IMPROVING PROTECTION FOR MIGRANT CHILDREN
During the COVID-19 Pandemic
ACKNOWLEDGEMENTS

A special thanks to the parents, children, and teachers who participated in the study. Our gratitude especially extends to the teachers for all their contributions and the field assistance they provided. We would also like to thank the 11 Migrant Learning Centers and their headmasters for assisting the research team in obtaining key informant interviews and focus group discussions. Lastly, we want to acknowledge the strong fieldwork conducted by the research team. This research was designed and implemented collaboratively by TeacherFOCUS, Help Without Frontiers Thailand Foundation (HWF), the Committee for Protection and Promotion of Child Rights (CPPCR), and the Mae Tao Clinic (MTC). The participation of each organization ensured this research was conducted in the safest possible manner in light of limitations imposed by COVID-19 as well as aligning with recommended child safeguarding standards.

It is the sincere hope of the research team that the findings of this report will promote the development of accessible child protection services and new solutions to improve the lives of children living in migrant communities.

This study was supported by Help Without Frontiers Thailand Foundation (HWF) and made possible by Save The Children Thailand and Australian Aid.

The report was prepared by:

Author: Tin Zar (TeacherFOCUS)
Editor: Greg Tyrosvoutis (TeacherFOCUS)
Ivet Castello Mitjans (HWF)
Aung Naing Soe (HWF)

Research Team Members:

Naw Th’ Blay Moo (TeacherFOCUS)
Chu Wai Wai Zaw (HWF)
Sandy Maung (CPPCR)
Khinzar Aye (CPPCR)
Ivy Bawknu (MTC)
Nway Nway Oo (MTC)

Photo Credit: Help without Frontiers Thailand Foundation


The views of the authors of this publication do not necessarily reflect the policies or opinions of participating organizations.
# CONTENTS

1. EXECUTIVE SUMMARY 7  
2. CONTEXT 13  
   2.1 The Impact of COVID-19 on Access to Child Protection in Migrant Communities 13  
   2.2 Background of Help Without Frontiers Thailand Foundation 17  
3. RESEARCH METHODOLOGY 17  
   3.1 Scope 17  
   3.2 Participant Sample 18  
   3.3 Research Instruments, Data Collection, and Analysis 19  
   3.4 Limitations and Mitigation Strategies 20  
4. FINDINGS 21  
   4.1 Risk and Impact of COVID-19 on Child Protection 21  
   4.2 Child Protection Systems and Services 27  
   4.3 Solutions from Stakeholders 29  
5. RECOMMENDATIONS 32  
6. REFERENCES 35
LIST OF ACRONYMS

CP Child Protection
CPRS Child Protection Referral System
CBO Community Based Organization
CPPCR Committee for Protection and Promotion of Child Rights
FGD Focus Group Discussion
HwF Help without Frontiers
KII Key Informant Interview
MTC Mae Tao Clinic
MLC Migrant Learning Center
NGO Non-Governmental Organization
OOSC Out of School Children
PTA Parents Teachers’ Association
PAR Participatory Action Research

DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection</td>
<td>“Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children” (Save the Children, 2008)</td>
</tr>
<tr>
<td>Case Management</td>
<td>Case management is a way of organizing and carrying out work to address an individual child’s (and their family’s) needs in an appropriate, systematic, and timely manner, through direct support and/or referrals, and in accordance with a project or program’s objectives.</td>
</tr>
<tr>
<td>Child Protection Systems</td>
<td>“Formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system generally includes the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at subnational or national level and those working internationally … It is the outcomes of these interactions that comprise the system” (UNICEF et al., 2013, p. 3)</td>
</tr>
</tbody>
</table>
“During Covid families don’t have enough food and schools cannot open. Children go out to work and stop going to school. After they start working, I worry my friends won’t want to go back to school anymore.”

- Migrant child
Participatory Action Research (PAR) was undertaken by staff from TeacherFOCUS, Help Without Frontiers Thailand Foundation (HWF), the Committee for Protection and Promotion of Child Rights (CPPCR), and the Mae Tao Clinic (MTC) to identify and evidence child protection issues experienced by children in migrant communities in Thailand’s Tak Province in the wake of the COVID-19 pandemic. Socially-distant and child-friendly research modalities were utilized to be able to gather information during a period of lockdown, travel restrictions, and community isolation. Key Informant Interviews (KII) were held with parents by phone, online Focus Group Discussions (FGDs) were held with teachers and MLC headmasters using ZOOM, and online child-friendly participatory focus groups were held with children using Facebook messenger. In total 317 participants were involved in the research: 100 parents (25 male/ 75 female), 91 teachers and Migrant Learning Centers’ headmasters (23 male/ 68 female) and 126 children (60 boys/ 66 girls). Participants were from migrant communities in Mae Sot and Pho Phra districts where 11 HWF-supported Migrant Learning Centers are located. The research utilized child-friendly participatory focus group discussions to gather insights from children and for them to be able to express themselves freely during this sensitive time. Research participants were asked for their ideas and recommendations to strengthen existing child protection systems as well as promote new solutions for children to be better protected during the ongoing pandemic. The research methodology was approved by Mae Tao Clinic’s Community Ethics Advisory Board (CEAB) prior to the onset of fieldwork.

1. EXECUTIVE SUMMARY

The economic impact of the pandemic has hit vulnerable migrant families hardest. With little savings and few backup plans, an increasing number of migrant families are forced to have their children work to provide for their family. Cases of children working, some as young as 11 years old, have been reported.

Increased child labor, physical abuse, emotional abuse, and dropout were the common risks identified by participants as frequently occurring in migrant communities as a result of COVID-19. Interviewed parents identified game addiction, child labor, early marriage, physical abuse, school dropout, and emotional abuse as the most common risks for children currently in their communities. Through qualitative responses, interviewed children reported that physical abuse was most frequently occurring risk for children followed by emotional abuse and child labor. It’s clear that migrant children are facing manifold challenges. Interviewed children perceived that COVID-19 caused the frequency of mental health issues (such as depression and anxiety), instances of child labor, school dropout, and game addiction to increase among their friends.

“We are afraid to go out. We cannot go out freely. We feel like we are in detention. We cannot go to school. The shop does not sell us the medicine we used to buy before. We are discriminated against as they see us Burmese - meaning we have COVID-19. We needed to pay a fine of 3,000 baht for not wearing a mask while standing in front of our house.”

- Migrant child
Both parents and teachers reported that the main reason children were addicted to mobile games was because children have more free time as schools are closed. At the same time, migrant parents often work long hours, some for 7 days a week, which makes it difficult for them to monitor their children's device usage and daily routines. Interviewed children shared that they tend to lose interest in online learning and, as a result, spend more time playing mobile games. Participants felt that as migrant families struggle for basic survival, parents feel increased pressure to bring their children to their workplaces. As an example, parents working in the agriculture sector might bring their children to the fields as they don't want to leave them at home unsupervised. While at the fields, a child might be offered a nominal wage of 500 - 1,000 THB/month (approximately $15 - $30 USD/ month) to assist their parents. Due to the closure of schools and migrant learning centers, many children are not engaged in regular learning which influences parents to have their children work in order to support their family or take care of younger siblings.

Through qualitative responses, researchers identified that poor family relationships, movement restrictions due to COVID-19, and family arguments due to financial challenges greatly influenced children's mental health and heightened children's anxiety. Teachers explained that under normal circumstances, children would open up to their teachers at school if they felt concerned about challenges in their family life, but during the current situation children are not easily able to have that depth of connection.

A lot more happens at school than an education. With Migrant Learning Centers closed, migrant children have lost a critical child protection safety net and needed socioemotional support.

Most prevalent forms of abuse according to children (ranked greatest to least)

- Physical Abuse
- Emotional and psychological abuse
- Child labor
- Neglect
- Exploitation
- Drop out

Parents and teachers were asked to identify barriers community members face in order to access protective services. 75% of teachers perceived that the most common barrier to accessing child protection services in their community was parents' lack of legal documentation. Not having legal documents makes it difficult for migrant families to contact organizations or government authorities that could assist them. Other barriers identified by teachers included migrant families not being aware of available services, fear of authorities, feeling ashamed to report or ask for support, and language barriers. Interviewed children perceived that frequent gaming affected their emotional development and reduced their interaction time with friends and their family. Children expressed that excessive gaming has also led to negative attitudes towards children in their communities. Examples were shared of children stealing money in order to play online games.
Some incredibly resilient Migrant Learning Centers have developed new online learning methods that are keeping children engaged. Early morning and evening online classes are being held during hours when parents are home so that children can use their devices to learn with their teachers. These models need to be shared and scaled.
COVID-19 has exposed underlying vulnerabilities in marginalized migrant communities. Comprehensive and community-based approaches are needed to ensure educational continuity and the maintenance of child protection mechanisms.

**KEY RECOMMENDATIONS**

**Involve Youth in Solutions - Have youth teach and support younger children**

Our research found that there are currently few educational opportunities for youth. Youth could be trained and engaged to teach and support younger children, especially those in communities in lockdown where teachers face difficulties accessing their students. Youth can be empowered as active agents to support other children in their communities if mentorship and coaching is provided.

**Build Strong Routines to Support Child Development**

Safe community spaces and new tools to support children's socioemotional needs are required to engage children and keep them connected to their Migrant Learning Centers. Providing access to online learning opportunities in their mother tongue language would reduce their risk of dropout and entering the workforce.

**SOLUTIONS FROM PARTICIPANTS**

**Support Basic Needs**

Provide for migrant families' basic needs, such as dry food and personal protective equipment, as part of ongoing child protection, prevention, and response initiatives. Unemployment and the resulting strained financial resources available to migrant families has led to increased child labor and early or arranged marriage in migrant communities. Providing essential items needs to be part of all future interventions.

**Awareness Raising**

Training and Information and Education Communication (IEC) materials are needed, specifically covering how to identify and respond to a child abuse cases. Awareness needs to extend to the whole community, not only parents or those involved in educational activities.

**Coordination Between Key Actors**

Involve community leaders, NGOs, MLC staff, and community members in child protection efforts. Clearer communication is needed among the agents involved in child protection to reduce the risk of revictimization and increase holistic approaches.
Engage Community Leaders as Responders to Child Protection Cases
Due to the current COVID-19 situation, including widespread community lockdowns and travel restrictions, it is recommended to create and reinforce existing community-based child protection systems. With Migrant Learning Centers closed, migrant children have lost an invaluable safety net and a lifeline connecting them with child protection services. Training of and with trusted community members such as community leaders and village chiefs will ensure community members with influence understand the services available.

Address the Digital Divide
International literature regarding COVID-19 responses has reinforced that Information Communication Technology (ICT) and social media have become essential tools to support marginalized children while schools are closed. The mobile phone is now an essential need for migrant children and youth: not for its status, but for its utility in keeping migrant children safe and connected to their teachers. Youth who possess a mobile device have the opportunity to access updated information and e-learning, while those without a device have few options for new learning. Additional devices are needed as well as support for data costs.

Support Teachers with Information Technology (IT) Skills
Expanded Information Technology proficiency would connect teachers with a variety of online resources they could use during online lessons. In addition to better engaging their students, having a larger toolbox from which to draw from would allow teachers to spend more time connecting with their students and less time lesson planning.

Use a Multimodal Approach to get CP Information where it’s Needed Most
The findings highlight the importance of using child friendly language to convey the key message of child protection. Awareness raising materials need to be available where the abuse happens, in this case, in children’s communities. Some modalities that could be used include pamphlets, promotional videos, posters and radio programs.

Strengthen the Presence of CP Focal Points in the Communities
Migrant Learning Centers each have a Child Protection focal person who manages any cases and is responsible for reporting to organizations that can provide assistance and counselling. With Migrant Learning Centers closed, Child Protection focal points need to be established in children’s communities. These agents would be key channels for reporting and allow for a faster response when a concern is raised.

Create Child Safe Spaces in Migrant Communities
With schools closed, children need safe places to continue learning. It is recommended to equip communities with personal protective equipment, tables, desks and chairs, and provide a well-ventilated space specifically for children. These spaces could be supervised by a trained community member or teacher living in the community.
2. CONTEXT

There are approximately 200,000 people from Burma living in Tak Province, the majority of whom are under the age of 19. These children have accompanied their parents who migrated to Thailand due to a variety of political, conflict or poverty-related push factors and/or economic and vocational opportunity pull factors (IOM, 2016). The Burma Population and Housing Census Main Report (2014) indicates that the migrant population in Thailand has continued to increase over the past 3 decades from 229,504 in 1990 to 1,978,348 in 2015. Many migrants cross the border irregularly and engage in informal sources of work and labor. This migrant workforce represents an essential backbone of the local economy. ILO and IOM estimate that up to 91% of Burma migrant workers come to Thailand through informal channels along the border (Ibid, p. 26). Currently, land crossings between Thailand and Burma are closed due to COVID-19 restrictions. Due to the continuing political and economic instability in Burma, many Burmese citizens desire to migrate to Thailand in search of work, security, education, and health care, but are unable to cross the border via formal channels at this time.

With any migration also comes the need to provide children coordinated child protection services. Migrant children from Burma face innumerable barriers to a healthy and a prosperous future: lack of access to education, proper housing, and basic human rights (IOM, 2019). An existing safety net for migrant children is the network of over 60 Migrant Learning Centers (MLCs) in Tak province which provide Burmese children basic education in their mother tongue language using the same curricula used at schools in their home country. MLCs have existed for over 3 decades and have continued to be pillars within migrant communities acting as the main conduit for education, health care services, and child protection and child rights support.

2.1 The Impact of COVID-19 on Child Protection in Migrant Communities

Figure 1. Impact of COVID-19 on migrant communities in Tak Province

- Increased risk of child labor
- Families without food or drinking water
- Increased child protection and domestic violence cases
- Vulnerable community members more isolated
- Widespread depression and anxiety
- Inability to travel
- Rise in unemployment

Source: Education Reimagined (Sasaki & Tyrosvoutis, 2020)
For one of Thailand’s most vulnerable populations, migrant children, the economic impact of the COVID-19 pandemic has left them feeling scared, confused, and uncertain about whether their education will continue. Many migrant families have had one earner out of work or only able to work part-time as a result of COVID-19. Migrant families have largely been unable to support the educational costs for their children during this challenging time, increasing the vulnerability of an already at-risk population. Multiple reports have been received by local MLC headmasters of children forced to work in order to provide additional income for their families during this time. A rapid assessment of non-Thai nationals by IOM (2020) revealed that migrant parents in Tak province perceived insufficient income as the greatest challenge since the outbreak of COVID-19. Surveyed parents reported that the greatest challenge faced by migrant children was limited access to education. Respondents stated that lack of Thai language fluency was the main reason non-Thai nationals struggle with adhering to COVID-19 policies. Language barriers were also associated with misperceptions about COVID-19 health and safety information.

Now, more than 18 months into the COVID-19 pandemic, education as we know it has completely changed. The devastating economic impact on migrant families has meant many can’t afford even the most basic of needs. Older children are at risk of entering the workforce and never returning to school. Continued child protection and social emotional support are needed as teachers have reported widespread depression, stress and anxiety, a greater risk for domestic violence, drug use, child abuse and child labor as a result of COVID-19. As Migrant Learning Centers depend on in-kind donations and financial contributions from the school community, migrant teachers are also facing the same economic challenges as their communities.

Reports of emergency situations from which children are unable to escape without assistance have been reported and the following concerns have surfaced as a result of implications of COVID-19:

I. There are a considerable number of children that have experienced or are experiencing violence in migrant communities;

II. The COVID-19 pandemic has increased the risk of various child protection issues for vulnerable children in migrant communities;

III. There is a lack of trust in the current reporting system

These protection concerns are closely related and have a negative impact on children’s physical, emotional, cognitive, and social development.
Table 1 displays student enrollment data from HWF-supported MLCs during the past three years. Due to a variety of factors largely outside of their control, almost every MLC experiences regular student drop out. During the pandemic, all MLCs were forced to stop on-campus learning and pivoted to online and home-based learning. While the number of children who drop out each year has remained roughly the same during the past three years, the percent change continues to increase. This trend is alarming and the impact of COVID-19 can be seen as fewer children are accessing formal learning. This trend has also been confirmed by the Migrant Educational Coordination Center (MECC) as they have reported that the total students accessing learning at migrant learning centers has decreased by almost 2,500 since the beginning of the pandemic (see Figure 2). Currently, HWF is supporting 11 migrant learning centers with 1,529 children.

<table>
<thead>
<tr>
<th>#</th>
<th>Migrant Learning Center</th>
<th>2018-2019 Academic Year</th>
<th>2019-2020 Academic Year</th>
<th>2020-2021 Academic Year</th>
<th>2021-2022 Academic Year</th>
<th>Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parami</td>
<td>484</td>
<td>480</td>
<td>419</td>
<td>403</td>
<td>336</td>
</tr>
<tr>
<td>2</td>
<td>New Day</td>
<td>341</td>
<td>312</td>
<td>280</td>
<td>225</td>
<td>216</td>
</tr>
<tr>
<td>3</td>
<td>KM42</td>
<td>325</td>
<td>199</td>
<td>240</td>
<td>172</td>
<td>157</td>
</tr>
<tr>
<td>4</td>
<td>Ah Yone Oo &amp; Ah Yone Thit</td>
<td>207</td>
<td>205</td>
<td>184</td>
<td>176</td>
<td>140</td>
</tr>
<tr>
<td>5</td>
<td>P’ Yan Daung</td>
<td>113</td>
<td>102</td>
<td>102</td>
<td>92</td>
<td>67</td>
</tr>
<tr>
<td>6</td>
<td>Hope</td>
<td>183</td>
<td>144</td>
<td>152</td>
<td>152</td>
<td>177</td>
</tr>
<tr>
<td>7</td>
<td>Rose Field</td>
<td>123</td>
<td>132</td>
<td>103</td>
<td>107</td>
<td>98</td>
</tr>
<tr>
<td>8</td>
<td>Irrawaddy</td>
<td>119</td>
<td>129</td>
<td>135</td>
<td>134</td>
<td>133</td>
</tr>
<tr>
<td>9</td>
<td>SauchKhal Hong Sar</td>
<td>91</td>
<td>99</td>
<td>87</td>
<td>83</td>
<td>84</td>
</tr>
<tr>
<td>10</td>
<td>Chicken</td>
<td>130</td>
<td>115</td>
<td>123</td>
<td>83</td>
<td>108</td>
</tr>
<tr>
<td>11</td>
<td>New Society</td>
<td>141</td>
<td>118</td>
<td>140</td>
<td>118</td>
<td>104</td>
</tr>
<tr>
<td>Subtotals</td>
<td>2,257</td>
<td>2,035</td>
<td>1,965</td>
<td>1,745</td>
<td>1,620</td>
<td></td>
</tr>
<tr>
<td>Year-to-Year Dropout (Percent change)</td>
<td>249 (-9.8%)</td>
<td>224 (-11.2%)</td>
<td>253 (-15.6%)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
Protection cases in migrant communities managed by the Child Protection Referral System (CPRS) during the past three years are presented in Table 2. Neglect and sexual abuse have been the two highest child protection risks reported. Over the past three years, child protection cases have continued to increase. These cases have been handled by the CPRS network consisting of the Committee for Protection and Promotion of Child Rights (CPPCR) and 16 other organizations.
2.2 Background on Help Without Frontiers Thailand Foundation

Help without Frontiers Thailand Foundation (HWF) is an NGO that was established to provide aid, help and relief to Burmese refugees and migrants in Thailand and Burma. HWF provides support along the Thai-Burma border to displaced people that find themselves in emergency situations from which they are unable to escape without assistance; most of them are children and youth, and we give them a chance for a better and brighter future.

At HWF we focus on five core areas: Education; Youth Empowerment; Child Protection; Health; and Community Development. Currently, we support 11 Migrant Learning Centers (MLCs) in Tak province including more than 1,300 children, 89 teachers and headmasters, and 60 communities.

Over the years, HWF has strengthened child protection efforts and responded by promoting safer environments for children to learn and develop. As part of the prevention, HWF provides annual trainings on child protection, child rights, and child abuse. In 2021 child safeguarding training was introduced to all agents involved in the education of migrant children: parents, teachers, CBO staff, and children themselves. Through active participation in the Child Protection Network (CPN), the MLC Child Safeguarding Taskforce, and the Child Rights Convention Coalition, HWF continues to build strong relationships with partners and promote comprehensive support.

We see children and youth as change agents and we believe in safe and healthy environments for children to develop, participate, learn, and play. The current situation has had the greatest impact on the most vulnerable populations, especially children. HWF is committed to continuing to promote and advocate for children's rights at all levels.

3. RESEARCH METHODOLOGY

3.1 Scope

In order to determine the extent to which COVID-19 has impacted children's safety, well-being and access to services, Participatory Action Research (PAR) were selected as the primary research methodology. PAR provides a structured and inclusive approach to research that places local experts at the center. A foundational principle of PAR is that participants’ local knowledge is essential to the research process (Durand and Chantler, 2014). This participatory approach was used as an opportunity to both build the capacity of participants through their intentional involvement throughout the entire research process, and have participants share their recommendations to improve the safety of migrant children. PAR involves building technical capacity by coaching participants, co-developing research tools, collaboratively determining the sample population, and collectively analyzing data in order to determine key findings (McIntyre, 2008).
This research aims to generate evidence on child protection risks as a result of COVID-19 through the perspectives of members of migrant communities in Tak Province. At the same time, this research has been designed to gather the information needed in order to strengthen child protection services and systems at the community level. The research includes three thematic areas: 1. Risk and Impact of COVID-19 on Child Protection, 2. Child Protection Services and Systems, and 3. Solutions from Stakeholders to Improve Child Protection. The research was guided by the following key questions:

I. What are the common child protection risks for migrant children in their communities?
II. How has COVID-19 impacted child protection and children’s safety in their communities?
III. What level of awareness do communities have regarding CP services and protection procedures?
IV. What perspectives and recommendations exist to lessen child protection issues?
V. What are the barriers to accessing community-based child protective services?

3.2 Participant Sample

The research included the following participants: migrant children and youth, parents and guardians, and migrant teachers and school directors from 11 HWF-supported migrant learning centers, located in Mae Sot and Phop Phra districts. The following socially-distant methodologies were used during the research:

- Child friendly focus group discussion with children (10 to 18 years old) from 11 Migrant Learning Centers supported by Help Without Frontiers
- Key Informant Interviews (KII) by phone with parents and guardians from 11 school communities
- Focus Group Discussions (FGDs) using ZOOM with teachers and headmasters from the 11 MLCs supported by HWF

Table 3. Survey sample size allocated to each participant group

<table>
<thead>
<tr>
<th>Research Participant</th>
<th>Interview Methodology (size)</th>
<th>Number of Interviews</th>
<th>Total Sample Size Total (male/female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Parents</td>
<td>Individual Interview via Phone Call (1)</td>
<td>100</td>
<td>100 (25 Male/ 75 Female)</td>
</tr>
<tr>
<td>2 Teachers and Headmasters</td>
<td>Online Focus Group Discussion (6-8)</td>
<td>13</td>
<td>91 (23 Male/ 68 Female)</td>
</tr>
<tr>
<td>3 Children</td>
<td>Online Child-Friendly Focus Group Discussion (6-8)</td>
<td>19</td>
<td>126 (60 Boys/ 66 Girls)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>132</td>
<td>317 (108 Male/ 209 Female)</td>
</tr>
</tbody>
</table>
A comprehensive mixed-method study design was utilized to capture different perspectives of stakeholders. Focus groups for children and youth were participatory, utilizing child-friendly activity-based questions. Due to access restrictions in migrant communities, focus group discussions with teachers, headmaster, and children were conducted online. Likewise, parent interviews were conducted via individual phone calls. The research also consisted of a desk review of documents and data collected formally and informally regarding child protection issues from relevant CP organizations in Tak Province.

3.3 Research Instruments, Data Collection and Analysis

The research instruments focused on identifying emergent child protection issues, and gaining insights from participants to improve child protection services in migrant communities. The child-friendly participatory focus group discussion tool was designed to be child-sensitive and specifically appropriate for children in migrant communities. The child-centered focus group was designed to both promote honesty, confidence, and participation and reduce feelings of intimidation and worry. Two activities were selected from Save the Children’s A Kit of Tools: For Participatory Research and Evaluation with Children, Young People and Adults. The first activity included in the questionnaire was the Body Map which enabled children to share their views regarding the different ways child protection risks have affected their lives during the pandemic. The second activity was the Tree Analysis which allowed children to pick a problem that they have seen or heard of in their community and then elaborate on their perceived root causes. This activity allowed boys and girls to explore the causes and impacts of different problems they identified. It also encouraged children to come up with their own solutions to reduce and stop the risks.

An overview of the research, the survey tools, and a short-video clip introducing participants to the research were shared in advance with teachers and headmasters to view before being interviewed by the research team. In addition, research objectives were also shared with interviewees at the beginning of each interview. For focus group discussions with children, verbal consent was obtained from both the children and the teachers who were involved in facilitating the discussion. Using SurveyMonkey, a cloud-based data collection platform, the research team recorded all responses from interviews and focus group discussions for further analysis. At the conclusion of the fieldwork, a 1-day online workshop was held where all researchers collaboratively analyzed the data, identified key findings and trends and developed joint recommendations.
3.4 Limitations and Mitigation Strategies

The uncertainty and restrictions associated with COVID-19 added to the challenges already present when conducting research in migrant communities. The research team worked to mitigate these challenges to the greatest degree possible by making safe and sensitive modifications.

**Table 4. Research limitations and mitigation strategies**

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations for gathering</td>
<td>All interviews were conducted socially distant: parents were interviewed via phone calls, focus group discussions with teachers and headmasters were held through ZOOM meetings, and children’s focus group discussions were held through either a Facebook group call or ZOOM.</td>
</tr>
<tr>
<td>participants in groups</td>
<td></td>
</tr>
<tr>
<td>Difficulty to obtain a large</td>
<td>Our goal was to reach 110 parents from 11 migrant schools communities. As interviews were conducted during weekdays, most parents were busy with their work, so the sample size was reduced from 110 to 100. The research team ensured that phone call interviews were held during parents' preferred times.</td>
</tr>
<tr>
<td>sample size</td>
<td>The estimated sample size for children was 15 from each MLC, totaling 165. However, as interviews were conducted online, only children who had access to mobile devices could participate. The research team provided mobile top-up cards that allowed each participant to buy an internet package needed for the interview.</td>
</tr>
<tr>
<td>Child and post-conflict</td>
<td>The child friendly FGDs were designed to have children share their perspectives in an anonymous way using google forms. Children were informed that they didn’t have to answer any question that made them feel uncomfortable and could stop participating in the focus group at any time for any reason.</td>
</tr>
<tr>
<td>sensitivity</td>
<td></td>
</tr>
</tbody>
</table>
As seen in Table 5 above, child labor, physical abuse, emotional abuse, and game addiction were the common risks identified by all participants as frequently occurring in migrant communities as a result of COVID-19. Interviewed parents identified game addiction, child labor, early marriage, physical abuse, dropout, and emotional abuse as the most common risks for children in their communities.

### 4.1 Risks and Impact of COVID-19 on Child Protection

Table 5. Risks for children most frequently identified by stakeholders
(Ranked most to least frequent)

<table>
<thead>
<tr>
<th>Parents</th>
<th>Teachers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Game Addiction</td>
<td>Child labor</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>2 Child labor</td>
<td>Game Addiction</td>
<td>Emotional abuse</td>
</tr>
<tr>
<td>3 Early marriage</td>
<td>Physical abuse</td>
<td>Child Labor</td>
</tr>
<tr>
<td>4 Physical abuse</td>
<td>Emotional abuse</td>
<td>Neglect</td>
</tr>
<tr>
<td>5 Drop Out</td>
<td>Early marriage</td>
<td>Exploitation</td>
</tr>
<tr>
<td>6 Emotional abuse</td>
<td>Drop Out</td>
<td>Drop Out</td>
</tr>
</tbody>
</table>
Parents responded that children whose parents were busy working and therefore couldn't monitor their children consistently were more vulnerable to these risks as they tend to wander around in their neighborhood or are left alone at their house for long periods of time. In addition, parents responded that children in families facing regular financial challenges are often encouraged to enter the workforce at a young age. Likewise, teachers also responded that out-of-school children are more vulnerable to these risks as they likely spend more time on their own, unsupervised. Children responded that parents’ frustration and busy work life causes them to use harmful disciplining methods towards their children such as hitting, beating, and using abusive words.

Experiences shared by children:

“[I saw] a mother leave her two 3-year-old sons all alone. The father also left for work. The children were not given enough food. Sometimes they get beaten and tied up.”

“Parents and caretakers shout and use bad words towards children. This especially happens to kids who are living with others such as their Aunty.”

“A child is hit because he did not obey their guardian. A child is hit because he is too playful.”

Children rated that before COVID-19, they had heard about or witnessed mental health issues, dropout and child labor approximately every two weeks in their communities, but these issues had all increased as a result of the pandemic. Game addiction among their peers occurred every week in the past, however, now children have more free time and access to devices thus the issue has increased (see Table 6).
Table 6. Migrant children's perceived frequency and change of child protection risks during the pandemic

<table>
<thead>
<tr>
<th>Risk</th>
<th>Average (%)</th>
<th>Frequency Observed</th>
<th>Average (%)</th>
<th>Change due to COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>38</td>
<td>Once a Month</td>
<td>59</td>
<td>Still the same</td>
</tr>
<tr>
<td>Sexually exploitation/abuse</td>
<td>24</td>
<td>Once a Year</td>
<td>50</td>
<td>Still the same</td>
</tr>
<tr>
<td>Trafficking/smuggling</td>
<td>24</td>
<td>Once a Year</td>
<td>43</td>
<td>Still the same</td>
</tr>
<tr>
<td>Mental health issues (Depression/Anxiety)</td>
<td>54</td>
<td>Once Every 2 Weeks</td>
<td>72</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Child labor</td>
<td>60</td>
<td>Once Every 2 Weeks</td>
<td>65</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Early marriage</td>
<td>24</td>
<td>Once a Year</td>
<td>59</td>
<td>Still the same</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>22</td>
<td>Once a Year</td>
<td>56</td>
<td>Still the same</td>
</tr>
<tr>
<td>Drop out</td>
<td>51</td>
<td>Once Every 2 Weeks</td>
<td>79</td>
<td>Minor increase</td>
</tr>
<tr>
<td>Game addiction</td>
<td>76</td>
<td>Once Every Week</td>
<td>80</td>
<td>Minor increase</td>
</tr>
<tr>
<td>Drug abuse (tobacco, alcohol, plastic)</td>
<td>34</td>
<td>Once a Month</td>
<td>52</td>
<td>Still the same</td>
</tr>
</tbody>
</table>

The majority of parents responded that before COVID-19, dropout, child labor, and physical abuse towards children from parents and guardians were rarely witnessed or heard of in their communities, however, they stated that these issues had all increased as a result of the pandemic. Most parents shared that in the past there were few examples of children being addicted to mobile games, however, this issue has increased now. Most parents expressed that mental health issues and teen pregnancy increased during the pandemic. They had never witnessed these protection risks before the pandemic (see Table 7).

Table 7. Migrant parents perceived frequency and change of child protection risks during the pandemic

<table>
<thead>
<tr>
<th>Risk</th>
<th>Average (%)</th>
<th>Frequency Observed</th>
<th>Average (%)</th>
<th>Change due to COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>20</td>
<td>Once a Year</td>
<td>46</td>
<td>Still the same</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>16</td>
<td>Never Witnessed</td>
<td>47</td>
<td>Still the same</td>
</tr>
<tr>
<td>Sexually exploitation/abuse</td>
<td>7</td>
<td>Never Witnessed</td>
<td>48</td>
<td>Still the same</td>
</tr>
<tr>
<td>Trafficking/smuggling</td>
<td>5</td>
<td>Never Witnessed</td>
<td>55</td>
<td>Still the same</td>
</tr>
<tr>
<td>Mental health issues (Depression/Anxiety)</td>
<td>5</td>
<td>Never Witnessed</td>
<td>83</td>
<td>Major Increase</td>
</tr>
<tr>
<td>Child labor</td>
<td>28</td>
<td>Once a Year</td>
<td>63</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>No parent or guardian</td>
<td>4</td>
<td>Never Witnessed</td>
<td>42</td>
<td>Still the same</td>
</tr>
<tr>
<td>Early marriage</td>
<td>15</td>
<td>Never Witnessed</td>
<td>45</td>
<td>Still the same</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>3</td>
<td>Never Witnessed</td>
<td>60</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Drop out</td>
<td>20</td>
<td>Once a Year</td>
<td>60</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Game addiction</td>
<td>47</td>
<td>Once a Month</td>
<td>62</td>
<td>Minor Increase</td>
</tr>
</tbody>
</table>
Teachers stated that before COVID-19, mental health issues and physical abuse occurred approximately once every two weeks in their communities. They perceived that these issues had increased during the pandemic. Teachers stated that before COVID-19, game addiction among children was already occurring every day and that now this issue has also significantly increased. Teachers expressed that in the past they would hear about child labor issues monthly but now the frequency of child labor had highly increased. Teachers rated the frequency for dropout in their school communities as “once a year” and stated that now it has increased as seen in Table 8.

Table 8. Migrant teachers perceived frequency and change of child protection risks during the pandemic

<table>
<thead>
<tr>
<th>Issue</th>
<th>Average (%)</th>
<th>Frequency Observed</th>
<th>Average (%)</th>
<th>Change due to COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>62</td>
<td>Once Every 2 Weeks</td>
<td>75</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>75</td>
<td>Once Every Week</td>
<td>79</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Sexually exploitation/abuse</td>
<td>12</td>
<td>Once a Year</td>
<td>25</td>
<td>Minor Decrease</td>
</tr>
<tr>
<td>Trafficking/smuggling</td>
<td>10</td>
<td>Once a Year</td>
<td>25</td>
<td>Minor Decrease</td>
</tr>
<tr>
<td>Mental health issues (Depression/Anxiety)</td>
<td>65</td>
<td>Once Every 2 Weeks</td>
<td>84</td>
<td>Major Increase</td>
</tr>
<tr>
<td>Child labor</td>
<td>47</td>
<td>Once a Month</td>
<td>84</td>
<td>Major Increase</td>
</tr>
<tr>
<td>No parent or guardian</td>
<td>37</td>
<td>Once a Month</td>
<td>54</td>
<td>Still the same</td>
</tr>
<tr>
<td>Early marriage</td>
<td>25</td>
<td>Once a Year</td>
<td>53</td>
<td>Still the same</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>26</td>
<td>Once a Year</td>
<td>38</td>
<td>Minor Decrease</td>
</tr>
<tr>
<td>Drop out</td>
<td>28</td>
<td>Once a Year</td>
<td>69</td>
<td>Minor Increase</td>
</tr>
<tr>
<td>Game addiction</td>
<td>91</td>
<td>Everyday</td>
<td>97</td>
<td>Major Increase</td>
</tr>
</tbody>
</table>

Parents, teachers, and children were asked to reflect on the frequency child protection issues occurred and the changes they witnessed during the pandemic. The protection issues that all three groups reported increasing during the pandemic were game addiction, child labor, school dropout, and mental health (specifically depression and anxiety). Both parents and teachers reported that the main reason children were addicted to mobile games was because children have more free time as schools are closed. At the same time, migrant parents often work long hours, some for 7 days a week, which makes it difficult for them to monitor their children’s device usage and daily routines. Interviewed children shared that they tend to lose interest in online learning and, as a result, spend more time playing mobile games. Gang involvement, drug abuse and conflict with the law were not witnessed by interviewed teachers and parents.
Teachers, parents, and children all responded that child labor had increased as a result of the pandemic. Participants felt that as migrant families struggle for basic survival, parents felt pressure to bring their children to the workplaces. As an example, parents working in the agriculture sector might bring their children to the fields as they don't want to leave them at home unsupervised. While at the fields, a child might be offered a nominal wage of 500 - 1,000 THB/month (approximately $15 - $30 USD/month) to assist their parents in the fields. Due to the closure of schools and migrant learning centers, many children are not engaged in regular learning which influences parents to have their children work to support their family or take care of younger siblings. Teachers also stated that, under normal circumstances, some children were brought out from classes for seasonal harvesting. During COVID-19 it has become regular practice that children go along with their parents to the workplace. Teachers shared that in some cases, children choose to work instead of learning because they felt that their parents couldn't provide for all their family's needs. Some youth were making the choice themselves to work to make their own money. Teachers also noted that students were also likely to drop out if they did not have access to the digital devices needed for online learning.

Through qualitative responses, researchers identified that stressful family relationships, movement restrictions due to COVID-19, and family arguments due to financial challenges greatly influenced children's mental health and heightened children's anxiety. Teachers shared that children felt frustrated as they are not satisfied with home-based learning as they can't physically attend their schools. Teachers explained that under normal circumstances, children would open up to their teachers at school if they felt concerned about situations in their family life, but during the current situation children are not able to have that depth of connection easily. Teachers expressed that when parents are facing challenges for their family's basic survival, arguments occur, and parents are more likely to take out their anger on their children. Interviewed children explained that they felt other children in communities were depressed as they constantly worry about getting infected and are not able to attend school and see their friends.

Interviewed parents perceived that the teen pregnancy rate had slightly increased during the pandemic. They felt that youth were choosing to get married in order to leave their families - escaping bad relationships with parents or guardians. Interviewed teachers also stated that both physical and emotional abuse had increased as a result of the pandemic.

“We live in a bean factory and have to work there to cover our family's financial problems. Some children have been working since they were 5 years old. Some children don’t have any parents or guardians. They begin by helping their parents, then later start working full time.”

- Migrant teacher

“We are afraid to go out. We cannot go out freely. We feel like we are in detention. We cannot go to school. The shop does not sell us the medicine we used to buy before. We are discriminated against as they see us Burmese, meaning we have COVID-19. We needed to pay a fine of 3,000 baht for not wearing a mask while standing in front of our house.”

- Migrant child
94% of interviewed parents and 97% of teachers felt confident to identify a child protection case. 94% of interviewed parents and 100% of teachers felt confident to report child protection cases. When asked to rate their confidence to provide support to a child facing protection issues, both teachers and parents perceived themselves as ‘very confident’.

Both parents and teachers were asked how they would identify a child who is experiencing protection issues. Both parents and teachers stated that they would identify the problem through observable changes in the child's behavior, facial expressions, or external injuries. Teachers added that they would approach the child and have a conversation to understand more about their problem.

Teachers expressed that if support is needed, they will provide counseling, emotional support, and encouragement to the child. Teachers shared that they will make sure the child feels safe and supported and ask if they had their basic needs met. Additionally, they would connect the child to relevant organizations for more support, if needed. Most parents responded that they don't have experience supporting a child with protection issues, but they would do their best to support the child with basic needs, for example: financial assistance and providing food. When asked who they would report to if a protection case was encountered, all participants stated teachers and school headmasters would be the first people they reach out to. In addition, children and parents stated their second point of contact would be community leaders. Teachers felt HWF staff were a trusted source to reach out to (Table 9).

Table 9. Person a CP case would be reported to (ranked first to last)

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th>Teachers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MLC Headmaster</td>
<td>MLC Headmaster</td>
<td>Teachers</td>
</tr>
<tr>
<td>2</td>
<td>Community leader/ village head</td>
<td>HWF Staff</td>
<td>Village leader</td>
</tr>
<tr>
<td>3</td>
<td>MLC CP focal person</td>
<td>CPPCR</td>
<td>Parents</td>
</tr>
<tr>
<td>4</td>
<td>CPPCR</td>
<td>MTC</td>
<td>Child protection organization</td>
</tr>
<tr>
<td>5</td>
<td>MTC</td>
<td>MLC CP focal person</td>
<td>Someone they trust</td>
</tr>
<tr>
<td>6</td>
<td>HWF Staff</td>
<td>Community leader/ village head</td>
<td>Adult (siblings, aunt, uncle,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>grand parents)</td>
</tr>
<tr>
<td>7</td>
<td>Thai Social Welfare Department</td>
<td>Thai Social Welfare Department</td>
<td>Police</td>
</tr>
</tbody>
</table>
4.2 Child Protection Systems and Services

As seen in Figure 3, 43% (39/91) of teachers and school headmasters stated that they knew a child who had received protection services in the past. Out of the 13 groups of teachers interviewed, participants in 9 of the groups mentioned that they knew of protection cases that had occurred in the past. Examples included a child beaten by their stepfather, a child getting pregnant, and a child taken away by a stranger. Only teachers from one focus group mentioned that they knew of a child receiving services such as being taken to a safe house or the family getting connected with an organization to support. However, teachers largely believed that the protection cases they knew of were resolved, with the perpetrator being convicted. Teachers felt that children often don't receive necessary services.

Of the parents interviewed, 31% stated they knew a child who had received protection services such as livelihood support or support to resolve a CP case. Parents mentioned three child sexual abuse cases during interviews. Two of the cases were resolved with the perpetrator being arrested. The other case wasn't resolved due to the parents’ lack of knowledge and inability to take action. The victim’s parents did not reach out to child protection organizations, so the case was neither resolved nor supported in the end. Interviewed participants felt that often migrant parents are not aware of services available and, as a result, children don't receive necessary support.

Figure 3. Regularity of children receiving protective services

Parents: Do you know a child that has received child protection services? Teachers: Do you know a child who has received child protection services?

Parents and teachers were asked to identify the barriers community members face in order to access protective services. 75% of teachers perceived that the most common barrier to accessing child protection services in their community was parents’ lack of legal documentation. Not having legal documents makes it difficult for migrant families to contact organizations or government authorities that could assist them. Other barriers identified by teachers included migrant families not being aware of available services, fear of authorities, feeling ashamed to report or ask for support, and language barriers. Most (43%) interviewed parents perceived not being aware of available protection services as the greatest barrier (see Figure 4).
Both interviewed parents and teachers stated that children who live in remote areas (such as mountainous areas, in or near agricultural fields far outside the city) have less access to child protection services due to unstable phone signal, few organizations within their network, and long travel distances to receive support. Both interviewed parents and teachers rated the most common protection risks as game addiction and child labor. Interviewed parents selected early marriage as their third most common risk. Teachers perceived school dropout as their third most common risk to children during the pandemic. (see Figure 5).

Figure 4. Perceived barriers to accessing child protective services

Figure 5. Most common child protection risks for migrant children
During focus group discussions, children were asked to analyze how different protection risks had affected them and their friends. Children felt that game addiction had a negative impact on their health, including potentially damaging their eyes and adding to their anxiety. They perceived that frequent gaming affected their emotional development and reduced interaction time with friends and their family. Children expressed that excessive gaming has also led to negative attitudes towards children in their communities. Examples were shared of children stealing money in order to play online games. Interviewed children felt that child labor could effect a child's physical development due to exposure to hard labor at a young age. Children shared some examples of young workers who were arrested in their community due to not having a valid ID card at their workplace. During focus group discussions, children perceived that early marriage can negatively influence their peers to do the same. They also believed that early marriage also leads to divorce when young couples face problems they can't solve. Children also expressed a variety of feelings towards protection risks. For example, children shared that they felt sorry to hear about peers who got married at an early age and, as a result, were facing financial challenges. Children described feeling sad about their friends who are now working as a result of the economic impact of the pandemic. Children stated that they felt continually stressed and upset about not being able to go to school.

4.3 Solutions from Stakeholders

Parents, teachers and children were asked to reflect on the child protection risks listed above and suggest solutions to reduce and stop them. Each interviewed participant group contributed distinct ideas on how to mitigate child protection risks in their communities. Children and teachers tended to propose specific solutions for each problem, clearly identifying key stakeholders needing to be involved. On the other hand, parents' responses tended to be more general, revealing that many were not aware of existing child protection channels, relevant contact numbers, or reporting mechanisms. Some interviewed parents were not able to provide any suggestions or solutions to existing problems for children in their community. This suggests that many migrant parents require both fundamental knowledge regarding child protection (including root causes and potential consequences) and introduction to existing child protection networks. It could also suggest that many of these risks have been normalized in the eyes of migrant parents to the point that they don't perceive them as risks.

1. Awareness Raising

The findings of this study suggests that parents, teachers and children find it critical to receive additional knowledge of child protection in local languages through training and Information and Education Communication (IEC) materials. Awareness needs to extend to entire communities, not only those with or supervising children. Although parents and teachers felt confident identifying CP cases, additional information is needed to increase their confidence to take action once a case has been identified. Interviewed teachers and children were more specific about the type of information needed. Requested topics included: child abuse, positive parenting techniques, sexual and reproductive health, child rights, internet literacy, and drug abuse. Both teachers and children recommended that parents and the wider migrant community be more aware and involved in education and protection activities.
2. Support Basic Needs

The evidence collected illustrates a baseline of anxiety among interviewed participants regarding the lack of access to basic needs such as personal protective equipment and dry food. Limited resources resulting from increasing levels of poverty could have a negative impact on child development and expose them to other risks related to CP, especially child labor and early or arranged marriage. As an emergency solution, teachers, parents and children proposed that future CP prevention and response activities also include the provision of necessary food, health, safety and resources.

3. Identify Additional Online Learning Resources

Migrant children are spending more time on their phones as a result of MLCs being closed. This highlights the correlation between school closure and the increase of CP concerns, such as game addiction, dropout, and child labor. Both interviewed children and teachers recommended alternative education platforms and online support as methods of reducing CP issues while schools are closed. In contrast, most interviewed parents believed that school reopening was needed to keep children safe and engaged in learning.

“Community members are not aware of when and how to ask for help. More awareness raising would greatly support us.”
- Migrant parent

“During Covid families face food security problems and schools cannot open. Children go out to work and stop going to school. After they start working, I worry my friends won’t want to go back to school.”
- Migrant child
4. **Communication and Coordination Between Key Actors**

It was widely recommended to involve community leaders, NGOs, MLC staff, and community members in child protection efforts. Clearer communication is needed among the agents involved in child protection to reduce the risk of revictimization and increase holistic approaches. Surprisingly, only a small number of childrens’ responses placed children themselves as part of the solution. All interviewed participants recommended awareness raising specifically for children so that they could better protect themselves. Teachers were the only interviewed group that recommended involving government agencies as part of solutions. Teachers recommended introducing a trained CP focal point in each community to take responsibility for awareness raising, case management, and coordination between organizations, government agencies and community members. If migrant communities have CP focal points, similar to those in MLCs, teachers believed the communities would be safer for children during this challenging period.

5. **Clear Referral Pathways**

Teachers and children demonstrated possessing knowledge of reporting pathways when asked what they would do if they became aware of a CP case. However, many teachers believed parents and community members were not aware of existing reporting pathways. Indeed, many interviewed parents requested information regarding specific referral systems and contact numbers as they couldn't identify which organization to contact. With MLCs closed, this information requires resharing with parents as they can no longer rely on the systems centered on migrant learning centers.

“We need to work cooperatively among parents, neighbours, and child protection organizations.”

- Migrant child
5. RECOMMENDATIONS

1. Involve in Youth Solutions - Have Youth Teach and Support Younger Children

Our research found that there are few educational opportunities for youth and many have free time. Youth could be trained and engaged to teach and support younger children, especially those in communities in lockdown where teachers face difficulties accessing their students.

Other suggestions to empower youth include involving them in the process of creating safer communities and promoting their participation in the decision-making process. Engaging youth and children in the response and prevention of Child Protection ensures that the voices of girls and boys are heard and are given equal value to those of adults. It empowers children to seek solutions themselves and with adults, to the challenges and dangers they may face. Involving children will have substantial benefits as children are often more informed, and more honest, about certain issues compared to adults (Save the children, 2012).

2. Build Strong Routines to Support Child Development

Safe community spaces and new tools to support children's socioemotional needs are required to engage children and keep them connected to their Migrant Learning Centers. Providing access to efficient and effective online learning opportunities would reduce the risk of being exposed to abuse and violence.

The findings also revealed that migrant communities need devices and greater access to the internet in order to participate in distance learning. Teachers need support to be able to convert offline learning routines and practices into those relevant in the digital era.

3. Engage Community Leaders as Responders to CP Cases

Due to the current COVID-19 situation including widespread community lockdowns and travel restrictions, it is recommended to reinforce existing community-based child protection systems. With Migrant Learning Centers being closed, migrant children have lost an invaluable safety net and a lifeline connecting them with Child Protection services. Training of and with trusted community members such as community leaders and village chiefs will ensure community members with influence understand the services available.

As an example, the Village Safety Net case study (Save the Children, 2012) involved existing community structures to create safe environments for children through workshops which ultimately increased prevention and responses to CP risks. Community ownership was consolidated, encouraging all members of the community to work together. In this way, the voices of children and adults were heard and led to action.
4. **Strengthen the Presence of CP Focal Points in Communities**

Migrant Learning Centers each have a Child Protection focal person who manages any cases and is responsible for reporting to organizations that can provide assistance and counselling. With Migrant Learning Centers closed, Child Protection focal points need to be established in children's communities. The role of these agents would provide more channels for reporting and allow for a faster response when a concern is raised.

5. **Address the Digital Divide**

International literature regarding COVID-19 responses has remarked that Information Communication Technology (ICT) and social media have become essential tools to support marginalized children while schools are closed (Save the Children, 2017). The mobile phone is now an essential need for migrant children and youth: not for its status, but for its utility in keeping migrant children safe and connected to family. Youth who possess a mobile device have the opportunity to access updated information and e-learning, while those without a device have few options for new learning. Additional devices are needed as well as support for data costs.

6. **Support Teachers with Information Technology (IT) Skills**

Expanded Information Technology proficiency would connect teachers with a variety of online resources to provide during online lessons which could better engage their students. Having a larger toolbox from which to draw from would allow teachers to spend more time connecting with their students and less time lesson planning.
With schools closed, children need safe places to continue learning. It is recommended to equip communities with personal protective equipment, tables, desks and chairs, and provide a well-ventilated space specifically for children. These spaces could be supervised by a trained community member or teacher living in the community.

With this option, children would be supported with safe community-based learning spaces that focus on creativity, free play, and socio-emotional support. These spaces could also be managed by a team of youth leaders who could help to teach and guide younger children. This learning would supplement the academic teaching provided by MLCs to ensure a more holistic education is provided as well as increasing activity time for students while MLCs remain closed. In addition, the community centers would provide protection from risk, promote psychosocial well-being, and strengthen community-based child protection capacity.

7. **Use a Multimodal Approach to get CP Information Where it’s Needed Most**

The findings highlight the importance of using child friendly language to convey the key message of Child Protection. The awareness raising materials need to be available where the abuse happens, in this case, in children's communities. Some modalities that could be used include pamphlets, promotional videos, posters and radio programs.

Integrating child protection messages and activities into community and school routines increases their adoption. While it may be more cost effective to disseminate Information, Education and Communication (IEC) materials, it is recommended to conduct in depth activities with specific target groups, especially when seeking to reach and involve the most marginalized children (Plan International, 2014). According to Save the Children (2016), the use of media to transmit key messages is an important tool to support awareness raising and change social norms.

8. **Create Child Safe Spaces in Migrant Communities**

With schools closed, children need safe places to continue learning. It is recommended to equip communities with personal protective equipment, tables, desks and chairs, and provide a well-ventilated space specifically for children. These spaces could be supervised by a trained community member or teacher living in the community.

With this option, children would be supported with safe community-based learning spaces that focus on creativity, free play, and socio-emotional support. These spaces could also be managed by a team of youth leaders who could help to teach and guide younger children. This learning would supplement the academic teaching provided by MLCs to ensure a more holistic education is provided as well as increasing activity time for students while MLCs remain closed. In addition, the community centers would provide protection from risk, promote psychosocial well-being, and strengthen community-based child protection capacity.
6. REFERENCES


