IOM Experts' Voice on Inclusive COVID-19 Response for Migrants in Vulnerable Situations

No Social Exclusion in 'Social' Distancing

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How are various migrant groups disproportionately impacted?

While measures to combat the virus apply to all, not all migrant groups have the same set of resources and capacities to comply with the rules. In the following pages, contributions from key IOM experts are featured to shed light on crosscutting issues and vulnerabilities that various migrant groups face, as well as complementary resources for developing a more differentiated, appropriate and migrant-friendly response to the pandemic.

- Persons with disabilities' dependence on health services and specialized assistance they can hardly access due to restrictions.

- Widening gender inequalities and multiple burdens that women face as carers and workers in high-risk services, while also at greater risk of gender and domestic based violence

- The increased threat of child labour, child marriage, child trafficking, and sexual exploitation as migrants and families face increasing economic uncertainty

- Systemic marginalization of transgender people, LGBTIQ+ youth, seniors and people living with HIV, and economically vulnerable and/or homeless LGBTIQ+ people in the midst of the crisis

- Creation or exacerbation of pre-existing mental health conditions and vulnerabilities of migrants and risks of social isolation of disadvantaged groups who are already disconnected from mainstream society

- How anxiety fuels stigma and discrimination of migrants, building upon existing societal norms and public perceptions and why words matter in communicating about COVID-19

Persons with disabilities

Women

LGBTIQ+

Children

Stigmatization and Discrimination

Mental Health and Psychosocial Well-being

Persons with disabilities

15% of the world's population are persons with disabilities. Many, especially communities on the move, face significant barriers in their daily lives, particularly in times of crisis, and the current COVID health pandemic is no exception. Here are some of the reasons why persons with disabilities are at particular risk:

1. **Persons with Disabilities are likely to experience stigma and discrimination** during the COVID-19 crisis. The people most often cited as being at serious risk are largely, by some definition, people with disabilities so saying "don't worry COVID-19 is only dangerous for older persons or people with pre-existing conditions" is likely to stigmatise them further.

2. **It can be harder for persons with disabilities to take the appropriate steps to protect themselves from the coronavirus outbreak**. Taking measures to self-isolate for those who rely on others is difficult. Going shopping for food when someone else needs to help you is complicated. For those with chronic health conditions, getting life-saving medicine can be hard with disrupted services. Even washing hands and cleaning surfaces regularly (the advice we are all given) can be more difficult for persons with physical impairments. These measures may be even harder to ensure for migrants and their families.

3. **COVID-19 coronavirus threatens not only the health of persons with disabilities, but their independence.** For those who need support to maintain independence, particularly those who live in group settings like residential homes, outbreaks of the disease can disrupt these services. Caregivers may become sick, or the risk catching and spreading the illness may require them to stay at home.

4. **To be accessible, public health messages on COVID-19 MUST be provided in different and accessible formats**. Translated information for migrants should include audio, large print, easy to read, pictures and sign language and be accessible to children with disabilities

5. **Closing of residential schools and day centres can put persons with disabilities at risk of abuse.** As some persons with disabilities will require additional care, families who are not used to providing this care, and who struggle in doing so can put persons with disabilities at risk of violence, neglect and abuse. Abrupt changes in safety networks can cause further harm to those who need support.

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Further reading and suggested resources

1. COVID 19 and the disability movement (International Disability Alliance (IDA)) provides various general recommendations, guidelines and toolkits to support persons with disabilities.
2. Toward a Disability-Inclusive COVID19 Response (IDA) proposes 10 recommendations to mitigate main barriers that persons with disabilities face in this emergency situation.
3. Disability considerations during the COVID-19 outbreak (WHO) suggests protective measures for key stakeholders to reduce COVID-19's impacts on populations with disability.
4. Guidance developed for a disability-inclusive response to COVID-19 (IASC) aims to improve the accountability and inclusivity of the humanitarian responses to the COVID-19 outbreak.
5. COVID-19 response: Considerations for Children and Adults with Disabilities (UNICEF) highlights the importance of considerations for Children and Adults with Disabilities during the pandemic.
6. Policy brief: A Disability Inclusive Response to COVID-19 (UNSG) Guidance for UN entities to include persons with disabilities in their COVID response

For more information, please refer to DISC Resource Bank on COVID-19.

Women and Girls

As we learn more about the impacts of this pandemic, two patterns are emerging, both with significant potential consequences for gender equality and inclusion. The first is that, despite higher mortality rates seen among men than women, the direct and indirect effects of the pandemic are gravely impacting women and girls, especially migrants.

A long list of existing risk factors already affect many migrant women and girls - including overrepresentation in precarious employment and informal sectors which do not allow working from home and offer little to no safety net, visa-related and financial dependence on family members and employers, irregular migration status, tightened travel and mobility restrictions, language barriers and lack of strong social support networks. All these combine to expose women and girls to even more threats to their physical, economic and mental well-being during this already difficult time, perhaps the most well-reported threat being the rise of domestic violence within households.

The second is that women, including many migrant women, are active on the frontlines of the response effort, as healthcare professionals and caregivers. This is despite challenges impacting women differently from men, such as the persistent gender pay gap and underrepresentation in leadership and decision-making roles. Women are also on the frontlines in refugee and displacement camps, where women leaders in these settings are working to raise awareness on COVID-19 and promote healthy practices.

While the full extent of the consequences on women's and girls' well-being (and on gender equality) is still unknown, one thing is certain: in order to fight this pandemic effectively, migrant women and girls must be included in every aspect of the response effort.

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Further reading and suggested resources

1. Global Rapid Gender Analysis on COVID-19 (CARE and IRC) organised around broad themes and areas of focus of particular importance to those whose programming advances gender equality and reduces gender inequalities.
2. Addressing the impacts of the COVID-19 pandemic on women migrant workers (UN Women) highlights the emerging impacts on women migrant workers, focusing on the key challenges and risks they face.
3. COVID-19 and ending violence against women and girls (UN Women) highlights emerging evidence of the impact of the COVID-19 pandemic on violence against women and girls and makes recommendations to be considered by all sectors of society.
4. COVID-19 and essential services provision for survivors of violence against women and girls (UN Women) explores the implications for the provision of essential services for women and girls who have experienced violence.

For more information, please refer to DISC Resource Bank on COVID-19.

LGBTIQ+

In every region of the world, people who are lesbian, gay, bisexual, transgender, intersex, queer or another diverse sexual orientation, gender identity or gender expression (LGBTIQ+ people) experience discrimination, harassment and violence in their daily lives. This systemic marginalization results in disproportionate rates of poverty, mental health concerns, substance use and negative health outcomes. Studies have shown that LGBTIQ+ people are at heightened risk of cancer and other diseases due to factors such as discrimination within health care systems and high rates of stress from stigma.

In humanitarian emergencies, it is well established that LGBTIQ+ people are particularly vulnerable. The COVID-19 pandemic presents numerous risks, including fear of discrimination or being outed while seeking medical treatment; cancellation of vital health services related to transition, conception and HIV status; homo- and transphobic quarantine environments; increased rates of anxiety and depression; border closures blocking flight; and economic impacts more severe than those experienced by heterosexual, cisgender, endosex peers, especially for LGBTIQ+ migrants and/or Black, Indigenous and people of color. At particular risk are transgender people, LGBTIQ+ youth, seniors and people with HIV, and economically vulnerable and/or homeless LGBTIQ+ people.

The pandemic has exacerbated the isolation of LGBTIQ+ people in several ways. It has disconnected LGBTIQ+ people from their networks due to the closure of health and community centers that provided safe and supportive spaces. It has required many LGBTIQ+ people to stay home for extended periods of time, including with family members who stigmatize or abuse them. LGBTIQ+ people sheltering alone face the negative mental health effects of quarantine, which may compound pre-existing mental health conditions. Widespread discrimination in health care means LGBTIQ+ people may be reluctant to seek care and fear they will experience trauma when doing so. LGBTIQ+ migrants face additional layers of discrimination when accessing medical systems and government services that may be new to them.

Every IOM office, regardless of its location, already assists LGBTIQ+ migrants. How can we ensure our assistance is appropriate and respectful? It is imperative to train staff to address the unique vulnerabilities of LGBTIQ+ populations.

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Further reading and suggested resources

1. COVID-19 and the Human Rights of LGBTI People (OHCHR) shows specific challenges for LGBTI People in the pandemic and proposes key actions for States and other stakeholders.
2. COVID-19 And Specific Impact on LGBTI People and What Authorities Should Be Doing to Mitigate Impact (International Lesbian, Gay, Bisexual, Trans and Intersex Association ILGA) describes COVID-19's impacts on LGBTI People and suggests some solutions for authorities.
3. How Transgender and Non-Binary Communities Around the World Are Being Impacted by COVID-19 (Human Rights Campaign) discusses top five issues for transgender and non-binary communities around the world, particularly those living with HIV.
4. Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention (The Trevor Project) outlines COVID-19's impacts on LGBTQ youth and explains what to do to support them during this time.
5. COVID-19 is hitting older LGBTQ adults especially hard (Association of Health Care Journalists AHCJ) emphasizes increased risks for severe illness and even death among older LGBTQ community.

For more information, please refer to DISC Resource Bank on COVID-19.

Children

The COVID-19 pandemic has increased vulnerability of children already at risk, including vulnerable migrant children. As migrants and families face increasing economic uncertainty, the threat of child labour, child marriage, child trafficking, and sexual exploitation will increase. There is emerging evidence that violence against children is increasing in all different forms, from domestic violence and abuse at home to excessive use of force by law enforcement while enforcing lockdown decisions against street children. In the words of the UN Secretary General: What began as a health crisis risks evolving into a broader child-rights crisis.

All children have the same rights, regardless of their migration status. Migrant children should not face discrimination in judicial or administrative proceedings, in access to education, health, and other services, or in any other area. All children deserve equal access to services; services need to be made available to them in an adequate and age-appropriate manner that is accessible and appropriate for children. Children should be provided with information and the opportunity to participate in decisions on services provided to then, in a manner appropriate to the child's age and development, and which supports the child's rights to self-determination and full participation.

During pandemics children on the move face various risks including psychological distress caused by fear of infection with the disease, stigmatization of individuals infected with, or suspected to be infected with the disease, and xenophobia. Interruptions to health services - including services critical to children such as immunization - have faced interruptions. IOM should work to support continued access to services for migrant children.

Migrant children may be present in locations in it is difficult to take adequate measures to prevent infection – such as in transit centres, detention centres and at points of entry. IOM should work to ensure that migrant children and their family members are not placed in immigration detention, and that adequate prevention measures are put in pace in any locations in which migrant children may congregate.

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Further reading and suggested resources

1. Protection of children during the coronavirus disease (COVID-19) pandemic (UNICEF) provides recommendations for child protection practitioners to better respond to the risks children face during the pandemic.
2. COVID-19 and its implications for protecting children online (UNICEF) sets out some key priorities and recommendations on how to mitigate those risks and promote positive online experiences for children.
3. How to keep your child safe online while stuck at home during COVID-19 (UNICEF) suggests 5 ways to help keep children's online experiences positive and safe.
4. Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children (UNICEF) emphasizes the inclusion of migrant and displaced children in the response to COVID-19 to ensure health, safety, and protection for all.

For more information, please refer to DISC Resource Bank on COVID-19.

Mental Health and Psychosocial Wellbeing

Moments of crisis and uncertainty are known to create or exacerbate pre-existing mental health conditions or vulnerabilities. Needless to say, the pandemic has generated stress, anxiety and fear among the world's populations. While the measures to prevent further spread of the pandemic apply to everyone, migrants and their families are immensely impacted.

As most migrants are separated from their families and support systems in the midst of lockdowns and travel bans globally, they face a great deal of adversity related to the virus, encompassing uncertainty about their future, loss of livelihood opportunities, financial hardship, loss of loved ones, enduring effects of isolation as well as a general sense of fear.

Oftentimes, migrants are also reluctant to access or avail counseling-related services due to stigma or are unable to receive such support due to language barriers and/or exclusionary policies and social protection measures of their host countries. Aside

from being excluded from these services, migrant earnings and remittances are also adversely affected, increasing their exposure to family tensions, as well as their worry and sense of guilt towards those left behind in their countries of origin.

The situation is even worse for those migrants in vulnerable conditions, including those stranded, those in detention, identification and transit centres, as those living in camps and camp-like settings. Victims of human trafficking and migrants in conditions of servitude in particular are also at higher risk of mental distress as they often do not have full control over their bodies, movements, social interactions and sleep cycles.

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Further reading and suggested resources

1. Mental Health and Psychosocial Support (MHPSS) in the COVID-19 Response: Guidance andToolkit for the Use of IOM MHPSS Teams (IOM) compiles existing material related to MHPSS for the COVID-19 crisis, as well as other resources that can be applicable to the context.
2. Mental health and psychosocial considerations during the COVID-19 outbreak (WHO) can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.
3. Interim Briefing Note: Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (IASC) summarizes key mental health and psychosocial support (MHPSS) considerations in relation to the 2019 novel coronavirus (COVID-19) outbreak.

For more information, please refer to DISC Resource Bank on COVID-19.

Stigmatization and Discrimination of Migrants

The denigration of certain populations is unfortunately a familiar symptom of viral epidemics. Disease fosters fear, which in turn fosters discrimination and stigma – as we saw with HIV and Ebola. Similarly, COVID-19 may be popularly associated with a specific community or ethnic group, even though not everyone in that population or community is at risk of the disease. Individualized stigma can occur after a person has been released from COVID-19 quarantine or treatment. Migrants are particularly at risk of such discrimination or stigma, as they may be most likely to be excluded from wider society due to their legal status, or most prominently involved in the official response to the pandemic (for example as care or medical workers).

In these conditions of heightened fear and anxiety, appropriate communication about the pandemic and its modes of transmission is critical. Such communication can shape people's perception and treatment of those who are already ill or who are at risk of acquiring the virus. If it is transparent, evidence-based and non-judgmental – if it explicitly avoids 'blaming and shaming' any particular group – populations feel more empowered, are more willing to be tested and self-isolate and to help those in need, and less likely to discriminate against others. The right words matter, particularly for those who were already subject to multiple forms of discrimination, including verbal and physical violence, before the pandemic, such as migrants, who are particularly vulnerable to becoming victims of an exclusionary discourse and its consequences.

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Words Matter: Dos and Don'ts when talking about COVID-19

Do - talk about the new coronavirus disease (COVID-19) **Don't** - attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian Virus".

Do - talk about "people who may have COVID-19" or "people who are presumptive for COVID-19" **Don't** - talk about "COVID-19 suspects" or "suspected cases".

Do - talk about people "acquiring" or "contracting" COVID-19 **Don't** - talk about people "transmitting COVID-19" "infecting others" or "spreading the virus" as it implies intentional transmission and assigns blame.

Do - talk positively and emphasise the effectiveness of prevention and treatment measures. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe. **Don't** - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

For more info, please refer to the Stigma Guide prepared by WHO, UNICEF and IFRC.

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Disclaimer: The opinions expressed in this document are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM).

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