PROTECTING HUMAN RIGHTS DURING AND AFTER COVID-19: A CHILD RIGHTS’ PERSPECTIVE

JUNE 19, 2020
HARVARD UNIVERSITY
Protecting Human Rights During and After COVID-19:
A Child Rights’ Perspective

Authors: Jacqueline Bhabha¹, Roshni Chakraborty ², Vasileia Digidiki ³, Margareta Matache ⁴, Samuel Peisch ⁵ and Ana Cristina Sedas ⁶

Summary: The impact of the COVID 19 pandemic on the basic rights of vulnerable children has been extensive. This submission presents evidence of the pandemic’s impact drawn from several different constituencies with whom the FXB Center has an active research engagement: (1) Roma children in Europe, (2) Migrant children in Mexico and Central America (3) Vulnerable children in India, including Rohingya refugees (5) Child victims of domestic abuse in the US. States’ response to the pandemic have exacerbated the vulnerability of many groups of children, leaving them without access to basic rights and exposing them to increased exploitation, abuse, discrimination, and community isolation. The submission concludes by advocating for non-negotiable child protection obligations to be enforced as a necessary element in all public health policies instituted to address the COVID-19 pandemic.

¹ Professor of the Practice of Health and Human Rights, Director of Research at the FXB Center for Health and Human Rights, Harvard University.
² Harvard College, Class of 2021
³ Instructor, Health and Human Rights Fellow, FXB Center for Health and Human Rights, Harvard University.
⁴ Instructor, Director of the Roma Program, FXB Center for Health and Human Rights, Harvard University.
⁵ Project Manager, Masters in Public Health Class of 2020, Harvard, T. H. Chan School of Public Health
⁶ Masters of Medical Sciences in Global Health Delivery, Class of 2021, Harvard Medical School.
Introduction

Children are, in general, less at risk of COVID-19 related morbidity and mortality than adults. However, like other vulnerable communities, some groups of children are at heightened risk of human rights violations as a result of the pandemic and the responses to it. In the follow submission, the FXB Center for Health and Human Rights at Harvard University offers some empirical observations and related recommendations to inform the reflections of several Special Procedure mandate holders within the UN Office of the High Commissioner for Human Rights.

The disproportionate exposure to pandemic-related harm of some groups of vulnerable and marginalized children affords an opportunity to rethink and improve child protection mechanisms affecting these children beyond the confines of the current situation. An overarching consideration is the critical importance of ensuring that the pandemic, and the complex socio-economic consequences likely to flow from it, are not racialized - that "outsiders", be they children from racial or ethnic minorities, non-citizens, or other socio-economically excluded constituencies - are not identified and stigmatized as contaminators undeserving of full access to social protection.

Impact of COVID-19 on access of children to essential services

The COVID-19 pandemic has had dramatic spill-over impacts on the access of various vulnerable child constituencies to a range of services essential to the fulfilment of fundamental human rights. We detail some of these impacts below, as they have affected diverse constituencies with whom the FXB Center has an ongoing research relationship.

(i) Shelter/ Food / Water

Roma children in Europe: Roma children across Europe have long been affected by racialized poverty and structural inequities. According to a 2016 survey, 80% of Roma were living below the poverty line; 30% had no running water, and 46% had no indoor toilet or shower. In Romania, 68% of Roma live in households without tap water inside their dwelling (compared to 38% of the majority population); the same is true for 27% and 23% of Roma (compared to 12.6 and 0.7% of the majority populations) in Slovakia and Bulgaria respectively. This lack of easy access to running water presents a serious threat to the health of Roma families at a time when frequent hand-washing is a key public health requirement for reducing the risk of infection.

In Romania, the average number of rooms per person is 0.7 for Roma versus 1 for non-Roma, while in Spain it is 0.9 for Roma and 1.9 for non-Roma. In Slovakia and Bulgaria, the discrepancies are even worse: 0.5 for Roma versus 1.1 for non-Roma, and 0.7 for Roma versus 1.1 for non-Roma. Moreover, in Romania alone, some Romani families struggle with forced eviction and its

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9 Ibid.
consequences, as in the case of Pata-Rat in Cluj-Napoca, known as “Europe’s largest waste-related
ghetto,”[10] where more than 1,500 Roma, including children, live in toxic and dangerous conditions
near a landfill. Enforced overcrowding or residence in toxic environments aggravates the risks of
respiratory infection and, related, of COVID morbidity.

Roma children and their families have also experienced greater food scarcity since the pandemic’s
onset. 40% of the Roma in Spain participating in a 2020 study, report hardships in accessing food,
with 20% of Roma Spanish children deprived of the free school meals they had been receiving.[11]

**Migrant children in Mexico:** The draconian anti-immigrant policies of the current US
administration have attracted considerable attention. Like numerous other governments, the US
has used the advent of the pandemic to justify comprehensive border closures, including the
complete suspension of asylum processing. However, by contrast with other states, the US has
implemented a radically asymmetrical approach; while blocking all entrants to the country, it has
continued to deport undocumented distress migrants, including children, without screening them
for credible fear or for the virus.[12] Two cases illustrate the child rights violations caused by this
approach. A 16 year old child fled Honduras after being sexually assaulted by her father. The
child sought asylum in the U.S. but after spending some time in the U.S. detention centers was
deported back to Honduras with her mother. Upon return, she was vilified by family members
loyal to the father.[13, 14] On May 22, a 10 year-old asylum seeking child crossed into the U.S.
unaccompanied. A few days later his stranded mother in Mexico discovered her son had been
deported back to Honduras.[15]

Deported migrant children are removed to under-funded and overwhelmed border cities in Mexico,
where protective measures like “social distancing” and the use of personal protective equipment
are unavailable.[16] These deportations have aggravated a pre-existing crisis: already in 2019, the
number of returnees outnumbered the space available in migrant shelters by 11 to 1.[17, 18] By the
end of March 2020, border cities had around 25,000 migrants who were forced to choose between
unsanitary detention centers, overcrowded informal camps and abandoned houses for shelter.[19]
Anecdotal reports note that deportees are held in severely overcrowded spaces: some share beds
others sleep on the floor, unable to avoid physical contact.[20]

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11 https://www.gitanos.org/actualidad/archivo/131067.html

12 Pradilla A. (March 21, 2020). *Deportaciones exprés y albergues sin protocolo: el impacto del COVID-19 en la migración.* Available at:

13 Lovera P S. (June 2, 2020). *Coronavirus en EE.UU.: las silenciosas tácticas para expulsar a más de 900 niños y adolescentes inmigrantes a raíz
de la pandemia del covid-19.* BBC News.

14 Lovera P S. (June 2, 2020). *Coronavirus en EE.UU.: las silenciosas tácticas para expulsar a más de 900 niños y adolescentes inmigrantes a raíz
de la pandemia del covid-19.* BBC News


16 Rodríguez R. (July 18, 2020). *Albergues de migrantes en el norte de México están abarrotados y piden apoyo al gobierno de AMLO.* CNN
Latinoamérica. Available at: https://cnnespanol.cnn.com/video/exigen-mejorar-albergues-migrantes-fondos-gobierno-amlo-asilo-pkg-rey-
rodriguez-perspectivas-mexico/

17 HRW. (2019). *Kids in Cages: Inhumane Treatment at the Border.* Available at:

18 By the end of 2019, Mexican authorities identified 48,753 girls, boys and adolescent accompanied and unaccompanied migrant children, however
only 1,188 migrant children received protective services by the federal government

19 El Economista. (April 26, 2020). *Migrantes varados en la frontera norte, altamente vulnerables al Covid-19.* Available at:

20 El Sol de Parra. (June 1, 2020). *Migrantes viven maltrato y temen brote de Covid-19, en albergue de Juárez.* Available at:
noticias-de-chihuahua-5307825.html
Troubling exposure of migrant children to aggravated risk also occurs at Mexico’s southern border. After the Mexican/Guatemalan border was closed on May 13, buses filled with migrants (pregnant women, children, elderly people, persons with chronic conditions) started departing overnight from northern border cities, forcibly off-loading their passengers at the borders of Guatemala without access to food, water, shelter or healthcare. According to migrants’ testimonies, after being bussed to the borders, they were told to find their own way home, despite border closure and lockdown in Guatemala.

**Rohingya Refugee Children in India:** In some of the Rohingya refugee camps in India, as many as 15 to 20 percent of births are stillbirths and even more are premature because of a lack of critical nutrients. With food inflation rising over 8.6% following the onset of the COVID-19 pandemic, nutrition and the frequency of food consumption have decreased.

**Street children in India:** Prior to the lockdown, there were at least 2 million children living on the streets. They work as rag-pickers, street vendors, and are often forced through violence into networks of beggars. After the lockdown, many remained in the streets or began walking back to rural areas where they had family. No child-specific provisions were included in the Government’s lockdown announcement. Instead, the children had to fend for themselves by calling hotlines and sending videos of themselves requesting food and other essentials. There are reports of children eating only once in two or three days or unable to fetch water or firewood. After an urgent call from the National Commission for the Protection of Child Rights (NCPCR) to bring children to shelters instead of distributing food to them on the streets, a large number have been brought to state-run shelter homes or have returned to their home districts.

**(ii) Health care**

**Migrant children in Mexico:** With the onset of the pandemic, civil society organizations have lacked the capacity to conduct effective health screenings, while public health workers have been blocked from visiting shelters and camps. No consistent system has been instituted to isolate and quarantine those who are infected. Instead these individuals are simply placed in a fenced area within the shelter or settlement with even more limited access to basic facilities such as bathrooms or clean running water. Private hospitals limit the reception of migrants to those with INSABI

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21 Members of the Citizen Council of the Migration National institute.
insurance or the capacity to pay out-of-pocket, both of which are hard to secure during the pandemic. 30

**Rohingya Refugee Children in India:** Rohingya children in northern Indian states like Delhi and Haryana do not receive vaccinations from government agencies and suffer from undernourishment.31

**Education**

**Roma children in Europe:** Pre-existing deficits in Roma children’s access to education have been exacerbated by the pandemic. For example, only 8 of 10 Roma children are enrolled in compulsory education in Romania. 32 The unavailability of IT equipment, Internet connections, and even electricity has further deepened Romani children’s exclusion from education. 33 For example, as Bulgaria shifted to online education, 11% of students, mostly Roma, did not benefit from online classes, and could only learn if teachers and mediators helped them via phone and in person. 34

**Risk of exploitation and abuse**

(i) **Suspension of labor regulations in India**

**Child labor in India:** The Indian government has suspended many labor regulations to stimulate economic activity following the outbreak of the pandemic, in some of the largest states like Uttar Pradesh, Madhya Pradesh, Rajasthan, and Punjab. 35 Increasing work hours, suspending the Minimum Wages Act, and removing guarantees of job security will especially affect children, who have low bargaining power. This is also concerning because of the sector and occupations that children are engaged in. The increase of the workday to 12 or more hours in the states that are the biggest employers of child labor—Uttar Pradesh, Rajasthan, Madhya Pradesh, Maharashtra, and Bihar—could be deadly. 36

(ii) **Increased risk of trafficking, bondage, slavery**

**Child labor in India:** Cheap labor will be in demand once the economy reopens fully and many families will be compelled to sell their children or send them to cities or tier-II towns to work

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31 Neha Dixit, (February 5, 2018). For Rohingya Refugees in India, Even Basic Nutrition Services Are a Distant Dream. *The Wire*. Available at: [https://thewire.in/health/rohingya-refugees-india-even-basic-nutrition-services-distant-dream](https://thewire.in/health/rohingya-refugees-india-even-basic-nutrition-services-distant-dream)
34 The Guardian. (May 10, 2020). *Some days it's over by 11am*: schooling under lockdown around the world. Available at: [https://www.theguardian.com/world/2020/may/10/homeschooling-under-lockdown-around-world-coronavirus](https://www.theguardian.com/world/2020/may/10/homeschooling-under-lockdown-around-world-coronavirus)
36 “Statistics of Child Labour in India State Wise.”
because of strained family resources. Bonded labor is a major concern. In a widely-cited study about the impact of the lockdown on workers in India, 41% said they would be forced to stay in cities because they were afraid of the repercussions of unpaid rent and loans.\textsuperscript{37} Reports have already emerged of debt bondage or bonded labor, where families have had to offer up their children to moneylenders because they cannot repay loans taken to cover the costs during lockdown.\textsuperscript{38}

**Child marriage in India:** There are reports of an increase in child marriage during the lockdown. In the first two weeks of the lockdown in Karnataka alone, the national help-line Childline received 37 calls about child marriage. The children mostly came from larger families seeking to reduce the number of mouths they had to feed by marrying off their daughters to elders in the community in need of care.\textsuperscript{39} Over 85% of domestic workers have not been paid since March, and many have returned from cities to their home villages. This increase in the number of young unemployed girls is a cause for concern and a potential target for bride traffickers.

**Migrant children in Mexico:** Mexico’s informal markets saw a sharp drop in labor demand, directly reducing income generating opportunities for non-citizens. Since Mexico has denied work authorization to asylum seekers forced back into Mexico from the US and other non-citizen deportees, the pandemic’s economic fall-out is forcing them to gravitate toward dangerous and illegal activities. The recruitment of deportees and returnees into sex-work and organized crime as a survival mechanism has been reported\textsuperscript{40,41}. This risk is high among unaccompanied children.\textsuperscript{42} Every day 4 unaccompanied children and adolescents disappear and 3 are murdered in Mexico.\textsuperscript{17}

\textbf{(iii) Risk of Abuse: Helplines}

**Child labor in India:** There are reports of traffickers returning children back to their home villages because they were unable to feed and house them following the lockdown.\textsuperscript{43} The NCPCR has found hundreds of children traveling from destination states including Rajasthan and Gujarat to source states including Bihar and West Bengal. The Childline Foundation also found that child laborers working in agriculture in north and west India, including in Maharashtra and Gujarat, have been moved back to their villages. These children were carrying fake Aadhar (identity) cards showing that they were of age. West Bengal, with the second highest number of missing children


in India, has requested help from the central government because their rescue operations have been halted due to a lack of resources and the suspension of inter-state movement.44

**Children at risk in the US:** The closure of schools and daycare centers in response to the pandemic, has increased children’s exposure to domestic abuse, while reducing their access to traditional in-person support networks and mandatory reporters (such as teachers and guidance counselors).45 A significant proportion of child protective service referrals come from educators (21% of the 4.3 million referrals in 2018, the most recent year for which federal data are available).46 New York City, the epicenter of the pandemic in the US, has witnessed a 51% drop in child abuse reporting, which experts believe very likely signals a proportional increase in unaddressed abuse, neglect, or mistreatment indicative of a “shattering” of the child protection system.47 Reported rates of abuse and neglect in Washington D.C. declined by 62% between mid-March and mid-April this year according to D.C. Child and Family Services, and referrals from school staffers in Maryland and Virginia to child protective services declined 94% during the same period.48

The National Sexual Assault Hotline reported that this was the first year that the majority of “visitors” were minors, 79% reportedly living with their abuser during the pandemic.49 ChildHelp, a national child abuse hotline, reported a 31% increase in calls during COVID-19,50 and the National Center for Missing & Exploited Children (NCMEC) reported an even larger (106%) increase in reports of sexual exploitation to their helpline.51

**Discrimination/stigma/racialization/exclusion**

**Black and Hispanic Children in the US:** The pandemic has had a disproportionate impact on Black and Hispanic communities in the US, including children, a reflection of endemic structural racism and deep-seated inequality across all key socio-economic domains.52 Thus, COVID-19 mortality rates are higher for racial/ethnic minorities compared to whites in all age strata, including for children.53 Moreover, poverty and limited access to adequate housing options force a significant number of Black and Hispanic children in the US to reside in high-density, multi-

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48 Schmidt, S. & Natanson, H. (30 April 2020). With kids stuck at home, ER doctors see more severe cases of child abuse.
50 ChildHelp. Help a survivor through the Childhelp Critical Relief Fund. Available at: https://www.childhelp.org/blog/help-a-survivor-through-the-childhelp-critical-relief-fund/.
generational housing units where physical distancing is impossible. Racial discrimination within healthcare systems has also hindered this population’s ability to access adequate testing and quality care.  

Roma children in Europe: The pandemic has unleashed renewed anti-Roma racism, including physical and emotional violence, targeting children. This is an aspect of the broader racialization of the pandemic that casts minorities as contaminators. In April, in Krompachy, Slovakia, a police officer beat a Roma boy and four Roma girls (aged between 7 and 11) with a truncheon and threatened to shoot them for violating lockdown regulations. “We went for wood and the cop began to chase us and shouted at us that if we didn’t stop, he would shoot us. We stopped and he took us into a tunnel and beat us there,” one girl told Press TV. In Hunedoara, Romania, online videos show “a man being beaten by special forces inside a block of flats, on the stairwell, while a 14-year-old child is violently abused near the block. Police entered many homes without a warrant, used tear gas indoors, including against women and minor children (one child was 11 years old).” Romani children were also victims of April police attacks in the Bucharest neighborhoods of Bolintin Vale, Giurgiu and Rahova. In May, in Rociana del Condado, Huelva, Spain, a vigilante citizen murdered a Romani man before the eyes of his 7-year-old son.

Migrant children returned from Mexico: Deportees to Guatemala face severe discrimination that can lead to physical abuse as they are perceived as carriers of the virus and therefore a risk to the local society. According to UNICEF, hostile behaviors toward child deportees and returnees are widespread, even from family members who target them as carriers of the virus. Delays in testing aggravate these risks. Between March 13 and May 13, only 593 returned migrants in Guatemala out of 2,122 were tested. Negative test results in many cases do not reduce the exposure to community hostility.

Street children in India: Street children are often invisible, with studies showing that up to 90 percent and above in cities like Kolkata, Patna, and Mughal Sarai do not possess any form of legal documentation at all. This denies them access to government services including rations, health services, and education, rendering them dependent on non-profits often unable to reach them because they had not been awarded “essential service” status.

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56 Open letter Romani CRiSS and UCTRR Are Asking for the Immediate Dismissal of the Minister of Internal Affairs and of his Chief of Staff following Recent Violence by Romanian Police. Available at: http://drepturile-omului.info/arkiva-stiri/?fbclid=IwAR3gchrEn7GTnPPX5d-Q0FgIBU6WpaTICrCYAopk1EU5gML64VbEbgA&lang=en

57 Mesa, A. C. & Salazar, M. S. (May 17, 2020). Life Worth a Hill of Beans?. Available at: http://www.pterodactilo.com/is-a-romani-life-worth-a-hill-of-beans/?fbclid=IwAR3W_TwjTwL_4Eb-G-Xh0J52TaTI6XJXSNTKH4DrM0M-7GLxbNN4WnJCCy


The pandemic as a pretext for accelerated removal/expulsion.

**Deported migrant children from US:** During the fiscal year 2018 and 2019, the U.S. deported 11,922 unaccompanied minors to Mexico and Central América. With the advent of the pandemic, the U.S. amplified its externalization strategies and deportation procedures to Mexico.

**Deported migrant children from Mexico:** Available data shows that 1,120 children under the age of 11 (1,046 accompanied and 76 unaccompanied) and 1,566 children aged 12-17 were deported or returned from Mexico between January and April 2020, a period during which the pandemic began to hit the Americas the hardest.

**Conclusion**

The evidence presented above illustrates the extent to which the COVID-19 pandemic and reactions to it have impacted the lives of vulnerable children the world over, exacerbating pre-existing child protection challenges and deficits. It demonstrates the urgent need for governments to strongly resist pressures to racialize the pandemic and to mainstream non-discriminatory equal access to social protection, services and to special measures needed to counter the effects of the pandemic. Evidence of the disproportionate impact of the pandemic on marginalized and stigmatized communities, including the Roma in Europe, communities of color in the US, migrants and asylum seekers in the Americas and low caste populations in India highlights an opportunity for States Parties to expand and innovate their child protection tools, to institute vigorous best interests determinations to guide their decisions and allocation of scarce resources, and to promote anti-racist and inclusionary policies that enhance protective capabilities for their most vulnerable populations.

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65 Gobierno de Mexico. *Informacion Importante Covid-19*. Available at: [http://www.policiamigratoria.gob.mx/es/PoliticaMigratoria/Boletines_Estadisticos](http://www.policiamigratoria.gob.mx/es/PoliticaMigratoria/Boletines_Estadisticos)