stopping due to the coronavirus spread as well as the increased demand around the world.<sup>9</sup> In 2014, Médecins Sans Frontières (MSF) published a report documenting the limits on access to healthcare which was caused by insecurity and widespread poverty in the country. Despite the efforts of health actors to date, not much improvement has been seen in access to healthcare for the country's population six years later suggesting the situation will only be further compounded as routine services are disrupted by new cases of coronavirus.<sup>10</sup> It will be increasingly difficult for vulnerable groups of children – children with pre-existing health conditions and with disabilities, those suffering from malnutrition, those internally displaced and children affected by trauma – to access already limited services.

Worsening the situation is continued attacks on hospitals – on 12 May 2020, gunmen attacked an MSF-supported hospital in Kabul killing at least 16 people including two babies. Between March and May, the United Nations Assistance Mission in Afghanistan (UNAMA) documented 12 incidents in which parties to the conflict carried out deliberate acts of violence or interference with healthcare workers or facilities, disturbing critical healthcare provision during COVID-19. The Security Council has already urged all parties to the conflict to implement the Secretary-General's call for a comprehensive ceasefire to reduce violence and ensure access of humanitarian aid.

## CONTEXT

Years of instability and uncertainty has seen Afghanistan fluctuate between conflict and post-conflict since October 2001 when the Taliban was removed from power. The Taliban's attempt to regain control over the territory has increased since the North Atlantic Treaty Organisation (NATO) ended its military mission in Afghanistan in June 2014 and the conflict has increased civilian casualties and continues to cause extreme levels of harm.

There are now almost 2.5 million registered refugees from Afghanistan and more than 900,000 were reported to be displaced in 2019.<sup>11</sup> As a result of COVID-19 the UN has reported a significant increase in the number of people requiring humanitarian assistance – increasing from 9.4 million at the start of the year to now 14 million.<sup>12</sup>

6 Afghanistan Flash Update: Daily Brief: COVID-19, No. 55, 21 June 2020, <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-55-21-june-2020>

7 Return of Undocumented Afghans - Weekly Situation Report (29 March - 04 April 2020), <https://reliefweb.int/report/afghanistan/return-undocumented-afghans-weekly-situation-report-29-march-04-april-2020>

8 UN, OCHA, Afghanistan Brief: COVID-19 No. 24, 1 April 2020, <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-24-1-april-2020>

9 Coronavirus: Tough times ahead as Afghanistan struggles to manage pandemic, <https://www.dw.com/en/coronavirus-tough-times-ahead-as-afghanistan-struggles-to-manage-pandemic/a-53207173>

10 Afghans face impossible choices in their struggle for medical care, 5 March 2020, <https://www.msf.org/people-face-impossible-choices-their-struggle-medical-care-afghanistan>

11 On the move: Conflict, refugee returns fuel Afghanistan displacement, <https://www.thenewhumanitarian.org/maps-and-graphics/2020/01/20/Afghanistan-Iran-Pakistan-US-migration-returns>

12 Afghanistan Humanitarian Response Plan 2018-2021 (June 2020 Revision), <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-response-plan-2018-2021-june-2020-revision>



## KNOCK ON EFFECTS OF COVID-19

Many countries including Afghanistan have taken a range of measures to contain the virus such as movement restrictions. Recent reports indicate that despite assurances by the government that lockdown measures would not limit critical movements of non governmental organisations (NGOs) and the UN, the delivery of humanitarian assistance has been negatively affected as organisations continue to report access constraints across the country.<sup>13</sup> Moreover humanitarian organisations continue to urge the government to provide distribution plans for medical equipment and ensure healthcare staff and humanitarian partners have adequate personal protective equipment.<sup>14</sup>

In addition, there has been an increase on the basic prices of food. Data collected by the World Food Programme from eight main city markets shows there have been spikes in prices for key food items such as wheat, wheat flour, and cooking oil. The price of wheat flour is reported to have increased by 19% between March and May, while the cost of pulses, sugar, cooking oil and rice have increased between 6 to 21% over the same period. More than 80% of people were living under the poverty line (on less than \$2 per day) to meet their needs prior to COVID, and escalating food prices are now threatening food security and the health and well-being of individuals.<sup>15</sup>

**Rosana**, based in Herat and the mother of four children, spoke to War Child about the need to sell possessions to provide food for her family. Due to a health problem she is not able to work and her husband, who was previously earning 250 to 300 Afghanis per day (3 to 4 USD), is now jobless because of the coronavirus outbreak and lockdown.

**“The coronavirus has had a bad effect on my family. Both my husband and my son are jobless and we have no other breadwinner. During the corona situation, we had to sell the carpets of our rooms to buy food.”**<sup>16</sup>

War Child also spoke with another mother of five – **Esta** – living in Herat with her father’s family. Local job opportunities are rare so two years ago her husband, who bears serious health problems, was smuggled into Iran to find work. Since the outbreak of coronavirus he has been unable to get in touch or send money.

**“We are very worried.” she says. The family has become reliant on the remittances he was sending back and have had to adjust – “It has been almost two months now that we have not had three meals a day.”**

Before the outbreak Esta was able to find casual work to help feed her children.

**“I used to do the laundry in the neighbour’s houses, wash clothes, wash dishes, and earned about 200 to 300 Afghanis a day (about 2.5 to 3.5 USD), but now no one allows me or calls me for work.”**<sup>17</sup>



Interview with a seller in Herat Province, May 2020

Internally displaced persons (IDPs) are facing similar challenges. **Ahmed**, the breadwinner of his family who has recently returned from Iran and set up a small shop in an IDP camp, spoke about surviving on a daily income.

13 Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report, 20 May 2020, <https://reliefweb.int/report/afghanistan/afghanistan-covid-19-multi-sectoral-response-operational-situation-report-20-may>, Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report, 10 June 2020, [https://reliefweb.int/sites/reliefweb.int/files/resources/operational\\_sitrep\\_covid-19\\_10\\_june\\_2020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/operational_sitrep_covid-19_10_june_2020.pdf)

14 Afghanistan Flash Update: Daily Brief: COVID-19, No. 55, 21 June 2020 <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-55-21-june-2020>

15 Afghanistan: COVID-19 Multi-Sectoral Response Operational Situation Report, 20 May 2020, <https://reliefweb.int/report/afghanistan/afghanistan-covid-19-multi-sectoral-response-operational-situation-report-20-may>

16 Interview with War Child, May 2020

17 Interview with War Child, May 2020

**“I sell very less these days, people do not have money to buy goods from my shop. Before COVID-19 it was much better.”<sup>18</sup>**

An 18 year old living with her family in the IDP camp stated:

**“This virus is a global virus which affected most countries like Iran and Afghanistan. We should care about it otherwise it will be very dangerous and will get our lives and livelihood. We ask government and INGOs to pay special attention in IDPs because we are the most vulnerable people and can easily affect us.”<sup>19</sup>**

## EDUCATION

Education has been hit particularly hard by the COVID-19 pandemic impacting almost 70% of the world's student population.<sup>20</sup> Decades of conflict in Afghanistan had already led to more than 3 million children – the majority girls and children from the poorest and remote areas of the country – not having access to education prior to the pandemic. Although a significant percentage were able to enrol in school and continue with their studies, they have now been impacted by COVID-19 as schools were shut down as part of the lockdown measures initiated.<sup>21</sup> Millions more will be deprived of their right to education and this leaves them especially vulnerable and could lead families to resort to negative coping mechanisms such as begging and forcing children to drop out of school and work.

*Ezra's* 12 year old son *Navid* was forced to leave school as the family could not continue to afford sending him before COVID-19 hit. At first, he was kept at home but as fears of the family having no food took hold, his mother was forced to send him out to find work.

**“During the quarantine and the city lockdown, I prevented Navid from leaving the house, but as there was nothing to eat at home I had to let him go out for work.”**

Now, instead of going to school Navid leaves home early in the morning to look for work on the city streets and is forced to survive on leftover food he can find from people and shops that are open during the lockdown. He earns less than a dollar a day polishing shoes which is helping the family pay some household expenses, but his family are worried being out is exposing him to the risk of contracting coronavirus.<sup>22</sup>



Interview with a child in Herat Province, May 2020

*Ezatullah* who is 12 years old living in the same IDP camp is not going to school these days due to schools closing. He is in the second grade. He says there is no one in his family to help with his education and he is going out for work to support his family. When asked if he knows about COVID-19 he says:

**“I don't know much about it but I heard that it is a disease. I am very afraid because doctors say if [someone gets] affected they separate from family.”<sup>23</sup>**

Education has been a critical protective factor for children in many instances as it has reduced the likelihood of being subjected to abuse, child marriage, exploitation and recruitment. Education has provided children with stability and allowed them to gain knowledge and skills that increase their chances of accessing opportunities in the future.

<sup>18</sup> Interview with War Child, May 2020

<sup>19</sup> Interview with War Child, May 2020

<sup>20</sup> COVID-19 Educational Disruption and Response, <https://en.unesco.org/covid19/educationresponse>

<sup>21</sup> UNICEF Afghanistan, <https://www.unicef.org/afghanistan/education>

<sup>22</sup> Interview with War Child, May 2020

<sup>23</sup> Interview with War Child, May 2020

According to UNICEF, families living in emergency situations have consistently named education as a top priority providing enormous benefits.<sup>24</sup> However as schools remain closed, there is a great risk that some children will fall behind and not return to school. For the poorest, budget constraints may cause them to keep their children out of school even when schools reopen.

This trend has been seen in past crises, for example in Ethiopia when the 2008 global financial crisis increased the probability of school dropout of children age 15 and older by nearly 8% and 13% for girls. In Sierra Leone, when schools were closed for almost an entire academic year during the Ebola outbreak teenage girls were found to be 16% less likely to be in school.<sup>25</sup>

### PSYCHOSOCIAL IMPACTS

Almost one in four children living under COVID-19 lockdowns are reported to be dealing with feelings of anxiety, with many at risk of long-term psychological distress.<sup>26</sup> As seen in the case above there is increased anxiety resulting from fears of child-family separation. There are also fears due to a lack of understanding the virus making children more vulnerable to psychological distress.

**Maryam**, 24, says that her children are very afraid of coronavirus and she spoke about how the disease has made life more stressful. She noted that:

**“My children keep asking me who is taking us to the doctor if we are affected by the coronavirus.”**

She also says:

**“My children are very afraid of the coronavirus and always ask me to buy mask and gloves for them and I don't have money to buy.”**<sup>27</sup>

**Rosana** shared similar concerns:

**“My little child is wearing a mask even inside the house... the virus has brought horror to us. My children tell me if the virus affect us, it will kill us as we have no money for treatment and I am seriously concerned about this situation.”**

### CONCLUSION

Although Afghanistan has announced a wide range of measures to contain the virus, weaknesses in its health care system may make it challenging to manage the outbreak. But as the cases above also show, the secondary impacts of the pandemic - namely food scarcity, loss of employment, mental health concerns and the closure of schools – will most likely have the biggest impact on children and further damage the country's fragile humanitarian and economic sector.

<sup>24</sup> Education in Emergencies, <https://www.unicef.org/education/emergencies>

<sup>25</sup> The COVID-19 pandemic: Shocks to education and policy response, <https://inee.org/system/files/resources/148198.pdf>

<sup>26</sup> Children at risk of lasting psychological distress from coronavirus lockdown', 7 May 2020, <https://reliefweb.int/report/world/children-risk-lasting-psychological-distress-coronavirus-lockdown-save-children>

<sup>27</sup> Interviews with War Child, May 2020



## CASE STUDIES

# CENTRAL AFRICAN REPUBLIC



At the start of June, the number of coronavirus cases in the Central African Republic (CAR) was reported to be 1850 with five fatalities reported.<sup>28</sup> Although relatively low in comparison to other countries and refuting the initial projections,<sup>29</sup> there has been a steady increase in cases as the authorities have stepped up their testing capabilities.

CAR, a country with a population nearing five million people, is only reported to have three ventilators to help save the lives of people who contract the virus.<sup>30</sup> The UN's Office for the Coordination of Humanitarian Affairs (UNOCHA) reported in March that there is only one COVID-19 treatment centre in Bangui and no health isolation centres for the treatment of mild and moderate cases or to provide quarantine. The country already has an estimated 2.2 million people in need of health assistance<sup>31</sup> and medical professionals are not only dealing with recent coronavirus cases but also cases of malaria, measles, and tuberculosis. Across the border in the Democratic Republic of Congo there is an outbreak of the deadly Ebola virus.

While authorities are taking the necessary and legitimate measures to prevent the spread of the virus, some of these measures may end up having a disproportionate impact on internally displaced persons due to their unique needs.<sup>32</sup> IDPs and returnees often live in confined areas making social distancing impossible and are heavily reliant on humanitarian organisations to access protective material. To protect against the virus hand washing is essential but this has not been easy to implement where only a third of the population has access to drinking water.<sup>33</sup> Aid organisations have already expressed their concern about lockdown measures as the country is heavily dependent on outside assistance and measures taken could severely hinder the levels of assistance organisations are able to provide.

## BACKGROUND

In December 2013, conflict broke out in the Central African Republic's capital city, Bangui which has left over half the population in need of humanitarian assistance. Around 70% of health services is provided by aid groups.

Nearly 700,000 people are internally displaced of which 200,000 are living in camps. Over half a million remain refugees in Cameroon, Chad, the Democratic Republic of Congo and the Republic of Congo.

## INTERVIEWS WITH VOICEMORE<sup>34</sup>

The government has put in considerable effort to raising awareness about the virus amongst its population and an estimated 2 million people are reached daily with COVID-19 radio spots broadcast on the main radio stations. During War Child's interviews with VoiceMore groups, many mentioned that they had been made aware of the situation in their country and what safe practices to undertake thanks to regular updates on radio stations such as Guira FM and radio Voix de Pende as well as seeing billboards.

The majority of those War Child interviewed expressed their concern at the increasing number of cases despite measures taken by the authorities. They noted a rapid increase in cases (cases trebled within a week) and feared the situation in other countries, where there are cases reaching the tens of thousands could happen in CAR. One interviewee<sup>35</sup> said:

**“If a cure, a vaccine, is discovered in the coming weeks and months, humanity will be saved, otherwise there will be more contamination and death.”**

All those War Child spoke with shared their worries that the current measures would lead to **‘a period of long interruption to their education’** which meant missing **‘crucial exams’** and **‘delaying progress’**.

28 Coronavirus Cases - Central African Republic, <https://www.indexmundi.com/coronavirus/country/cf>

29 Coronavirus in Africa: what happens next?, 8 April 2020, <https://www.theguardian.com/global-development/2020/apr/08/coronavirus-in-africa-what-happens-next>

30 Just three ventilators to cope with Covid-19 in Central African Republic, 3 March 2020, <https://www.nrc.no/news/2020/march/just-three-ventilators-to-cope-with-covid-19-in-central-african-republic/>

31 UNOCHA Global Humanitarian Response Plan, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

32 UNHCR West & Central Africa – Impact of COVID-19 on Protection, <https://data2.unhcr.org/fr/documents/download/75708>

33 Bulletin humanitaire République centrafricaine Numéro 54 | Avril 2020, <https://reliefweb.int/report/central-african-republic/bulletin-humanitaire-republique-centrafricaine-num-ro-54-avril-2020>

34 VoiceMore is War Child's youth advocates development programme which empowers young people affected by armed conflict to share their experiences and take action to combat issues impacting them. Groups discuss and debate how conflict affects children and youth in their area and what they feel could be done to help improve their lives.

35 Interview with War Child, May 2020



Some members of the group feared not being able to go back to school at all:

**“Closing schools causes the level to drop and I believe many children and young people will drop out of school this year.”**<sup>36</sup>

One boy added:

**“We are certainly losing our taste for school... we'll be at home every day, or in the fields, or in the mine sites.”**<sup>36</sup>

Children forced out of school by emergencies have been seen – in different contexts – to be more exposed to child protection risks including the worst forms of child labour. In the month of June, War Child documented a significant increase of children in mining areas (an estimate of 500 cases with documentation ongoing). Local authorities have reported an increase of girls in mining areas who are being sexually exploited in exchange for money and necessities and cases of child recruitment have also been recorded. These protection risks are most likely the result of both school closures and increased prices of basic necessities.<sup>37</sup>

Like Afghanistan the lockdown measures implemented in CAR have resulted in a drastic reduction of economic activity sparking children's fear of not having access to food. Those interviewed by War Child flagged that they have seen a reduction in income for their families resulting in limited resources.<sup>38</sup> Not only is the quantity of food on the market decreasing, as families purchase more for their household, but the costs of essential items are going up and families are struggling to afford it. This was corroborated by a humanitarian coordinator based in Bangui who stated that Cassava bread which used to cost only 1600 Central African Franc (CFA) has now trebled in price (now costs 4500).<sup>39</sup> The price of fruits and transport have also gone up adding to the struggles of most people who survive on around \$2 a day. In one interview, a child expressed their concern that:

**“Parents will no longer have the means to care for us and feed us on a daily basis.”**<sup>40</sup>

In a focus group discussion, a number of the VoiceMore members stated that the situation was only going to get worse and that the pandemic has affected life in many ways citing education, social routine and their families' financial situation as key areas:

**“In CAR the coronavirus continues to gain ground and that scares us.”**<sup>41</sup>

One of those interviewed stated that if the virus is not brought under control in the coming weeks:

**“There will be a price increase on the market; there will be a lot of deaths and this will compromise our future.”**<sup>42</sup>

### OUHAM-PENDE PROVINCE

War Child also carried out interviews in the Ouham-Pende province in the north of the country.

The VoiceMore groups expressed similar challenges to those in Bangui and said that coronavirus was having a negative impact on people as it disrupted the school calendar and increased the prices of food. However, there were more concerns in relation to health as the group considered their town's population at higher risk of contracting the virus given its proximity to other countries. In the words of one member:

**“In the weeks and months to come the contamination of this disease in here is higher because it borders Cameroon and Chad. Many Central African women who are in these two countries return to the villages of this sub-prefecture and therefore a high risk of contamination of children and young people.”**

In addition to this, members of the group reported that some families were not following the guidelines on protecting themselves from coronavirus as children continued to play together.<sup>43</sup>

### CONCLUSION

CAR, which has one of the most fragile health systems in the world, is particularly vulnerable to the COVID-19 pandemic. Current cases of COVID-19 are already adding to the existing challenges where half the population is already affected by food insecurity and is in need of humanitarian aid. The measures introduced by authorities to combat the virus – albeit in good faith – are preventing families from accessing necessities.

<sup>36</sup> Interview with War Child, May 2020

<sup>37</sup> As documented by War Child. Local authorities have recorded 200 cases of girls that have been exploited including a number of early pregnancies. 51 cases of child recruitment in Soungbe and Korompoko municipalities were documented in May including the recruitment of four girls.

<sup>38</sup> Interview with War Child, May 2020

<sup>39</sup> Interview with War Child, May 2020

<sup>40</sup> Interview with War Child, May 2020

<sup>41</sup> Interview with War Child, May 2020

<sup>42</sup> Interview with War Child, May 2020

<sup>43</sup> Interview with War Child, May 2020



## CASE STUDIES

# IRAQ



**As of 1st June, the WHO has confirmed 6,439 cases of COVID-19 with 205 fatalities. Most cases have been recorded in federal Iraq with the capital Baghdad remaining the epicentre of the pandemic and now recording more than half of the country's cases.<sup>44</sup>**

Iraq has experienced a surge with the number of confirmed cases rising during May.<sup>45</sup> Although Iraq announced its first COVID-19 case in late February and stringent movement restrictions were put in place early on, these were relaxed in the run-up to Eid celebrations leading to reports of crowded public spaces. In response the Government of Iraq (GOI) and the Kurdistan Regional Government (KRG) re-imposed a nationwide lockdown on 31 May until 6 June which was further extended. Travel was restricted and non-essential businesses ordered shut with only grocery stores, bakeries and pharmacies in operation.<sup>46</sup> On 13 June the lockdown was partially lifted with the removal of an evening curfew in federal Iraq, however in the KRI movement between governorates is still prohibited until 1 July.

To date, Iraq has been able to carry out testing in both federal Iraq and KRI and has committed to continuing testing alongside lockdown measures. Importance has been placed on preventative measures given that the health system is severely under-resourced and is currently lacking the capacity to deal with such a wide scale medical emergency.<sup>47</sup> The health sector has suffered from under investment<sup>48</sup> resulting in shortages of hospital beds, medications and skilled health workers. In the last three decades, the Ministry of Health estimates 20,000 doctors have left the country leaving 0.8 doctors available per 1,000 people.<sup>49</sup>

**“The situation is very stressful and I am afraid for my life and my family's life at the same time.”<sup>50</sup>**

## CONTEXT IN IRAQ

The Government of Iraq proclaimed defeat of Islamic State (IS) in December 2017, following a two-year offensive to regain control of Mosul. Conflict caused large scale destruction of physical and social infrastructure and IS left remnants of war that continue to be cleared. According to the UN, Iraq has 1.4 million internally displaced persons, approximately 300,000 living in camps and reliant on humanitarian assistance and 4.6 million IDPs who have returned to their area of origin.<sup>51</sup>

Iraq is amid a financial crisis. An estimated seven million people (23% of the country's population) are living in poverty and on approximately \$2 a day. Around 90% of the country's economy is based on oil production which has slowed since the outbreak and is expected to significantly affect the national budget.<sup>52</sup>



Photo credit: War Child UK

**An example of social distancing during covid awareness raising in Iraq**

44 Iraq: COVID-19 Situation Report No.14, 1 June 2020, [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20200601\\_covid19\\_sitrep\\_no.14.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/20200601_covid19_sitrep_no.14.pdf)

45 Rising from 3554 cases on 18 May

46 Iraq extends nationwide curfew, <https://gds.gov.iq/covid-19-iraq-extends-nationwide-curfew/>

47 Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April to December 2020

48 Special report, Iraq health, <https://www.reuters.com/investigates/special-report/iraq-health/>

49 WHO minimum benchmark of 4.1 per 1,000

50 Interview with War Child, May 2020

51 IOM Iraq COVID-19 Strategic Response Plan, February – December 2020, <https://reliefweb.int/report/iraq/iom-iraq-covid-19-strategic-response-plan-february-december-2020>

52 Coronavirus threatens Iraq with new humanitarian crisis, <https://www.oxfam.org/en/coronavirus-threatens-iraq-new-humanitarian-crisis>



War Child was able to carry out interviews in Baghdad, Dahuk and in Mosul governorate with children and their families to find out what the impact of COVID-19 has been in their locations. While Baghdad struggles to contain the virus, other areas are reporting far fewer cases most likely due to the lockdown measures. Yet in all three locations similar challenges were felt arising from COVID-19 itself as well as accompanying measures taken to prevent it.

In Baghdad, a 15 year old girl, **Fatima**, described the situation as precarious due to the rapid increase of cases. There were feelings of anxiety on actions to take if a family member became sick and worry that the healthcare system was not adequate. In addition, the curfew has had a significant impact as there is a limited timeframe to purchase items leading people to buy more than they need and creating food shortages. This has added to a difficult situation as the family are already not in a position to buy all necessary items due to the breadwinner not being able to go work as a result of lockdown:

**“It affects my father most of the time because of his inability to go to work, especially in the event of a total curfew.”**

According to Fatima,

**“The most important needs that must be provided for children and families is money to provide the basic needs for living, including food and medicine.”**<sup>53</sup>

**Hassan**, aged 14, is currently working as a street vendor to support his family financially. While his family has been able to comply with measures such as the curfew they have not been able to purchase recommended hygiene products due to limited resources:

**“Lack of supplies and high prices in the markets have prevented us from getting the things we need.”**

Although Hassan wishes his family were in a position to purchase these items, this was not by far his biggest concern:

**“I hope that they will find a cure for this epidemic because the cases are increasing every day in my country but my only concern is that as a family we cannot meet our daily needs.”**<sup>54</sup>



An example of social distancing during covid awareness raising in Iraq

This view was expressed in almost all interviews undertaken by War Child. In one interview with a Baghdad resident there was mention of increases of theft in his neighbourhood which was a clear sign that more people were now without jobs and could not meet their basic needs since the outbreak.

War Child also spoke with a number of people living in displacement camps in Northern Iraq who reflected similar concerns as they largely depend on daily or seasonal employment to earn money and much of this type of work has had to stop amid lockdowns and precautionary measures. In the words of one mother:

**“The very first impact of the virus is having issues with income and the saved amount is not enough for us. We cannot get a job or even find daily work as no more is available.”**<sup>55</sup>

A father of five children supporting his extended family also stated the challenges of not being able to provide for his family as a result of respecting measures introduced by authorities - this despite the fact no cases in the camp had yet been recorded. Not only has the family been impacted financially but the children's education has been interrupted and they can no longer access psychosocial services which is a service the school provided:

**“...We feel an inability to do anything and are spending most of our time inside the tents.”**<sup>56</sup>

<sup>53</sup> Interview with War Child, May 2020

<sup>54</sup> Interview with War Child, May 2020

<sup>55</sup> Interview with War Child, May 2020

<sup>56</sup> Interview with War Child, May 2020



## MENTAL HEALTH

**“I feel bored, thinking a lot about negative things, fear of the future, and our life has become more difficult than before due to poor living conditions.”**<sup>57</sup>

Amjad, 15, spoke about his family's current situation and the impact this has had on his mental health:

**“The effect of the virus has prevented me from going to my school, I am in the ninth grade and I need to continue my studies well with additional lessons for success, but I cannot and now I feel very distressed, I spend my time at home and I cannot go out with my friends. There are many problems between my mother and father and I fear that will lead me to a nervous breakdown.”**

He further explained:

**“My mother and father have problems constantly because we are all in the house all the time... children face a challenge and that is fear and worry about themselves and family. There is also stress due to listening to news about the virus and sitting at home. We are not going out for walks, visiting relatives, not mixing, playing and all of this has a huge effect on our psyche.”**

**“My father doesn't work. He was working as a construction worker and there are no job opportunities now. I'm sick, and he could not buy my medicine so he borrowed from our neighbours. We cannot buy clothes for Eid for my brothers and me. There is an organisation that brings us food aid, praise be to God.”**<sup>58</sup>

Also in Baghdad, Faisal aged 13, spoke to War Child about his education. Although his school has been able to provide materials online and he has access, comprehension of the materials without the aid of teachers has proved difficult.

**“Coronavirus has affected my studies because I am in the sixth stage of primary school, the end of the stage, and the study materials are very difficult to understand via the Internet.”**<sup>59</sup>

Faisal also spoke to War Child about the difficulties he is facing due to an inability to play with his friends and the preoccupation with coronavirus preventive measures. While he hoped that the virus would be controlled soon, he believed that this would not be the case as case numbers rapidly increase each week and could be spreading across the country.

In both Dahuk and Mosul governorate, children are also struggling with the decision to close schools. In the words of one parent,

**“Children are used to going to school and adhering to the educational system, such as early sleep and early recovery but now children stay up late at night and during the day they sleep and this is affecting their health.”**<sup>60</sup>

## EDUCATION

As part of the measures to contain coronavirus, Iraq closed schools to prevent mass gatherings. As these cases show interruptions to children's education can have many implications. Those out of school can experience anxiety due to changes in routine and might not be in a position to benefit from alternative learning pathways due to other factors.

Lamia, aged 15 in Baghdad, is currently at home with her family. Although her school has provided online learning, she has not been able to access it as the family cannot afford to pay for internet:

## RISKS TO CHILDREN ONLINE

Measures for keeping children safe during COVID-19 have led to an increase in the amount of time children and young people are spending online. Although accessing education and maintaining contacts with family and friends is crucial for wellbeing, online platforms can present significant risks to children such as cyber-bullying and child sexual exploitation. In contexts where online platforms have not been used before to deliver protection and education activities, the risks are further exacerbated by a lack of awareness, and a lack of established protection measures. It is therefore essential awareness is raised on how to stay safe online.

<sup>57</sup> Interview with War Child, May 2020

<sup>58</sup> Interview with War Child, May 2020

<sup>59</sup> Interview with War Child, May 2020

<sup>60</sup> Interview with War Child, May 2020

## MOSUL GOVERNORATE

For now, Mosul appears to have been significantly less affected by cases. According to those interviewed that is mainly due to the strict measures taken and the limitation of population movement in the area. There is concern however that if swift action is not taken, the situation could be disastrous in Mosul due to a weak healthcare system.

Sumaya, a 45 year old housewife and mother of four, spoke about the difference in the handling of coronavirus between the capital and the north:

**“In Mosul, the virus is under control despite the fact that there are infections recorded at the present time. The authorities take good measures in my view, and they do not let outsiders enter the area, and the people suspected of symptoms have been tested.”**<sup>61</sup>

Even though the measures taken have been viewed positively, Sumaya also discussed the negative results:

**“The children feel uncomfortable and depressed because they do not go out, some days we have enough to eat and some days not enough. My husband is always in a state of nervousness and boredom due to the lack of a permanent source of livelihood for us because of the interruption of his agriculture work that we were heavily dependent on. It has greatly affected on us but I try to tell my children to feel comfort and not fear.”**<sup>62</sup>

Sumaya also expressed her fears that if the virus is not controlled quickly it will lead to poverty and hunger for many.

War Child also spoke with Dina, a 25 year old mother of four who did not feel Mosul had the capabilities to deal with the virus if cases increased substantially:

**“Frankly the situation is scary because there are many cases in Baghdad and the southern governorates... [we have] fears of the spread of the disease in Mosul governorate...there is no treatment and there are no good medical services.”**<sup>63</sup>

Omar, a school cleaner based in a village about 60 kilometres south of Mosul, expressed his worries about his children contracting the virus given they were more vulnerable due to having pre-existing health conditions:

**“I have children with asthma and there is a constant fear in the family of the outbreak of corona especially as it kills people with chronic illnesses.”**<sup>64</sup>

The family is in a similar position to others when it comes to their financial situation which also adds to the pressure for Omar who is currently not working due to school closures. He stressed the need to provide **“basic needs like food and sterile materials because there are many families who do not have daily food and cannot provide it.”**

One mother, Aliya, aged 38, and based in the same village, spoke to War Child about having to resort to negative coping mechanisms due to the current situation. Her children who can no longer go to school are now working to secure more income for the family:

**“My children are working every day, they have to do that to feed us.”**<sup>65</sup>

While the family is aware of the recommendations from authorities on preventing coronavirus, they have not been able to purchase sterilisation materials due to the cost and more pressing priorities such as buying food and medication. One of Aliya's children also has epilepsy and requires medication which is an additional cost that needs to be covered. For the other children,

**“There is no recreational activities in my children's life. When they get back from work they are forced to stay at home. If children go out to work we can eat and drink but if the children stay at home, I do not know how we can live.”**

Aliya says many families are in the same position and need help from authorities and organisations to obtain hygiene products and sterilisation materials as well as food, clothes and hygienic materials.

**“This would prevent my children from going to work.”**<sup>66</sup>

61 Interview with War Child, May 2020

62 Interview with War Child, May 2020

63 Interview with War Child, May 2020

64 Interview with War Child, May 2020

65 Interview with War Child, May 2020

66 Interview with War Child, May 2020



## CASE STUDIES

# YEMEN





The humanitarian crisis in Yemen is still considered the worst in the world. Five years of conflict and severe economic decline have seen humanitarian needs continue to grow on a yearly basis, resulting in an estimated 80% of the population requiring some form of humanitarian or protection assistance,<sup>67</sup> and Yemen itself being heavily reliant on imports of food, fuel and medicines.<sup>68</sup> Two thirds of the population are food insecure. Despite this some donors, including the US, have already cut funding to UN programmes in Yemen because of concerns aid has been diverted by Houthi authorities.

## CONTEXT

In September 2014, Houthi forces and forces loyal to former president Ali Abdullah Saleh took control of Yemen's capital, Sanaa, and much of the country. In March 2015, the President of Yemen was forced to flee the country and Saudi Arabia formed a coalition in support of the internationally recognised government. As the war has continued, the conflict has broken into different fractions resulting in instability and a worsening humanitarian situation across the country. As it currently stands, the northern governorates of Yemen are under the authority of the Houthi movement while in the south, the internationally recognised government of President Hadi is competing for control with the Southern Transitional Council and other political actors.

Between 2015 and 2018, 4.3 million people were reported to be displaced and health facilities reported more than 70,000 conflict-related casualties.<sup>69</sup>

## HEALTH

Only 50% of Yemen's health centres are fully functional after more than half of Yemen's hospitals and clinics were destroyed or closed because of conflict. Over half of the facilities operating do not have general practitioners and there is an estimated ten health workers per 10,000 people which is well below the WHO minimum benchmark of 41 per 10,000.<sup>70</sup> COVID-19 is expected to place additional strain on the limited healthcare already available as it pulls resources away from other lifesaving responses dedicated to cholera, dengue and malnutrition. Malnourishment has impacted on children greatly with UNICEF<sup>71</sup> estimates showing that two million are acutely malnourished, including nearly 360,000 suffering from severe acute malnutrition. This can contribute to reduced immunity which can make children more likely to develop severe forms of COVID-19.

## PREDICTIONS ON CORONAVIRUS INFECTIONS

UK funded modelling by the London School of Hygiene and Tropical Medicine has predicted that there may already be over 1 million coronavirus infections in Yemen given limited mitigation measures. In the worst case scenario, the model predicts that there could be up to 10 million people infected with up to 85,000 deaths.<sup>72</sup>

In Taiz, southwestern Yemen where War Child carried out interviews, the overall majority of those spoken to recognised the efforts taken by authorities to raise awareness of the measures to be implemented to combat the virus. They had received information through different means including visual billboards and radio announcements. One interviewee noted that they were aware the local authority in Taiz was working on the production of masks.

67 Yemen: 2019 Humanitarian Needs Overview, February 2019, <https://reliefweb.int/report/yemen/yemen-2019-humanitarian-needs-overview-enar>

68 Health workers targeted at least 120 times in Yemen conflict – report, 18 March 2020, <https://www.theguardian.com/world/2020/mar/18/health-workers-targeted-at-least-120-times-yemen-conflict>

69 Yemen: 2019 Humanitarian Needs Overview, February 2019, <https://reliefweb.int/report/yemen/yemen-2019-humanitarian-needs-overview-enar>

70 ACAPS, COVID-19 Impact on Yemen – update, 8 April 2020, [https://reliefweb.int/sites/reliefweb.int/files/resources/20200409\\_acaps\\_risk\\_report\\_covid-19\\_impact\\_on\\_yemen\\_update.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20200409_acaps_risk_report_covid-19_impact_on_yemen_update.pdf)

71 UNICEF, Too little or too much: more than 16 million children are poorly nourished in the Middle East and North Africa, October 2019, <https://reliefweb.int/report/world/too-little-or-too-much-more-16-million-children-are-poorly-nourished-middle-east-and>

72 UK calls for drastic action in Yemen as coronavirus infections reach one million, <https://www.gov.uk/government/news/uk-calls-for-drastic-action-in-yemen-as-coronavirus-infections-reach-one-million>

Although the efforts were acknowledged, those interviewed were not convinced the health care system had sufficient capacity to deal with coronavirus.

As said by one:

**“The biggest concern with coronavirus is not receiving good health service. Fear is not for me or my family, but the fear is that a crisis will occur because of the coronavirus and the whole community will be affected and there will be a lack of services.”**<sup>73</sup>

Another highlighted the challenges to keeping children apart in an IDP camp, an already confined space with overcrowding:

**“Our fear is about our children... we will not be able to control children in terms of preventing mixing, groupings, and personal hygiene.”**<sup>74</sup>

## ECONOMY

Since the outbreak of the conflict, Yemen has lost almost 50% of its Gross Domestic Product (GDP) and according to updated International Monetary Fund (IMF) forecasts from April 2020, GDP growth is expected to fall to -3% in 2020 due to the COVID-19 outbreak.<sup>75</sup> Already prices for food and other essential items have been going up in recent months and could go up further with supply lines under pressure. Measures to restrict movement have already affected people's ability to work and earn an income particularly as many Yemenis rely on daily wage labour. Additionally, as already mentioned, an estimated 80% of the population are dependent on humanitarian/protection assistance.

For one family reliant on aid a major concern is that coronavirus will impact on humanitarian organisations and could lead to a situation where the family are not able to have their basic needs met:

**“The income sources I own are aid I receive from organisations as I am a sick man with no job. I don't know whether or not organisations will stop because of the virus.”**<sup>76</sup>

Another was not clear what the impact on their income would be as they were entirely dependent on organisations:

**“I am not sure what impact coronavirus will have as civil society organisations and international organisations provide all services.”**<sup>77</sup>

One family spoke of selling items to be able to provide for their family while others said they might have to resort to borrowing or begging as the situation continues.<sup>78</sup>

## EDUCATION

As in other countries included in this briefing, Yemen's Ministry of Education has issued a decision to stop schools to prevent children contracting coronavirus. A number of those War Child spoke with stated the need to find solutions and ways to ensure children were able to continue with their education.

It is important to note that even prior to the outbreak reaching Yemen, access to education had been hindered due to years of conflict. Some two million children were out of school and around 2,000 schools were affected by the conflict due to damage, presence of IDPs or occupation by armed groups. This deprived children of an education and exposed them to child protection risks such as recruitment to armed groups. It is expected that the increasing lack of income coming from COVID-19 restrictions could put more children at risk of recruitment as this could be one of the few options available to generate an income.

## RECRUITMENT

**Children associated with armed forces and groups face multiple rights violations both during and after their association. Children are directly exposed to violence – as perpetrators, victims and witnesses – experiencing physical and psychological effects of violence. Many children are sexually abused, beaten, killed and permanently injured. On leaving armed groups, children and their families face stigma and discrimination and children may be rejected by their families and communities, denied access to services and even detained for long periods by security forces.**<sup>79</sup>

<sup>73</sup> Interview with War Child, May 2020

<sup>74</sup> Interview with War Child, May 2020

<sup>75</sup> Country risk of Yemen : Economy, <https://import-export.societegenerale.fr/en/country/yemen/economy-country-risk>

<sup>76</sup> Interview with War Child, May 2020

<sup>77</sup> Interview with War Child, May 2020

<sup>78</sup> Interview with War Child, May 2020

<sup>79</sup> Legally, children under 18 years of age should not be recruited by non-state armed groups and state armed forces cannot compulsorily recruit children under 18. See War Child's report Rethink Child Soldiers for information: <https://www.warchild.org.uk/whats-happening/news/its-time-rethink-child-soldiers>

# CONCLUSION

**COVID-19 appears to be the greatest challenge the world has faced in recent times. The virus has spread to nearly every continent in the world and cases are increasing daily. Even in those countries where coronavirus has hit less aggressively - such as those mentioned in this briefing - there are considerable challenges.**

It is important to note that COVID-19 is not just a health crisis. Children have been deprived of their right to education exposing them to protection risks such as child labour and recruitment and there have been adverse socioeconomic impacts as measures taken to combat the virus have resulted in the loss of jobs and reduction in income for families. This combined with the increase in prices for key food items threatens food security and the health and well-being of individuals. In fragile contexts where there is conflict, people living in overcrowded zones, a heavy reliance on the informal sector and a lack of access to health care and support systems, the vulnerabilities are much higher. Below are recommendations for donors and governments that could contribute to improving the situation for children. The failure to act could result in increased exposure to child protection risks.

## ON CHILD PROTECTION

- Sufficient funding from donors and allocation of funds from governments to child protection services. To date child protection remains one of the most underfunded sectors relative to the other humanitarian aid sectors and it is essential that this does not continue to be the case during the current crisis or the following recovery phase. Child protection is and must be a life-saving intervention in the immediate emergency response. Response plans that do not include an increase in child protection risk creating harmful and long-term consequences for children.

## ON EDUCATION AND SAFEGUARDING

- Support for education through alternative learning pathways is needed. This must be able to be accessed anywhere to mitigate the amount of learning lost and allow for educational continuity.

- Governments to keep children safe from online harms and support the removal of indecent content from common sites ensuring networks offer safe accounts for children and proactively search and stop child grooming on their platforms.
- Research undertaken to identify the specific risks to children in humanitarian settings.

## ON PSYCHOSOCIAL SUPPORT

- Provision of psychosocial support to mitigate the mental health and psychosocial impacts of this pandemic.

## ON HEALTH, FOOD, WATER AND SANITATION

- Support for the UN's Global Humanitarian Response Plan to ensure that ongoing, life-saving humanitarian programs continue at scale.
- Provision of humanitarian funding for critical life-saving humanitarian programming.
- Prioritisation of direct cash transfers to meet the basic needs of children and their families and to discourage negative coping strategies to support the family economically.
- Urging governments to ensure lockdown measures make exceptions for humanitarian organisations so they can deliver humanitarian services and reach those in need.

## ON SECURITY

- Endorse the call made by the UN Secretary General and to push for unanimous support for a global ceasefire. Pressure needs to be applied to all parties in the conflict to stop attacks on civilian infrastructure, including healthcare and sanitation facilities.
- Provide security and protection for vulnerable communities including small populated villages and camps – places that are most commonly exploited for child recruitment.

## ON LOCALISATION

- Create new funding window for early, rapid financing for NGOs and coalitions to analyse, anticipate and respond to this crisis. Donors must reduce compliance requirements to enable localisation to happen. Ways must be found to fund local NGOs that go beyond current approaches.
- Consult children and their families about decisions relating to the response ensuring they are engaged in the design and implementation of plans.





**War Child UK**

Studio 320, Highgate Studios  
53-79 Highgate Road, London, NW5 1TL, UK  
+44 207 112 2555  
[info@warchild.org.uk](mailto:info@warchild.org.uk)  
[warchild.org.uk](http://warchild.org.uk)

UK registered charity no. 1071659

