



Photo: IFRC, child within ARCS marston

SMART PRACTICES FOR PROTECTING UNACCOMPANIED AND SEPARATED CHILDREN FROM SGBV THROUGH ACCESS TO HEALTH AND PSS IN LAST MILE LOCATIONS: **AFGHANISTAN**

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 International Federation
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OBJECTIVE

The objective of the mission was to gather data on Afghanistan as a case study to support the IFRC global study on smart practices for protecting unaccompanied and separated children (UASC) from sexual and gender-based violence (SGBV) through health and psychosocial services in last mile locations.

METHODOLOGY

- 1) Meetings were held in Kabul and Herat with Red Cross and Red Crescent Movement personnel, government officials, and staff of non-governmental organizations and the United Nations (see appendix 1 for a list of key informants interviewed).
- 2) A child protection briefing and feedback session was held with 23 IFRC staff in Kabul.
- 3) A literature review was conducted (see appendix 2 for a list of documents).

BACKGROUND

a) How many UASC are present in the country? How many are girls and how many boys? What is the age ranges of the UASC? Where do the UASC originate from? What factors are driving children to become UASC in the country?

Internal displacement in Afghanistan is rising steeply. The number of people who fled their homes to take refuge elsewhere in the country grew from 492,000 in 2012 to well over 1.5 million toward the end of 2016¹.

Data from the Government of Afghanistan indicates there are approximately 4,679 UASC in Afghanistan.² These include returnees and Internally Displaced People (IDPs). The UASC are almost entirely all males and range in age from 8-18 years.

Factors that are driving children to leave their homes are a lack of security and poor education and economic opportunities and prospects. A drought is now also a threat in the country and on-the-ground actors note that this is a risk for driving more boys to become UASC as their families encourage them to leave their rural homes to seek work in cities or across the border in Iran or Europe.

As long as there is a lack of livelihood and low levels of safety in the country, it seems likely that Afghans will continue to seek stability and survival elsewhere.³

b) What risks for SGBV against UASC have been documented? Who is perpetrating the SGBV? Which populations of UASC are at highest risk? What specific SGBV risks have been identified for girls or boys?

¹ IDMC, Global Overview 2012, April 2013, p.65, available at: <https://goo.gl/T8BLLu>; IDMC, Global Report on Internal Displacement 2017, May 2017, available at: <https://goo.gl/9nfgxH>.

² Meeting and email exchange with Sayed Khushal Haris, Senior Child Protection Specialist, MoLSAMD.

³ Antonio-Donini, A., & Monsutti, G. S. (2016). *Afghans on the move: seeking protection and refuge in Europe*. (Research No. 17) (p. 48). The Graduate Institute of Geneva, Switzerland: Global Migration Research Paper.

The risk of SGBV is a deeply rooted in the country. For instance, around 87% of Afghan women experience at least one form of SGBV in their lifetime.⁴

In Afghanistan, women leaving the family home to escape violent situations are presumed to have engaged in unlawful sexual intercourse, and face prosecution for running away from home or allegedly committing “moral” crimes such as zina (sex outside of marriage). By bringing perceived shame and dishonor to their families, rape victims and women fleeing violence often face double victimization through discrimination, harassment, or even honour killings.⁵

Studies have documented the threats unaccompanied and separated Afghan children face on their journey, including physical and sexual violence and forms of exploitation.⁶ Although it is a challenge to gather and analyze specific details and data. These challenges include cultural sensitivity around discussing SGBV, especially in rural and last mile locations; a lack of systems to collate data from different sources; and general security risks in some locations of the country.

A lack of registration is also a risk. In order to be registered, children need to have authorization from parents or guardians. For UASC, this is very problematic as they are alone. While humanitarian agencies are able to provide some basic essential services like health care and PSS in the short-term, such as a few weeks or a few months, UASC are not able to access these services in the longer-term and therefore are denied basic services when they are ill, injured, under severe distress, including from SGBV.

Due to cultural norms, girls have very restricted movement and it is exceptionally rare for them to migrate unaccompanied. As such, almost all UASC inside Afghanistan, and those traveling outside of the country to other locations, are males. The risk of SGBV against boys in general is a risk, and is well known across the country, especially in the form of ‘bacha bazi’ an Afghan custom that involves boys as young as nine being forced to dress as women and to dance seductively for an audience of older men. These young boys are typically owned by wealthy patrons, and are regularly the victims of sexual assault and abuse.⁷

Because of deeply rooted cultural norms and perceptions of what is masculine, for boys there can be significant stigma against disclosing or seeking support for SGBV.

Considering data on SGBV against UASC within Afghanistan is poor, the details around who is perpetrating SGBV are not well defined. However, the risk from smugglers has been highlighted.

The risk of SGBV also exists in transit and destination countries for UASC leaving Afghanistan. For example, in Greece the risks have been described as an ‘emergency within an emergency.’⁸

SGBV further compounds existing psychosocial risk for UASC. In particular, studies show that the stress and challenges associated with travelling and resettling without a parent or trusted adult, lead to higher

⁴ United States Institute of Peace. (2014). *Women’s Access to Justice in Afghanistan: Individual versus Community Barriers to Justice*. https://www.usip.org/sites/default/files/PW98_Women's-Access-to-Justice-in-Afghanistan.pdf.

⁵ https://drc.ngo/media/2470176/breaking-barriers_challenges-to-implementing-laws-on-violence-in-afghanistan-and-tajikistan-with-special-consideration-of-displaced-women.pdf.

⁶ Antonio-Donini, A., & Monsutti, G. S. (2016). *op. cit.*

⁷ <https://humanrights.brightblue.org.uk/blog-1/2017/8/18/bacha-bazi-afghanistans-darkest-secret>.

⁸ Digidiki, V. & Bhabha, J. (2017). *Emergency within an Emergency: The Growing Epidemic of Sexual Exploitation and Abuse of Migrant Children in Greece*. FXB Center for Health and Human Rights, Harvard University. <https://reliefweb.int/sites/reliefweb.int/files/resources/Emergency-Within-an-Emergency-FXB.pdf>.

rates of depression and symptoms of post traumatic stress disorder (PTSD), compared to other refugee and migrant groups.⁹

c) What plans exist from child protection clusters, or similar inter-agency initiatives, to prevent or respond to SGBV especially in last mile locations? What government systems are in place to protect UASC from SGBV?

The Government of Afghanistan has some legal provisions for protection of children but they are not extensive, fully clear, or detailed.¹⁰ However, it is taking steps to enhance its child protection structures and legislation. For example, in 2017 sexual abuse against girls and boys was added to the penal code.¹¹ In addition, the country's first child protection law is awaiting approval in the parliament. In addition, greater focus on child protection is being placed within Ministries including the Ministry of Labour, Social Affairs, Martyrs, and Disabled (MoLSAMD). MoLSAMD has within it a new child protection department and includes registration of unaccompanied and separated children.

One of the key activities coordinated by MoLSAMD are Children Transit Centers (CTCs). At these temporary centres migrant children are sheltered and registered when they return, mainly due to deportation, from Iran, Pakistan and other countries. When UASC arrive at CTCs social workers conduct an interview / initial assessment. Based on this restoring family links is initiated and reintegration with families is supported. Generally they stay for a few days and services by humanitarian agencies are provided to UASC for several weeks or a few months.

The Government of Afghanistan also leads the inter-agency Child Protection Action Network (CPAN) (Afghanistan Red Crescent are members). CPAN is present in 33 provinces and 115 districts. When an UASC is identified the network supports family tracing, reunification, and reintegration of children back to their families or tries to find appropriate care solutions.

The Government of Afghanistan is part of the SAARC South Asia Initiative to End Violence against Children.¹² An area that has not yet been explored by this group, but may be of value, is child protection in disasters and International Disaster Response Law (IDRL). This is particularly important given the number of disasters, migration crises, and the number of children in the South Asia Region. This may be an opportunity for IFRC to influence IDRL especially as child protection will be part of an upcoming IFRC IDRL checklist for governments.

⁹ Cited in UNICEF. (2016). Spallek, J., Tempes, J., Ricksgers, H., Marquardt, L., Prüfer-Krämer, L., & Krämer, A. (2016). Gesundheitliche Situation und Versorgung unbegleiteter minderjähriger Flüchtlinge – eine Näherung anhand qualitativer und quantitativer Forschung in der Stadt Bielefeld. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, 59(5), 636–641.

Sanchez-Cao, E., Kramer, T., & Hodes, M. (2013). Psychological distress and mental health service contact of unaccompanied asylum-seeking children: Mental health service contact of asylum-seeking children. *Child: Care, Health and Development*, 39(5), 651–659.

Vervliet, M., Meyer Demott, M. A., Jakobsen, M., Broekaert, E., Heir, T., & Derluyn, I. (2014). The mental health of unaccompanied refugee minors on arrival in the host country. *Scandinavian Journal of Psychology*, 55(1), 33–37.

Oppedal, B., & Idsoe, T. (2015). The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. *Scandinavian Journal of Psychology*, 56(2), 203–211.

¹⁰ <https://www.crin.org/en/library/publications/afghanistan-national-laws>.

¹¹ <https://aa.com.tr/en/middle-east/afghanistan-outlaws-sexual-exploitation-of-boys/865975>.

¹² <http://www.saievac.org/>.

2. What existing smart practices exist among the National Society for providing access to basic essential health and psychosocial services to prevent and respond to SGBV against UASC in last mile locations?

a) What existing actions have been taken by the National Society, or partner agencies including health personnel, to provide access to health care or psychosocial support for UASC?

The ARCS in collaboration with the IFRC is planning to develop a child protection policy and then conduct orientation sessions for ARCS personnel. The policy and training are intended for all ARCS staff and volunteers including those working on migration, disaster management, health, and psychosocial projects. Having a child protection policy is an essential safeguarding measure to ensure that humanitarian personnel understand how to safely interact with girls and boys, recognize children's rights, have practical tips to reduce risk of harm, and know where to access help if it is required.

One of the long-standing services of the ARCS is the delivery of five marastoons across the country. The marastoons provide a number of services especially for widows, people living with disabilities, and people with mental health issues. In addition, a main focus is on providing shelter, psychosocial support, health care, and education to children who are alone such as orphans and unaccompanied boys. However, when boys turn 15 years old they are required to leave the marastoons. Although ARCS provides a small financial stipend to help the boys access school, because they have scarce means of sustenance, they rent an apartment or rooms in groups of 4 or 5, often far from the city. The boys do not always choose to go to continue school and are exposed to different risks (political involvement, criminality, etc.).¹³

The marastoons also provide shelter and support for widows and orphaned girls. While orphaned girls are not very often children on the move, they do have substantial risks. For instance, their access to education and skills building can be a barrier to social inclusion into communities once they are old enough to leave the marastoons. In addition, SGBV is a risk for girls across the country, including orphaned girls that do not have full family and community protective systems.

In Herat, the ARCS and IFRC manage a migration project for returnee families from Iran. One aspect of the work by ARCS is supporting Restoring Family Links (RFL) and providing referrals for basic essential services like health care to UASC returnees.

ARCS and Danish Red Cross are initiating a four year PSS project that focuses on IDP children and youth in last mile locations. The project includes establishing PSS Centres in two IDP camps, in Jalalabad and Kabul. The PSS Centres will be adapted from the innovative Dignity, Access, Participation, and Safety (DAPS) centre model being implemented by IFRC in Bangladesh Cox's Bazaar in response to the Rohingya Migration Crisis. The centres are multi-purpose, temporary facilities that provide child friendly spaces (CFS), female friendly spaces, and meeting spaces for men, and are an engagement point where IDPS can access information on local referrals and other support systems. UASC can access information on referrals, community-based feedback mechanisms, and participate in CFS.

An ARCS, IFRC, and Swedish Red Cross health project includes indicators for training MHTs and midwives trained on SGBV survivor centered approach and referrals for adequate support and also for training of

¹³ Danish Red Cross. (2017). *PSS Assessment of Kabul Marastoon*.

CBHFA volunteers connected with MHT on IFRC Protection, Gender and Inclusion Minimum Standards and SGBV prevention and response.

The ARCS and Canadian Red Cross are working to develop a proposal to the Government of Canada that will include specific outputs on SGBV prevention and response and also protection of women, girls and vulnerable populations including UASC.

b) Has a mapping been completed of SGBV prevention and response agencies? Are SGBV referral mechanisms available? How accessible are the referral mechanisms considered?

SGBV referral mechanisms are not collected or mapped or made available to volunteers and staff in general, and in particular, for those working with migrants. As such, there are not clear systems in place if and when an UASC discloses, seeks help, or shows troubling signs of SGBV to a Red Crescent volunteer or staff member. This means that children may go without required support and the foundational humanitarian principle of do no harm would not be met.

c) How are the unique gender needs of girls and boys identified when providing health care or psychosocial services related to SGBV?

SGBV elements are being planned for integration within health care and psychosocial services, yet those activities need to still begin. Detailed gender analyses of migration, health care and psychosocial support projects are lacking among ARCS and IFRC.

3. What are the main barriers facing the National Society to provide access basic essential health and psychosocial services related to SGBV prevention and response to UASC?

Last mile locations in Afghanistan pose many barriers. Highest among these are security threats from ongoing conflicts. In some of these locations the ARCS mobile health teams are the only health care providers. Although MHTs are not trained on SGBV prevention and response, and they do not currently include any prevention material or referral information relating to SGBV. Although there are plans for IFRC to support some training for MHTs starting in 2018.

The geographical terrain of Afghanistan is also challenging and means that small population pockets are scattered across mountainous terrain that are difficult to navigate. Therefore, health and psychosocial services can be hard to access for UASC traveling in these locations.

In general the current state of the health system can be characterized as overstretched and unfit for purpose.¹⁴ A multitude of factors combine to put tremendous strain on the system, including the forced closure of health facilities by Non-State Armed Actors, an increased demand due to an increasing number of war wounded, Afghan returnees and internally displaced persons, and the trend of armed

¹⁴ <https://www.theguardian.com/global-development/2017/jan/30/maternal-death-rates-in-afghanistan-may-be-worse-than-previously-thought>.

groups forcing health facilities to close down temporarily, often in an attempt to monopolize trauma care for their combatants.¹⁵

More specifically in terms of SGBV, there is a serious lack of adequate health care support for child survivors of SGBV, including UASC. These limitations are based on a number of factors¹⁶, including:

- lack of clarity among healthcare providers of their role on identifying, caring for, and supporting cases of SGBV;
- lack of safety of health care providers addressing SGBV;
- lack of knowledge on referrals and reporting options among health care providers;
- the need for more education on SGBV prevention and response for health care providers; and
- the lack of information on quality of services.

While Afghan children continue to migrate alone outside and within the country, and some returnees will seek to depart again, there are few resources available that provide UASC with messages on safe migration. Any messages around safe travel need to ensure that they achieve the do no harm principle by avoiding the perception of being against migration or encouraging children to migrate. The high levels of illiteracy or low level literacy mean that communication messages to children should be very visual.

SMART PRACTICES THAT THE ARCS AND IFRC CAN TAKE TO IMPROVE THE PROTECTION OF UASC

The following actions are not designed to be comprehensive. Rather, they aim to reflect the capacity and existing priorities of the Red Cross and Red Crescent actors; the challenges related to security, resources, and access; and the focus on practical activities that are achievable within 1-2 years.

1. Develop and make ensure briefings on Internal child protection and safeguarding systems

- 1.1)IFRC can continue and intensify support to ARCS to develop a Child Protection Policy and guidance note that will include provisions for working with UASC and protecting them from SGBV.
- 1.2)The online briefing on the IFRC child protection policy can be translated into Dari and Pashto so it is accessible to all staff and volunteers of the ARCS.

2. Provide SGBV and child protection referral pathways to all ARCS personnel working with migrants

- 2.1)IFRC and PNS can support ARCS collect from partners local protection referral pathways in locations where ARCS is working with migrants.
- 2.2)ARCS volunteers and staff need to be provided printed copies of local referral pathways.

3. Train personnel on survivor centered approach to SGBV prevention and response

¹⁵ Ibid.

¹⁶ Stokes, S. Seritan, A.L., & Miller, E. (2016). Care Seeking Patterns among Women Who Have Experienced Gender-Based Violence in Afghanistan. *Violence Against Women* Vol. 22(7) 817–831.

- 3.1) IFRC can support ARCS health, PSS, and disaster response personnel to be trained on one or more of the existing IFRC or external curricula that cover a survivor centered approach to SGBV.¹⁷ Priority can be given to personnel in areas where ARCS is working with migrants, including UASC.
- 3.2) Training should be delivered by experienced facilitators who have technical expertise in SGBV prevention and response, understand the local Afghanistan cultural context, and ideally can speak the local language.

4. Include protection and assistance for UASC within migration projects

- 4.1) As IFRC and ARCS develop new proposals for protection and assistance to migrant families including those affected by the looming drought, being a UASC should be added as a specific criteria for those that the Red Cross and Red Crescent will support. Support should include supporting RFL to UASC and helping them access basic essential services such as health care and psychosocial support.

5. Test innovations to protect UASC in last mile locations

- 5.1) IFRC can provide technical support, as needed, to support ARCS and Danish Red Cross to monitor and define learning around access to referrals, community-feedback mechanisms and CFS for UASC as part of the PSS Centres for children in IDP camps.
- 5.2) IFRC can support ARCS to find funds to test and evaluate a model where unaccompanied boys are provided dedicated re-integration services when they leave marastoons (at age 14); for example having dedicated staff or volunteers to ensure access to health, PSS, education and livelihoods services to reduce the risk of SGBV and other protection threats. This could involve drawing on former marastoon boys who are now living in the city.
- 5.3) IFRC can develop and make widely available, starting in Herat, a comic book on safe migration practices. The comic book can target IDP camps and schools where ARCS works and provide information on safety tips and where to access helping resources for protection concerns. The messages should be carefully developed to ensure a neutral tone so there is not a perception that migration is being promoted or advised against. See annex 4 for draft content that can be refined through a technical review with ARCS, ICRC, local partners such as Save the Children and HAWCA, and IFRC Asia Pacific PGI and Migration colleagues.

6. Organize a Movement coordination meeting on integration of SGBV prevention and response

- 6.1) IFRC can organize a coordination meeting for Movement actors in Afghanistan that are addressing SGBV prevention and response in their programming, in particular related to health, in order to enhance a consistent and standardized approach.

¹⁷ Trainings: IFRC PSS and SGBV training (<http://pscentre.org/trainings/sexual-and-genderbased-violence-a-two-day-psychosocial-training/>); SGBV training for emergency response managers (<http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2018/04/SGBV-Training-Module-HR.pdf>); and/or WHO SGBV treatment protocols health providers in Afghanistan (http://applications.emro.who.int/dsaf/EMROPUB_2015_EN_1882.pdf?ua=1).

7. Explore development of a regional IDRL and Child Protection advocacy report

7.1)IFRC should explore the development of a regional humanitarian diplomacy report on IDRL and child protection in disasters that includes a focus on UASC, in the South Asia Region. This could include coordination or a partnership with the SAARC SAIEVAC initiative and would complement their current strategic focus up to 2022 on sexual abuse and child trafficking.

APPENDIX 1: KEY INFORMANTS INTERVIEWED

Red Cross and Red Crescent

- 1) Abdul Jalil Basiri, Education Director, Kabul Marastoon, ARCS
- 2) Abdul Basir Hemat, Marastoon Director, Kabul Marastoon, ARCS
- 3) Ahmadullah Afzali, Herat Operational Manager, ARCS
- 4) Andrea Pascarelli, Head of Sub-Delegation, Herat, ICRC
- 5) Azita, Herat Disaster Management Assistant, ARCS
- 6) Dr. Attaullah, MHT / Emergency and Health Manager, ARCS
- 7) Basir Ahmad Amiri, Project Manager, Humanitarian Assistance for Migrant Communities, Herat, IFRC
- 8) Dr. Fraidoon Ajam, MHT / Emergency and Health Officer, ARCS
- 9) Ghulam Yahya Rasoli, Herat Disaster Management Officer, ARCS
- 10) Nooruddin Ahmadi, Herat Director, ARCS
- 11) Rajanish Raj Ojha, Programme Manager, Danish Red Cross
- 12) Sarah Afzali, Gender Manager, ARCS

Ministry of Labour, Social Affairs, Martyrs, and Disabled (MoLSAMD)

- 13) Abdul Raziq Salar, General Director of Social Protection and Social Security,
- 14) Sayed Khushal Haris, Senior Child Protection Specialist

NGOs and United Nations

- 15) Hamed Nawrozi, Child Protection Officer, IOM
- 16) Safiullah Amarkhail, Child Protection Advisor, Save the Children and Lisa Kakar, Communications Coordinator, Save the Children
- 17) Shafiq Noori Executive Director of HAWCA, Humanitarian Assistance for Women and Children in Afghanistan

APPENDIX 2: RESOURCES INCLUDED IN LITERATURE REVIEW

Red Cross and Red Crescent Movement

- 1) IFRC Afghanistan Operational Plan 2018
- 2) ARCS Gender and Diversity Policy
- 3) ARCS Gender priorities 2018.
- 4) British Red Cross, Over Under Sideways Down
<http://webapps.redcross.org.uk/RefugeeWeekComic/>
- 5) Canadian Red Cross Gender and Diversity Analysis for Afghanistan 2018
- 6) IFRC and MTV, The Game of Life: The Story of Sharif
<https://www.youtube.com/watch?v=4AedFjPvF5A>
- 7) Danish Red Cross, Psychosocial Assessment Kabul Marastoon
- 8) ARCS/IFRC/Swedish Red Cross Health Project Proposal 2018
- 9) ARCS/IFRC/British Red Cross Marastoon Project Proposal 2018
- 10) IFRC Position Paper on Protection and Assistance for Children on the Move
<http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/11/IFRC-Position-Paper-Children-on-the-Move-LR.pdf>
- 11) IFRC Smart Practices for Working with Migrant Unaccompanied and Separated Children
<http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/11/UASC-Smart-Practices-Manual-Europe.pdf>
- 12) IFRC Strategy on Migration <http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/IFRC-StrategyOnMigration-EN-20171222.pdf>
- 13) IFRC Policy on Migration <http://www.ifrc.org/en/what-we-do/migration/migration-policy/>
- 14) SGBV and IDRL <https://media.ifrc.org/ifrc/?s=SGBV>
- 15) IFRC Ten Migration Principles <http://www.ifrc.org/en/what-we-do/migration/migration-principles/>
- 16) Movement Policy on Internal Displacement <https://www.icrc.org/en/publication/1124-movement-policy-internal-displacement-resolution-no-5-2009-council-delegates>
- 17) Movement Resolution on Migration <http://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/01/R3-Migration-EN.pdf>
- 18) Movement Resolution on SGBV: Joint action on prevention and response
<http://rcrcconference.org/wp-content/uploads/sites/3/2015/04/32IC-AR-on-Sexual-and-gender-based-violence-EN.pdf>
- 19) Movement Resolution on PSS <http://rcrcconference.org/wp-content/uploads/2017/08/CoD17-10.1-MHPSS-adopted-R7-EN.pdf>
- 20) IFRC Child Protection Policy <http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2016/12/DOC-14-193-e-v100-child-protection-policy.pdf>

External documents

- 21) Amnesty International, Forced Back to Danger: Asylum-Seekers Returned From Europe To Afghanistan <https://www.amnestyusa.org/reports/forced-back-to-danger-asylum-seekers-returned-from-europe-to-afghanistan/>
- 22) Child: Care, Health and Development, 39(5), 651–659 (2013). Psychological Distress and Mental Health Service Contact of Unaccompanied Asylum-Seeking Children: Mental Health Service Contact of Asylum-Seeking Children

- 23) Graduate Institute of Geneva, Switzerland. Afghans on the Move: Seeking Protection and Refuge in Europe. (Research No. 17)
- 24) IDMC, Global Overview 2012 <https://goo.gl/T8BLLu>
- 25) IDMC, Global Report on Internal Displacement 2017 <https://goo.gl/9nfgxH>
- 26) IDMC, Going 'Home' to Displacement: Afghanistan's Returnee-IDPs. www.internal-displacement.org.
- 27) Inter-Agency Minimum Standards for Child Protection in Humanitarian Action https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf
- 28) Inter-Agency Toolkit on Unaccompanied and Separated Children <https://resourcecentre.savethechildren.net/library/toolkit-unaccompanied-and-separated-children>
- 29) Inter-Agency Field Handbook on Unaccompanied and Separated Children <https://resourcecentre.savethechildren.net/library/field-handbook-unaccompanied-and-separated-children>
- 30) New York Declaration for Refugees and Migrants <http://refugeesmigrants.un.org/declaration>
- 31) REACH, Multi-Cluster Needs Assessment of Prolonged IDPs: Afghanistan (2017). http://www.reachresourcecentre.info/system/files/resource-documents/reach_afg_report_multicluster_needs_assessment_of_prolonged_idps_january_2017.pdf
- 32) Recommended Principles to Guide Actions Concerning Children on the Move and Other Children Affected by Migration <https://cdn2.sph.harvard.edu/wp-content/uploads/sites/5/2016/06/Principles.pdf>
- 33) Refugee Support Network, After Return: Documenting the Experiences of Young People Forcibly Returned to Afghanistan https://hubble-live-assets.s3.amazonaws.com/rsn/attachment/file/8/After_return_April_2016.pdf
- 34) SAARC South Asia Initiative to End Violence against Children <http://www.saievac.org/>
- 35) Samuel Hall/Norwegian Refugee Council, Access to Tazkera and Other Civil Documentation in Afghanistan <https://goo.gl/hAJHqj>
- 36) Scandinavian Journal of Psychology, 56(2), 203–211. (2015). The Role of Social Support in the Acculturation and Mental Health of Unaccompanied Minor Asylum Seekers
- 37) Scandinavian Journal of Psychology, 55(1), 33–37 (2014). The Mental Health of Unaccompanied Refugee Minors on Arrival in the Host Country
- 38) Violence Against Women Vol. 22(7) 817–831 (2016). Care Seeking Patterns among Women Who Have Experienced Gender-Based Violence in Afghanistan

APPENDIX 3: WEBSTORY

Protecting unaccompanied and separated children in Afghanistan

“I like biology class the best but I wish to become an engineer,” shares Qasim, a 13 year old who lives at one of the Afghanistan Red Crescent marastoons.

Boys across Afghanistan travel inside and outside the country unaccompanied. For some, parents have saved up funds to help them leave home to escape security risks, poverty, and limited education opportunities. For others, conflict or disasters have forced them to flee on their own. In Qasim’s case, his parents passed away and his uncle was too poor to help care for him.

In response to the needs of unaccompanied and separated children, the Afghanistan Red Crescent works to provide essential basic services through several projects. Among these are marastoons (social welfare centres) which serve vulnerable populations including dozens of children like Qasim that have been left unaccompanied.

Mr. Abdul Jalil Basiri, the head of education at the marastoon explains, *“For these children who are alone we try to meet their basic needs like shelter, food, education, health, psychosocial care, and recreation.”*

In Herat Province, each day hundreds of unaccompanied boys originally from Afghanistan are being returned from Iran. The Afghanistan Red Cross helps through restoring family links with relatives and by providing referrals to access basic services like health care. Azita, who assists the Red Crescent Disaster Unit in Herat, emphasizes, *“Unaccompanied children are among the most vulnerable so they are a priority for us.”* She reflects and then adds, *“The referral information we share can be life saving because these boys struggle to access basic health care even when they are unwell or have addictions.”*

Another way the ARCS protects unaccompanied and separated children is through the provision of psychosocial centres in IDP camps in hard to reach parts of the country. At these centres unaccompanied children can access community feedback mechanisms, referrals for local services, and join child friendly spaces. *“These are places inside of the camps where children can cope with their stress, interact with their peers, learn about local services, and just play,”* notes Rajanish Raj Ojha, Coordinator for the Danish Red Cross.

For children like Qasim, their travels can be full of risk yet they can find some safety with support from the Afghanistan Red Crescent. *“Here I go to school and play football with friends.”*

APPENDIX 4: DRAFT CONTENT FOR COMIC BOOK ON SAFE MIGRATION

Total pages = approximately 6-8 including cover and back page

Cover page

Title: Staying safe during migration

ARCS and IFRC emblems

Scene 1

A teenage boy (boy #1), (NAME), walking in a settlement alone wearing a backpack.

Images boy walking in an IDP type settlement.

Scene 2

Boy #2, (NAME), and girl, (NAME), (brother and sister) see the other boy and greet him.

Boy #2 “asalam u alikum, brother. How are you we have not seen you in so long. We have missed you.”

Boy #1 “I have missed you too brother and sister.”

Images two boys and girl talking in a market.

Scene 3

Boy #1 “My travels have been far and long. I have missed my home and family a lot.”

Images boy walking in mountain area, crossing sea in an inflatable boat, and squeezed into a truck with many other people. Looking scared and on edge.

Scene 4

Boy #2 and girl tell boy #1 “Our families are also thinking that I should travel. Life is hard for us. Some in our village have done well and earned money in other places.”

Images table with not much food and worried mother, a father with injured leg/walking with cane, and boy and girl looking at a sign that says school temporarily closed.

Scene 5

Boy #2 “Yes, it is not easy for us. Traveling away has been okay for some but it can also be hard.

Images boy #2 running from a group of men, sleeping in a place that looks like a street or basic shelter, and looking tired of walking.

Scene 6

Boy #2 “I wish I was better prepared. It would have made life a little easier.”

Images of checklist of safety tips ¹⁸ with pictures for each – might be 1-2 full pages

- ✓ Talk with your family about the best options for safe and legal travel
- ✓ Memorize phone numbers for your family and remember your country code. While traveling contact home regularly and provide details of where you are and where you are going
- ✓ Carry important documents with you like personal identification, vaccination cards, and keep photocopies of them in a dry and hidden place
- ✓ Where possible it is best to travel with others
- ✓ Drink water and stay hydrated
- ✓ Pack essentials like clothes for warm and cold climates, an extra pair of shoes and socks, a hat, a flashlight, and basic medical supplies including rehydration salts and band aids
- ✓ Be careful around strangers and seek help from organizations that you trust and that are recommended by official agencies
- ✓ If you need to cross water, use a lifejacket and do not cross alone or at night
- ✓ Look for a safe place to spend the night do not stay in the street

Scene 7

Girl “It seems like many children are returning home.”

Boy #1 “Yes, it is good that services are available like registration, health care, and safe places to help us talk and think about our experiences.”

Images boy #2 holding registration form and all three children standing in front of a child friendly space.

Scene 8

An Afghanistan Red Crescent volunteer “All children have the right to be safe, healthy and to be treated with respect. If you have questions or need help, there are people who can help, talk to someone you trust.”

Images ARCS volunteer in Red vest talking to the children.

Scene 9

Girl “It’s almost time for the activities at the child friendly space to start. We always have fun playing there and learning new things about how to be safe and healthy. Let’s go.”

Images children going into children friendly space with ARCS volunteer.

Back cover page

Key messages

- All boys and girls that are traveling or returning deserve to be safe and healthy
- If you are traveling, be prepared and use a safety checklist
- There are people who can assist you if you need help, learn more from official agencies and organizations you trust

¹⁸ Messages adapted from American Red Cross, Guatemala Red Cross, Honduras Red Cross, Mexican Red Cross, El Salvador Red Cross and ICRC. (2016). *Mensajes para Personas Migrantes (message for migrants)*. <https://www.icrc.org/es/document/mexico-y-america-central-mensajes-de-auto-cuidado-para-personas-migrantes>.

IFRC and ARCS emblems, etc.

Images the three children and ARCS volunteer waving