



PROTECTING CHILDREN AFFECTED BY MIGRATION

IN SOUTHEAST, SOUTH AND CENTRAL ASIA



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IMPACT ASSESSMENT

OF THE COVID-19 PANDEMIC
RELATED MEASURES
TO CHILDREN'S RIGHT
TO PROTECTION



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IMPACT ASSESSMENT

OF THE COVID-19
PANDEMIC-RELATED
MEASURES ON CHILDREN'S RIGHT
TO PROTECTION

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Introduction

In Tajikistan, protection and ensuring rights of children, provision of conditions for proper development and their education has been identified as one of the priorities of state policy since the first days of independence. In the republic, support to the children's rights system takes place both on legislative and institutional levels.

Tajikistan is one of the first countries in the region to ratify the UN Convention on the Rights of the Child, International Labor Organization (ILO) Convention №182 "On the prohibition and elimination of the worst forms of child labor", №138 "On minimum age for employment" and the ILO Recommendation №190 "On the prohibition and taking necessary measures for elimination of the worst forms of child labor". The country is also one of the first in the region to recognize other major international instruments and has taken a step-by-step approach to ensuring the rights and development of children.

Therefore, under the auspices of the Founder of Peace and National Unity – Leader of the Nation, President of the Republic of Tajikistan Emomali Rahmon in recent years legal acts have been adopted that meet international standards and are in the interests of children and adolescents, as well as the future of the nation. In accordance with the policy of the Government of the Republic of Tajikistan, every child is protected from economic exploitation, as well as from performing work that harms their health, physical, mental, spiritual and moral development, or obstructs their education.

Naturally, global challenges and crises, especially the COVID-19 pandemic have a negative impact on the level of social rights of the planet's inhabitants, especially children and adolescent from poor and vulnerable families. The impact of the pandemic went beyond the economic crisis and plunged the world community into a global humanitarian crisis. The pandemic is transnational in nature and has disrupted the economic and social systems of all countries.

In view of this, various states and international organizations have proposed various additional measures to better protect children from its effects. Analytical reports from research institutes have widely found that children from migrant families were considered vulnerable to the effects of the pandemic due to the direct impact the pandemic had on the process of international labor migration. During this period, interstate transport links were restricted and often banned, job cuts and the complete or partial closure of enterprises and institutions in migrant countries took place, resulting in significant decreases in the incomes of labor migrants and remittances to their families.

Of course, Tajikistan has not been left out of this process and challenges. In this regard, in accordance with the Decree of the President of the Republic of Tajikistan from June 5, 2020 №1544 "On prevention of the impact of the COVID-19 infectious disease on socio-economic sectors of the Republic of Tajikistan at the expense of

state and extra-budgetary funds, vulnerable groups, including veterans of the Great Patriotic War 1941-1945, citizens receiving social pensions, people with disabilities, orphans, poor families, and families of migrant workers without the head of the family were provided with one-time assistance in the amount of the minimum wage.

To assess the impact of measures related to the COVID-19 pandemic on protection of children's rights, research has been conducted by the United Nations Children's Fund in collaboration with partners, including the Institute of Labor, Migration and Employment of the Ministry of Labor, Migration and Employment.

This research covered the level of implementation of the COVID-19 crisis measures on children affected by migration and their social status, and its results will be used for improving the working mechanisms, development new and effective measures to provide social support to vulnerable families, including families of migrant worker.

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ABBREVIATIONS

CPRP	Country Preparedness and Response Plan
CRIA	Child Rights Impact Assessment
DRS	Districts of Republican Subordination
ENOC	The European Network of Ombudspersons for Children
EU	European Union
FGD	Focus Group Discussions
GBAO	Gorno-Badakhshan Autonomous Region
GNI	Gross National Income
GPD	Gross Domestic Product
GoT	Government of Tajikistan
hCTP	Humanitarian Cash Transfer Programme
ILO	International Labour Organization
IMF	International Monetary Fund
MoHSP	Ministry of Health and Social Protection of Population of the Republic of Tajikistan
MoLMEP	Ministry of Labour, Migration and Employment of the Population of the Republic of Tajikistan
RT	Republic of Tajikistan
TRP	Temporary Residence Permission
UN CRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
US	United States of America
WB	World Bank
WHO	World Health Organization

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Overall design of the research was guided by the European Network of Ombudspersons for Children (ENOC); overseen and led by Zamira Komilova, Project Manager, UNICEF. Quantitative and qualitative data collection was carried out by the Institute of Labour, Migration and Employment of the Population, led by Mahmadbekzoda M.Sh. The research team members were: Mahmaddullozoda N.R., consultant; Raimdodov U.S., analyst; Sidiqov A., expert; and interviewers that participated in data collection for this Child Rights Impact Assessment on COVID-19 related measures on children's rights. Tetyana Nikitina, Ruslana Sirman, Shukufa Ibodova, Parviz Yakubov, Salohiddin Shamsiddinov, Saidahmad Ikromov from UNICEF made significant contributions throughout the process including adaptation of the methodology, review and formulation of the report. The report was finalised with feedback from Vanessa Sedletzki, International Consultant-Human Rights, Governance, Policy and Véronique Lerch, Independent Human Rights Consultant.

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EXECUTIVE SUMMARY

This report assesses Tajikistan's support measures to mitigate impact of the COVID-19 to families and children affected by migration as well as presents findings from a literature review, quantitative survey with 1,100 caregivers and three Focus Group Discussions with adolescents aged 15-18 years undertaken by the research team in 2021.

Although first positive cases of COVID-19 in Tajikistan were announced on 30 April 2020, the socio-economic impact of the pandemic was already felt as early as February. The health system, already insufficiently strong, was further stretched, with shortage of protective and lifesaving equipment, lack of surveillance and testing capacity, struggling to deliver basic health services to the population.

In response to COVID-19, the Government of Tajikistan (GoT) established a National Interagency COVID-19 Task Force. Tajikistan's National COVID-19 preparedness and response plan focussed on health sector response with ten priority areas: Country-level coordination; Surveillance; Points of entry; Case investigation and rapid response; National laboratory system; Infection prevention and control; Case management; Multi-sectoral action to mitigate social and economic consequences; Logistics and supply management.

Government of Tajikistan has introduced several programmes to support vulnerable families to cope with COVID-19. Specifically, to reduce the burden of the COVID-19 implication on poor families, a humanitarian cash transfer programme (hCTP) model was adopted and 69,966 low-income households with children under three years old received one-time cash assistance. However, the amount of cash given is little with potentially no impact on the well-being of the people.

Additionally, 3,000 left-behind children, identified through UNICEF interventions, received emergency cash assistance in the amount of \$35 USD. A major setback to these measures is the support was limited only to the children formally registered in the social protection system, excluding significant number of vulnerable children.

Findings of the research suggest that although COVID-19 has deteriorated economic situation of 42.4 per cent of the families affected by migration, 58.6 per cent of families did not receive any assistance.

As the survey shows, 88.6 per cent of families received remittances during pandemic which led to improvement of economic situation of 57.6 per cent families affected by migration.

Although 50 per cent of parents lost their jobs because of COVID-19, it did not forced children to work. But fewer children helped their parents to grow vegetables.

Fear of being infected prevented 83.4 per cent of children from enjoying physical interaction with peers and wider environment.

Respondents' consultation shows that 35.5 per cent did not have any savings, were surviving during the pandemic and looking for government assistance.

Increased costs for medical care, due to the pandemic, prevented 40.3 per cent of families seek professional support forcing children to relay on traditional remedies (herbs, garlic) to prevent from being infected.

Lock-down measures in educational establishments, announced by the government, kept 95.3 per cent children out of school, though it had no effect on receiving education as lock-down was during summer holiday.

Although the government introduced distance learning through national television, 79.8 per cent of children could not access those classes, mainly because of insufficient access to and coverage of Internet and other necessary conditions.

The level of discouragement and depression was high among caregivers, while children felt positive about being home and spending time with family members as well as realized the value of their friends.



BACKGROUND

The novel COVID-19 pandemic is unprecedented in human history, affecting all aspects of children's lives now and in the future. Following ongoing collaboration, the European Union, the United Nations Children's Fund (UNICEF) and European Network of Ombudspersons for Children (ENOC) supported national child rights mechanisms to assess key identified areas and specific vulnerable groups of children, particularly children affected by migration. Through this cooperation, the Ombudspersons for Children's Offices in Europe and Central Asia have been undertaking specific Child Rights Impact Assessments (CRIA) of COVID-19 related states measures. This CRIA explores the impact of state measures related to the pandemic on the realization of children's rights in Tajikistan, particularly children affected by migration.

The authors take full responsibility for the information and thoughts presented in this publication. The authors' opinions may not necessarily represent those of the European Union (EU) and UNICEF in Tajikistan.

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The authors are open to receive comments and recommendations related to this study. Please send your suggestions to: zkomilova@unicef.org.

OBJECTIVES

The objective of the CRIA in Tajikistan is to support evidence generation and informed decision-making in the areas of strengthening child protection through the institutionalization of CRIA within national and subnational policymaking. To achieve this, the Ministry of Labour, Migration and Employment of the Population (MoLMEP), the Office of Ombudspersons for Child Rights, and the Research Institute of Labour, Migration and Employment of Population formed a technical working group to adjust CRIA for Tajikistan's context and to conduct an assessment.

This report presents the findings of the main socio-economic consequences of the COVID-19 pandemic on children of labour migrants. The main report focus is the access of children of labour migrants to care, education, medical services, legal services and special protection measures during the pandemic. These research results can be used in several ways. First, to identify a pattern for the protection of vulnerable children's rights during a pandemic. Second, to assist with policy implementation aimed at improving the living conditions of labour migrants' children and families. Finally, this information can also inform additional research to track the changing levels of children's' vulnerability and programmes aimed at assisting them.



INTRODUCTION

Tajikistan remains a low-income economy in the world, with a Gross National Income (GNI) of USD 1,030 per capita (Atlas method, World Bank) and with 26.3 percent of its population living below the national poverty line in 2019. 40.6 percent of the population are children under 18, and 66 percent are young adults under 30, which makes the population of the country one of the youngest in Central Asia.

Beyond its immediate public health impact, the protracted nature of this pandemic is drastically slowing down the economy, jobs are being lost, and the state faces a tight fiscal space. Tajikistan did not go for a complete lockdown but closed its borders and airport and briefly stopped mass gatherings that had significant impact in the country.

According to the latest estimate, Tajikistan's economy is likely to shrink by 2 percent in 2020 (IMF, 2020). It will be a major setback considering that the economy has recorded a growth rate of around 7 percent in the last five year. Due to economic slowdown and shortfall in revenues, fiscal gap further widened to 7.7 percent of GDP (IMF, 2020). Personal remittances from Tajik migrants which are an important source of household income has already seen a 20 percent decline in the first quarter of 2020.

The substantial hit to the economy came in the second quarter of the year on the backdrop of expanding national lockdown measures and associated disruptions in trade and transport activities. Since March, international flights and ground traffic in Tajikistan have been suspended. Usually March and April were the months when Tajik migrants travelled to Russia and Kazakhstan to make some money. Many migrants did not leave the country in time, since Russia closed borders due to the virus widespread.

With a per capita GDP of USD 874, Tajikistan is the poorest country in the Commonwealth of Independent States (CIS). Although there has been progress, 27.4% of the population still lives below the national poverty line. A vast number of Tajik households depend on remittances. In 2019, more than USD 2.9 billion, equivalent to 35 percent of GDP, were sent as personal remittances from Russia. It is estimated that remittances will fall by more than 28 percent in 2020 which for a country like Tajikistan will mean a significant loss of income (UN in Tajikistan, 2020).

In his address to parliament, the President of the Republic of Tajikistan said the following about the impact of the COVID-19 pandemic on the country's economy: "As a result of the spread of the coronavirus infectious disease and the decrease in economic activity related to it, as well as the unprecedented increase in unemployment, the situation in the world has become even more complicated, and has led to a severe economic, financial and social crisis. Nowadays, there is practically no country or sector that has not been affected by the crisis. According to international expert assessments, such a severe crisis is the first in a decade, causing a serious recession in the world economy".

On 8 October 2021, the World Health Organization (WHO) declared the new outbreak of COVID-19 a global pandemic. According to WHO data, there are more than 236 million people in the world infected and this number is growing (WHO, 2021). First fifteen positive cases of COVID-19 in Tajikistan were announced on 30 April 2020. In Tajikistan, data from the Ministry of Health and Social Protection of Population (MoHSP) indicates that as of October 2021, there were over 17,000 confirmed cases of COVID-19 and 124 deaths (MoHSP, 2021).

The pandemic, as a public health and economic crisis, has affected everybody. However, certain groups have been affected more severely and face increased inequality. In the absence of protective measures, mitigation and coping strategies, the following groups may face a greater negative impact from the pandemic:

- people with chronic illnesses and elderly people;
- youth, particularly those unemployed;
- vulnerable and marginalized children;
- families and children of labour migrants, including those left behind.

Labour migration plays a decisive role in keeping Tajikistan's economy afloat. In 2019, labour migrants' personal remittances constituted 28 per cent of Tajikistan's gross domestic product (GDP), which is amongst the highest percentage in the world (World Bank, 2021). The pandemic and ensuing shrinking labour market in the Russian Federation, where the majority of Tajik migrants are employed, created a new set of challenges for migrants and their families back home.

In 2020, remittance income fell dramatically: about 62 per cent of households reported a decline (World Bank Group, 2021). The risk of declining workforce demand makes labour migrants and their families even more vulnerable. More than 35 per cent of households reported that children in their household ate fewer than three full meals in May and June. Overall, food security deteriorated during the peak of the crisis across a range of indicators,



with an increasing number of households reporting going hungry, reducing dietary diversity, and being concerned about obtaining enough food. Similar increases in vulnerability were seen in the reduced ability to pay for utilities, and in coping mechanisms such as selling assets and reduced spending on medical care (World Bank Group, 2021). In cases of families affected by migration, where the breadwinner is stranded outside of Tajikistan, those (mostly women) left behind were forced to singlehandedly take care of their children and other family members.

In general, the risk of the pandemic's spread will lead to increasing unemployment and the poor population becoming even more vulnerable. During the pandemic, household expenses have increased for most families as their budgets now need to cover hand sanitizers, masks, hygiene and disinfectant products, as well as medicines. Currently, the global COVID-19 pandemic and its negative economic, medical and educational impacts, have affected practically all aspects of life. It is the first time where most countries in the world have experienced strict lock downs and other limitations in order to prevent new cases. According to The Lancet's Child and Adolescent Health report, at the beginning of the pandemic, 188 countries closed their schools and kindergartens (The Lancet, 2020). The COVID-19 pandemic has affected more than 860 million children and adolescents all over the world.

Families with children are a population group greatly affected by restrictions. They have had to adapt to the new conditions and an uncertain future. The closure of schools, kindergartens and playgrounds, as well as decreases in the number of clubs and additional classes has led to an erosion of the education environment and children having too much free time. Apart from this, in connection to the restrictions, social interactions were suddenly cut-off and normal life and daily routines changed. All of this has certainly had immediate impacts on children's development and education.

Young people have been described by the Lancet as the generation "growing up in the shadow of COVID-19", because the unprecedented fight against the pandemic has left little chance for children and youth to enjoy their childhood. The authors state: "The pandemic will eventually pass, but we must not let its shadows continue to define and affect a whole generation of young people," (The Lancet, 2020).

UNICEF is concerned about the possibility of a "lost generation" of children as a result of the long-term impacts of the pandemic on education, nutrition and their general well-being (UNICEF, 2020). For children, pandemic-related disruptions in key services, alongside rapid increases in poverty, pose a serious risk (UN, 2020).

According to the World Health Organisation COVID-19 among children and adolescents typically cause less severe illness and fewer deaths as compared to adults. While a less severe course of infection is a positive outcome, milder symptoms may have resulted in less testing resulting in fewer identified cases of COVID-19 in children and adolescents (WHO, 2021). At the same time, as a result of the pandemic, children and adolescents around the world are at greater risk of poverty. UNICEF also reported that school closures have affected 572 million students one way or another (33 per cent) in 30 countries around the world. The report also states that as a result of the pandemic, amongst approximately 7 million children younger than five years old, symptoms of fatigue or severe hunger will be diagnosed until the end of 2020 (an increase of 14 per cent compared with 2019) (UNICEF, 2020).



THE TAJIKISTAN CONTEXT FOR THIS CRIA

On 22 March 2020, the Prime Minister of the Republic of Tajikistan launched an operational plan containing 84 action points to combat the spread of Covid-19. The Prime Minister's Plan covers a range of interventions across different sectors. The Ministry of Health and Social Protection (MoHSP) then developed a 'Tajikistan Covid-19 Country Preparedness and Response Plan (CPRP)' which is operational in scope. CPRP includes various public health measures divided into different streams of work including surveillance, case detection, logistics, and communication.

Due to the sudden increase in cases of COVID-19 infections, the Russian Federation introduced quarantine measures and rules for self-isolation in its territory starting from 27 March 2020. Tajikistan's government, also due to the threat of COVID-19, closed all airports as a part of precautionary measures and suspended all travel to and from the Russian Federation and other countries through air, rail and land.¹ These measures slowed down the travel of labour migrants to and from Tajikistan to earn their living. During the pandemic, about 300,000 labour migrants were unable to travel abroad (MoLME, 2020) for temporary employment, leaving families vulnerable in the face of the pandemic. Tajikistan's government also took measures to prevent the spread of COVID-19 and to reduce the risk of infection spreading among the population. These measures can be grouped as: legislative norms, sectorial decrees, provision of services, and cash assistance.

A task force was created under leadership of the Prime Minister, comprising ministries and governmental agencies, to coordinate actions for strengthening measures to prevent the spread of COVID-19 in the country. As a result, several decrees were issued:

- On 23 January 2020, Tajikistan cancelled flights with China. In March it closed the border with Afghanistan, Kyrgyzstan, Kazakhstan and Uzbekistan, and on 20 March cancelled all international flights. Freight rail service remained open.
- On 22 March 2021, Tajikistan adopted a decree 'On immunisation of population against COVID-19' (Ref. No. 83 from 22 March 2020).

¹ A statement from the Ministry of the Foreign Affairs from 18 March 2020 on restriction on movement and travels due to COVID-19 www.mfa.tj/ru/main/view/5871/soobshchenie-mid-tadzhikistana-ot-18-marta-2020-goda-v-svyazi-s-pandemiei-novogo-koronavirusa

- On 25 April 2020, the task force introduced a temporary ban on the export of a number of domestic agricultural products in order to protect the food market.
- On June 2020, Tajikistan adopted a decree ‘On prevention of the impact of COVID-19 on the social and economic spheres of Tajikistan’ (Ref. No. 1544, from 5 June 2020).
- On additional measures taken to prevent the penetration and spread of COVID-19 in Tajikistan, namely cancellation of any public events dedicated to the Day of Dushanbe, prohibition of collective prayers in mosques and prayer houses as well as any gatherings – taraweeh, iftar, festivities and other events due to Ramadan (18 April 2020). A temporary ban was introduced on public events throughout the country, including sports and cultural events, film screenings and theatres (25 April 2020). All football tournaments were suspended (27 April 2020).
- All markets (except grocery), shops and other public places/services were closed from 30 April 2020 until 15 June 2020.
- On 26 May 2020, the authorities of the Gorno-Badakhshan Autonomous Oblast (GBOA) imposed restrictions on the movement of people from other regions of the country, as well as from districts to the regional centre.
- On 7 July 2020, a new Law on the dissemination of “false information” about COVID-19 and amendments to the Code of Administrative Offences, Criminal Code were introduced. Breaking these rules could lead to administrative detention of up to 15 days or a fine from 580 TJS (about US\$51.30) for individuals, and up to 11,600 somoni (about US\$1000) for legal entities. Alongside these, other amendments were made on “violation of the requirement to wear a mask in public places”, with fines ranging from US\$10 to US\$25.60. “Intentionally contracting an infectious disease” and “spreading life-threatening diseases leading to mass disease” led to imprisonment for a term of two to five years and for the same actions that caused serious harm health or death for a period of 5 to 10 years.
- Cancelled all festive and public events on the occasion of the new year (19 November 2020).
- From 25 April to 10 May 2020, a ‘temporary holiday’ was announced in all schools, pre-school institutions, colleges and secondary and vocational education institutions, that was extended until 16 August 2020. The Ministry of Education and Science organized television lessons for pupils in grades 9–11 during this period.
- To strengthen the national capacity in preparedness and response and to contain the spread of COVID-19, the Ministry of Health and Social Protection of the



Population prepared and equipped medical institutions for hospitalization and treatment of people infected.

To strengthen social protection of the population during the COVID-19 pandemic and prevent its spread, the President issued a Decree "On prevention of the impact of COVID-19 on the social and economic spheres of Tajikistan" (Ref. No. 1544, from 5 June 2020) and the supplementary resolution of the Government to implement this decree (Ref. No. 401, from 11 July 2020). As a result, more than 480,000 vulnerable people received a one-time lump sum emergency cash grant equivalent to US\$35.² Through MoHSP, over 149,856 poor households received the cash grant. Additionally, with the technical and financial support of the World Bank, poor households with children under three years of age received a one-time cash grant of UD\$44. By March 2021, a total of 69,966 households with children under three received cash assistance.

RESEARCH METHODOLOGY

The CRIA assessment and questions were designed to explore children's rights to protection during the pandemic. These questions focused on the impacts of the pandemic on the following five clusters as per United Nations Convention on Child Rights (UNCRC):

1. Family environment and extent of care
2. Basic healthcare
3. Education and leisure³
4. Legal services
5. Special protection measures

In May 2021, the CRIA was conducted in Tajikistan under the Protection of children affected by migration in South-East, South and Central Asia project. The assessment started with a desk review of existing literature and statistics. The main literature and data sources included MoLMPEP's recent annual and bi-annual reports, statistical yearbooks and demographic reports published by the Agency on Statistics under the President of the Republic of Tajikistan. It also included other reports related to the impact of the COVID-19

² Families received 400 Tajik Somoni. Exchange rate is 1 USD = 11.2950 Tajik somoni. National Bank of Tajikistan <www.nbt.tj>.

³ The assessment covered access to education only. Some statistics on sport/leisure can be found in the section on special protection measures.

pandemic, such as: *Impact of COVID-19 pandemic on labour market and migration* (Open Society Institute, 2021) and the *Education Rapid Needs Assessment* (UNICEF, 2020).

A total of 1,100 respondents participated in the CRIA survey. The majority of respondents were mothers of children aged 0–14 years (58.9 per cent); 61.8 per cent of respondents were working age between 18–45; 88.8 per cent were Tajik nationals; and 87.7 per cent of respondents were married. The research showed that 8.4 per cent had attained a bachelor's degree, and 50.1 per cent of respondents had children aged between 10–17; with 0.4 per cent of children with disabilities. In addition to the survey, the views and opinions of 40 adolescents aged 15–18 years were sought through three focus group discussions (FGDs).

The purpose of this research was two-fold. First, to identify the impacts of COVID-19 pandemic-related state measures on the rights of children and families of labour migrants; and to generate evidence and support informed decision-making in the areas of strengthening child protection through the institutionalization of CRIA within national and subnational policymaking.

This research is based on both quantitative and qualitative methods. It is an analysis of data collected in 10 cities and districts of Tajikistan from May to June, 2021. The quantitative part included a survey of 1,100 parents and caregivers of children. Predominantly mothers or fathers, but in rare cases, when parents were not present in the household, caregivers of children of labour migrants were interviewed. A survey questionnaire for parents was developed by research institute staff for the tablet-assisted personal interviews (see *Annex 1*) and conducted in coordination with local authorities. To obtain more in-depth information, three FGDs were conducted among working children and adolescents aged 15–18 years and children of labour migrants using a semi-structured questionnaire (see *Annex 2*).

Geographical coverage

Districts and cities were selected based on the share of labour migrants; labour migrants who have returned out of the total population; the existence of large food markets in cities; and hospitals for children in Dushanbe, in each region, city and rural district.



The regions were divided into five groups and several districts were selected within each:

1. **Area A:** Sughd region – Khujand city, and Mastchoh district.
2. **Area B:** Khatlon region– Bokhtar and Kulob cities, as well as Panj district.
3. **Area C:** Badakhshon Mountainous Autonomous Region – Khorugh city, and Vanj district.
4. **Area D:** Districts of Republican Subordination– Vahdat, Hisor cities and Nurobod district.
5. **Area E:** Dushanbe city.

Table 1: Selective quotas in cities and districts

District	Total population*	Number of returned labour migrants**	% of returned from their total number	Proportion all sampling (returned)	Proportion all sampling (abroad)	Sampling out of 5% of returned	Average of three methods	Final sampling (rounded)
Gorno- Badakhshan Autonomous Region (GBAO)								
Vanj	34,100	882	4.6%	46	42	44	44	65
Khorug	30,300	1,153	6.0%	60	73	58	64	80
Districts of Republican Subordination (DRS)								
Vahdat	57,600	2,678	13.9%	139	139	134	137	100
Hissor	29,3900	2,491	12.9%	129	114	125	123	110
Nurobod	78,300	528	2.7%	27	63	26	39	55
Sughd region								
Mastchoh	125,300	860	4.5%	45	22	43	36	50
Khujand	181,600	3,838	19.9%	199	175	192	189	180
Khatlon region								
Bokhtar	110,800	3,036	15.8%	158	170	152	160	140
Kulob	208,000	1,941	10.1%	101	92	97	97	110
Panj	11,6800	1,837	9.5%	95	110	92	99	110
Dushanbe	846400	2,940	15.3%	153	129	130	137	100
	2083100	19,244	115%	1153	1129	1092	1125	1100

Source: *Demography of Tajikistan, Agency on Statistics, Dushanbe. 2021.

** Ministry of Labour, Migration and Employment of the Population, 2020.

In the second stage the sample (1,100 interviewees) was spread among the areas based on the abovementioned criteria.

Table 2: Interview location, area

No	Areas	Number of interviewees
1.	GBAO	145
2.	Sughd region	230
3.	Khatlon region	360
4.	DRS	265
5	Dushanbe city	100
	Total:	1100

The sample size in all five regions of the country was divided so that from a geographical standpoint it represents the whole area of the country. The sample size was calculated using official data on the number of labour migrants and returned labour migrants, and



selection was distributed according to location. This type of research can provide an overview of the situation of labour migrant's children throughout Tajikistan.

The third stage is the breakdown of the interviewees by gender:

Table 3: Characteristics of interviewees (parents and caregivers) by gender

Gender	GBAO	Sughd	Khatlon	DRS	Dushanbe
Men	50	81	125	152	43
Women	95	149	235	113	57
Total	145	230	360	265	100

Data collection

Data was collected from interviewees by migration services staff in the selected cities and districts, as well as research institute staff with extensive experience. These employees previously participated in the International Labour Organization's (ILO) research on the impact of the pandemic on returning migrants and have extensive experience in collecting information using the *KoboCollect* application. Data was collected by 22 interviewers, trained during separate eight-hour sessions by the Labour, Migration and Population Employment Research Centre and UNICEF staff. Information collected through questionnaires by the research institute staff is considered to be the main source. There were 11 data collection points. The survey data was collected using *Activityinfo* software that had been installed on the institute's tablets by UNICEF staff. *Activityinfo* has the option of automatically filling out the online questionnaire, which simplified the process of daily data monitoring in accordance with indicators.

To conduct the required number of interviews according to the plan, interviewers visited each allocated district. The families and children of labour migrants in cities and districts were selected according to a systematic method. The interviewer visited every fifth household from the main point (duration of field work=number of household/sample). Project staff closely monitored data collection during and after the process to ensure the highest possible data quality.

The consultants in charge of organizing data collection in their district groups inspected the interview process and implementation of planned tasks, as well as the quality of questionnaires completed by respondents. They also resolved any problems that arose

during the process, which were mainly technical issues regarding data entry. The two main research institute experts moderated the FGDs.

Table 4: The general characteristics of interviewees

Areas	Survey of parents of children under 14	Survey of children aged between 14–18	FGDs with adolescents (aged 15–18)	Total survey participants
GBAO	107	38	0	145
Sughd	172	58	10	240
Khatlon	268	92	10	370
DRS	197	68	0	265
Dushanbe	74	26	20	120
Total	818	282	40	1,140

Ethical considerations

The research tools underwent a thorough review by the research team and relevant UNICEF Tajikistan staff. Particular attention was paid to the questionnaire for children and adolescents aged 15–18 years. The tools were reviewed from an ethical and child rights perspective by the Office of Ombudsperson for Child Rights; the representative of the Child Rights Unit; the Department of Social Work in the philosophy faculty of the Tajik National University and by relevant UNICEF staff.

Assent and informed consent were sought from FGD participants and their parents. Despite explaining to participants all the ethical principles and rules for the FGDs (especially the voluntary nature of participation, anonymity and confidentiality), some scepticism still remained. In such cases, the notes were recorded only in a notebook and a flipchart.

Methodology limitations

One of the major limitations of the study was the long recall period. Participants had to respond to a situation that occurred one year ago and in some instances were unable to answer specific questions. Many working children and adolescents aged 15–18 years in rural areas did not agree to talk and refused to be interviewed because they were afraid the interviewers were from Tajikistan’s law enforcement bodies. Furthermore, the majority of



FGD participants were boys, as there were fewer working female adolescents. Due to the tight schedule and limited capacity, the research team was unable to conduct the key informant interviews as originally planned. This was partially mitigated through the desk review of existing literature.

THE IMPACT OF COVID-19 PANDEMIC-RELATED STATE MEASURES ON THE RIGHTS OF CHILDREN AFFECTED BY MIGRATION

The COVID-19 pandemic has dealt a severe blow to the labour force worldwide: labour migrants became unemployed and due to closed borders⁴ could not return home. The situation worsened because they often live in small spaces with each other, which increases the risk of COVID-19 infection. Negative changes in the economy, finance, massive job cuts, along with restructuring of the labour market have directly impacted migrants, changed their lives, and led to the formation of new social movements. Currently, migrants in the Russian Federation and other countries are in a vulnerable situation compared with the local population (ILO, 2020).

The economic impacts of the COVID-19-related crisis for labour migrants, as well as response measures by governments, vary depending on the country and region. In the context of limited economic opportunities, the level of demand for labour migrants in some sectors decreases, while there are increases in sectors related to health and seasonal agricultural work. Since a large number of jobs offered in these sectors are temporary, unofficial and unprotected, it is especially important for labour migrants that their specific issues are resolved and their rights protected in such places. This will help meet the needs of the labour market both in the short and long term (PRISE, 2018).

In Tajikistan, labour migration covers various aspects of society and affects different sectors of the economy. It is impossible to imagine the current social and economic situation of the country without labour migration abroad, and it is an issue that has profound impacts on the livelihoods of many families in Tajikistan. At the same time, this phenomenon has both positive and negative impacts. About 80 per cent of families affected by labour migration have one or two migrants in their households (PRISE, 2018). Seventy six per cent of labour migrants prefer working abroad as a temporary way (PRISE 2018) to resolve their financial problems. Therefore, migration in Tajikistan is seasonal.

⁴ A Statement from the Ministry of Foreign Affairs from 18 March 2020 on restriction on movement and travels due to COVID-19, <www.mfa.tj/ru/main/view/5871/soobshchenie-mid-tadzhikistana-ot-18-marta-2020-goda-v-svyazi-s-pandemiei-novogo-koronavirusa>



As a result of the economic impacts of the COVID-19 pandemic, tens of thousands of migrants – not only in the Russian Federation but also in the countries of their permanent residence – became unemployed.

Table 5: Number of labour migrants leaving Tajikistan

(in thousands)

No	Regions	2019	2020	The rate of decrease in migration in 2020 compared with 2019
1.	GBAO	32,163	7,755	75%
2.	Khatlon region	207,003	55,353	73%
3.	Sughd region	113,029	35,819	68%
4.	Districts of Republican Subordination	109,185	27,659	74.6%
5.	Dushanbe city	19,641	3,221	8.6%
In the republic		481,021	129,807	73.1%

Source: Reports by the Ministry of Labour, Migration and Population Employment of the Republic of Tajikistan (2019–2020).

According to existing data (see Table 5) the total number of labour migrants who travelled abroad in 2020 has decreased in comparison with 2019. The largest decrease in the number of labour migrants is observed in GBAO, DRS and Dushanbe city.

Table 6: Number of labour migrants according to gender

Regions	2019		2020	
	Men	Women	Men	Women
GBAO	26,932	5,231	6,736	1,019
Khatlon region	181,427	25,576	50,493	4,860
Sugh region	94,214	18,815	28,248	7,571
DRS	94,982	14,202	24,851	2,808
Dushanbe city	15,595	4,074	2,599	622
In the Republic	413,150	67,871	112,927	16,880

Source: Reports by the Ministry of Labour, Migration and Population Employment of the Republic of Tajikistan (2019–2020).

Statistical data analysis (see *Table 6*) shows that in 2020, compared with the same period in 2019, the number of labour migrants by gender has also decreased in the regions. The largest decline in the number of men migrating for labour is observed in GBAO, DRS and Dushanbe city and for women it is in GBAO, Khatlon regions, Dushanbe city and the DRS.

According to the MoLMEP report, the number of men leaving the country for labour migration decreased by 300,025 (or 2.6 times compared with 2019), and the number of women decreased by 51,018 (or three times in comparison with 2019). These large decreases in both men and women pose negative consequences for the structure of Tajik society. Not being able to find work will increase unemployment levels. Without decent work and means for living, returning migrants can become a burden for other family members who will have to work more to support the migrant and their family.

Border closures due to COVID-19 and the introduction of mandatory self-protection measures negatively impacted the situation of labour migrants from Tajikistan in the Russian Federation. Due to travel restrictions, 483,010 labour migrants were unable to return to Tajikistan (Ministry of Labour, Migration and Employment Population, 2020) despite having already bought airplane tickets. The majority of them are still in an unknown situation. Most Tajikistan nationals, regardless of their marital status, and despite being citizens of the Russian Federation or Tajikistan have suffered great financial and personal damage.

Labour migrants' remittances are an important source of income for the economy of Tajikistan. According to data from the Central Bank of Russia, in the period of January–March 2020, the total amount of remittances from individuals sent to Tajikistan was US\$359 million, which is a decrease of 55.7 per cent compared with the previous year. In the same period in the previous year, US\$644 million was transferred from the Russian Federation to Tajikistan.⁵ The structure of remittances from the Russian Federation to Tajikistan is as follows: Russian rubles (83 per cent), US\$ (16 per cent) and EURO (0.1).

⁵ Data from the Central Bank of Russia, 2020.

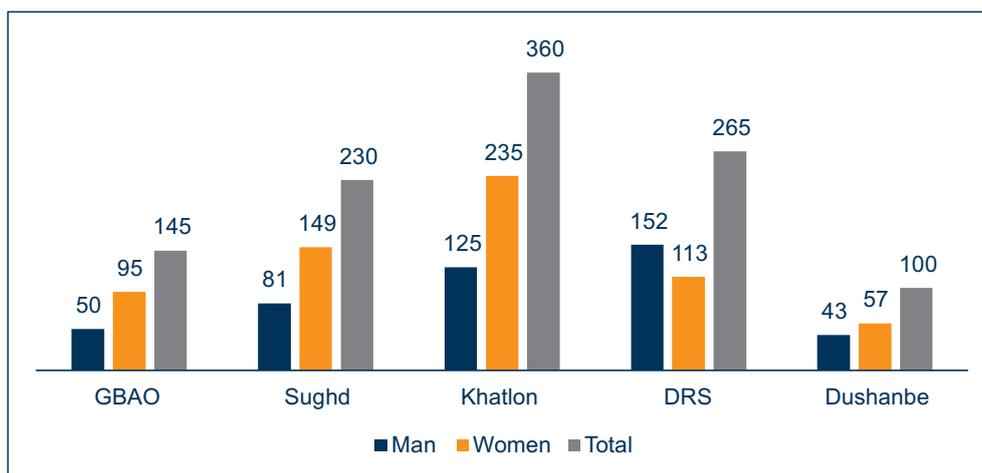


SURVEY DATA ANALYSIS RESULTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

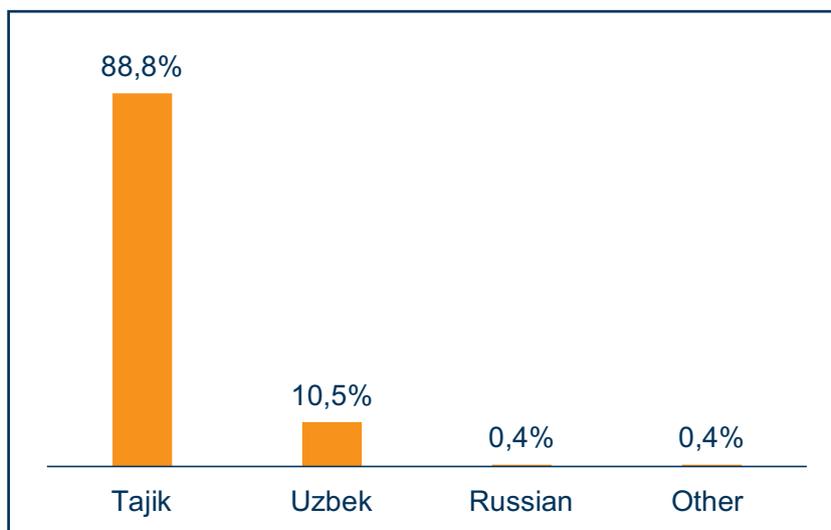
Labour migration abroad is a significant factor affecting the livelihoods of many families in Tajikistan. The current socio-economic situation in the country is impossible without labour migration: it is the biggest phenomenon for Tajikistan since the beginning of the twenty first century.

Figure 1: Interview locations by regions



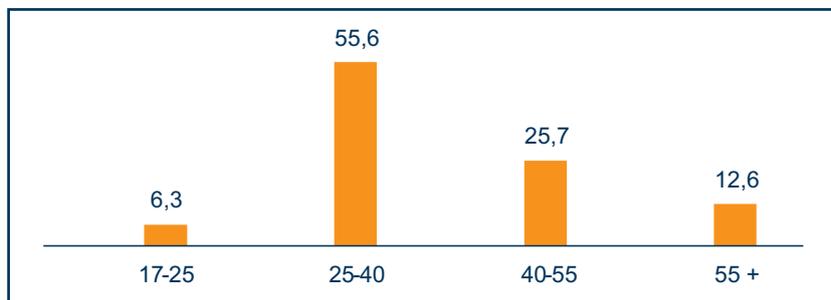
The questionnaire covered 1,100 people. This included: 282 children aged between 15–18 and 818 parents of children. This comprised of: 100 (9 per cent) people from Dushanbe; 265 from DRS (25 per cent); 230 from Sughd region (20.9 per cent); 360 from Khatlon region (32.7 per cent); and 145 from GBAO (13.1 per cent). Of the total number of respondents, the majority of them were women (58.9 per cent), with men making up 41.1 per cent of returning migrants during the pandemic to their country of residence. Out of the total number of respondents in the regions, the majority of women respondents were from Khatlon region (65.2 per cent) and the majority of men were from DRS (57.3 per cent).

Figure 2: Nationality



According to the survey, the majority of respondents were Tajiks, followed by Uzbeks, Russians and Tatars.

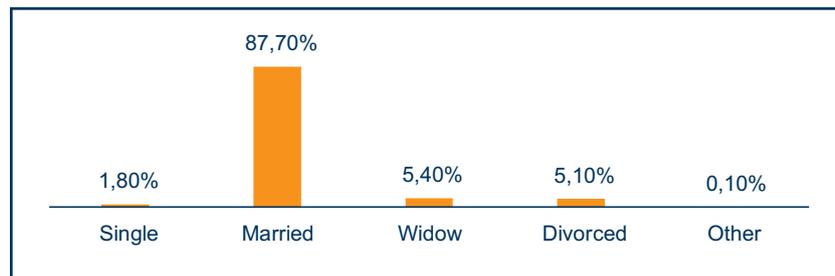
Figure 3: Age composition



The majority of respondents were aged 25–40 years (55.6 per cent), followed by those aged 40–55 (25.7 per cent), those older than 55 (12.6 per cent), and those aged 17–25 (6.3 per cent). This indicates the majority of respondents were young and middle-aged.

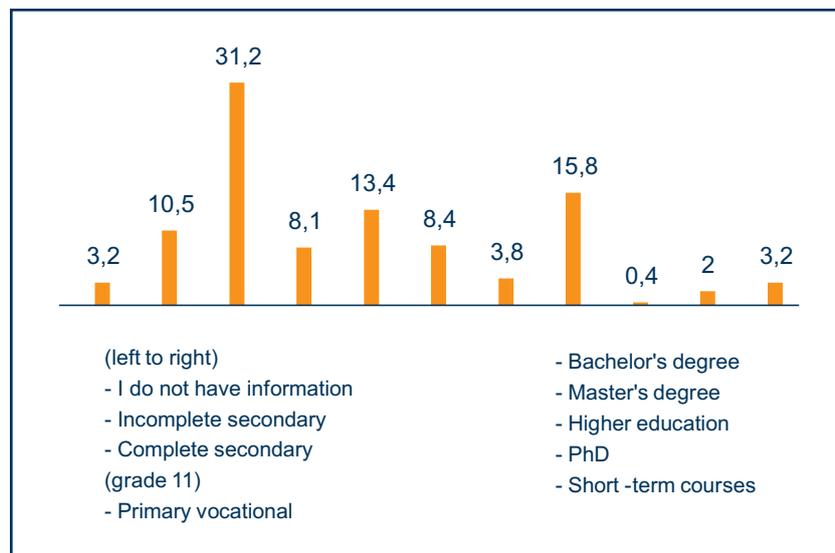


Figure 4: Marital status



A majority of respondents indicated that they were married (87.7 per cent), followed by widowed (5.4 per cent), divorced (5.1 per cent), and single (1.8 per cent).

Figure 5: Level of education



Out of all respondents, 31.2 per cent had attained secondary education; 15.8 per cent higher education; 13.4 per cent secondary vocational education; 10.5 per cent incomplete secondary education (grade 9); 8.1 per cent primary vocational education. Meanwhile, 8.4 per cent had a bachelor's degree; 3.8 per cent had a master's degree, 2 per cent had completed short-term courses; 0.4 per cent have a PhD; and 3.2 per cent have no education at all. The collected data shows a low level of professional education among respondents.

Table 7: Ages of children

Age group	Number	Gender		Children with disabilities	
		Boy	Girl	Boy	Girl
Up to 1 year old	123	68	50	3	2
1–4 years old	199	100	90	4	5
5–9 years old	238	120	106	8	4
10–13 years old	268	140	112	11	5
14–18 years old	282	166	100	7	9
Total	1,100	594	458	34	25

The survey showed that the majority of respondents have children under 18 years of age in their families. Children younger than one year, 11.2 per cent (boys 6.4, girls 4.8); children aged between 1 and 4 years old, 18 per cent (boys 9.2, girls 8.8); children aged between 10 and 13, 24.1 per cent (boys 13.4, girls 10.7); children aged between 14 and 17, 25 per cent (boys 16.2, girls 8.8). According to the information provided by parents, 0.4 per cent have children with disabilities in their families. Most are aged between 9 and 17 years old. Thus, most children with disabilities are of school age. Almost half of the parents (49.3 per cent) reported that their children with disabilities who are of school age were enrolled in general secondary education institutions. Apart from that, 38.7 per cent of respondents noted that their children attend specialized courses for children with disabilities.

The quantitative survey has been complemented with three Focus Group Discussions (FGD) in three major cities of Tajikistan.

Table 8: Number of children of labour migrants who participated in focus groups

No	City	Boys	Girls	Total
1.	Bokhtar	5	5	10
2.	Khujand	8	2	10
3.	Dushanbe	13	7	20
Total:		26	14	40

Focus groups of adolescents who were not part of the survey, were attended by a total of 40 people from Dushanbe (20), Khujand (10) and Bokhtar (10). Boys made up 65 per cent and girls 35 per cent of respondents. This could be because girls are mainly engaged in

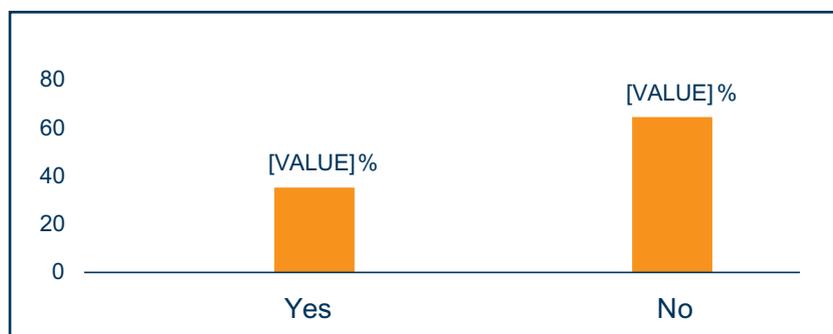


household chores, while boys are expected to work outside of the home. The age of respondents ranged between 15–18 years old.

FAMILY ENVIRONMENT AND EXTENT OF CARE

Labour migration plays a changing role in the lifestyle of families in Tajik society. The socio-economic situation of migrant women in Tajikistan shows that this social group faces a number of problems related to the absence of their husbands. Labour migration by parents also affects the socio-psychological state of their children who remain in Tajikistan. In recent years, in Tajikistan divorces (taloq) have been taking place via SMS messages.⁶ Although there is no official data available on the number of divorces taking place via SMS, men in labour migration abroad divorce their wives by sending the word “taloq” three times through SMS, which means “you are free” (Ahrapova, 2019). As a result, the woman, without protection, returns to her parents with the children. In such cases, the children of migrant workers who are deprived of their father’s care suffer the most.

Figure 6: Children living with extended families

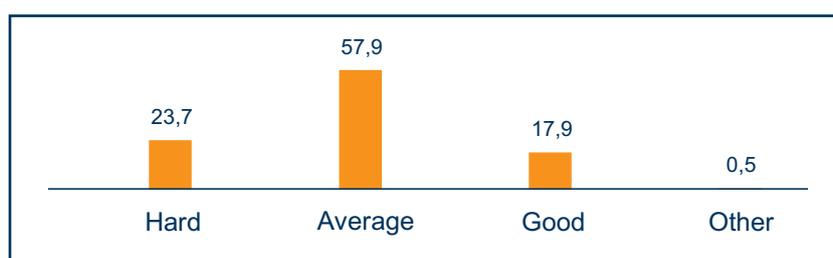


The survey showed that 35.4 per cent of families who migrated left their children under the supervision of their relatives. They are mostly families with one caregiver (one parent is with the child). Of these, 12.3 per cent and 23.1 per cent are children from the families where both parents, in order to resolve family financial problems, are in labour migration. Of the respondents, 64.6 per cent did not leave their children under the supervision of their relatives and believe that children must be brought up in the family. According to the study, about 87 per cent of children with a parent who had migrated were living with their other biological

⁶ According to the Islamic Centre of Tajikistan, annually about 100 couples turn to Sharia courts to sort out their divorce cases via SMS.

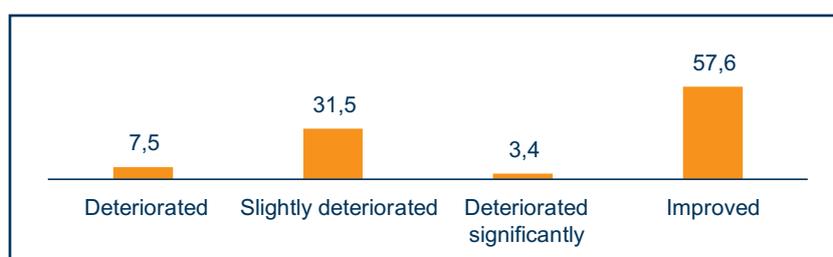
parent, usually their mother. The remaining 13 per cent of children live in some form of kinship care with an extended family member (Save the Children, 2014). Children of labour migrant families are a new risk group, because they are believed to grow up without the affection and upbringing of both their parents, are more exposed to the streets and are socially, psychologically, morally, and educationally discriminated against.

Figure 7: Assessment of the family’s financial situation prior to migration



Families of migrants, as a result of the lack of work and low income of the head of the family, assessed their financial situation before going abroad for work as follows: average, 57.9 per cent, good, 17.9 per cent, hard, 23.7 per cent, very hard 0.5 per cent.

Figure 8: Changes in family’s economic and social situation due to migration during the pandemic



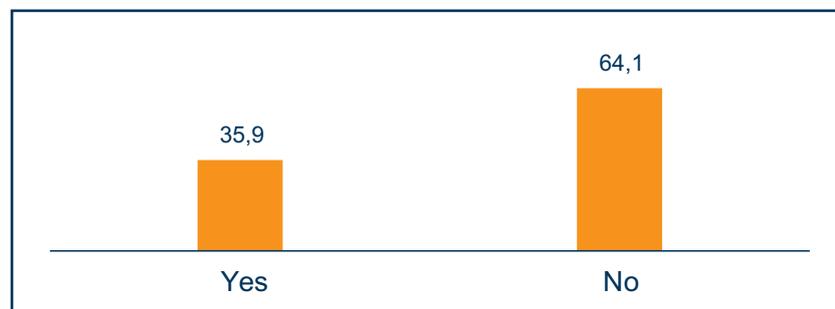
According to the survey data, the socio-economic situation of most families (57.6 per cent) had improved as a result of the parents’ migration; while the situation of 31.5 per cent has slightly deteriorated, 7.5 per cent deteriorated and 3.4 per cent of socio-economic situations have deteriorated significantly. Deterioration is observed in families that lost their jobs during the pandemic, also in the families that did not receive remittances from their migrant family member for an extended period.



The economic situation of 50 per cent of children and adolescents interviewed in focus groups was severely affected by the pandemic, while situation of another 50 per cent remained unaffected.

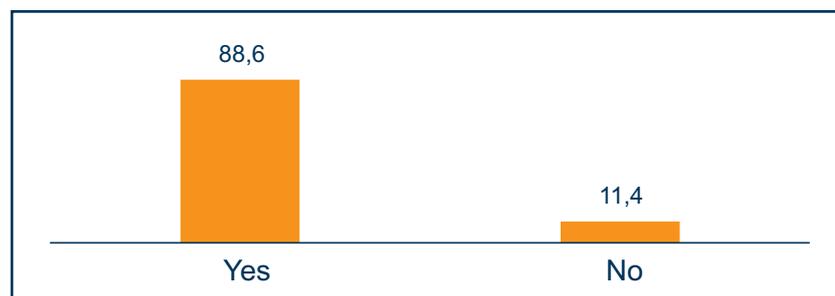
In terms of the participants that were severely affected by the pandemic. The parents of these interviewees are in labour migration. They had lost their jobs temporarily or permanently as a result of quarantine in their host country, which had severely affected the financial situation of their families at home. Their families lacked enough money to buy food and medicines.

Figure 9: Return of migrant parents due to COVID-19



Most migrants (64.1 per cent) were unable to return due to border closures and the lack of travel by train and car. Only 35.9 per cent of migrants were able to return home.

Figure 10: Remittances received



The majority of migrants (88.6 per cent) sent money to their families, with 11.4 percent stating they did not send money. Remittances sent during the pandemic were mostly spent on groceries, basic necessities, medicines, hand sanitizers and masks. Among those who

sent money to their families, 51.7 per cent said they would send money once a month, 18 per cent twice a month and 12.3 per cent responded that they would send ‘sometimes’.

Figure 11: Availability of savings to overcome COVID-19



Despite a significant decline in their volume (The World Bank Group, 2020) and frequency, remittances from labour migrants continue to play an anti-crisis role in the economy of families during the pandemic. Twenty five per cent of respondents stated that their savings helped them to make ends meet for one month, 25.4 per cent state their savings helped them for three months, and 13.3 per cent stated that their savings were enough for six months. Over 35 per cent of respondents stated they did not have any savings and therefore it was difficult for them to survive during the pandemic, and they needed social assistance.

Figure 12: Loss of job due to the pandemic



The survey showed that during the pandemic 50 per cent of respondents lost their jobs in their host country. Out of them, 18.2 per cent returned to their country, 15.5 per cent are planning to return, and 13.3 per cent do not plan to return. It is important to mention that in Tajikistan, there is a high possibility that the number of people looking for jobs will increase not only due to recently returned migrants looking for jobs, but also their family members looking for a job due to the reduced income level of their families.

Unlike global trend, children and adolescents from the FDG confirmed that they did not work during the pandemic. But those children and teenagers, whose families owned land and



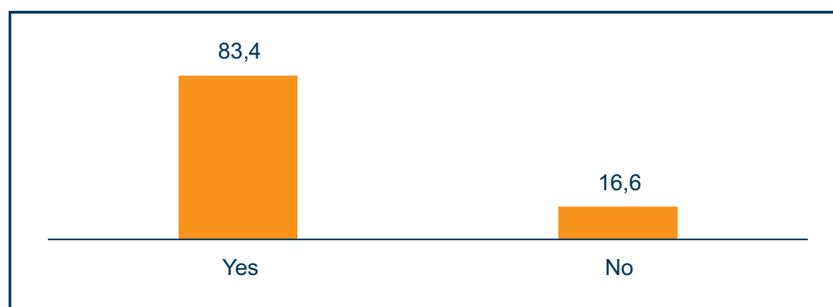
whose parents grew vegetables on it, said they helped their parents by working on the land. The children said they worked from 0.5–1.5 hours per day.

Figure 13: Children going out during the pandemic



Although there was no lockdown announced by the government, 86.1 per cent of parents surveyed prohibited their children from going outside whenever they wanted. Meanwhile, 13.9 per cent of parents did allow their children to leave the house wherever they wanted. Amongst them, only 51.2 per cent of children would leave the house, 20 per cent would leave sometimes, 13.9 per cent would occasionally leave the house and 0.5 per cent of parents responded that they did not know how long they would let their children out.

Figure 14: Limitation of children's physical interaction during the pandemic

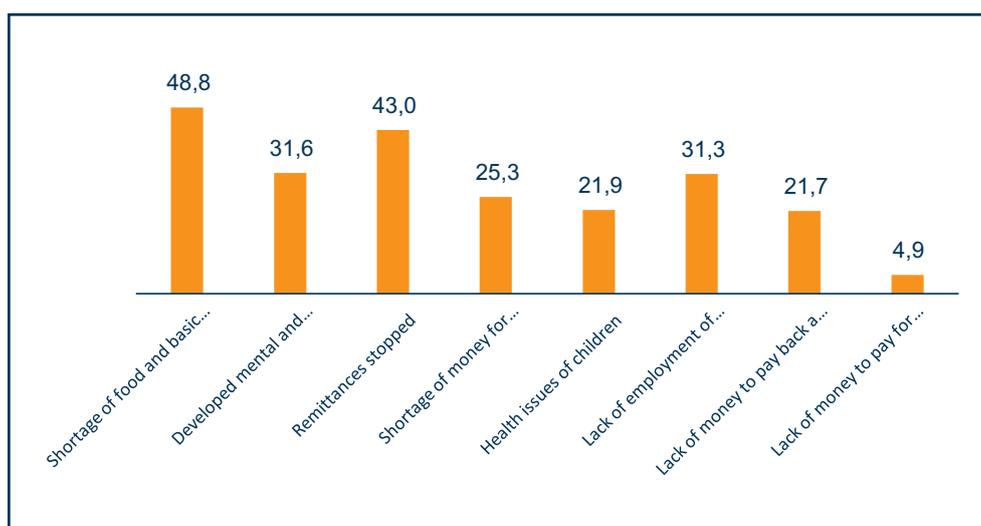


To protect their children, 83.4 per cent of parents said they limited the physical contact their children had with other people during the pandemic, with 16.6 per cent of parents stating they did not limit it.

The majority of children (59 per cent) interviewed in the focus groups expressed concern about the situation with COVID-19. The fact that they have never experienced such a situation before is a cause for serious concern. The long-term disruption of normal lifestyles and activities could not leave the worldview of younger generations unaffected. Due to the pandemic and the announcement of a semi lock down throughout the country, children and

adolescents' movement was limited. The children indicated they could not go to school, play sports, or go for walks with friends. They said they could not do what they wanted because the rules of quarantine and social distancing had to be followed and that their parents did not allow them to go outside. The COVID-19 pandemic has had a profound impact on the social lives of children and adolescents. They were stressed and very depressed.

Figure 15: List of current issues and needs as a result of the pandemic

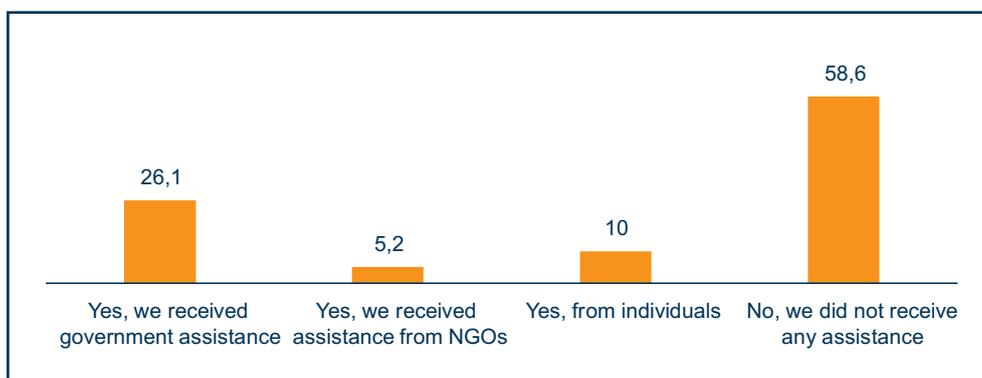


The research showed that during the pandemic, 48.8 per cent of families needed food and basic necessities. Reduced food consumption spiked twice in 2020 and remained 10 percentage points above 2019 levels at the end of the year (The World Bank Group, 2021). The analysis of indicators showed that families were forced to reduce food consumption at various levels. Forty three per cent of respondents said that the decline in remittances had worsened their financial situation and forced them to borrow from relatives and friends. A proportion (31.6 per cent) of respondents reported developing mental and social problems, while 31.3 per cent had problems with the family member finding a job upon returning from migration. Due to the decrease of remittances and no jobs being available, 25.3 per cent of respondents stated they experienced a shortage of funds to purchase medicines, including for their children with disabilities, and 21.7 per cent said they did not have money to repay a bank loan. Twenty one per cent were concerned about the health of their children, and 4.9 per cent said they had difficulty paying for their children's education during the pandemic. The majority of respondents (58.6 per cent) indicated they did not receive any assistance during the pandemic (see Figure 16).



Fifty per cent FDG participants who were severely affected by the pandemic mentioned that food and medicines became very expensive during the pandemic, which affected the purchasing power of families, as remittances fell by almost 50 per cent. Their families bought less food. Those migrant workers who managed to keep their jobs during the pandemic and send remittances to their families did not have financial problems. Also, some families affected by migration where the other parent at home was employed, did not face difficulties despite not receiving remittances. Ten per cent of respondents said that during the pandemic their relatives provided them with food and medicine or distributed aid by truck, which was one of the reasons for the lack of economic hardship in their families.

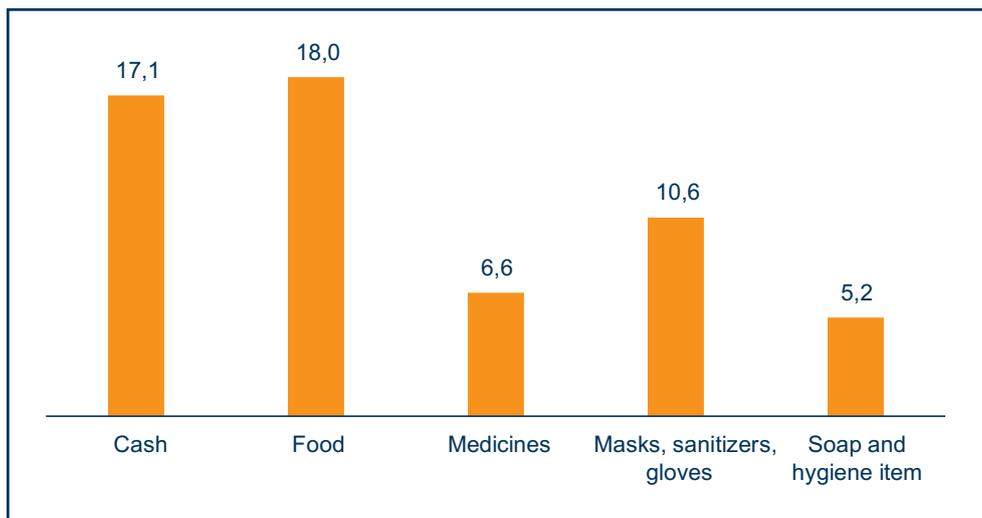
Figure 16: Assistance received during the pandemic



According to the FGD participants, during the pandemic, parents and their children did not turn to anyone for help. However, based on the children's responses to this question, it is clear that they wanted to be helped. For example, by receiving food, medicine, face masks, and hand sanitizers, because during the pandemic, the prices of these basic necessities became much higher. In addition, the children wanted doctors to see them more often.

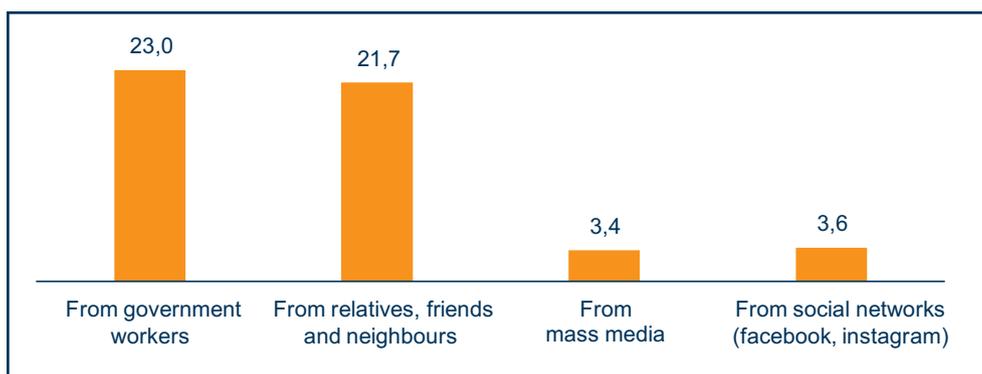
From those 26.1 per cent who received government assistance, 66.5 per cent was in the form of cash, 19.9 per cent - food items, 5.2 per cent – PPEs, 4.7 – medicines, 2.6 – soap and hygiene items. Although families affected by migration received governmental assistance the amount of cash is little with potentially no impact on the well-being of children. The amount is still equivalent (in monthly terms) to less than 40 percent of the minimum (monthly) wage.

Figure 17: Types of assistance



Of those that did report receiving assistance, (41.4 per cent): 26.1 per cent of respondents received assistance from the state, 5.2 per cent from NGOs, and 10 per cent from individuals. Out of the total number of families that received assistance, 18 per cent received food, 17.1 per cent received money, 10.6 per cent received personal protective equipment (PPE) for COVID-19, 6.6 per cent for medicines, and 5.5 per cent for personal protection and hygiene items.

Figure 18: Source of information about available assistance



Respondents learned about the provision of assistance from the following sources: 23 per cent from government officials, 21.7 per cent from friends and relatives, 3.6 per cent from social networks and 3.4 per cent from the mass media.



The research has shown that 12.3 per cent of the families with one parent migrating and 23.1 per cent where both parents migrate for labour purposes, had left their children under the supervision of relatives. As a result, despite of the pandemic the economic condition of the children improved in 57.6 per cent of cases (see *Figure 8*). Most respondents (64.1 per cent) could not return home due to border closures and the unavailability of transport (see *Figure 9*). Over 35 per cent said they did not have savings and that making ends meet during the pandemic became very challenging for them, which led to them needing social assistance (see *Figure 11*). Fifty per cent of respondents lost their jobs in their host country due to the pandemic (see *Figure 12*) and 48.8 per cent of families needed food and basic necessities, with families forced to reduce their intake at various levels (see *Figure 15*). According to the survey, more than 26.1 per cent of households received assistance from the state (see *Figure 16*).

BASIC MEDICAL SERVICES

COVID-19 is a serious respiratory disease caused by the human coronavirus, which results in high mortality rates in people ≥ 60 years of age, as well as among people with cardiovascular and chronic respiratory disease, diabetes and cancer. Stress caused by the risk of contracting the disease is amplified by the necessary restrictions and lifestyle changes. In this case, families with children face special difficulties, as normal life habits are disrupted and often the normal requirements of children and adolescents become limited. In order to protect children's mental health and ensure a favourable environment for their development, parents need to be aware of the situation and take steps to organize life and communication at home under the new conditions.

More than 30 hospitals with 7,000 beds and 5,400 doctors and medical staff have been mobilized in Tajikistan for the full and timely treatment of people infected with COVID-19. In addition, 16,000 beds were prepared in 92 medical institutions. However, no study has been conducted to assess differences in accessing healthcare services for children affected by migration as compared with other children.

As the focus of the health system is on the management of COVID-19 cases, there is a disproportional distribution of health workers in urban and rural areas which creates an additional workload for medical personnel to provide emergency and non-emergency care. There is a need to maintain essential health services, especially for lifesaving interventions,

immunization, communicable and non-communicable diseases, maternal and child health, care for older people, mental health as well as prevention and rehabilitation. Parents are hesitant to bring their children for vaccination due to concerns about the potential risk of COVID-19 infection and safety of vaccination. Moreover, lack of PPEs can influence medical workers who be hesitant to provide immunization services.

Figure 19. Families approached by medical institutions



Representatives of medical institutions reached out to 83 per cent of families surveyed in order to determine their health status, while 16.3 per cent of respondents said that health workers did not reach out to their families. Doctors and nurses mainly conducted family visits during the pandemic.

Figure 20: Family members who felt ill during the pandemic

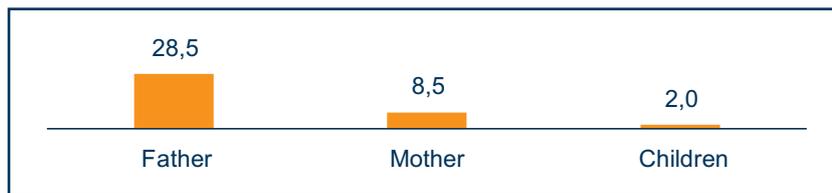


The survey showed that during the pandemic 39 per cent of families reported that a member became ill and the other 61 per cent said there was no illness in their family.

Participants of the FGD I gave similar responses to the question about what problems children face during the pandemic. Some of them felt depressed because of their parents becoming ill. The family doctor regularly visited their homes, and they were quarantined for 15 days. Some of the children used traditional remedies (herbs, garlic) to prevent becoming infected. The parents of 50 per cent of the children also contracted the virus and they bought the necessary medications with their own money. However, they do not remember the prices of medicines.

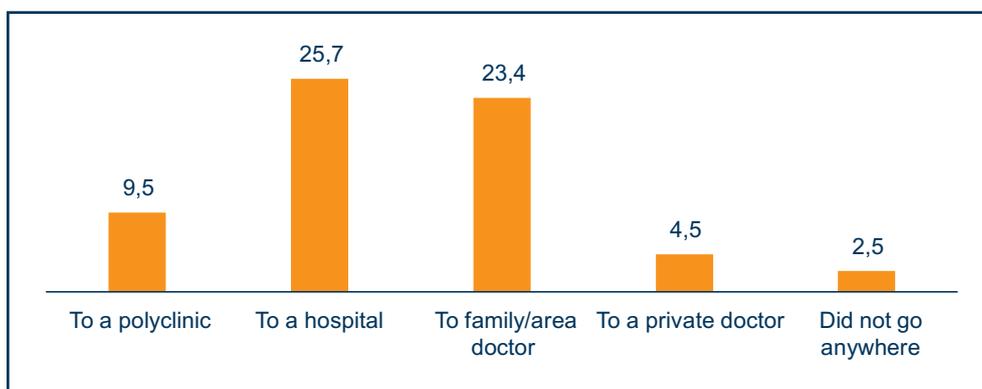


Figure 21: Which family members were ill



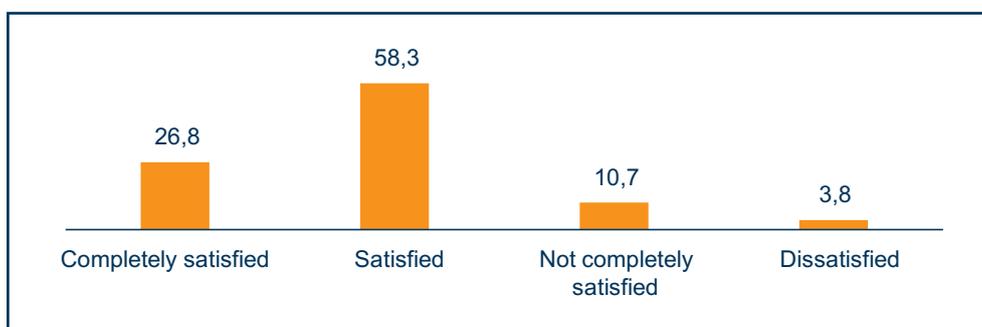
Of the 39 per cent of families reporting an ill family member during the pandemic, 28.5 per cent were fathers, 8.5 per cent were mothers and 2 per cent were children.

Figure 22: Institutional approach to receive healthcare



During the pandemic, 25.7 per cent of respondents went to the hospital for medical care, 23.4 per cent to a family doctor, 9.5 per cent to a polyclinic, 4.5 per cent to a personal doctor and 2.5 per cent did not receive health care from an institution.

Figure 23: Level of satisfaction of healthcare services during pandemic

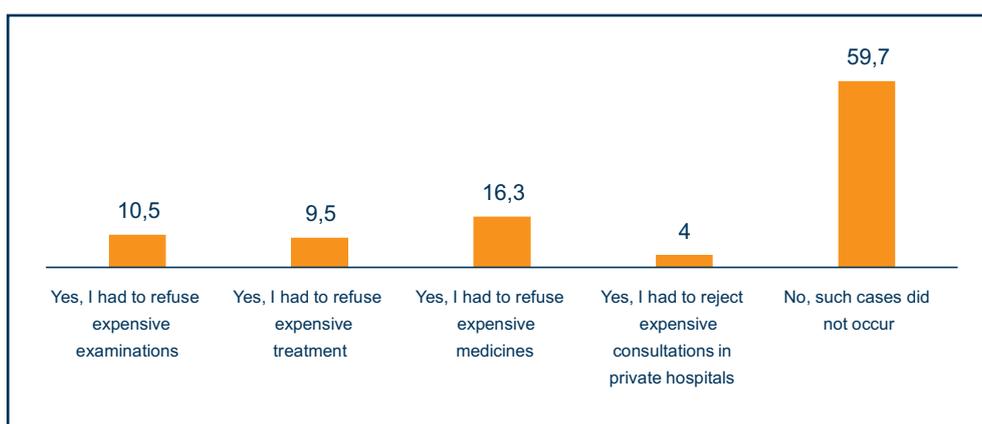


The survey found that 58.3 per cent of respondents were satisfied with the quality of medical care provided during the pandemic, 26.8 per cent were completely satisfied, 10.7 per cent were not completely satisfied, and 3.8 per cent were not satisfied at all. Among those who expressed dissatisfaction with the quality of medical care, noted the following reasons: refusal to carry our check-up due to the pandemic and fear of getting infected by medical staff (32.1 per cent); unprofessionalism of doctors (21.4 per cent), expensive services (21.4 per cent); rude medical staff (14.3 per cent) and the lack of specialized medical institutions (10.7 per cent).

Children and adolescents from focus groups had no problems with access to health care. The family doctor visited homes in their areas. Families infected with the virus were quarantined in hospitals or at homes and doctors were constantly monitoring the condition of patients. If the family had a vehicle, their access to care in medical facilities was easier.

Among the survey respondents, 45.6 per cent stated that during the pandemic they spent money on medicine, with the following breakdown: 28.1 per cent spent up to 500 somoni; 9.2 per cent up to 1,000 somoni; 4.1 per cent up to 2,000 somoni; 1.4 per cent up to 3,000 somoni; 1.3 per cent up to 4,000 somoni; and 1.5 per cent up to 5,000 somoni. Over a quarter of the respondents (28.2 per cent) stated they did not spend any money and a similar number (25.2 per cent) did not answer this question.

Figure 24: Refusal of healthcare due to the high cost



While the majority of respondents (59.7 per cent) did not face the situation of refusing medical care due to cost, 16.3 per cent were forced to give up expensive medicines during the pandemic due to low family income, 10.5 per cent refused expensive medical examinations, 9.5 per cent refused expensive medical treatment, and 4 per cent refused counselling in private clinics.



EDUCATION

The current threat posed by the Covid-19 pandemic is likely to have a long-lasting impact on education and psychosocial wellbeing of children. Around two million children and youth between the age of 7 and 17 in Tajikistan are currently enrolled in schools. In the 2019-2020 academic year, more than two million children were enrolled in 3,884 general secondary educational institutions (UN in Tajikistan, 2020).

COVID-19 has seriously affected not only the global economy, but also other parts of life, including the education system worldwide. The COVID-19 pandemic has led to the largest disruption of the education system in human history, affecting nearly 1.6 billion students in more than 190 countries on all continents.

The impact spanned across all levels of education in all countries: pre-school, school, vocational and higher education. Analysts say that the COVID-19 pandemic has exacerbated existing problems in education globally. Prior to the pandemic, 258 million school-aged children did not attend school (UNESCO, 2021), while many school children received less and low-quality education. Children from poor families had lower access to schooling, higher dropout rates and serious learning shortcomings.

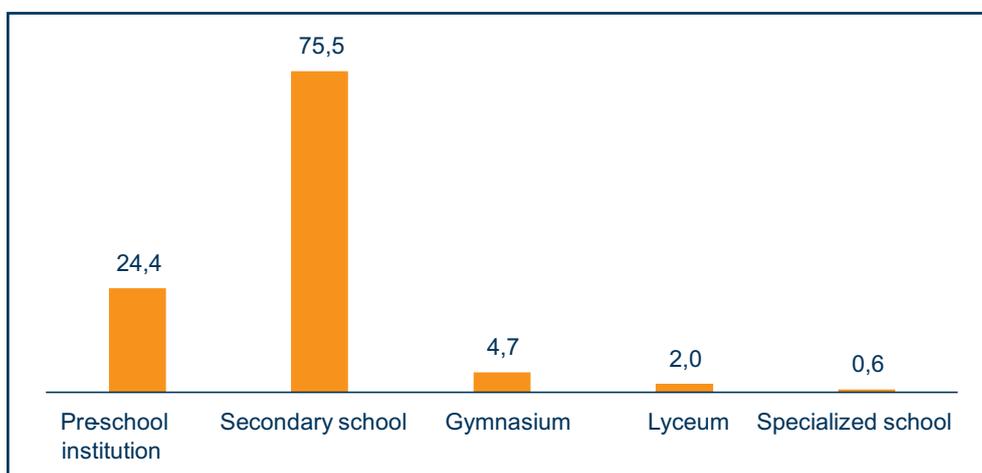
The World Bank has determined that the COVID-19 pandemic threatens educational progress around the world in two ways: Firstly, due to the almost complete closure of schools at all levels; and secondly, as a result of the economic downturn due to measures undertaken to contain the pandemic.

To help ensure one of the key human rights in such cases – the right to education – the United Nations provided member states with *Policy Briefs: Education During COVID-19 and Beyond* guide with the emphasis to include Internet and digital connectivity entitlement. Considerable attention has been given to the use of technology to ensure learning continuity. Those digital solutions to improve teaching and learning, which are institutionalized in the aftermath of the pandemic, need to put equity and inclusion at their centre, to ensure all children can benefit from them (United Nations, 2020).

There are 4,030,100 children aged between 1–18 in Tajikistan. Currently, the country has 3,911 secondary schools, including 326 primary schools, 419 general education institutions and 3,169 secondary education institutions (Education Management Information System, 2019). There are also 150 new types of educational institutions, including 75 gymnasiums and 75 lyceums. The total number of students in these institutions is 2,108,942. There are 662 pre-school institutions in the country out of which 65.2 per cent are in urban areas and

34.8 per cent are in rural areas. There are 136,506 children in pre-school institutions (Republic of Tajikistan, 2020).

Figure 25: Enrolments in educational establishments by type



The survey showed that 100 per cent of children of labour migrants were enrolled in educational institutions before the pandemic, out of these: 75 per cent were in secondary schools, 4.7 per cent were in gymnasiums, 2 per cent in lyceums, 24.6 per cent in pre-school institutions and 0.4 per cent of children with disabilities attended specialized schools.

Figure 26: Education received during the pandemic



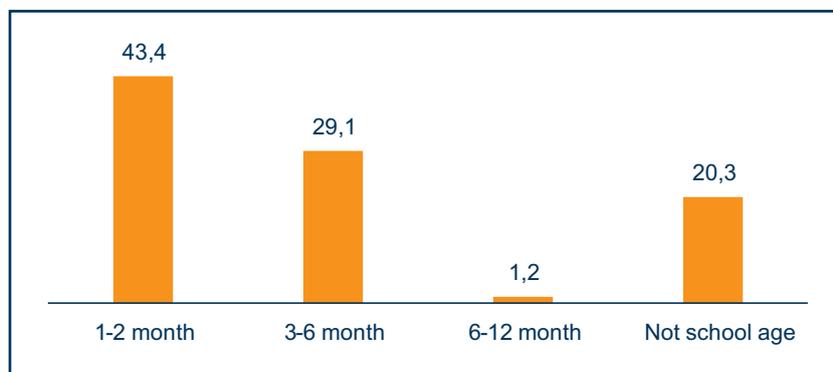
From 95.3 per cent of children who did not attend education establishment 53.7 per cent of children watched television version of individual lessons organised by MoES. Remaining 46.3 per cent of children either were not aware of the lessons or did not watch lessons.

Participants of the FGD did not attend school because in order to protect the health of children, quarantine was declared in schools. They did not go to school for three months from 27 April to 17 August 2020. Children studied through educational programmes on



television in different languages. However, they were very upset because they could not go to school.

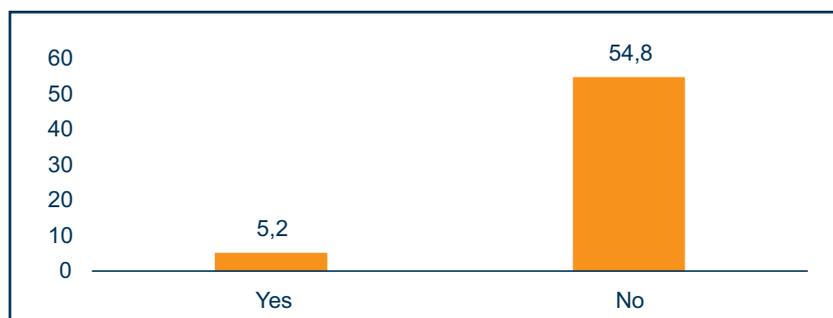
Figure 27: Duration of not receiving education



The research found that 95.3 per cent of children did not attend secondary or pre-school institutions during the pandemic. Most students at secondary schools and lyceums (43.4 per cent) did not attend classes for 1–2 months; 29.1 per cent of pre-school children did not attend preschool for 3–6 months; and 21.5 per cent of children did not attend pre-school facilities for 6–12 months.

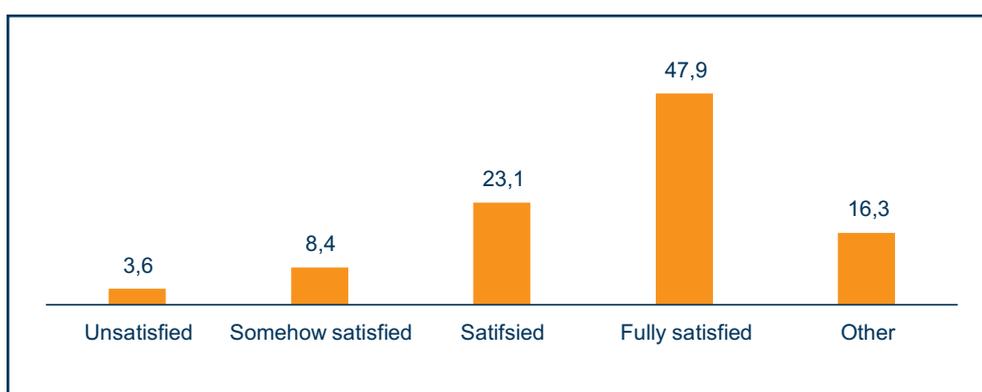
The majority of families affected by migration (55.9 per cent) paid for the education of one of their children in an educational institution, with further classification as follows: 36.8 per cent paid up to 100 somoni; 13.2 per cent up to 300 somoni; 2.9 per cent up to 500 somoni; 2.6 per cent up to 1,000 somoni; 0.3 per cent from 1,000 to 1,500 somoni. Meanwhile, 40.1 per cent stated they did not pay any money for the education of their children.

Figure 28: Increase of school tuition fees



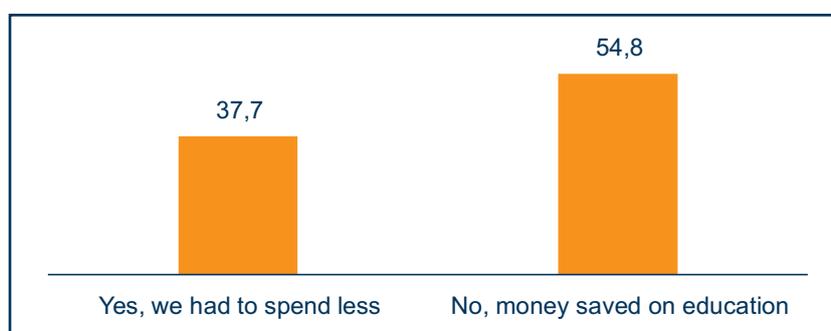
In response to this question, 54.8 per cent of respondents said that tuition fees did not increase during the pandemic. While 5.2 per cent stated that fees increased due to the additional costs of disinfection for the institution.

Figure 29: Level of satisfaction with quality education for children



Of the total number of respondents asked about their level of satisfaction with the quality of education in secondary schools, 71 per cent expressed satisfaction. Twelve per cent were dissatisfied and noted the following: practical classes in classrooms are conducted using outdated equipment; visual and technical aids are not used; there are no consumables for practical lessons; modern teaching aids (computers, electronic whiteboards) are not used in lessons; and there is a shortage of mathematics and chemistry teachers in educational institutions. Meanwhile, 14.7 per cent of respondents said they had difficulty answering this question. In the majority of cases, respondents without complete secondary and vocational education had difficulties responding to this question.

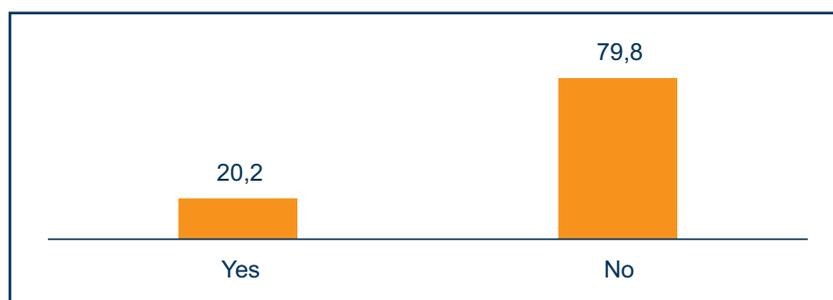
Figure 30: Savings on education during the pandemic





The survey found that 54.8 per cent of respondents did not save money on the education of their children during the pandemic. Meanwhile, 37.7 per cent were forced to reduce their children's participation in extracurricular activities, clubs and sports. The main reasons were noted as following: reduced remittances (31.9 per cent) and more urgent needs for families such as: food and basic necessities (34.0 per cent), parent's job loss (17.7 per cent), psychosocial and emotional needs (16.3 per cent).

Figure 31: Enrolment in distance/home schooling



The majority of children (79.8 per cent) could not access distance learning. This is because the necessary conditions for distance learning are missing. Children faced insufficient use of information technology within families, and insufficient access to and coverage of the Internet. It should also be highlighted that students in the regions are unable to study using online resources. Access to the Internet in large and central cities is somewhat satisfactory but its cost and speed pose certain challenges. In some parts of the country, especially in mountainous areas, distance education has become impossible due to the lack of Internet. Only 20.2 per cent of respondents' children during the pandemic were covered by distance education organized by secondary schools, mainly in Dushanbe and Khujand as well as the Aga Khan Lyceum in Khorugh.

An Education Rapid Needs Assessment (ERNA) conducted with the District Education Department (DED), Regional Education Department (RED) and schools, states that no general secondary educational institution is engaged in distance learning of enrolled children. These findings were validated with schools, which also said that they had no prior experience of distance learning at the time of the survey (ERNA, 2020).

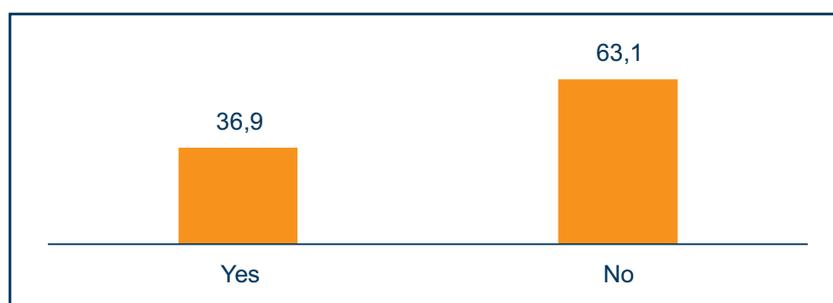
The ERNA found that home schooling is generally present among surveyed educational institutions, with 37 per cent of respondents confirming that some of their children are home schooled. Of the schools that claimed that no home schooling is present in their educational activities, 33 per cent reported they would use the telephone as a means to monitor

children's learning. Meanwhile, 22 per cent argued that parental supervision is the main means to ensure home schooling; and 18 per cent of schools would mobilize teachers to visit children's homes.

Responses by DEDs and REDs are broadly similar to views provided by school administrations, with 40.6 per cent of ERNA respondents indicating that continued learning will be ensured through home schooling supervised by teachers through regular (i.e. weekly) calls to children and their parents. In addition, 28.1 per cent of DEDs and REDs asserted that children will be encouraged to self-study with close parental guidance or supervision.

While no DED or RED representatives admitted to having previously monitored distance learning activities in any school in their respective district/city, 9 out of 60 school administrations have in fact engaged in monitoring of distance learning of some children. These children were monitored almost exclusively by phone, although two schools claimed they were in fact monitoring the preparation of children who were supposed to take part in national academic competitions (e.g., olympiads and subject contests).

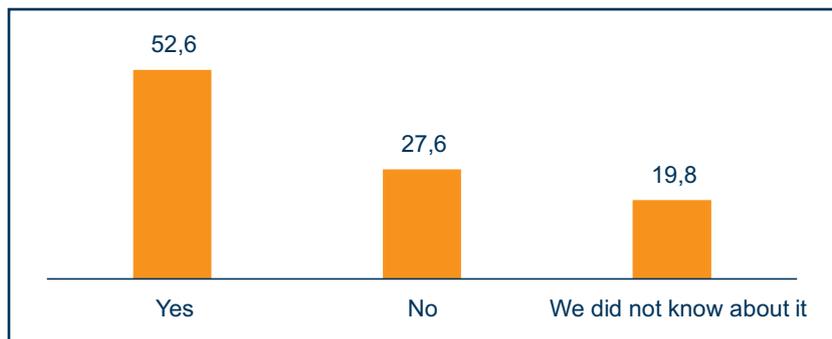
Figure 32: Usage of IT equipment and the Internet



The CRIA survey found that 63.1 per cent of respondents regularly used computers, tablets, laptops and smartphones during the pandemic period, while 36.9 per cent said that they did not have such opportunities. Of these, 38 per cent said their children did not have such devices, 10.1 per cent stated that the cost of Internet is high, and its quality is low, and 15 per cent said they do not have the financial means to purchase such devices for their children. Respondents indicated they were not ready to work in the digital sphere because their children lacked good computer skills, and that they had the technical equipment but were unable to access it due to the high cost of the Internet.



Figure 33: Television lessons attended by children during the pandemic

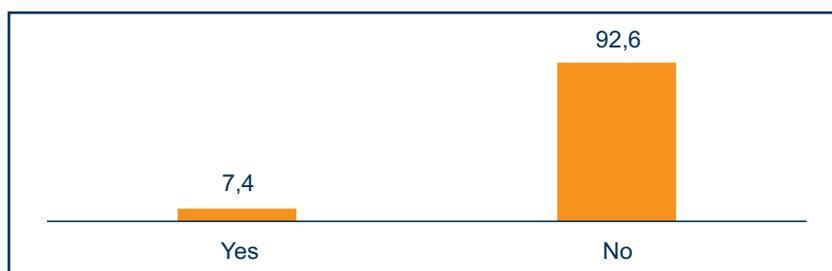


The majority of respondents (52.6 per cent) stated that during the pandemic for some subjects their children accessed televisions lessons organized by the Ministry of Education and Science through the State Agency Bahoriston Television for Children and Youth. The remaining 27.6 per cent of children did not use these programmes or said they did not know about them (19.8 per cent).

LEGAL SERVICES

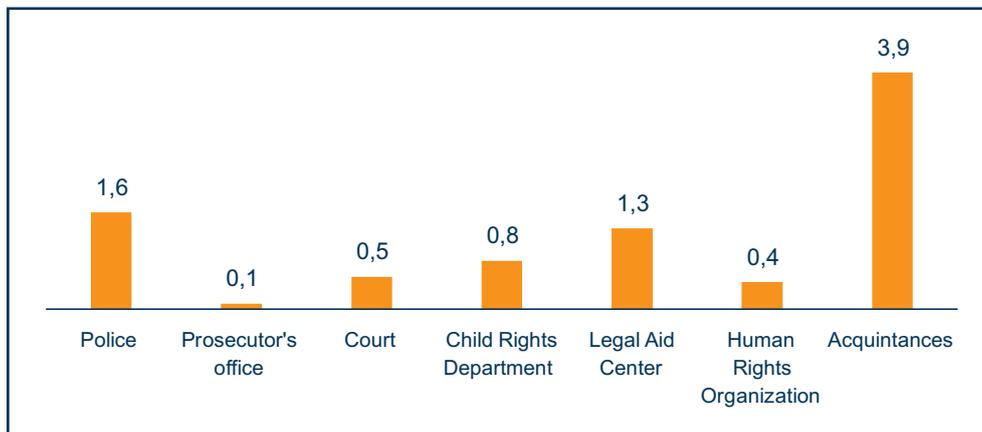
Legal aid in the context of the COVID-19 pandemic must cover all aspects directly related to the spread of the virus and its direct and indirect consequences. For example, lawyers can help develop a plan to address the crisis caused by the pandemic. Guidelines and regulations could be developed to strengthen or immediately lift restrictions, taking into account the negative developments of each situation. Majority of the respondents reached out to legal aid services to learn more about provision to apply for governmental emergency cash assistance.

Figure 34: Need for legal assistance



The research found that 92.6 per cent of families did not need legal assistance during the pandemic, while 7.4 per cent of surveyed families did.

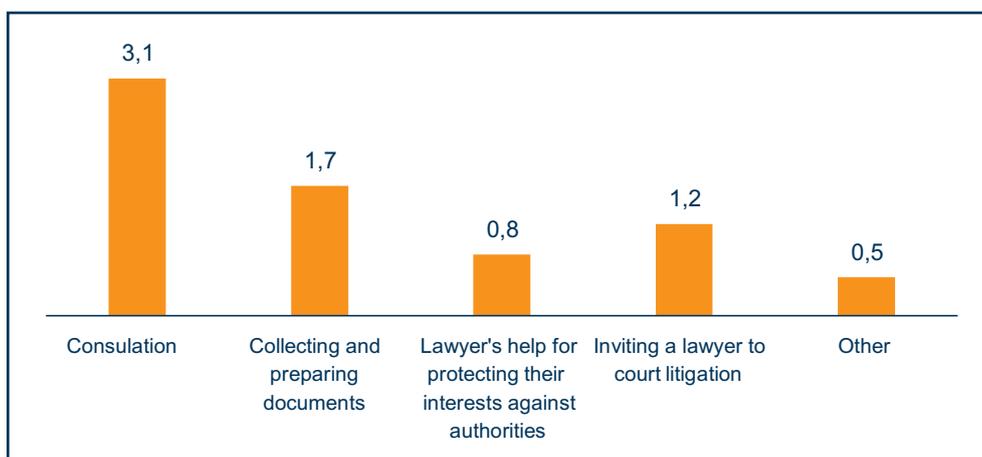
Figure 35: Bodies contacted for legal assistance



An analysis of the number of respondents who sought legal assistance during the pandemic shows that 1.6 per cent went to the police, 1.3 per cent to the legal advice centre. Meanwhile, 0.8 per cent to the child rights department, 0.5 per cent to court, 0.4 per cent went to a human rights organization, and 0.1 per cent went to the prosecutor's office.

From 0.8 per cent of respondents who turned to Child Rights Department for legal assistance 55.6 per cent received legal consultation, 33.3 per cent were supported to collect and prepare documents, 11.1 per cent received legal assistance to protect their interests in various government bodies.

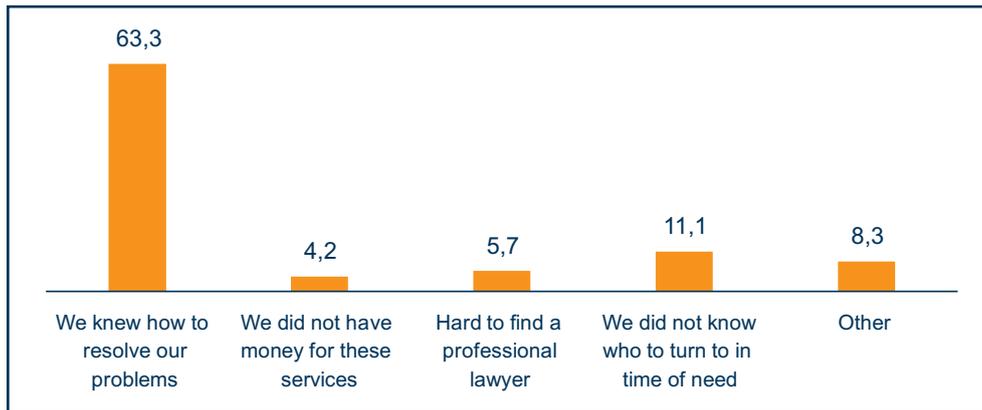
Figure 36: Types of support received





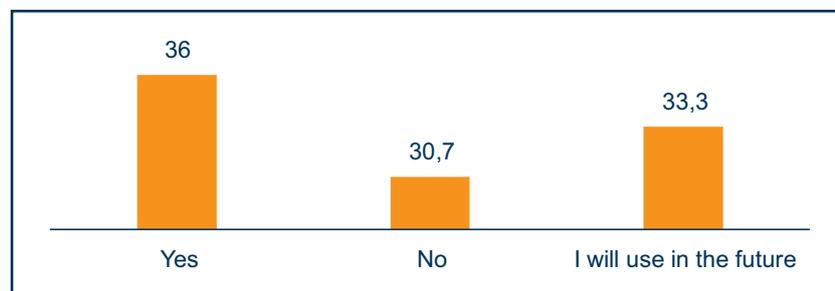
Of the 7.4 per cent of respondents who needed legal assistance, 3.1 per cent received it in the form of counselling, 1.7 per cent in the form of collection and preparation of documents. Meanwhile, 1.2 per cent received legal assistance during litigations and 0.8 per cent of said they received legal assistance to protect their interests against the authorities.

Figure 37: Reasons to refuse legal support



Of the 92.6 per cent of respondents who did not seek legal assistance during the pandemic, 63.3 per cent said they knew how to resolve their own problems; 11.1 per cent said they did not know who to turn to if necessary. Meanwhile, 5.7 per cent said it was difficult to find a professional lawyer; 4.2 per cent said they did not have the money to pay for a lawyer; and 8.3 per cent cited other reasons (e.g., did not encounter such cases, legal services require big expenditures, not feasible due to the family income).

Figure 38: Knowledge about services provided by the Ombudsperson's Office for Human and Child Rights

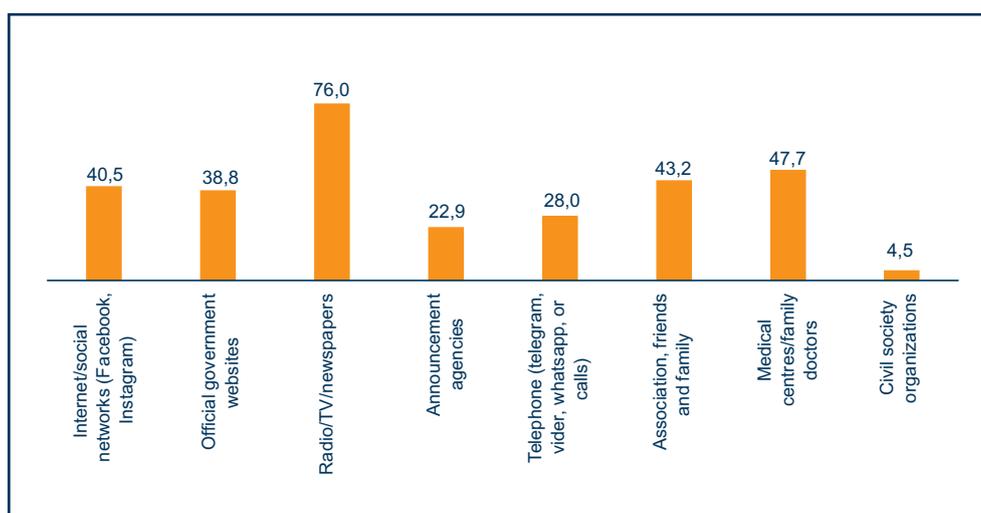


Only 36 per cent of respondents knew about the services of the Ombudsperson on human rights in Tajikistan, and that the Ombudsperson on child rights in the regions of the country are free of charge. Over 30 per cent did not know about these free services. During the explanatory work by the interviewers, 33.3 per cent of respondents indicated that from now on they will start using those services.

SPECIAL PROTECTION MEASURES AGAINST THE PANDEMIC

During the pandemic, Personal Protective Equipment (PPE) became an important topic of discussion. COVID-19 spreads by contact or droplets, spreading at a distance of about one metre from the carrier. In other words, airborne droplets are transmitted by mixing with air (aerosols) and breathing that air or as result of medical procedures. In addition, the droplets can remain in the air for a period of time. PPE, specifically tailored for children (e.g., masks, sanitizers, soaps, etc.) is considered to be an important element to protect children from infecting each other. Proper use of PPE does not eliminate the risk of transmitting the virus, but it does greatly reduce it. Recommendations from international organizations regarding PPE are generally similar, but there is no unified procedure for their use.

Figure 39: Source of information about COVID-19

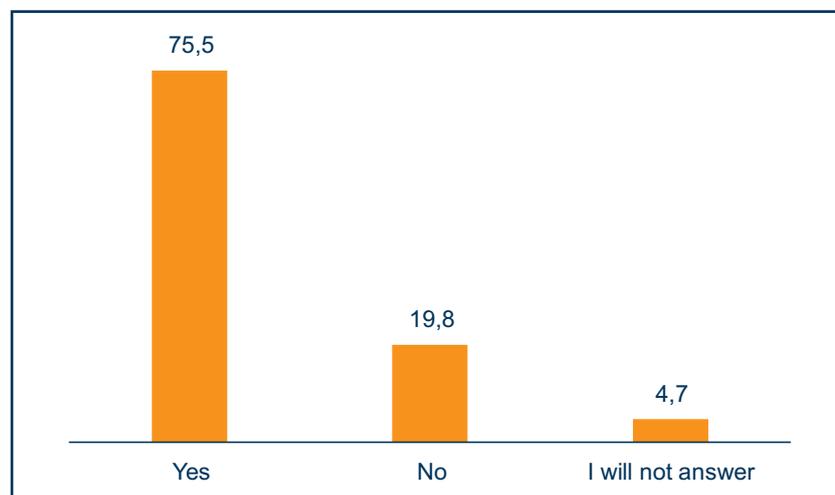




For this question, survey respondents were given the opportunity to choose three answers. The survey showed that 99.6 per cent of respondents had heard about COVID-19 and 0.4 per cent said they had not. Among the ones who knew about COVID-19, the majority (76 per cent) heard from radio, television and newspapers; 47.7 per cent heard from medical centres and family doctors. Meanwhile, 43.2 per cent heard from friends and relatives; 72.3 per cent from social networks; and 4.5 per cent of respondents said they received information from NGOs. The results of the survey showed that in general respondents were aware of the COVID-19 pandemic. It is presumed there is no difference about the level of awareness of COVID-19 among children affected by migration and other children.

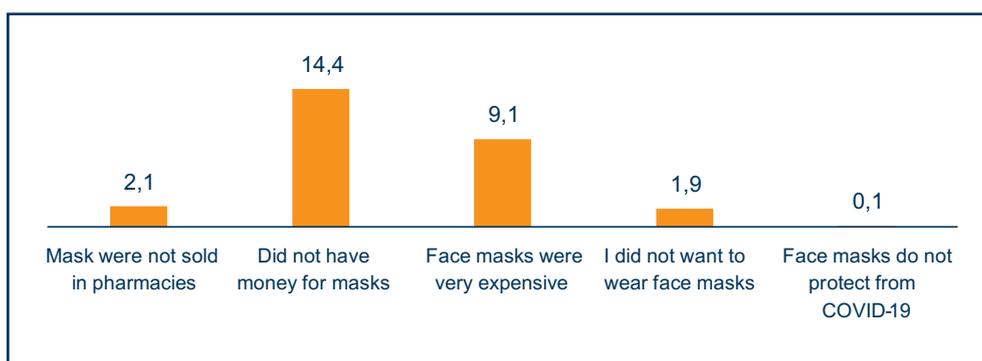
Fifty per cent of the FDG participants received important information about the pandemic from their parents and other relatives, and the remaining 50 per cent received such information from the Internet, television, and radio. Half of the children who received information from their parents indicated they were always under their scrutiny. Parents told them about the importance of using a face mask, handsanitizer, gloves, and keeping socially distant. Fifty per cent of the parents did not inform their children about the pandemic because, according to the children, the parents did not want them to be burdened with negative information about the disease and be exposed to great stress. Fifteen per cent of participants suggested that a special programme for children and adolescents on COVID-19 should be developed to inform them. This is because they received information from advertisements and did not take it seriously. If a special programme for children was developed and supported by scientific and medical evidence, it may be more beneficial in protecting them. In general, children received information from their schools and health workers about the disease and how to stay safe, prior to school closures.

Figure 40: Daily access to sanitizers (parents)



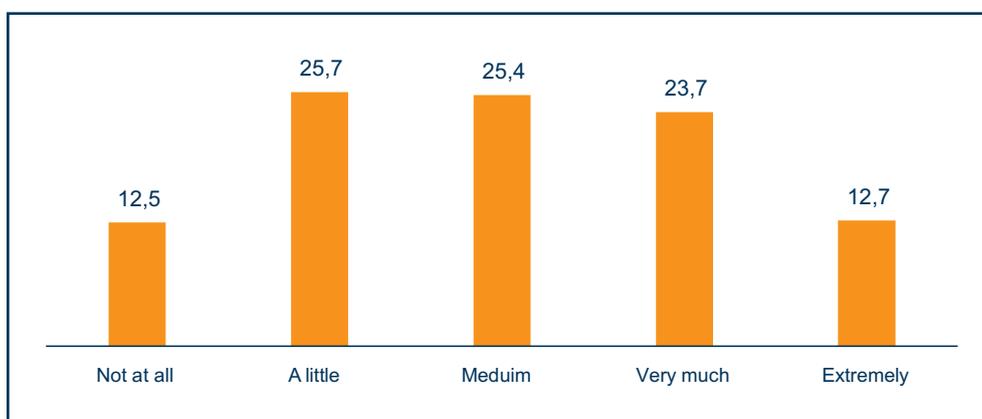
Respondents were asked about their daily access to a variety of hygiene items that are effective in preventing COVID-19. Analysis of the survey data shows that, in general, 96 per cent of respondents had daily access to water for bathing, washing clothes and other household chores during the pandemic. Meanwhile, 75 per cent had access to hand sanitizers, 75 per cent had access to face masks, and 25 per cent of the respondents did not have access.

Figure 41: Access to masks



Among respondents who said they did not have access to masks, 14.4 per cent said had no money to buy them. Meanwhile, 6.1 per cent said that during the pandemic the cost of masks increased, and 2.1 per cent stated that face masks were not sold in their area (mostly rural). Only a small percentage (1.9) of respondents said they did not want to wear a face mask during the pandemic, and 0.1 per cent thought face masks do not protect people from COVID-19.

Figure 42: Level of discouragement, depression/frustration caused by the pandemic (parents)

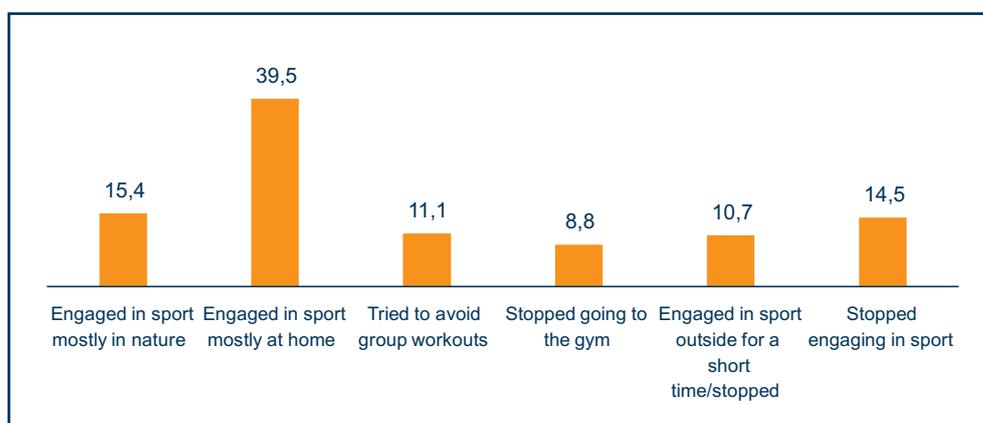


Naturally, long-term disruptions to a normal way of life affected respondents' worldview and perceptions. Out of the total number of respondents, 25.7 per cent said they felt a little depressed during the pandemic; 25.4 per cent said their levels of depression/frustration were medium; 23.7 per cent reported they felt very depressed, and 12.7 per cent said they felt extremely depressed. Only 12.5 per cent noted that they did not feel depressed at all during the pandemic. The survey found that most respondents (87 per cent) experienced psychological distress during the pandemic and that they needed psychological rehabilitation.

The FDG participants were informed about the COVID-19 pandemic and its effects on people and experienced severe stress because they were constantly thinking about it and worried that any member of their family could become ill and die. They recovered from this stressful situation when the pandemic situation improved slightly, and people became less susceptible to the disease and less likely to die. Some children who stayed home and did not see their friends said they were not depressed because they were in constant contact with their friends and classmates via telephone and social networks.

At the same time, the pandemic situation and the introduction of quarantine, have brought children and their families closer. While being away from friends, some children realized how important their close friends and classmates are to them. Children spent a lot of time with their family members, which also had a positive effect on them. During the pandemic, some children helped their mothers with household chores. Since their fathers are labour migrants and their mothers also work, the children did some housework (such as cleaning, caring for brothers and sisters, going to the market to buy food, etc.) (UNDP, 2020).

Figure 43: Child's participation in sport/physical activities



The study found that the largest proportion of children (39.5 per cent) played sports at home, 15.4 per cent in nature, 10.7 per cent engaged in sports outside for a short period, and 14.5 per cent stopped engaging in sports activities altogether during the pandemic.

For the FGD participants and their families the main problem was that they did not go to school as educational institutions were closed for a certain period. The children and their parents had plans for summer: they were scheduled to participate in extracurricular activities in different areas and go to the gym. However, since the beginning of the pandemic and the announcement of quarantine in the country, children's summer plans were disrupted. They stayed at home all day and could not go outside. Ten per cent of children had planned to go to summer camps but were unable to do so. As a result of the disruption of their plans and even their inability to go outside, these children became very sad and depressed. Sitting at home all day, they said they no longer wanted to do anything. This is corroborated by the survey responses (see *Figure 42*) that showed 87 per cent of parents/caregivers experienced some form of depression and children's sporting activities were disrupted or impacted (see *Figure 43*).

From the FGD notes, it can be concluded that the pandemic and quarantine had different effects on children: some became depressed and stressed, other children realized the value of their friends and also became closer to their family members. Despite a number of negative circumstances, this period seems to have taught the younger generation self-education. This aspect is very important when the child's mind develops responsibility for their direct tasks.

To conclude, although none of children and adolescents who participated in focus group seek support, they are satisfied with the measures taken by the government during the pandemic, because the state quarantined schools, educational institutions, kindergartens, public catering establishments, universities, institutes, and other public places. The government also supported raising awareness on protective measures against the virus. They explained to people what tools should be used to protect not only themselves, but also others from the virus. Awareness raising in schools, kindergartens and universities was conducted by the medical staff who visited homes. Children said they were completely satisfied with the work undertaken. They were told not to shake hands, not to hug, and to observe social distance and all of these measures have helped them to overcome this difficult period.



KEY FINDINGS

This section makes some key observation about impact of COVID-19 on children based on the finding of the research.

Family environment and extent of care:

- The majority of respondents (58.6 per cent) indicated they did not receive any assistance during the pandemic. Lack of information about available services and not being eligible for assistance were indicated as mains reason for not applying for the assistance.
- The main form of the government assistance was cash (66.5 per cent), 19.9 per cent in form of food, 5.2 per cent – PPEs, 4.7 – medicines, 2.6 – soap and hygiene items.
- Although families affected by migration received governmental assistance the amount of cash is little with potentially no impact on the well-being of children. The amount is still equivalent (in monthly terms) to less than 40 percent of the minimum (monthly) wage.
- Economic situation of the 57.6 per cent of children had improved mainly because of remittances send by 88,6 per cent of parents who did not return home during pandemic.
- Twenty-five per cent of respondents had savings that helped them to make ends meet in average for three months. Over 35 per cent of respondents did not have any savings and therefore it was difficult for them to survive during the pandemic, and they needed social assistance.
- The majority of children (59 per cent) interviewed expressed concern about the situation with COVID-19 . The fact that they have never experienced such a situation before is a cause for serious concern. The long-term disruption of normal lifestyles and activities could not leave the worldview of younger generations unaffected. The COVID-19 pandemic has had a profound impact on the social lives of children and adolescents. They were stressed and very depressed.

- During the pandemic in the host country, 50 per cent of migrant workers lost their jobs and only 33.4 per cent of them were able to return home. During the pandemic, 41.1 per cent of families received various types of assistance, which was mainly provided by government agencies.

Basic medical services

- The research showed that during the pandemic, 30.2 per cent of migrant families fell ill, of which 2 per cent were children. Meanwhile, 63.1 per cent of respondents sought medical help from medical institutions and satisfaction with the quality of medical care provided by medical institutions was expressed by 40.6 per cent of respondents. At the same time, 40.1 per cent of families were forced to refuse necessary examinations and treatment due to high prices.

Education and leisure

- The study found that 100 per cent of children went to secondary and pre-school institutions before the pandemic spread. During the pandemic, 96 per cent of children did not attend secondary school, as quarantine was declared across the country. Half of children who did not attend school (53.7 per cent) watched television version of individual lessons organised by MoES. Remaining 46.3 per cent of children either were not aware of the lessons or did not watch lessons. During this period, only 4 per cent of children were enrolled in distance learning. Children from those families whose parents paid for their education noted that tuition fees did not rise during the pandemic, with 80 per cent of children saying they had access to quality schooling. As a result of new emergency needs for families, 37.7 per cent of respondents were forced to save money on additional education for their children. During the pandemic, 19.8 per cent of children said they did not know such programmes existed, and 26 per cent said they did not use them.

Legal services

- Overall, the analysis of data showed that 92.6 per cent of families did not seek legal assistance during the pandemic. The main reasons being that they could resolve their own problems, they didn't know who could help them, or it was too expensive. The research found that 74 per cent of respondents were unaware of the availability



of free services to the population by the regional offices of the Ombudsperson for human rights.

Special protection measures

- Most respondents (99.4 per cent) had information about COVID-19. The main distributors of COVID-19 information in the regions were radio, television, social networks and medical centres. During the COVID-19 vulnerability review, access to face masks and hand sanitizers was difficult for individuals whose financial situation did not allow them to purchase them. During the pandemic, 88 per cent of respondents felt depressed, indicating this group of citizens may need psychological rehabilitation.

In general, the global pandemic has disrupted many public events, halted the economy and had a significant impact on daily life. The pandemic hit Tajikistan when its economy and livelihoods were already fragile following several economic disruptions in the past decade. The economic implications of the COVID-19 outbreak became apparent soon after the first cases were officially declared. Businesses and vulnerable groups have been on the frontlines ever since. The impact of the pandemic on lives and the health system has been unprecedented in Tajikistan's post-civil war history.

RECOMMENDATIONS

The Ministry of Labour, Migration and Employment of the Republic of Tajikistan

- In cooperation with development partners to develop the National Migration Strategy of the Republic of Tajikistan until 2030, with specific focus on children and families left behind.
- Improve the legislation of the Republic of Tajikistan on services for returning migrant workers and their families in the social and employment fields
- Organise in-service and pre-service training sessions in primary vocational education institutions and adult training centres for returning migrants in occupations that are in demand in the domestic labour market.
- Provide assistance to families affected by migration to combat consequences of COVID-19 (namely support should be given in employment, allocating micro-loans, drawing up business plans, doing small and medium-sized businesses, allocating land for work in the village, etc.).

The Ministry of Education and Science of the Republic of Tajikistan

- Continue shift towards digitalisation of education, implementation of distance learning methods in secondary schools and informing students through television lessons and other platforms (e.g. Maktab Mobile app).
- Create enabling environment and ensure access of children affected by migration to distance learning.

The Ministry of Health and Social Protection of the Republic of Tajikistan

- To conduct further monitoring and research on the health status of families and children of migrant workers.
- The CRIA has shown that during the pandemic, most parents of children felt depressed. The need for psychosocial services was obvious. Therefore, MoHSP



must ensure establishment of psychological rehabilitation centers for families and children of labour migrants in the country's regions.

- Organize short-term training sessions for families of labour migrants on health, social protection and legal literacy.
- Under leadership of the MoHSP strengthen efforts to disseminate information (through digital platforms, in school, and communities) on prevention and treatment during COVID-19 from among families and children of labour migrants and their communities. It is believed that good public awareness is important to stop the spread of the pandemic and to implement public policy.
- Adopt a separate legal act on state social support of families and children in case of possible outbreaks of future epidemics and pandemics.
- Develop and implement shock-responsive social protection programmes.

The Ombudsperson for Human Rights in the Republic of Tajikistan should intensify information work among families and children of labour migrants so they are aware of and can access services available and strengthen the provision of legal assistance to them.

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ANNEXES

ANNEX 1. QUESTIONNAIRE ON THE IMPACT OF COVID-19 ON CHILDREN OF MIGRANT WORKERS

A Symbolic expression		
A.1.	Interview date	
A.2.	Interview time	
A.3.	Interview place (region)	<ol style="list-style-type: none"> 1. GBAO. 2. Sughd region 3. Khatlon region 4. DRS 5. Dushanbe city
A.4.	Interview place (city, district)	<ol style="list-style-type: none"> 1. Bokhtar 2. Vahdat 3. Vanj 4. Hisor 5. Dushanbe 6. Kulob 7. Mastchoh 8. Nurobod 9. Khujand 10. Khorugh 11. Panj
A.5.	<p>Did the respondent agree to be interviewed? Hello, my name is _____(interviewer’s full name). I would like to ask you a few questions about you and your family, as well as about any changes that have taken place with you and your family during and after the pandemic. We hope that you will cooperate with us. This interview will last about 40 minutes.</p>	<ol style="list-style-type: none"> 1. Yes 2. No (end of the interview)



B. Demographic characteristics		
B.1.	Respondent's gender	1. Male 2. Female
B.2.	Nationality	1. Tajik 2. Uzbek 3. Russian 4. Other _____
B.3.	Age	1. Respondent's birth date _____ .
B.4.	Marital status	1. Single 2. Married 3. Widowed 4. Divorced 5. Other _____
B.5.	What is your level of education? (highest level of education completed)	1. I did not study 2. Incomplete secondary education (grade 9) 3. Complete secondary (grade 11) 4. Primary vocational education. 5. Secondary vocational education 6. Bachelor's degree 7. Master's degree 8. Candidate of sciences 9. Higher education 9. Short-term courses 10. Other.....
B.6.	How many children under 18 live in your family?	

C.7. Ages of children

Age groups	Quantity	Gender		Children with disabilities	
		Boy	Girl	Boy	Girl
Under 1					
1–4 years old					
5–9 years old					
10–13 years old					
14–17 years old					

C. Family environment and possible care		
C.1.	Are there children in the family who their parents/migrants left under supervision of relatives?	1. Yes 2. No
C.2.	How do you assess the family's financial situation before the migrant worker goes abroad?	1. Hard 2. Medium 3. Good 4. Other _____
C.3.	In your opinion, has the socio-economic situation of children improved or worsened as a result of parental migration?	1. Worsened 2. A bit worsened 3. Worsened by a lot
C.4.	Did the labour migrants return home as a result of the COVID-19 pandemic?	1. Yes 2. No
C.5.	Did the labour migrant send money to the family?	1. Yes 2. No. Go to C6
C.5.1.	B5.1. If yes, how many times per month?	1. Once a month 2. Twice a month 4. I do not want to respond 5. Other _____
C.6.	Did the family have savings to help survive the pandemic?	1. It was enough to live for less than a month 2. It was enough to live up to 3 months 3. It was enough to live up to 6 months 4. There were no savings
C.7.	Have labour migrant's family members lost their jobs as a result of the pandemic?	1. Yes 2. No. Go to C8
C.7.1.	If so, do the migrants plan to return to Tajikistan?	1. Yes 2. No 3. They have already returned
C.8.	During the pandemic, did you prevent your children from leaving home whenever they wanted to?	1. Yes 2. No. Go to C9
C.8.1.	If yes, how often?	1. Very often 2. Sometimes 3. Occasionally 4. Other _____.
C.9.	During the pandemic, did you limit your children's physical contact with other people?	1. Yes 2. No. Go to C10



C.9.1.	If yes, to what extent?	1. Very often 2. Sometimes 3. Occasionally 4. Other _____.
C.10.	List your current needs in relation to the current pandemic situation	1. Lack of food and basic necessities 2. Psycho-social issues related to the pandemic 3. Termination of remittances 4. Lack of money to purchase certain medicines 5. Health issues of children 6. Lack of employment opportunities for parents 7. Lack of funds to repay a loan 8. Lack of funds to pay for school 9. Other _____
C.11.	Did your household or any member of your household receive assistance (money, food, medicine, hygiene kits, etc.) during the pandemic?	1. Yes, we received government assistance 2. Yes, we received from NGOs 3. Yes, from individuals/families and/or private companies 4. No, we did not receive any assistance. Go to D1
C.12.	What type of assistance did you receive?	1. Cash assistance 2. Food 3. Medication 4. PPE (gloves, masks, disinfectants etc.) 5. Personal hygiene items 6. None 7. I do not know
C.13.	Where did you find out about the assistance being provided?	1. From the staff of government agencies 2. From relatives, friends, neighbours 3. From mass media 4. From social networks (Facebook, Instagram) 5. Other _____

D. Basic medical services		
D.1.	Did you receive a call from a medical institution or healthcare provider to find out about your and your children's health?	1. Yes 2. No
D.2.	Did any member of your family become sick during the pandemic?	1. Yes 2. No. Go to D7
D.3.	If yes, which family member became sick?	1. Mother 2. Father 3. Children 4. Other _____.
D.4.	Where did you seek medical help during the pandemic?	1. Polyclinic 2. Hospital 3. Family/area doctors 4. Private doctor 5. Did not seek from anywhere. Go to D6 6. Other _____
D.5.	How satisfied are you with the quality of medical services provided during the pandemic?	1. Completely satisfied. Go to D8 2. Satisfied. Go to D8 3. Not completely satisfied 4. Completely not satisfied 5. Other _____
D.6.	If you are not satisfied with the quality of medical services, then in what way are you not satisfied?	1. Doctors did not accept patients due to the pandemic 2. Doctor/medical institution rejected my request to come to my home and check my child 3. Lack of specialized medical institutions 4. Rude treatment by medical staff 5. Refusal to treat my child from COVID-19 6. Taking too much money 7. Incompetence of doctors 8. Other _____
D.7.	How much money was spent on medicines in the last month?	1. Approximately _____ somoni 2. Hard to respond 3. Did not spend any money
D.8.	Has there been a case where you refused to have the necessary examinations and treatment due to their high cost?	1. Yes, I had to reject expensive examinations 2. Yes, I had to reject expensive treatments 3. Yes, I had to reject expensive medicines 4. Yes, I had to reject expensive consultations in a paid hospital 5. No, such cases did not happen



E. Education and leisure		
E.1.	In what type of educational institution does your child study?	1. Preschool institution 2. General secondary education institution 3. Gymnasium 4. Lyceum 5. Specialized school 6. Other _____
E.2.	Did your child attend educational institution during the pandemic?	1. Yes 2. No
E.3.	On average, how much does your family pay for one child's education per month?	1. _____ somoni. 2. Free of charge. Go to E5.
E.4.	Did tuition fees increase during the pandemic?	1. Yes 2. No
E.5.	How satisfy are you with quality general secondary education for your children?	1. Practically unavailable 2. Not so available 3. More available 4. Completely available 5. I don't know 6. Other _____
E.6.	During the pandemic, did you need to save on your child's tuition because there are other, more urgent needs?	1. Yes, I had to spend less 2. No, we do not spare expenses for education
E.7.	Was your child enrolled in distance learning/home schooling organized by the school during the pandemic?	1. Yes 2. No
E.8.	Does your child own or have access to a personal device that can be used to connect to the Internet?	1. Yes 2. No
E.9.	Did your child regularly use a computer/tablet/smartphone for education during the pandemic?	1. Yes 2. No
E.10.	Did your child (your children) during the pandemic use a television version of individual lessons organized by the Ministry of Education and Science of the Republic of Tajikistan through the Children's and Youth Television "Bahoriston"?	1. Yes 2. No 3. We did not know about it

F. Legal aid		
F.1.	Did your family need legal help during the pandemic?	<ol style="list-style-type: none"> 1. Yes 2. No. Go to F4
F.2.	Who did you turn to for legal assistance? (CHOOSE 2 ANSWERS)	<ol style="list-style-type: none"> 1. To police 2. To the prosecutor's office 3. To court 4. To the department on the rights of children 5. To a legal advisor 6. To a law enforcement organization 7. To acquaintances 8. Other _____
F.3.	What was the assistance provided to you?	<ol style="list-style-type: none"> 1. I received legal assistance in the form of a consultation. Go to F5. 2. Assistance in the form of collection and preparation of documents. Go to F5. 3. Legal assistance to protect my interests in various government bodies. Go to F5. 4. Inviting a lawyer to a case in court. Go to F5. 5. Other _____ Go to F5.
F.4.	If you have not sought legal assistance, why not?	<ol style="list-style-type: none"> 1. We know how to solve our problems 2. We did not have funds to cover the services of a lawyer 3. It is difficult to find a professional lawyer 3. We did not know who to turn to if necessary 4. Other reason _____
F.5.	Did you know that all services provided by the staff of the Ombudsperson in the Republic of Tajikistan, its representatives and public receptions in the regions of the country, as well as the Ombudsperson for Child Rights in the Republic of Tajikistan are absolutely free?	<ol style="list-style-type: none"> 1. Yes 2. No 3. We will use in the future



G. Special protective measures against COVID-19 pandemic?		
G.1.	Have you heard about COVID- 19?	<ol style="list-style-type: none"> 1. Yes 2. No
G.2.	Where did you find out about COVID-19? (DO NOT CHOOSE MORE THAN 2 ANSWERS)	<ol style="list-style-type: none"> 1. Internet/social networks (Facebook, Instagram) 2. Official government websites 3. Radio/TV/Newspapers 4. Announcement services/loudspeakers 5. Telephone (telegram, viber, WhatsApp, or calls) 6. Association, friends and family 7. Medical center/family doctor 8. NGO/Civil society organization 9. Other 10. I do not know about COVID-19
G.3.	Do you have enough daily access to water for showering, washing clothes and other household chores?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I do not want to answer
G.4.	Do you have sufficient daily access to hand sanitizers?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I do not want to answer
G.5.	Do you have enough daily access to face masks?	<ol style="list-style-type: none"> 1. Yes. Go to G7 2. No. Go to G6 3. I do not want to reply. Go to G7
G.6.	If no, why?	<ol style="list-style-type: none"> 1. Masks are not sold in pharmacies 2. I do not have money to buy masks 3. Face masks are very expensive 4. I do not want to wear face masks 5. Face masks do not protect people from COVID-19 6. Other _____
G.7.	Have you felt discouraged, depressed, or hopeless by the news, risks, and limitations associated with the coronavirus?	<ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Medium 4. A lot 5. Extremely
G.8.	How has the pandemic affected your child's participation in sports/physical activity?	<ol style="list-style-type: none"> 1. Exercises mostly in nature 2. Exercises mostly at home 3. Tries to avoid group exercises 4. Does not go to the gym anymore 5. Exercises in open air slightly/stopped 6. Stopped doing sports/exercising

ANNEX 2. QUESTIONS FOR FOCUS-GROUP DISCUSSIONS

Good morning/afternoon, my name is _____. We work for UNICEF (If they do not know about UNICEF, give some brief information). We are here to find out your opinion about the impact of COVID-19 on children and adolescents. Participation is free of charge and you are not obligated to respond to these questions. You may stop the discussion at any time. Private information will not be disclosed, and the information provided will be analyzed anonymously. Your opinion is valuable and important.

Can we start?

1. What were the main problems you faced during the pandemic? Have your interests changed during the pandemic? In your opinion, which communication method works best to disseminate important information about COVID19 among children and adolescents?
2. How has COVID-19 affected your financial situation?
3. How did COVID-19 affect you? Have you (or your peers) noticed any signs of mood swings or depression and behavioral changes during the pandemic? If so, what kind?
4. Who did you turn to for help during the pandemic? What kind of assistance did you receive from parents, community leaders, religious leaders, government, or NGOs during the pandemic? What kind of assistance would you like to receive from parents, community leaders, religious leaders, government or non-governmental organizations during the pandemic?
5. Did you start working because of COVID-19? If so, where, with whom, and for how many hours a day?
6. Were there any obstacles to your access to health care during the pandemic? If so, what types?
7. Did you stop going to school during the pandemic? If so, why?
8. How satisfied are you with the measures the state has taken during the pandemic to protect you from COVID-19?

