



COVID-19 GUIDANCE

Responding to the needs of refugees, internally displaced people and migrants

This guide aims to raise awareness of the greater risks faced by refugees, internally displaced people (IDPs) and economic migrants during the Covid-19 crisis. It also suggests possible things organisations, churches and communities can do to help.

Who are refugees, IDPs and migrants?

‘Internally displaced people’ are people who have fled their homes because of war, violence, conflict, persecution or natural disaster to another part of the same country. When they cross over an international boundary, they are known as ‘refugees’.

‘Migrants’ are people who have moved away from their normal home – either temporarily or permanently – usually in search of work.¹

Why are they more at risk from the effects of Covid-19?

Refugees, IDPs and migrants have greater potential to be adversely impacted by both the public health effects of the virus – being infected and suffering from the disease – and the social and economic effects of the control measures put in place to contain the spread of the virus. (This is especially true for women, who may face stronger discrimination and mistreatment.)² In particular, they may face:

- **Separation from families and communities** through fleeing conflict (IDPs and refugees) or through government restrictions on movement in an effort to reduce the spread of Covid-19 (migrants). As a result, the people they normally speak with and rely on are not available to help.
- **Lack of access to basic services** – such as health care – for those with Covid-19 but also for non-Covid-19 health care needs (eg maternity care). This is a particular concern where services are dependent on donor funds and funding is reallocated to the Covid-19 crisis.

¹ [‘Who is a migrant?’, International Organization for Migration \(IOM\), accessed April 2020](#)

² [Migration Data Portal, IOM, April 2020](#)

- **Greater chance of catching or passing on the virus due to overcrowded living conditions** in informal or refugee settlements, especially if they are already sick or undernourished
- **Reduced ability to access accurate health messages** due to language barriers, not knowing who to talk to or where to look in order to find information or guidance, and inability to send and receive messages (eg by mobile phone)
- **Inability to practise good physical distancing, handwashing or self-isolation, or to access treatment** due to overcrowding and lack of effective handwashing facilities
- **Restrictions on groups gathering** – schools, religious meetings, women’s groups etc – due to physical distancing rules, leading to feelings of isolation and increase in domestic and gender-based violence
- **Lack of income, savings and saleable possessions** through the loss of migrant jobs, or the displaced having to flee their homes quickly and being unable to work in their new location, leading to onward migration and potentially further spread of the virus.³ Reduced income also affects migrants and their families back home who suffer from lack of cash transfers normally sent home by migrant workers.
- **Stigma from host communities** who fear people coming in from outside will spread the virus or make the effects worse
- **Reduced legal protections** due to loss of identity papers or crossing geographical boundaries, and confusion over legal status leading to restricted access to services and greater potential for eviction
- **Reduced access to markets and environmental resources** as host communities prioritise their own access over people felt to be ‘outsiders’

What can be done to help?

- **Work with existing social structures and groups.** Informal settlements can have highly organised social structures, able to collect data on those who are vulnerable, know what access to services people have and push for improvements.⁴ Work with these structures to find out who are the most vulnerable and where they are (see Tearfund’s [Vulnerability Mapping guidance](#)). Ask these more vulnerable people or those who care for them what their priorities are and how you can help. Different vulnerable groups will need different support strategies.
- **Be clear on public health messaging.** Refugees, IDPs and migrants may already have heightened presence of other infectious diseases compared with the host population where they live. So messaging needs to be clear on why this virus is different and how people can protect themselves through handwashing and physical distancing. Messages need to be shared in the languages most easily understood.

³ [‘Reducing COVID-19 vulnerability among displaced populations and migrants’, UNDRR webinar](#), April 2020

⁴ [‘Key considerations: COVID-19 in informal urban settlements \(March 2020\)’, Social Science in Humanitarian Action](#)

- **Work with refugees, displaced people and migrants (both women, men and children) to help them develop their own response strategies**, e.g create their own awareness-raising campaigns and practical physical distancing measures in crowded conditions.⁵ They are more likely to know languages and ways to communicate that will be listened to and acted upon, for example face-to-face communication, or through radio, social media and SMS messaging. Also, consider how local resources can be retasked to help respond eg using community buildings as clinics or virus-testing points.
- **Engage and equip faith leaders** in promoting public health messages, in assisting faith communities to continue to support both their members and wider community, and as spokespeople to feed back how people are coping and what they need. Also, they can be effective in helping to tackle stigma (see Tearfund’s [‘Preventing and addressing stigma’ guidance](#)).
- **Encourage use of household contingency plans**. Before the outbreak gets worse and its effects impact people’s lives, they can plan ahead for how they will cope (see ‘Making a household plan’ guidance, available on [Tearfund Learn’s Covid-19 page](#)).
- **Update beneficiary accountability methods**. For existing projects, make sure people are still able to understand what you are doing to help them and feed back their priorities and views in a way that does not expose them to risk of Covid-19 infection and adheres to restrictions on movement (e.g by phone call or SMS).
- **Assess and address the risks of violence, discrimination, marginalisation and xenophobia** towards refugees, IDPs and migrants, by raising awareness and understanding of the Covid-19 pandemic at community level. This can be done through conflict early-warning monitoring, conflict-sensitive programming and strengthening social cohesion.⁶
- **Ensure disaster preparedness planning takes account of other major hazards**, such as monsoon and cyclone seasons and not just Covid-19.⁷
- **Consider cash grants to micro-enterprises** in informal or camp settlements as part of economic recovery to kickstart supply chains.
- **Ensure NGO interventions do not put people at greater risk**, by practising good physical distancing controls and making available handwashing points eg for distributions.

⁵ [‘Reducing COVID-19 vulnerability among displaced populations and migrants’, United Nations Office for Disaster Risk Reduction \(UNDRR\) webinar, April 2020](#)

⁶ [‘Global Humanitarian Response Plan – Covid-19’, UN OCHA, March 2020](#)

⁷ [‘Reducing COVID-19 vulnerability among displaced populations and migrants’, UNDRR webinar, April 2020](#)

What can we advocate for with local authorities and governments?

- **Make more handwashing points available in camps**, with soap and water (see Tearfund's [WASH programme guidelines](#) for details).
- **Make more personal protective equipment (PPE) available** – such as masks – for those working in camps and informal settlements, including health workers and volunteers.
- **Ensure mobile phone networks – including data – are available** in camp settings.
- **Raise the profile of ill-treated migrants, IDPs and refugees** and push for governments to treat them as human beings and uphold their dignity.
- **Ensure that the fundamental rights of refugees, migrants and IDPs are safeguarded**, in particular, that they:
 - have access to Covid-19 health care as well as non-Covid-19 health services
 - are included in national surveillance and response planning for Covid-19
 - are receiving regular and accessible public health information
 - have access to handwashing facilities with soap and water
 - have access to basic services
 - are able to work and earn a living, where restrictions on movement allow
- **Promote testing for the virus** among refugees, migrants and IDPs, and include them in surveillance monitoring, as otherwise countries will be unable to control the spread of the virus.