

Including migrants and displaced populations in preparedness and response activities to COVID-19

Guidance for Americas National Societies

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Background: Migration & Displacement in the Region

- The Americas is currently experiencing several migratory dynamics across the whole region as well as facing the largest displacement crisis in modern history in the southern part of the continent. Around 26% of the world's migrants (70.3 million people) live in the Americas. Disasters, crises, social exclusion, armed conflict and other situations of violence in countries of origin keep being the main causes of migration in the region.
- Over four million Venezuelans have left their country due notably to an increasingly difficult economic situation. This large movement of people has had effects in neighbouring countries, the Southern Cone, the Caribbean islands, in some countries in Central America and in Mexico. As a response to this large movement of people, governments have put in place over the last months, new legal requirements to enter their country, resulting in many people using informal border-crossing points, that may expose them to increased protection risks.
- In Central America, people continue to move due to situations of high violence and looking for better life opportunities elsewhere. While many people try to reach northern countries, several also return to their home country, establishing cyclical movements across Central Americas countries that affect both migrants and host communities.
- Arrivals and transit of migrants, including asylum seekers, from Africa and Asia are increasing and the risks and needs they face when crossing Central America and Mexico are also increasing.
- Movements in the Caribbean region are frequent, a situation that is often exacerbated by natural disasters, forcing people out of their native communities that are not safe to live in.
- There are also millions of people who have been forcibly displaced – as refugees and IDPs, for violence and climate reason, across the whole continent.

In this context, **vulnerable groups might be at increased risks such as:**

- Many migrants, including refugees are undocumented and/or stateless.
- Internally displaced people due to disasters, climate change or violence.
- There is an increasing anti-migrant sentiment sweeping through the region: episodes of discrimination, xenophobia and harassment against migrants, are observed in several contexts.
- An alarming situation of violence against migrants, including attacks, trafficking, sexual violence, robbery and threats, has been observed.
- The increasing situations of gender-based violence mostly against women and girls. This has been manifested through sexual violence (reported and underreported cases) and the high risk of trafficking with sexual exploitation means oriented to

women and girls and with labour, exploitation means oriented mostly to men and boys.

- The profile of the migrants who are travelling has changed, and therefore important needs to be covered. An increased number of pregnant women and children who are travelling with the aim of family reunification, an increasing number of people with an economic precarity, as well as an increasing number of elderly people. Likewise, there has also been an increase in the number of people trying to return to their countries of origin.
- Unaccompanied and separate children, in their adolescent age, remain one of the most-at-risk populations.
- The Protection monitoring assessments by UNHCR have proved the presence of people with disabilities migrating, mostly people with physical disabilities.
- At the origin countries, mainly Venezuela, there is an increasing rate of older people who are facing very difficult situations to fulfil their basic needs.
- LGBTQ+ populations remain as one of the less supported populations across different response activities.
- Migrant populations with chronic and degenerative conditions and other special health and mental health conditions that are not adequately treated may be even more vulnerable during transit and return

Risk Factors for Migrants during the COVID-19 outbreak

Migrants and displaced populations may be at an increased risk from the current outbreak of COVID-19. Risk factors may include:

- Language barriers to understanding and accessing health care and reporting on health conditions in some of the countries of the Region.
- Undocumented status, which may create formal barriers to accessing medical care, or lead to reluctance to access medical care due to fear of arrest or deportation.
- Migrants and displaced populations may be discriminated and de-prioritised in healthcare efforts.
- Social, economic, religious and cultural barriers to accessing health care.
- Limited social and support networks.
- Lack of familiarity and awareness of health procedures and available support in host communities, as well as the fear they face, means migrants and displaced people might not know where to find medical attention.
- Health assessments show that many migrants suffer from respiratory issues due to environmental and travelling conditions during their transit. This might increase their vulnerability to contracting COVID-19.
- Poor living and working conditions, including overcrowded conditions with poor sanitation and hygiene.
- Due to the housing conditions of many migrants - not only those living in overcrowded conditions, but also those without permanent housing, coupled with the isolation measures imposed by the authorities, there are greater risks to their health
- Financial barriers to accessing health systems and support, including lack of health insurance.
- Lack of or limited access to traditional media (press, radio and TV) might mean that people utilize Social Media as a main source of information, increasing the chance of them being exposed to rumours and misinformation. Migrants may simply not know how and where to access trustworthy information.
- Migrants, already a target of discriminatory and xenophobic behaviour, may increasingly face stigma and blame for spreading COVID-19.

- Migrants lack registration to identify themselves, resulting in their entering the health, prison or forensic system without identification that would enable family members to know the fate and whereabouts of their loved ones in the event of death.
- Health care officials may not know where and how to reach migrants and displaced populations.
- Gender assigned roles can be a risk factor to have COVID-19. People who are most at risk are the ones (mostly women and girls) demanded to be the primary caregivers of the ill people.
- According to their gender and diversity characteristic, some specific populations can be most at risk, for example, children might not have adapted access to information and would be unable to express their fears abiding them to seek for help, people with disabilities and other populations (such as people living with HIV, ethnic groups, elderly, and LGBTQ+ groups) may face cultural and social barriers to access health services and even information adapted to their specific needs.
- Focus on containing the outbreak and an overburdened health system can divert resources from routine health services including pre- and post-natal health care and contraceptives and exacerbate already limited access to sexual and reproductive health services. This could be especially problematic considering the current profile of migrants, including children and many pregnant women.
- In the present scenario, migration containment and deportation measures are likely to be reinforced by ignoring the reasons for displacement and the protection needs of migrants. The implementation of these measures may expose people to worse or greater risks of protection (denied access to asylum, collective and arbitrary expulsion, violation of the principle of non-refoulement, detention, abuse/use of disproportionate force, use of more dangerous routes with risks of disappearance/death, violence by armed groups, family separation, etc.), as well as hinder the implementation of health care programs. Similarly, when faced with measures restricting movement, migrants can be expelled or evicted from their homes because they cannot cover their costs.
- In the event of death from COVID-19 there is a risk that migrants will end up in an unidentified status. It may be the case that even the family loses track of their relative and does not know the fatal outcome and/or the final destination of the person's remains.
- With these conditions described - disinformation, lack of access to health care, overcrowded conditions, discrimination and stigmatization, possible separation of families through quarantine, among others - the psychosocial well-being and mental health of internally displaced persons and migrants, including refugees may be compromised and their rights, under both International Human Rights Law (IHRL) and, when applicable, International Refugee Law (IRL) at greater risk of being violated during the COVID-19 outbreak.

There may also be needs for the family members of migrants who have stayed behind to keep in touch with people who have migrated to other countries. Such family members may be concerned about the fate and needs of their relatives as communication becomes more infrequent or is very limited.

Reminder: The approach of the Movement to migration is strictly humanitarian and focuses on the needs, vulnerabilities and potentials of migrants, irrespective of their legal status, type, or category – IFRC Policy on Migration (2009).

How can National Societies support migrants and their families?

National Societies should consider measures to ensure that vulnerable migrants and displaced populations are included in preparedness and response activities to COVID-19.

- National Societies can have a clearer understanding of the context when data are collected disaggregating sex, age, and disability and are analysed accordingly to understand the differences in needs, exposure and treatment and to design differential measures.
- National Societies can support vulnerable migrants, including refugees – irrespective of their legal status – at any point during their migration route, i.e. before departure, in transit, at their destination, and upon return with clear and relevant information that is tailored to their needs.
- National Societies can adapt the information provided to make it understandable to the entire population, including children and other vulnerable groups.
- PSS services and activities can also be vital to ensure stress for the disease is reduced in communities with high contagion risk or where cases have been detected, while contributing to counter narratives resulting in the stigmatisation and scapegoating of certain individuals and/or groups. National Society can also help migrants that live alone or travel alone and might lack a support network during quarantine or if they are diagnosed with COVID-19.
- National Societies can support the families and communities of migrants who have stayed behind in countries of origin through their RFL services.
- National Societies can support communities who host migrants and refugees in countries of transit and destination.
- National Societies can support migrants by establishing referral pathways in case they are victims of discrimination because they contracted COVID-19.
- National Societies could help maintaining the traceability of the dead and contact with their families. Also, in the case of mass deaths from COVID-19, with proper coordination and training, and if local capacity is overwhelmed, they could play a role as first responders.
- National Societies can promote in shelters the importance of registration of migrants and, if authorized by the person, support contact with family members even after death.

In some cases, it will also be important for National Societies to engage in humanitarian diplomacy, to promote access for all migrants, including refugees – irrespective of their status – to information and services provided by authorities and other organisations (i.e. protection mechanisms such as shelters, asylum procedures, among others).

All the activities to support migrants, transit and host communities should comply with the DAPS (dignity, access, participation and safety) framework.

When conducting an activity or leading an intervention, ask yourself:

Dignity: Do my actions respect, safeguard and promote the dignity of people and prevent putting them in a position of disadvantage and or stigma?

Access: Do my actions provide equal (for everyone) equitable (adapted to specific needs of the most vulnerable) access? Do my services and/or facilities permit safe physical reach? Does the selection of the way I am providing information has been informed by a gender and diversity analysis?

Participation: Do migrants, their families and the communities have meaningful and equal involvement during the activities and can provide feedback?

Safety: Are we mapping the possible risks of sexual and gender-based violence, of people with need of international protection, child protection and sexual exploitation and abuse, together with violence-oriented manifestation towards migrants, their families and communities in health facilities, communities whose primary caregivers are women and girls and transit pathways mostly irregular? How are we preventing and addressing them?

Specific activities can be based on an assessment of the risks and needs of migrant communities. This may be a stand-alone assessment or integrated into a more general community assessment, and if there's no direct access other forms could be considered such as phone calls with leaders, directors or staff of shelters/dining halls, with local authorities, etc. Always making an effort to include the migrants themselves in the assessment

Depending on the capacity of each National Society, specific activities and support to migrants should consider age, sex, gender, disabilities, cultural practices and languages (including levels of literacy) of migrants and displaced populations.

Key Activity: Risk Communication and Community Engagement

Info as aid

- The provision of reliable, trustworthy and accessible information for internally displaced persons and migrants, including refugees is a key activity that many National Societies can undertake to reduce the risks of COVID-19. Information should be provided taking into account different needs of vulnerable groups e.g.: age, gender, people living with disabilities, and target all groups in an inclusive manner. It should include information on reliable sources of information, enabling people to remain updated, given the fast-evolving nature of the crisis and States' response.

- This information may be delivered via digital and social media platforms, or through targeted distribution using community-based mechanisms like community or religious places and community safe spaces, health campaign and other engagement activities.¹
- If the situation allows it (access, national and local authority regulations, ability to do so safely without becoming a vector or recipient of COVID-19), information can be delivered at border locations, urban or rural contexts through our Red Cross service points or other actor's key service locations. Migration offices where people go to get documents or regularize their migration situation can also be key locations to disseminate information.
- Information can be distributed through partners and key stakeholders working with migrants (e.g.: UN agencies, NGOs, religious networks, schools and other local institutions).
- To cater for language barriers, specific disabilities and or literacy levels, pictorial messages or audio messages may be provided in some cases.
- The use of friendly methodologies in communities and schools should be adapted for children and adolescents using key messages of healthy practices and simple facts to deconstruct myths; this as a way of irradiating messages in their families. If there are restrictions on movement, this can be done by telephone, phone/video conferences, WhatsApp, Facebook (taking into account respect for data protection), or by radio, especially in isolated communities. Similarly, coordination could be made with Ministries of Education and/or school principals to pass information through the channels they are using while schools are closed.
- The IFRC has produced key messages on reducing the risk of coronavirus infection. These include messages on reducing the risk of infection, as well as specific messages on “when to wear a mask”, “how to stay healthy while travelling” and “how to practice food safety”.
- These messages are available [here](#) via “guest access”. If you need help translating and adapting messages please contact us.
- These resources will be continuously updated as more translations are produced.
- Please note that these are generic messages, so they may not fit specific country contexts.
- National Societies should check the official messages from their Ministry of Health before sharing these messages.

Understanding communication practices and community participation.

- It is important to get a good understanding of the communication habits of migrants: what channels do they use and trust? Have they access to traditional formal communication channels? Do they communicate well in the language of the country?
- It is important to understand how to reach migrants with key messages. For this a mapping of social gathering points, other actors, etc. Can be of help.

¹ Handbook on data protection in Humanitarian Action: <https://www.icrc.org/en/publication/handbook-data-protection-humanitarian-action>
The Humanitarian Metadata Problem: "Doing no harm" in the digital era:
<https://www.icrc.org/en/document/digital-trails-could-endanger-people-receiving-humanitarian-aid-icrc-and-privacy>

- In any communication and engagement with migrant communities, National Societies should document any questions and concerns that arise.
- It is important to monitor perceptions and rumours that might interest or be about migrants in relation to COVID-19 or might identify migrants as a source/contaminant of the disease.
- National Societies can use this feedback to tailor communication and activities.
- CEA and COVID-19 guidance is available here: [Risk communication, Community Engagement and Accountability](#).
- Further Guidance for Social Mobiliser Volunteers (2020) is available [here](#).

Key Activity: Addressing Social Stigma associated with COVID-19

- We must balance our awareness of the risks that migrants face, with ensuring that we do not encourage xenophobia or stigma of people from certain nationalities being associated with Coronavirus.
- People may be labelled, stereotyped, and/or experience discrimination because of an affiliation with COVID-19.
- This can negatively affect those with a disease themselves, as well as their caregivers, family, friends and communities.
- Messages to reduce stigma and discrimination against people from other nationalities must be strengthened, together with the identification and mitigation of myths that lead to xenophobia.
- Guidance on addressing the social stigma associated with COVID-19 is available [here](#).

Key Activity: Coping with stress associated with COVID-19 and rebuilding hope

- Providing facts about COVID-19 to reduce fear and panic. Refer to the health authority in the country and/or WHO figures and reports.
- Listening and supporting migrants who may be quarantined, isolated or hospitalised, especially if they find themselves without a support network (if the NS has access, and if not discuss the possibility of being in contact with them by phone or other means). If they are coming with their families the separation might affect them, provide psychosocial support also to them, procuring to enhance links of information.
- Mobilising people who have recovered from COVID-19 to act as community ambassadors in risk communication and building social trust and hope.
- Promoting community-led awareness activities through social, cultural and religious systems.
- For those migrants with an intention of permanence and with host communities, promote healthy lifestyles (not only healthy practices), such as proper diet, sleep, exercise and social contact at home and remotely.
- Providing practical information on how to access essential services for individuals affected by COVID-19, where to get food, treatment, whom to call etc.

- Psychosocial support and community-based activities to reduce stress and strengthen coping mechanisms must be adapted with a gender and age approach. For example, for some guidance on elderly people: [here](#). Adaptations must also be made for children and adolescents.
- IFRC Guidance on MHPSS for people affected by COVID-19 ([here](#)).
- Also, the importance of caring for volunteers, lifeguards, paramedics, health personnel, etc., who are on the front line, should be stressed. National Societies should implement mechanisms to care for their own staff, who are also a population vulnerable to the COVID-19.

Key Activity: Humanitarian diplomacy

National Societies may notice barriers that migrants face which prevent them from receiving the help they need. These could include:

- A reluctance from authorities to share information on COVID-19, for fear of creating panic.
- A lack of willingness, discrimination / non-inclusion or legal barriers to helping undocumented migrants, including those in need of international protection. NS must argue on the harm to public health for all the entire community of leaving migrants, as other vulnerable groups, out of COVID-19 preparedness and response plans.
- Lack of access of internally displaced persons and migrants, including those in need of international protection to protection mechanisms such as applying for asylum or receiving humanitarian assistance after being displaced or when in transit.

In such cases, National Societies may engage in humanitarian diplomacy to persuade “decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles”.

More guidance is available here: [IFRC Humanitarian Diplomacy Policy \(2009\)](#)

For further general guidance:

- [IFRC Policy on Migration \(2009\)](#)
- [Toluca Declaration](#)
- [Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster \(MICIC\) \(2016\)](#)
- [Note on the Protection of Migrants in the face of the COVID-19 Pandemic \(ICRC\)](#)
- [Reducing the impact of the COVID-19 pandemic on internally displaced people \(IDPs\)](#)
- [Technical Guidance Note on COVID-19 impact on Trafficking in Persons](#)