

COVID-19 AND THE IMPACT ON MIGRANTS

Summary



The COVID-19 pandemic has impacted a large proportion of the world's population. While everyone is affected to some degree, some groups are particularly vulnerable, both to the disease itself and to its secondary social and economic impacts. Although they face the same risks in terms of health threats from COVID-19 as the rest of the population, **migrants are in a particular situation** that severely compounds their vulnerability in such context.



Migrants are particularly exposed to the **health impact of COVID-19**. Migrants, like host communities, need access to screening, testing, treatment, and eventual vaccination for COVID-19. Yet, many are unable to comply with preventative measures necessary to keep healthy and stay safe and experience significant challenges in accessing appropriate care when falling ill. Undocumented/irregular migrants, in particular, may not seek testing or treatment for COVID-19 for fear of being detected. The circumstances of their journeys, living or working conditions and lack of effective access to essential services make them particularly vulnerable.



The **economic repercussions of lockdown measures** disproportionately and negatively impact migrants, who are often working in precarious situations. Many migrants have suffered a loss of income due to business downsizing or been deprived of their source of income, while at the same time remaining outside mainstream or formal protection and safeguarding measures. As such, migrants are particularly at risks of being pushed into more vulnerable or exploitative situations, or to resort to negative coping strategies.



Most critically, migrants often encounter a broad range of practical and legal obstacle in **accessing basic services**, i.e. a set of services that are considered fundamental for every human being. They include access to food, clean water and sanitation, basic health and medical care (including access to testing and COVID-19 treatment, if needed), psychosocial support, education, and the possibility to be in contact with the loved ones. In the current context, this arguably includes various compensation schemes set up by governments in order to mitigate the economic impact of the COVID-19 crisis as well.



The recent developments are known to have also led to a change in attitudes towards foreigners, with migrants being scapegoated for the spread of the virus in many contexts. **Social cohesion** between migrants and host communities may be durably affected in many countries where development of migrant-inclusive approaches may be rendered more challenging.

Background



In one way or another, **the COVID-19 pandemic has affected a large proportion of the world's population**. In terms of health, the virus has created greater morbidity and mortality of specific groups of people, such as elderly or people suffering from chronic diseases. Yet, beside the direct health impact of contracting the virus, the crisis has impacted health in much more significant manner. The sudden outbreak has exerted significant pressure on the health systems in both developed and developing countries by large and medical supplies have been diverted to respond to the most urgent COVID cases, sometimes at the detriment of other medical cases. It remains to be seen also to what extent it will have a psycho-social impact on those impacted by social distancing and isolation for a longer period of time.

Moreover, the **measures adopted by states to contain the spread of the COVID-19**, including imposing bans on certain types of activities or instituting complete or partial lockdown, have had significant social and economic impact affecting almost all aspects of day-to-day life, including employment and economy, with a substantial portion of the world population being confined and subject to social distancing measures.¹ They have also had an effect on rule of law and on the protection of human rights. Severe restrictions have indeed been placed on mobility and freedom of movement, with numerous states closing their borders and preventing people from leaving or entering their territories.² Privacy and security concerns have been raised in relation to the development of coronavirus tracking app in several countries.

Although they face the same risks in terms of health threats from COVID-19 as the rest of the population, **migrants are in a particular situation that severely compounds their vulnerability in such context**. By definition, migrants are people who live outside their country of origin and as such, are far from their family and social safety nets. Many have been stranded abroad when the COVID-19 outbreak erupted, and were unable to return home due to border closures. Others have been trapped in transit countries in extremely precarious situations, unable to move onward and find safety in other countries. Many have suffered a loss of income due to business downsizing or been deprived of their source of income, while at the same time remaining outside mainstream or formal protection and safeguarding measures. As such, they are particularly at risks of being pushed into more vulnerable or exploitative situations. In many cases, migrants have also been unable to access support due to a lack of access to critical information in their own language or due to cultural barriers.

While so far, priority has been placed on responding to the immediate and urgent needs rising from the pandemic, there are concerns that the COVID-19 situation will continue to affect the lives of people for several years. Against this backdrop, **it is likely that migrants will remain among the most vulnerable groups of people affected both from a social and economic perspective**. On the one hand, the economic impact of the pandemic may stretch social programs and services, such as health and education, in developing countries, resulting in barring the access of the most vulnerable migrants to essential services. On the other hand, migrants may face significant difficulties in going back to work in countries that have seen rising level of unemployment. The situation, as far as they are concerned, is particularly problematic considering not only the increase of prices for some of the most important staple, but also the fact that migrants often support families left behind through

¹ By the end of March 2020, well over 100 countries worldwide had instituted some form of lockdown. See for instance “Coronavirus: The world in lockdown in maps and charts”, in *BBC*, 7 April 2020, available at: <https://www.bbc.com/news/world-52103747>.

² By the end of May 2020, travel restrictions had been implemented in 221 countries, territories and areas. See IOM, *DTM COVID-19 Global Mobility Restriction Overview*, 04 June 2020, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/DTM-Covid19%20Global%20Overview%20Output%2004.06.2020%20Final_0.pdf.

the remittances. The recent developments are known to have also led to a change in attitudes towards foreigners, with migrants being scapegoated for the spread of the virus in many contexts. Social cohesion between migrants and host communities may be durably affected in many countries where development of migrant-inclusive approaches may be rendered more challenging.



Through a partnership with the Migrant Workers' Centre and the Centre for Domestic Employees, the **Singapore Red Cross** is distributing awareness materials on reducing the risk of COVID-19 in languages commonly spoken by migrant groups in Singapore. Disseminated information advises how migrant domestic workers can protect themselves and the households in which they are living and working.

What can National Red Cross and Red Crescent Societies do?



It is the experience of many **National Red Cross and Red Crescent Societies** that migrants continue to face significant, if not increased, challenges in meeting their basic needs and accessing essential services during the pandemic.

Against this backdrop, the International Red Cross and Red Crescent Movement (the Movement) is scaling up its COVID-19 activities across every region and is working particularly closely with the most affected and at-risk countries to take action to keep people safe.

The IFRC and ICRC are working together to support National Societies as well as communities most at risk in a complementary and coordinated way. Movement components are already and will continue to work closely together to respond to the crisis, with the following broad objectives:

1. Contribute to reducing morbidity and mortality, and secondary health impacts caused by COVID-19 through actions aimed at preventing or slowing transmission.
2. Mitigate the socio-economic impact of the pandemic during and after the pandemic by ensuring affected communities, including migrants, maintain access to basic services.
3. Deliver a principled, agile and impactful response by adapting operations to efficiently respond to the direct and indirect needs created by the pandemic on people and systems, while maintaining duty of care towards staff and volunteers.

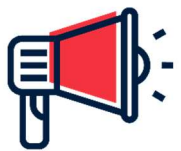
In practice, National Red Cross and Red Crescent Societies are already undertaking a broad range of activities to support migrants in the context of the COVID-19 outbreak. This includes:

- Providing a broad range of services to migrants, whatever their legal status, including health, psychosocial support, information and referrals.
- Ensuring that migrants, including irregular migrants, are systematically integrated in the national response plans and activities, and that firewalls are in place reduce fears of arrest, detention or deportation and increase trust.
- Advocating to ensure access to essential services for vulnerable migrants, whatever their legal status.
- Addressing stigma and xenophobia against migrants through information campaigns aimed at fostering social cohesion.



The **Icelandic Red Cross (IRC)** has been working very closely with health and immigration authorities and coordinates its activities with all relevant actors. The www.virtualvolunteer.org website has been used to publish COVID-related information, including videos, in several languages and PSS support is available on the phone to migrants if they request it. The IRC is currently running the quarantine centre in Iceland and has also adjusted activities in support of asylum-seekers and refugees to make sure they can run smoothly also in times of the different newly introduced measures (e.g.: providing support online, via text messages and organising courses online) and keeps lobbying for the necessary protection in camps and different centres.

Key Messages



- The spread of COVID-19 will disproportionately impact migrants and exacerbate their vulnerability, including in their ability to access basic services. Because of their legal status, in many contexts, migrants may not have equal access to national health services or may face barriers in accessing these, or other social protection measures, which from the start will severely impact their possibilities to receive necessary health treatment or other preventive measures at the time of COVID-19.
- All migrants, irrespective of status, should be included in and have access to social protection measures, such as social insurance schemes, livelihood programs, and cash or in-kind support, where feasible. Where this is not, states should facilitate actions by humanitarian / development actors to fill this gap
- The inclusion of migrants, irrespective of legal status, in COVID-19 responses is not only essential to reduce the impact of the pandemic on migrants themselves but is also core to public health management. If national response plans do not include migrants, whatever their legal status, and address the particular risks they face, the impact will be very severe.
- Authorities should ensure that migrants are included in all COVID19 national, provincial and local contingency, prevention and response plans and interventions. This includes compensatory funds and other response developed by Stats to address the economic downturn resulting from COVID-19.
- Barriers impeding migrants' access to prevention measures and healthcare services need to be addressed as a matter of urgency. This is necessary to protect migrants themselves as well as the health of the host populations. Any person, whatever their legal status or nationality, tested positive to COVID-19 should receive the same treatment.
- Authorities should take necessary measures to make sure that, alike other vulnerable communities, migrants are reached with reliable information. This requires developing, adapting and sharing the information in languages they understand.
- When appropriate, firewalls should be put in place to ensure that irregular migrants have access to essentials services without fear of being reported to the authorities.

Additional resources & guidance

For related guidance developed by or with the support of IFRC, please see:

- ✓ IFRC, *COVID-19 Impact on Trafficking in Persons – Factsheet*, available at: <https://media.ifrc.org/ifrc/document/covid-19-impact-trafficking-persons-factsheet/>.
- ✓ IFRC, *COVID-19 Impact on Trafficking in Persons – Technical Guidance note*, available at: <https://media.ifrc.org/ifrc/document/covid-19-impact-trafficking-persons-technical-guidance-note/>.
- ✓ IFRC, *Protection, gender and inclusion in the response to COVID-19 – technical guidance note*, available at: <https://media.ifrc.org/ifrc/document/protection-gender-inclusion-response-covid-19-technical-guidance-note/>
- ✓ IFRC, *Covid-19: key messages on protection, gender and inclusion*, available at: <https://media.ifrc.org/ifrc/document/covid-19-protection-gender-inclusion-considerations-key-messages-groups/>
- ✓ *Practical Guidance for Risk Communication and Community Engagement (RCCE) for Migrants, Refugees and other Vulnerable Groups in the context of COVID-19 Response* – jointly developed with UNICEF, UN agencies and John Hopkins Center for communication programs: Publication date: 26 June 2020, link available at: <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/06/Practical-Guidance-RCCE-Refugees-IDPs-Migrants.pdf>
- ✓ *IASC COVID-19: Focus on Persons Deprived of Their Liberty, including RFL considerations* – jointly developed with WHO and OHCHR: Publication date: 27 March 2020. Link available at: <https://interagencystandingcommittee.org/other/iasc-interim-guidance-covid-19-focus-persons-deprived-their-liberty-developed-ohchr-and-who>
- ✓ *Interim Guidance for preparedness, prevention, and control of coronavirus disease (COVID-19) in refugees and migrants in non-humanitarian and non-camp settings* – jointly developed with WHO. Publication date: 17 April 2020. Link available at: [https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)
- ✓ *IASC Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings* – jointly developed with IOM, UNHCR and WHO. Publication date: 17 March 2020, link available at: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>
- ✓ Finally, we launched the interagency MOOC (Massive online open course) on [COVID-19 Adapting Child Protection Case Management](#).

The course explores the adaptation of child protection case management services during COVID-19 pandemic. The course profiles also interesting practices published on the [Virtual Volunteer platform](#) to provide correct and reliable information to migrants during the current COVID-19 pandemic (E.g. Videos, hotlines contacts and health general information provided and available 24/7 online).



National Red Cross Red Crescent Society COVID-19 Response



COVID-19 Response in Africa

In **East Africa**, COVID-19 has deeply impacted mobility patterns by the closure of borders.

Ethiopia RC is supporting returnees, where COVID-19 necessitates isolation for 2 weeks after arrival. Flows of returnees have continued and expected to pick up again once flights from KSA restart, whereas the movement of Eritrea refugees from camps towards Sudan and to some extent towards Yemen/KSA and Southern Africa, present itself with deepened humanitarian challenges for the migrants themselves due to lack of access to assistance and protection.

In Sudan, undocumented migrants who live on the margins of society or migrants in detention are most impacted by COVID-19. Deportations of Sudanese returnees and migrants from Libya have scaled up due to COVID-19, upon arrival limited services and information is available to them, as well as limited prospects and no means to reach home. Across East Africa, movement of migrants is expected to increase once the economic impact of COVID-19 is felt and Ethiopia faces additional challenges related to youth unemployment and general economic decline.

The Northern branch of the **Sudanese Red Crescent Society** have been responding and supporting stranded migrants along with the Migration Task Force partners through delivery of basic service and MHPSS. Kassala state branch, working along the border of Sudan and Eritrea, have seen a change in patterns of migratory movement from Eritrea with more and more young people and unaccompanied children on the move taking more risky routes as the border is officially closed, which renders the RCRC movement partner in a unique situation to expand on the HSP model in a planned and formalized way and therefore reach more people whom would otherwise not be able to access essential services and continue to have their protection needs deteriorating. The movement of migrants have not ceased, and it's expected to increase once the impact of COVID-19 is felt at community level in surrounding countries, as well as within Sudan which continues to face significant economic challenges.

In **Sahel**, migrants have been integrated in the COVID-19 response, **based on IFRC guidelines**. The development of a training module on migration and health, with a focus on health emergencies and pandemics will soon be launched. This module will be part of the global training curriculum on migration. Furthermore, a research on migrants' perceptions in the COVID-19 context will begin in July and it is expected to generate findings and recommendations to improve programme effectiveness, as well as for communication and humanitarian diplomacy initiatives. The situation generated by the COVID-19 offers the opportunity to develop tools and expand capabilities in providing remote support to migrants (hotlines, mobile cash, etc.) and to capitalize on lessons learnt and good practices.

National Societies are actively working on integrating migrants in their COVID-19 responses, through the dissemination of information on prevention, the distribution of hygiene kits, dead body management and livelihood activities. Communication initiatives are based on official government messages on COVID-19, sometimes through songs or videos in the local languages, and target both migrants and host communities.

The National Societies who implement migration-related activities/projects are striving to ensure the continuity of protection and assistance services to migrants, to the extent possible and without exposing staff and volunteers to risks.



COVID-19 Response in Americas

Refugees and migrants in the Americas are especially vulnerable to COVID-19 and other diseases due to the high geographic mobility, instability, informal or precarious incomes, overcrowding, lack of sanitation and lack of access to decent health care or vaccination programmes, among others.

In response to the pandemic, the IFRC led a regional-level study on the impact of the COVID-19 outbreak on migrants' livelihoods.

The **Argentine and Ecuadorian Red Cross** offer a telecare service that provides migrants with remote psychosocial care, consultation and support. The service is available 24 hours a day, seven days a week.

The **Colombia Red Cross** is using their **#YoDonoEnCasa fundraising campaign to support migrants** (delivery of food kits, primary health care, cash transfer), setting up hand washing stations, and distributing safe water as well as providing tele psychosocial support. Colombia Red Cross developed practical "Guidelines for the prevention, reception, and referral of cases of gender- based violence, including sexual violence during COVID-19".

The **Ecuadorian Red Cross** also implemented a Cash and Voucher Assistance Programme, designed to address basic needs brought about by the pandemic. The program assists families or individuals on the move and vulnerable host community members through an online mechanism that allows recipients to withdraw money without an ATM card nationwide and in compliance with security, financial and administrative standards.

Both the **Ecuadorian and Peruvian Red Cross** have established WhatsApp lines that provide information about COVID-19 along with a feedback mechanism to migrant and host communities. While sharing prevention messages in response to the pandemic, the tool also allows for monitoring the evolution of the situation in the country and the needs of the community.

The National Societies of the Northern Triangle of Central America through the Monarch Butterfly Programme: an adaptation of the protection and awareness tool "Migrapoly" was made into a board game that families can use in the framework of the confinement suffered by countries due to COVID-19. The NSs also provide food kits for children with nutritional information, to ensure the nutrition of children at risk of forced migration who are not attending school

The **Honduras Red Cross** created an action plan as a Movement, to respond to the needs of migrants in transit during the pandemic

The **Salvadorian Red Cross** has created family-differentiated hygiene kits that include personal protective equipment as well as adequate supplies to prevent the spread of COVID-19. In Arequipa, the **Peruvian Red Cross**, is providing shelter, PSS and food for migrants and refugees, with the support of UNHRC and with food rations donated from local companies. While in Tumbes, Peruvian Red Cross provides safe water to migrants located in temporary shelters facilitated by UNHCR and IOM.

The **Bahamas Red Cross** are using their daily Meals on Wheels to target the most vulnerable, including migrants, and uses this service to facilitate referral to other support services.



COVID-19 Response in Asia Pacific

The **Philippine Red Cross** is helping migrant workers reduce the risks of COVID-19 through the '[Virtual Volunteer](#)' platform. The Virtual Volunteer is designed to provide information to migrants and their families, whether before

departure or while migrants are overseas. The platform has been updated with the latest information on COVID-19, which includes frequently asked questions, location of quarantine facilities, copy of government memos and important contact details of key agencies. This has been complemented with in-person support to migrants prior to departure, with the Philippine Red Cross providing support and advice to migrants at its welfare desks set up in international airports and seaports.

The **Maldivian Red Crescent (MRC)** is providing information on the risks of COVID-19 through face-to-face outreach with migrants and host communities. This includes dissemination of key messages in migrants' languages via printed materials, social media and in-person information sessions delivered by the National Society's Maldivian and migrant staff and volunteers. MRC launched a 'Migrant Relief Fund' and raised over USD 84,000 in one month to support migrant workers with critically needed food aid. Building upon sustained engagement and dialogue with the Maldivian government and local authorities, MRC is able to ensure that migrants – irrespective of their legal status – are able to access essential services. With the support of the government, MRC established a Migrant Support Center where MRC volunteers, including migrant volunteers operate a Call Centre to respond to migrants' COVID-19 queries, manage food distribution and advocate for improved accommodation and healthcare access for all migrants. Significantly, it was also agreed that MRC is not required to provide information about migrants' status to the government when providing services at the Migrant Support Centre.

The Myanmar Ministry of Health and Sports translated COVID-19 information materials in Shan, Kachin and Chinese languages, and also produced radio broadcasts on COVID-19 into 17 minority languages. **Myanmar Red Cross Society** is using these materials to reach Shan, Kachin and Chinese communities at the national, regional and township levels.

At request of the Health Department in Balochistan province, the **Pakistan Red Crescent Society (PRCS)** has deployed health teams and ambulances at border crossing points with Iran and Afghanistan, where screening of people entering Pakistan is conducted. PRCS ambulances with first aiders and volunteers have also been deployed to Lahore, Quetta and Islamabad International Airports and to the National Institute of Health in Islamabad to assist with transportation of confirmed or suspected cases of COVID-19. At the request of the Sindh Province Health Department, PRCS deployed a mobile health van to an Isolation Centre in Karachi to provide support services.

The **Indonesian Red Cross (Palang Merah Indonesia - PMI)** is conducting community outreach and awareness activities, including with a local community hosting a group of Indonesians who were evacuated from Wuhan province in China and were under quarantine.

The **Nepal Red Cross**, in coordination with the Ministry of Health and Population and other organizations, is disseminating key risk awareness and safety messages to communities through house-to-house visits. Nepal Red Cross volunteers have been conducting counselling sessions and distributing leaflets and masks to returning migrant workers and students and their communities.

The **New Zealand Red Cross (NZRC)** Migration Team translated basic COVID-19 related information and resources in various small ethnic community languages using crisis translation processes with internal staff members in order to respond rapidly with up to date information. NZRC is also providing support to vulnerable communities alongside the Civil Defense – National Emergency Management Agency (NEMA). The NZRC Disaster Welfare Support Team are delivering meals, medical supplies from pharmacies, as well as Psychological First Aid to communities including migrants and former refugees. The NZRC Migration program Pathways to Settlement service was recognized an essential service by the government and NZRC staff, as essential service workers, continued to provide support to newly arrived refugees during lockdown. Online Psychological First Aid for COVID-19 training was developed and delivered. Resources to support emotional and social wellbeing were made available and safety messages shared with communities. The NZRC Refugee Trauma Recovery team continued to provide mental health support to former refugees. NZRC continued to provide Restoring Family Links services to help people reconnect with their family members overseas when contact was interrupted due to illness or quarantine.

Australian Red Cross is providing emergency relief payments to meet basic needs like food, shelter and medicine, for temporary migrants, including international students, migrant workers, refugees and people seeking asylum who are in financial hardship and do not have access to mainstream supports during COVID-19.

Through a partnership with the Migrant Workers' Centre and the Centre for Domestic Employees, **the Singapore Red Cross** is distributing awareness materials on reducing the risk of COVID-19 in languages commonly spoken by migrant groups in Singapore. Disseminated information advises how migrant domestic workers can protect themselves and the households in which they are living and working.



COVID-19 Response in Europe

The **Bulgarian Red Cross** is translating and disseminating IFRC visual messages for migrants in reception centres, in hospitals and in local municipalities. The Bulgarian Red Cross also runs an hotline in six languages, sharing information in relation to COVID-19 outbreak, extraordinary measures imposed in the country and how to get help. The teams also reach out regularly to vulnerable refugees living at external addresses and provide them medical drugs and additional food and non-food items. The National society has adjusted some of its educational activities (E.g. Bulgarian language courses and educational activities for children) and started to carry them out online.

The **Icelandic Red Cross** has been working very closely with health and immigration authorities and coordinates its activities with all relevant actors. The www.virtualvolunteer.org website has been used to publish COVID-related information, including videos, in several languages and PSS support is available on the phone to migrants if they request it. The IRC is currently running the quarantine centre in Iceland. The National Society has also adjusted activities in support of asylum-seekers and refugees to make sure they can run smoothly also in times of the different newly introduced measures (e.g.: providing support online, via text messages and organising courses online) and keeps lobbying for the necessary protection in camps and different centres.

The Italian Red Cross is, by law, an operating structure of the Civil Protection System in Italy. All the 600 branches of the **Italian Red Cross** are actively engaged in responding to the COVID-19 emergency. More than 70% of the ambulance service nationwide are warranted by the Italian Red Cross, including doctors, nurses and operators. Different biocontainment units have been deployed to transport patients, especially from airports and red zones. A [free-to-call 24-hour telephone line](#) called “**CRI PER LE PERSONE**” providing support, information, and services to anyone in need, including migrants, has been put in place. The [Virtual Volunteer](#) platform has been updated with COVID-19 related information as safety measures and regulations.

The RFL activities have been adapted due the COVID-19 emergency and needs, to restore and maintain contacts especially for alone or hospitalized people (or in retirement houses) and for supporting family that lost their relatives and are unable to trace the corpses of their beloved, transferred in other places for cremation.

The **French Red Cross** is adapting activities dedicated to migrants in informal settlements in Calais and in Grande-Synthe and in various reception and accommodation centres across France. With the support of roaming teams in informal settlements, the French RC teams are providing health related information, as well as prevention, mediation, and referral activities (sharing preventive messages, explaining the context, symptoms and patients' pathway) for those in need. The teams also provide first line medical check-ups on the ground and proceed with referrals to other actors if needed. RFL prevention messages are shared and activities carried out among various groups of migrants in need. The FRC is also managing a quarantine center aimed at contaminated migrants and an ad hoc accommodation center for not-contaminated migrants living in Dunkirk camps. The French Red Cross is finally also engaged in advocacy activities to support the installation of sanitary blocks close to places where migrants are living.

The **German Red Cross** supports its branches to maintain access to people in need, e.g. to vulnerable migrants by extending the existing online chat service mbeon.de. Mbeon provides counselling by more than 300 trained experts in 19 languages, including on COVID-19 related issues as safety measures, regulations and laws.

The **Turkish Red Crescent Society** has been actively supporting communities since the onset of the COVID-19 outbreak by producing masks and face shields, providing three meals a day to vulnerable people, supporting migrants and refugees and sharing critical information about the virus and how to prevent its spread across the country by text messages, voice messages and phone calls to people at risk. Information on “access to distance education” are disseminated to migrant children and parents. Hygiene kits and small kits for children are distributed to migrants and host communities. Through in-kind assistance for migrants, people with protection concerns are supported such as SGBV survivors. Through the **European Union funded Emergency Social Safety Net programme (ESSN), IFRC and the Turkish Red Crescent continue to support are supporting 1.7 million of the most vulnerable refugees in Turkey**. The ESSN provides regular and predictable cash transfers to refugees, through prepaid cards.

The **Swedish Red Cross** is running a mobile info car with speakers in certain areas where people are difficult to reach, including in areas with many migrants who do not get the info via the regular channels. The National Society is in close dialogue with the Swedish Migrations Authorities regarding information sharing, detention, transfers and access to services. In order to continue detention visits the Swedish Red Cross has been piloting digital visits and continues to lobby for the necessary protection of those in immigration detention.

The National Society is in constant dialogue with all regions advocating for the access to health for all migrants, irrespective of legal status and is highlighting the difficulties for persons with temporary residence permits who are the worst impacted with the negative effects of the crisis on the labor market, as well as in order to prolong the permits of unaccompanied minors or young adults whose education and access to work is pending.



COVID-19 Response in MENA

The **Egyptian Red Crescent** has implemented activities to avoid the spreading of COVID-19 among migrants, IDPS and host communities. These include:

- Translation of health promotion and PSS messages in languages most widely spoken by migrants in Egypt (IEC materials on CoViD-19 has already been translated in Amharic, Somali, Tigrinya, Arabic and for individuals with low literacy).
- Dissemination of these messages through social platforms.
- Engagement of over 200 migrant volunteers in the COVID-19 response to support migrant communities and provide support in local languages.

The **Iraqi Red Crescent Society**, with its activities to avoid the spreading of COVID-19 among migrants, IDPs and host communities, has reached more than 50,000 people on the move and more than 6,000 Syrian Refugees with health awareness sessions on CoViD-19. In total have been reached more than 50 camps.

The **Jordan Red Crescent Society** have launched an awareness campaign on COVID-19 with video and infographic through social media, targeting the host communities and Syrian refugees. At the same time, the National Society is supporting the Syrian refugees living in Al-Zaatari Camp, one of the most populated refugee camps in the world in cooperation with the Qatar Red Crescent. During the period, more than 2,500 services has been provided in JRCS clinics in the Camp. JRCS in providing Renal Dialysis services for Syrian refugees. Food parcels and vouchers distribution is planned.

Qatar Red Crescent Society is providing food to labour migrants and vulnerable communities affected by the COVID19 outbreak and subsequent lockdown measures. QRCS has distributed baskets, respectively 6,000 to families and 1,500 to foreign workers. Qatar Red Crescent is actively supporting many initiatives targeting refugees across the Region.

The **Lebanese Red Cross** is articulating its COVID-19 response around strategic objectives, which include migrants and displaced population:

- Risk communication, community engagement, and public awareness.
- Identification and detection of COVID-19 cases.
- Transportation of suspected and confirmed cases.
- Shelter management for refugees/displaced people requiring quarantine.
- Providing basic assistance for refugees/displaced people and Lebanese citizens in quarantine requiring support.

The **Libyan Red Crescent Society** is facilitating awareness sessions for migrants and displaced communities across the country. The Libyan Red Crescent Society has started an awareness campaign on COVID-19 reaching IDPs and migrants outside and inside the detention centres. LRCS volunteers have reached hundreds of migrants only in Tripoli and Benghazi, during the reporting period. The LRCS is also engaged in supporting Tunisian migrant workers stranded at the border between Libya and Tunisia with food and no- food items.

Syrian Arab Red Crescent continues to be the main humanitarian actor in Syria through its staff and volunteers network. SARC priorities that also target displaced populations include:

- First responders' safety through providing training, and securing safety equipment while delivering First Aid, health, and sterilization services to the vulnerable people.
- Raising awareness about COVID-19 across the Syrian communities via suitable communication channels.
- Community engagement in countering the spread of the virus.
- Access to clean water and distribution of hygiene items and sterilize public facilities.
- Ensure the continuity of providing Health services to the people in need.
- Monitoring food security challenges.

Since February 2020, the **Tunisian Red Crescent** has been conducting an awareness campaign on COVID-19 in the three migrant centres managed together with IOM (the TRC-IOM centres host around 150 migrants). The National Society is also engaged in supporting the public authorities in the quarantine facilities for Tunisian citizens coming back to the country. Local branches in the South are engaged in supporting Libyan citizens stranded at the border between Libya and Tunisia with food and no-food items (mainly Libyan truck drivers or workers).