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**Welfare, Health and Education Rights of Children of Refugees and Asylum Seekers
in Israel**

**Alternative Report submitted to the Committee on the Rights of the Child as part of
its 94th pre-session (06-10 February 2023)**

A. Opening Remarks

1. We¹ hereby respectfully submit an alternative report on behalf of ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel² (**ASSAF**) and Physicians for Human Rights - Israel³ (**PHRI**), to the Committee on the Rights of the Child (herein after “**the Committee**”) concerning the welfare, health and education rights of children of asylum seekers from Eritrea, Sudan and Ukraine in Israel (hereinafter, CAS), as set in the Convention on the Right of the Child (herein after “**the CRC convention**”).
2. We wish to clarify that while we use the term ‘asylum seeker’ (**AS**) in the report for convenience, we wish to underscore that the majority of asylum seekers from Sudan, Eritrea and Ukraine in Israel are **refugees**. First, the interpretation of the Convention Relating to the Status of Refugees holds that a person becomes a refugee when she has to flee her country under circumstances that fall under the definitions of the convention. More so, while all AS from Eritrea Sudan and Ukraine are protected by non-refoulment, Israel hasn’t recognized (almost) any of them as refugees. As would be elaborated below, Israeli refugee policies create bureaucratic and substantive barriers for asylum seekers, ranging from difficulties to submit asylum applications, to adamant refusal to recognize deserters from the Eritrean Army as political refugees. In comparison to other

¹ The report was written by Adv. Dana Yaffe from the Clinic on International Human Rights at the Hebrew University of Jerusalem, with the great assistance of the students Yael Herbst and Yotam Vilck, and the contribution of Dr. Zoe Gutzeit (PHRI) and Adv. Orly Levinson-Sela (ASSAF)

² ASSAF’s website is available at <https://assaf.org.il/en/>

³ PHRI’s website is available at <https://www.phr.org.il/en/>

western countries' refugee mechanisms, it is safe to say that the majority of AS from Sudan and Eritrea would have been recognized as refugees, had Israel completed the processing of their asylum applications. As to Ukrainian citizens, 9 months into the war, Israel hasn't published any coherent policy concerning ASU for as long as the war continues and shows no intent to do so in the near future.

3. In its Concluding observations on the second to fourth periodic reports of Israel, adopted by the Committee at its sixty-third session (27 May – 14 June 2013, herein after “CObs 2013”), The committee stated that it is “concerned about the increased marginalization of children of asylum seekers and migrant workers as well as unaccompanied children in the State party, who are often left without any support from welfare authorities. The Committee is further concerned that these children are often denied access to day-care centers, education, and health services and therefore stay alone while their parents work outside of their home or are exposed to various forms of exploitation”. (para 69)
4. This report covers relevant information over the years 2014 – 2022, since Israel was last reviewed by the committee. The report draws an alarming picture of the welfare and the proper development of CAS as Israel has failed to take necessary measures to ensure the protected rights of CAS. The report focuses mostly on CAS from Sudan and Eritrea, the majority of CAS in Israel. Most of AS from Eritrea and Sudan entered Israel between 2007-2013, and very few between 2013-2016. The majority of these AS have been living in Israel for over a decade. Almost all of Eritrean and Sudanese CAS were born in Israel, and their age is younger than ten years. Only a few hundreds CAS who entered Israel as minors, have reached adulthood. The report also raises their difficulties as young adults who, immediately upon turning 18, are deprived of the already limited rights they enjoyed as minors.
5. We further provide information regarding the status of CAS from Ukraine, in a separate chapter in this report. Since February 2022, several thousand CAS from Ukraine have

entered Israel and have been living in Israel for nearly nine months. Naturally the information regarding their circumstances is more limited at this point.

6. The violations of rights, as described below, are closely related to, and are a direct result of the inefficient and non-functioning Israeli refugee's status determination unit (**RSD**). In practice, the RSD unit refrain from resolving asylum applications, and leave them pending for many years. Moreover, the violations described below are closely connected to Israel's exclusive migration policies and the fact that eligibility to health and welfare rights is conditioned upon one's civil status.
7. The report is based on ASSAF and PHRI's close work with Sudanese and Eritrean communities in Israel and with their work so far with Ukrainian AS (**ASU**). The report is also based on reports that were written by ASSAF, PHRI and other civil society organizations in Israel in Hebrew. This report deals exclusively with the said populations and doesn't cover violations of the rights of other status-less minors living in Israel such as children of migrant workers or Palestinians.
8. The report is structured as follows: Following a short overview of Eritrean and Sudanese CAS' status in Israel, we describe the limitations on their access to healthcare, welfare services and education in Israel. We then describe the dire state of CAS who turned 18 and became young adult AS. We further provide preliminary information regarding Ukrainian CAS. We conclude with recommendations.

B. Eritrean and Sudanese CAS in Israel

9. According to Israeli Population and Immigration Authority (**PIA**) there are 19,490 Eritreans and 3462 Sudanese adults AS in Israel, 17% of them are women. As of June 2022 there are 8,252 children of Eritrean and Sudanese AS, most are below the age of 10⁴. Together they constitute the majority of asylum seekers in Israel, aside from AS from Ukraine whose numbers increased in the last months. AS from Sudan and Eritrea

⁴ For more details see: [Status Report, Protecting Refugees and Asylum Seekers' Rights in Israel](#), ASSAF, October 2022; [Deficiencies in Processing Asylum Applications of Eritreans in Israel](#), HIAS & Hotline for Refugees and Migrants, July 2022 (Hebrew)

- are protected under the non-refoulement principle and are granted a temporary stay permit. According to official data provided as reply to freedom of information application (FOIA), roughly 0.5%⁵ of asylum seekers were recognized as refugees in Israel. To the best of our knowledge not one CAS was recognized as a refugee in Israel.
10. These numbers alone can serve to prove that Israel's RSD unit operates in complete contradiction to article 22 of the CRC convention. The committee has clearly stated in General Comment 6 "Treatment of unaccompanied and separated children outside their country of origin" (herein after "GC 6") that the obligations of the states under this article include "The responsibility to set up a functioning asylum system and, in particular, to enact legislation addressing the particular treatment of unaccompanied and separated children and to build capacities necessary to realize this treatment in accordance with applicable rights codified in the Convention and in other international human rights, refugee protection or humanitarian instruments to which the State is a party." (see para 64 to GC 6).
 11. Over the years, following legal proceedings, some AS, mainly from Darfur, were granted temporary residency status, based on "Humanitarian Circumstances". Such temporary residency, while it still fails to provide the much-needed stability that AS need, includes access to health and social security, under the National Health Care Law and the Social security Law, respectively. One such central Supreme Court ruling is HCJ 4690/18 Tagal and others vs. the Minister of Interior and others, that was given on April 25, 2021 (herein after "**TAGAL ruling**"). In this ruling the court harshly criticized the Israeli RSD unit for the prolonged and arbitrary processing of applications. The court ordered Israel to grant temporary residency status to about 2500 AS from Darfur, the Nuba Mountains and the Blue Nile region, who filed their RSD applications before June 2017, unless the PIA would decide differently. The significance of this ruling notwithstanding, it has no bearings on the pending asylum

⁵ 0.06% - [The Numbers Talk: Processing of Asylum Applications in Israel](#), HIAS, August 2020 (Hebrew)

applications that were submitted after that date or applications that were submitted by other nationals.

12. The consistent refusal of Israel to recognize Eritrean and Sudanese as refugees leads, among other things, to their exclusion from the public healthcare and welfare services. As we elaborate below, it also has direct impact on their children's rights and access to basic services.

C. CAS Right to Health

13. Most status-less children in Israel are entitled to a State-subsidized health insurance, upon concluding six months stay in Israel, except for Palestinian children, and children of diplomats, academics and tourists. Since 2001, the Meuchedet health fund (hereinafter "**Meuchedet**") is the healthcare service provider to these children. The health insurance costs 120 NIS per month for the first child, and 240 NIS per month for two children and over. Generally speaking, those among CAS who are entitled to the health insurance and have been able to meet the monthly premiums enjoy adequate access to health services, similar in scope to that of Israeli citizens' children. In recent years there has been a steady increase in CAS's enrollment to the services, with an estimated 75% of CAS enrolled.
14. Nevertheless, continued access to medical treatments remains a problem for many CAS, especially so in the post COVID-19 era, as parents were unable to pay the monthly premiums and accumulated debts to the health fund. Contrary to children who are Israeli citizens, who enjoy free access to healthcare services, CAS's access depends upon their parents' ability to pay the monthly premiums: their health insurance terminates if their parents fail to pay for several months. According to Meuchedet response to a FOIA submitted by PHRI, outstanding debts by CAS and migrant families reach a total of 6 million NIS. According to recent conversations the debts are lower, totaling in 2 million NIS only. Still, approx. 4000 CAS whose parents have outstanding debts to the health fund are expected to be denied access to healthcare unless they settle

their debts soon⁶. In light of the severe economic distress of CAS, (see next section) health service for CAS cannot be based on voluntary payments, or alternatively be denied from children due to their parents' debts.

15. Antenatal care for asylum seekers in Israel is a great concern to CAS health, as it is extremely scarce. Even those women who are employed and have access to medical services through a private health insurance are often denied antenatal services. For uninsured asylum seekers, antenatal services are even more limited: until 2020 the TEREM clinic, a privately-owned medical facility, provided partial antenatal care through its volunteers. Yet since the outbreak of the COVID-19 pandemic these services terminated and were transferred mainly to PHRI's Open Clinic, a volunteer run clinic (NGO) that was forced to expand the relevant services despite its meager resources and can currently offer only partial antenatal services. Additionally, high risk pregnancies including cases of Gestational diabetes cannot receive adequate responses in the volunteer clinics and remain an issue of much concern⁷.
16. The Israeli CAS health services policy as described stands in contradiction to Israel's obligations under article 24 of the convention. In its General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24) (herein after "**GC 15**"), The committee has clearly stated that "Article 24, paragraph 1, imposes a strong duty of action by States parties to ensure that health and other relevant services are available and accessible to all children, with special attention to under-served areas and populations. [...] Barriers to children's access to health services, including financial, institutional and cultural barriers, should be identified and eliminated. Universal free birth registration is a prerequisite and social protection interventions, including social security such as child grants or subsidies, cash transfers and paid parental leave, should be implemented and seen as complementary investments." (see para. 25 – 26 GC 15).

⁶ Status Report: [African Asylum Seeker](#), PHRI & others. June 2022 (Hebrew); Correspondence with Meuhedet and MOH, July and Sept 2022 (Hebrew)

⁷ Status Report: [Women Asylum Seekers](#), PHRI & ASSAF & others, October 2020 (Hebrew)

17. The committee further views sufficient medical care to pregnant women as part of state parties' obligations under the CRC convention, and holds that "The care that women receive before, during and after their pregnancy has profound implications for the health and development of their children. Fulfilling the obligation to ensure universal access to a comprehensive package of sexual and reproductive health interventions should be based on the concept of a continuum of care from pre-pregnancy, through pregnancy, childbirth and throughout the post-partum period. Timely and good-quality care throughout these periods provides important opportunities to prevent the intergenerational transmission of ill-health and has a high impact on the health of the child throughout the life course".
18. Recently the MOH has announced its intention to offer a state subsidized health insurance for only one specific group of adult AS: Eritrean and Sudanese who have been living in Israel for at least 27 months under group protection (non-refoulement). In late October 2022 a tender was issued with several options for the said policies to be determined by the insurers. Yet with the expected change of the administration following the November Israeli elections it is highly doubted that this plan will be implemented.
19. To conclude this part on a positive note, it should be stated that FGM was recognized as a claim for asylum in Israel by the Supreme Court in AP 5040/18 Roe v. PIA. This in line with the committee interpretation of the convention⁸.

D. CAS' right to Social Security

20. Naturally, the rights of CAS to social security are strongly interlinked to their parents' rights. Prior to describing AS's and CAS's social rights and access to social services, a note on their socio-economic conditions is in order. Being one of the poorest communities in Israel, AS were severely impacted by the economic crisis following the

⁸ Committee on the Elimination of Discrimination against Women (CEDAW Committee) and Committee on the Rights of the Child (CRC Committee), *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices* CEDAW/C/GC/31-CRC/C/GC/18, 14 November 2014.

Covid-19 pandemic, and its ramifications are still evident in the post-Covid era. These ramifications include among other things, a rise in homelessness and high rates of food insecurity. According to a research conducted by the Ministry of Health, Tel Aviv municipality and Mesila that was published in January 2021, about 85% of status-less persons in Israel (including AS) suffer from food insecurity (54% from severe insecurity and 32% from medium food insecurity).⁹ According to another survey conducted by a forum NGO's organizations in February-March 2021, 35.5% of AS who participated in the survey reported that they gave up meals due to economic distress¹⁰.

21. In regard to CAS food insecurity, it should be noted that while some schools provide warm meals to their students, this is not the case in all the schools that CAS attend.
22. Extreme poverty is also reflected in the increased rates of women being forced into survival sex¹¹ and the increasing severity of anxiety symptoms and rates of suicidal ideation among women within the community.¹²
23. Many limitations imposed on AS deprive them from their right for a well-paid job, and they are destined to life of endless poverty. Notably, according to a new regulation published by PIA on June 2022 AS will soon be restricted to work in only four types of jobs: hotels, construction, agriculture, and institutional nursing. Any AS whose work does not fall into those permissible employment categories will have to look for a job located outside the 17 cities listed in the regulation. These 17 cities, among them Tel-Aviv and its surroundings, are where most asylum seekers in Israel live. This new

⁹[Food Insecurity Among Status-less people in Southern Tel Aviv](#), Tel Aviv Municipality & Mesila & Israel's Ministry of Health, January 2021 (Hebrew)

¹⁰ Survey: [Welfare and Health among Asylum Seekers from Sudan and Eritrea, 2021 \(Hebrew\)](#)

¹¹ State Department's Annual Trafficking in Persons Report (July 2022), 306 "Economic distress among women in this population, especially Eritrean women, greatly increases their vulnerability to sex trafficking. Approximately 400 female asylum-seekers engaged in survival sex prior to the pandemic; the government estimates that figure tripled during 2020."

¹² Blay Benzaken, Y., Zohar, S., Yuval, K., Aizik-Reebs, A., Gebremariam, S. G., & Bernstein, A. (2022) COVID-19 and mental health among people who are forcibly displaced: the role of socioeconomic insecurity. *Psychiatric Services*. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202200052>

Regulation will be in force starting January 2023, and is a great concern to the welfare of AS in Israel.

24. Hence, CAS live in extreme poverty, as many of their parents are unemployed or work for minimum wage, and many families (our estimation is 50% of AS families) consist of single mothers¹³.
25. Still, AS, including CAS, in Israel are not entitled to social security, nor to hardly any social services¹⁴. Only three groups of vulnerable AS are entitled to limited social services: women victims of domestic violence, persons with disabilities and homeless persons¹⁵. Officially, these AS are eligible to emergency out-of-home placements only (shelters for women victims of violence and institutions for persons with disabilities and homeless persons). However, in practice, most of the placements on offer are unsuitable to their needs and do not provide adequate long-term solutions for them. Additionally, often times they are refused from these institutions, mainly because of lack of health insurance which is a mandatory precondition for such placements.
26. MoWS's Director General's Directive No. 100 grants access to social services to at-risk CAS. However, in practice these services fall short of the holistic services that Israeli citizen's families of at-risk children receive. This is mainly because neither the children nor their parents are entitled to social security benefits, including child allowances and disabled child allowances.
27. Single AS mothers are not entitled to any of the social benefits Israeli single mothers are entitled to, such as housing aid¹⁶, maintenance (alimony) payments from Social Security, child support allowances, etc. In the absence of housing aid single mothers are many times compelled to live in shared housing with men, which leaves them and

¹³ See also: Status Report 2022, [Status Report: Asylum Seekers in Israel During Covid19 Pandemic](#), ASSAF, 2021 (Hebrew; [Summary in English](#)); Status reports mentioned in footnotes 4, 6, 7.

¹⁴ AS who are employed are entitled to only three types of social security benefits: maternity grants; work-accident compensations; and compensations in cases of bankruptcy.

¹⁵ Ministry of Welfare and Social Affairs' (MoWS) According to the policy, as of the end of 2019 (Director General instruction No. 168 (in Hebrew)).

¹⁶ Except women who are or were victims of domestic violence or women whose children have resident status.

- their children exposed to extreme risk. Needless to say, families with children with disabilities suffer in particular from the lack of social services.
28. Another significant concern is the phenomenon of under-regulated and unsupervised daycares, to which the committee has previously referred in its **CObs 2013**, and sadly, has not vanished. There is still great shortage in appropriate childcare programs, and as most parents must go to work, most children are left, with no care at all, or in non-regulated facilities that are called ‘babysitters’ or ‘children’s warehouses’, where children suffer from neglect and poor physical conditions. These ‘babysitting’ facilities are still active. There are only 4 supervised, subsidized, day-care facilities available for CAS and only in Tel-Aviv. As of today, only half of CAS who live in Tel-Aviv and are at the ages of birth to 3 attend supervised daycares. Unsupervised daycares continue to operate in other cities as well. In 2022 there was shortage of facilities for approximately 600 children in Tel Aviv despite the allocation of Governmental budget.
29. The state of affairs described above should be examined in light of article 26 of the convention. The committee hasn’t issued any general comment for this article yet. However, we find that the prolonged processing of AS applications as described above, a direct result of the deficiencies of Israeli RSD unit, generates an obligation on Israel to allocate more resources and offer basic social services to CAS. This rationale is similar to the reasoning the Supreme court provided in its TAGAL ruling, ordering to grant temporary residency status to AS until their applications are resolved.
30. As for the “babysitting phenomena” the Committee raised its concerns “about the situation of children of asylum seekers, refugees and migrant workers who are left in mass babysitting or alone in apartments or in the streets without any support from social services during the time their parents work outside the home”. (see **CObs 2013**, para 45). Unfortunately, Israel failed to follow the Committee’s recommendations concerning childcare.
31. Additionally, the provision of adequate nutrition is perceived as part of Israel’s commitments, which it fails to maintain. The committee has clearly stated that “School

feeding is desirable to ensure all pupils have access to a full meal every day, which can also enhance children's attention for learning and increase school enrolment." (GC 15, para. 46).

E. CAS's right to Education

32. In Israel, the Compulsory Education Law (1949) requires all children, including CAS, between the ages of 3 to 17 (kindergarten through grade 12) to attend school, free of charge. However, socio-economic and cultural barriers prevent CAS access to substantive education.
33. Since the Compulsory Education Law applies only from the age of 3 and as most AS families live in extreme poverty, most CAS spend these crucial developmental years in under-regulated and unsupervised daycares known as "baby-sitters" or "children's warehouses" described above. Between ages 3 – 17 CAS attend municipal pre-schools and elementary schools. However, due to the years they spent in mass babysitting facilities and their severe economic circumstances, educational staff in pre-school and elementary schools describe CAS lagging, on average, two or even three years behind children of Israeli citizens of the same age. Many CAS lack motor skills and have delayed language development. When they reach the first grade many of them are unprepared emotionally and with significant pedagogical and linguistic gaps compared to their Israeli citizens peers. Their parents are unfamiliar with the Israeli education system and lack proficiency in Hebrew and therefore are unable to bridge these gaps, or help them with their school tasks.
34. Teachers report that many of the children do not attend school regularly, and when they do arrive at school, they sometimes have no appropriate clothing or school equipment, and suffer from poor nutrition and health.

35. Educational teams do not receive appropriate guidance concerning the CAS communities, their unique background and needs. Teachers are left to cope with these hardships and there is high turnover of teachers in these schools¹⁷.

Segregation of CAS in pre-schools and schools in Tel-Aviv

36. Almost all CAS who live in Tel-Aviv are referred to pre-schools and to four elementary schools in south Tel Aviv, that are designated to foreign populations. As a result of Tel-Aviv municipality's registration policy, 91% of CAS from Sudan and Eritrea study in pre-schools and schools without any Children of Israeli citizens. The Tel-Aviv district court found this policy to comply with Israeli law, and rejected a petition that contested it. The petitioners claimed that not only is the segregation illegal, it also makes it more difficult for the children to overcome developmental and academic gaps, and further exposes them to racism directed at them in public spaces¹⁸. An appeal to the supreme court, arguing the ruling is flawed, is due by November 20th. The ruling is based on the court's assertion that there is no intended policy to segregate and discriminate against CAS. The petitioners will argue that the segregation is a result of a deliberate policy, as CAS's registration zones can include diverse schools and in proximity to their neighborhoods. More so, intent is not necessary to establish discrimination. Thus, even had there been no intent to discriminate, Israeli Authorities are under the legal obligation to bring the segregation to an end.

37. As was demonstrated above, CAS's right to education and to the realization of their potential is not fully protected. they are left at a very young age with no proper care much crucial to their development and later on they are denied the necessary aid to fulfill their right to meaningful education. Israel has to resolve this state of affairs.

¹⁷See also, [CAS in Israel - Main Education](#) Challenges, ASSAF and The Garden Library, December 2019 (Hebrew); [Guidelines for the Integration of Asylum Seekers](#), HIAS and others, December 2018 (Hebrew)

¹⁸AP 7240-08-21 Brown vs. Tel-Aviv Municipality and others

38. The CRC committee has held that every child, ‘irrespective of status, should have full access to education [...] in line with arts 28, 29.1, 30 and 32 of the Convention and the general principles developed by the Committee’ (GC 6, para. 41). The right to education is not only guaranteed in art. 28 to the CRC convention, but also in general human rights treaties like the International Covenant on Economic, Social and Cultural Rights (ICESCR, art. 13). It is perceived that states have an ‘enhanced obligation to fulfil (provide) regarding the right to education, but the extent of this obligation is not uniform for all levels of education. (see CESCR, GC 13 on the right to education (article 13 of the Covenant), para. 46-48).
39. While to the best of our knowledge the committee hasn’t addressed segregation in schools specifically, we wish to refer the committee to the consistent rulings of the ECtHR that found segregation in schools to be a violation contrary to the European Convention for the Protection of Human Rights and Fundamental Freedoms. The court has held that discrimination that is potentially contrary to the Convention may result from a de facto situation, even in case there was no intention to discriminate¹⁹.

F. CAS – Youth and Young adults

40. At this point of time, CAS spend most of their lives in Israel, with the majority of whom born in Israel. These children grew up in Israel, they speak Hebrew, and study in the Israeli education system. They identify themselves as Israeli, have never left Israel, and know no other country. Still, they live under the constant uncertainty and fear of deportation.
41. Upon turning 16 Israel grants CAS their first individual stay permits, and later at the age of 18 they become young AS adults. As more CAS are expected to become adults while in Israel in the coming years, we wish to bring to the fore the predicament of these young adults, that concerns **the deprivation of basic rights and services when turning 18**. Once a CAS turns 18, and in the absence of residency status, her health

¹⁹ The UN Convention on The Rights of the Child: a Commentary, ARTICLE 28: RIGHT TO EDUCATION p. 295-296.

insurance terminates, and she is left without proper access to healthcare. This is especially alarming in cases of young adults with chronic or severe diseases, who cannot receive the necessary treatments through private insurance policies. It is also a great concern to CAS who were raised under the custody of Israeli welfare, who become independent over night, but with no access to any social support.

42. More so, these CAS are denied the opportunity to fulfill their autonomy and realize their potential. They cannot choose freely their professional path. They are required to pay a 125% higher tuition than Israeli citizens for higher education. They cannot obtain license to work in a licensed occupation, whether it is a medical doctor, a lawyer, electrician, and many other occupations as these occupations have permanent residency status as a precondition. The new regulation discussed above (see para. 23) that restricts AS to only 4 types of job-categories, in certain geographical areas, is a great concern for their future.

G. CAS from Ukraine

According to PIA data, as of Sep. 7th 2022, 41,000 Ukraine citizens have arrived in Israel. 28,000 of them, mostly women, including a few thousand children, are not entitled to Israeli citizenship under the Law of Return (1950). Since then, approximately half of them left Israel. As of Sep. 7th 2022, 12 accompanied CASU were detained for up to three days²⁰.

43. Israel has no clear policy concerning AS from Ukraine (ASU), and issues short term “Tourist” visas (B/2) that prohibit them to work. These visas have been renewed thus far every one to two months. Recently, Israel declared it will not enforce the working ban on ASU, but soon afterwards PIA declared that the new aforementioned regulation banning employment of AS in 17 cities (see para. 23) will apply to ASU as well. As can be assumed such uncertainty drives ASU to low wage jobs or in some instances to

²⁰ Data provided by IMOI as a reply to to FOIA submitted by HIAS.

work in the informal markets, where they are subject to exploitation and the risk of human trafficking.

44. Under current Israeli policy, since ASU are granted “Tourist” visas, CAS from the Ukraine (CASU) are not eligible for the Meuchedet health services. They are dependent on limited and costly private health insurance. As time passes their need for health services increases.
45. Israel doesn’t offer CASU hardly any social support. There are hardly any housing solutions and CASU stay with their mothers in scattered houses of Israeli hosts. As their stay in Israel is prolonged, finding a stable housing becomes essential. According to reports even the little support that was given in the first months after arrival - mostly food vouchers - has ended. Most of ASU are in dire economic state, which aggravates with time.
46. In May 2022, the Ministry of Education declared that CASU who have stayed in the country for 3 months are entitled to register to the state’s education system. However, as of October 2022, the number CASU who attend school remains low, estimated at 10% of the total school-aged children.
47. While the end of the war in Ukraine is not in sight, Israel doesn’t apply an appropriate policy that grants CASU their rights under the CRC convention during their stay in Israel, nor has Israel published its intentions concerning ASU.

H. Recommendations

48. In light of the above we respectfully urge the committee to adopt the following recommendations:
 - **To call upon Israel to improve its asylum mechanism.** Most of the violations as described above, would be resolved once CAS would be recognized as refugees or at least be granted, together with their parents, residency status in Israel. The committee

should reaffirm its request from **CObs 2013** to set up a functioning asylum system, or at least grant any child whose family's AS application hasn't been resolved in a reasonable time residency status that includes full access to healthcare, social security allowances and full social services.

- **To call upon Israel to grant CAS who were born and/or raised in Israel permanent residency status, access to subsidized higher education as Israelis, and to remove all barriers that currently prevent them from free choice of occupations.** Israel ought to recognize and take into consideration the strong attachments that CAS have to Israel.
- **To call upon Israel to immediately act to ensure that CAS have full access to healthcare, and that CAS whose parents were unable to pay the monthly premiums are not dropped-out from the Meuchedet insurance plan.** This could be carried out, either by declaring a moratorium on COVID-19 related debts, or by providing funding directly to the Meuchedet health fund In addition, Israel must establish discount mechanisms for single-household families and for children with special needs to ensure that families are able to continuously pay the monthly premiums.
- **To urge Israel to implement a state subsidized health insurance for all adult AS,** also as a means to promote CAS's wellbeing and overall health.
- **To call upon Israel to ensure that health services to pregnant women** are accessible for all women, preferably through a state-subsidized insurance plan, and to provide appropriate solutions for the monitoring of high-risk pregnancies.
- **To call upon Israel to allocate greater funds and grant all CAS with proper and supervised day-cares in early childhood years (birth to 3).**
- **To call upon Israel to ensure that CAS are provided with special tutoring programs, starting at a young age, to bridge the language, developmental and pedagogy gaps.** Staff has to be trained for working with CAS, and receive guidance

concerning the CAS communities and background. Warm meals should be provided at schools and pre-schools to solve the nutrition shortage CAS suffer from.

- **To call upon Israel to grant access to social security allowances and housing aid that are granted to residents who are parents, especially - single parents and families with children with disabilities, in particular access to proper housing, child allowances and stipends for children with disabilities.**
- **To call upon Israel to expand social services to all AS, and especially to AS families**
- **To call upon Israel to provide CASU access to health and social services including emotional support services.** This in addition to making the necessary amendments in its policy towards CAS as described above.