



## WORKING GROUP ON ACCESS TO SERVICES



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# Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond

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## OVERVIEW

The United Nations Network on Migration is committed to supporting all partners in pursuit of the implementation of the Global Compact for Safe, Orderly and Regular Migration, recognizing that this cooperative framework provides an invaluable tool for ensuring inclusive, collective responses to COVID-19 and its impact.

To that end, this briefing is part of a series by the Network looking at different aspects of the COVID-19 pandemic and how they relate to migrants and their communities. The document provides practical guidance to States and other stakeholders for an improved common understanding of safe and inclusive access to services for migrants. The brief makes the case for enhanced access to services for migrants in the context of COVID-19 preparedness, prevention, and response – and beyond. We look forward to feedback from all partners, and to updating the proposed key messages, special considerations, practical recommendations and the repository of guidance tools on an ongoing basis.

**This Policy Brief is developed by the thematic on [Working Group on Access to Services](#) of the UN Network on Migration under the co-leadership of WHO and UN-Habitat, with support and contributions from its members including FAO, ILO, IOM, OHCHR, UNAIDS, UNDP, UNFPA, UNICEF, UN Women, Caritas on behalf of Initiative for Child Rights, IFRC, PICUM, PSI and UCLG.**



## 1. KEY MESSAGES

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### 1.1. Vulnerability, risk, and agency

- Migrants are not inherently more vulnerable to, or at risk of, contracting infectious diseases. They face similar health threats from coronavirus disease 2019 (COVID-19) as any other human being and are also an integral part of any effective public health response. However, due to the often-harsh conditions in which they move, live and work, migrants may have specific vulnerabilities that bear due consideration. These conditions include inadequate access to health, housing, water, sanitation and other basic services. Limited access to information due to language and cultural barriers, coupled with the marginalization of migrant communities, place them amongst the hardest to reach populations when information is disseminated.

### 1.2. Exclusion and the threat to public health

- Undocumented migrants, in particular, are often excluded from national programmes for health promotion, disease prevention, treatment and care, or social protection schemes for facilitating their access to health and social services. This exclusion makes early detection, testing, diagnosis, contact tracing and seeking care for COVID-19 difficult for migrants thus increasing the risk of further spreads. Outbreaks among migrants in vulnerable situations may then also go unchecked, as many undocumented migrants fear the risk of being detected. This presents an additional threat to public health. Furthermore, misinformation on the spread of COVID-19 exacerbates the xenophobia and discrimination that migrants and displaced people already face.

### 1.3. The GCM and safe access to basic services

- In the recently adopted [Global Compact for Safe, Orderly and Regular Migration \(GCM\)](#)<sup>1</sup>, Member States have committed to ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services (objective 15) and other relevant objectives.<sup>2</sup> They further committed to strengthening migrant-inclusive service delivery systems, notwithstanding that nationals and regular migrants may be entitled to more comprehensive service provision, while ensuring that any differential treatment must be based on law, be proportionate and pursue a legitimate aim, in accordance with international human rights law.

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<sup>1</sup> Global Compact for Safe, Orderly and Regular Migration, objective 15:  
[https://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/73/195](https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/195)

<sup>2</sup> Other objectives of the GCM that are particularly relevant in this context include obj. 3: access to information, obj. 4: proof of legal identity and adequate documentation; obj. 6: facilitate fair and ethical recruitment and safeguard conditions that ensure decent work; obj. 7: address and reduce vulnerabilities in migration; obj. 14: enhance consular protection, assistance and cooperation throughout the migration cycle; obj. 17: eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration and obj. 21: co-operate in facilitating safe and dignified return and readmission, as well as sustainable reintegration.



- Aligned with the recently published [Secretary-General’s Policy Guidance on COVID-19 and People on the Move](#), the objectives of the GCM and a [UN Framework for the immediate socio-economic response to COVID-19](#), this Policy Brief presents specific considerations and recommended actions for Member States and other stakeholders on the provision of access to services for migrants in the context of COVID-19 preparedness, prevention, and control as well as mitigating its social and economic impacts.

Effective COVID-19 preparedness, prevention and response requires a **migrant-inclusive approach** regarding access to services at the national and local levels. By **including migrants in national plans**, including socio-economic response plans, impact analysis, policies and strategies, gaps in health and other inequities such as access to education and information, training and decent work will be diminished, strengthening efforts towards achieving the SDGs. In line with the universal health coverage (UHC) principles, this will require a **whole-of-society and whole-of-government approach**, working across sectors and stakeholders including immigration, finance, education, labour and other ministries, across government levels. This will also need to be within and across national and local authorities, including civil society organizations and community leaders, private sector actors, employers and workers’ organizations, as well as national human rights institutions. The **engagement of migrants themselves as key stakeholders** in the community, will be a vital element for the sustainability of national plans. **Plans and policies should be evidence-based, age- and gender-responsive**, facilitate affordable and non-discriminatory access to services, and include targeted measures ensuring safeguards of migrants’ entitlements and fundamental rights at work.



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## 2. SPECIAL CONSIDERATIONS

In alignment with the GCM's guiding principles<sup>3</sup>, special consideration must be given to addressing barriers that migrants face in accessing services in the context of COVID-19. This includes in relation to:

### 2.1. The right to the enjoyment of the highest attainable standard of physical and mental health care<sup>4</sup>

- All States have an obligation to respect, protect and promote the right to health for all people, including migrants, within their territory and subject to their jurisdiction, without discrimination. All migrants, regardless of migration status have the right to access health-care services, such as testing, diagnostics, care and treatment, referral, and the COVID-19 vaccination once it becomes available. This encompasses prevention and health promotion-related activities for COVID-19, including all other preparedness measures as a part of the national strategic response. National responses should ensure migrants' access to health services and their inclusion in public health planning, responses, and communications, at all stages of the migration cycle (departure, transit, destination, and return) – regardless of their migration status. Moreover, they should not be scapegoated, stigmatized, or otherwise targeted with specific, discriminatory measures, or face immigration control as a result of accessing services.

### 2.2. Non-discrimination and equitable access to health services and medical supplies including vaccines and

- COVID-19 preparedness, prevention and control should be exercised through non-discriminatory, age-, disability- and gender sensitive comprehensive laws as well as national and local level policies and practices that are inclusive of migrants. The health conditions experienced by migrants, including those with COVID-19 infections, should not be used as a pretext for imposing arbitrary restrictions, stigmatization, detention, deportation, and other forms of discriminatory practices. This may result in the deterrence of migrants from seeking services, counterproductive to efforts to prevent further transmission during the pandemic. Attention should also address pre-existing, structural forms of discrimination against migrants that impose barriers to access and risk being exacerbated during the

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<sup>3</sup> The Guiding principles include: a) people-centred, b) international cooperation, c) national sovereignty, d) rule of law and due process, e) sustainable development, f) human rights, g) gender-responsive h, child- responsive; i) whole-of-society, j) and whole-of-governmental approach.

<sup>4</sup> The International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) Article 2.2 and Article 12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. This right to health is also declared in the preamble to the Constitution of the World Health Organization. Also see: ICESCRICESCRICESCRICESCR, *The duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights*, 13 March 2017, E/C.12/2017/1,



pandemic, including its intersections with discrimination based on other factors, such as gender, race, class, age and disability.

### **2.3. People-centered service systems and continuity of care**

- Health systems and other public services should aim to deliver culturally, linguistically and child-, gender-, disability- and age-responsive COVID-19 services that are accessible to all, including migrants regardless of migration status. Some migrants may need special attention and service provisions because of precarious living and working conditions. People with underlying conditions and/or disabilities, the elderly, people experiencing sexual and gender-based violence, abuse and exploitation and other forms of gender-based violence require special protections, also during, but not limited to the COVID-19 response. Children, including unaccompanied or separated children, as well as people in detention or who are potentially victims of trafficking in persons need tailored measures to address their unique situation. It is critical to ensure that migrants in vulnerable situations continue to have access to essential services, including the COVID-19 vaccine once it becomes available. This includes continuity of ongoing treatments, maternal and child health services, social protection measures and mental health and psychosocial support.

### **2.4. Gender equality, and prevention and response to sexual and gender-based violence**

- During the COVID-19 pandemic, there has already been a sharp increase in the instances and risks of domestic violence (DV)/ intimate partner violence (IPV) due to restrictions on movement. Migrants who travel or live in inadequate or unsafe conditions are at heightened risk of gender-based violence due to the tensions generated by the pandemic. Migrant women in immigration detention centers are also further exposed to gender-based violence (GBV) especially with low staffing levels to serve as deterrents for potential abusers. A de-prioritization, denial and diversion of GBV services (including shelters, health care services, police and justice sector) because of the overwhelming demands of the COVID-19 response, can have a negative impact in the already limited access to these services of migrant women victims of GBV. Furthermore, migrant women already face multiple and intersecting forms of discrimination and inequalities, gender-specific restrictions in migration policies, insecure forms of labour, and instances of racism and xenophobia and therefore need specific considerations. Women migrant workers may experience violence and harassment in the world of work, affecting their psychological, physical and sexual health and their dignity, as well as decent work and the family and social environment.

### **2.5. Age-sensitive support and protection**

- Special attention should be paid to the particular risks faced by older migrants and migrants with pre-conditions, including age-based discrimination in access to medical treatment and other support. On



the other hand, migrant children and youth, especially when unaccompanied, face specific risks during the crisis. Preparedness, prevention and response measures to COVID-19 must ensure to always uphold the principle of the best interests of the child, including migrant children, and take into account the views of the child in line with his or her evolving capacities. This includes ensuring universal access to COVID-19 related health and other essential services including Mental Health and Psychosocial Support, and other essential services to all migrants, including older migrants and migrant children regardless of migration status.

## **2.6. Education and training strategies for continued learning for all migrants, including children**

- School closures can increase and exacerbate inequities and vulnerabilities for migrant children. Online learning modalities – particularly for children and families who are less familiar with internet safety measures – can introduce new or increased risk of various forms of online exploitation, including sexual exploitation. Online schooling might not be accessible to migrant children or bring increased constraints due to language barriers. Prolonged school closures increase the risk of migrant children dropping out as they may not return to school or have missed classes. Often living in poverty, many migrant children depend on school lunches and other services being provided at schools, which may not be readily accessible during states of lockdown. Migrants in precarious employment or who have lost their jobs due to the COVID-19 crisis require employment services and vocational training for (re)integration into the labour market. Government agencies in coordination with employers’ and workers’ organizations, education and training providers, and civil society actors are instrumental in ensuring continued learning and skills development for migrant workers including through on-line learning, and the delivery of technical and vocational education and training (TVET) and skills training service.

## **2.7. Access to adequate housing, water and sanitation**

- The COVID-19 pandemic is affecting people and communities who are already in vulnerable and marginalized situations the hardest. Many migrants live in inadequate housing, including those in overcrowded informal settlements, camps or temporary shelters, with limited or no access to water and sanitation, waste management, and access to formal education and health care facilities. In addition, they suffer from reduced secure land tenure, specifically when undocumented, making them more vulnerable to forced evictions and homelessness. When residing in informal and crowded living conditions, migrants often lack the space for physical distancing putting them at high risk of contracting COVID-19. Containment, especially in small and crowded housing in informal settlements, can also exacerbate the risk of domestic violence and mental health challenges. This may also be compounded by the absence or disruption of social and



protective networks due to migration, combined with increased stigmatization from the local populations and stress due to reduced incomes.

## **2.8. Equal treatment at the workplace**

- It is critical that international labour standards and fundamental rights are upheld, and that migrant workers are accorded, healthy and safe working environments. It is pivotal that fair and decent working conditions, include in health care and social insurance programmes, and basic entitlements; and that effective complaints mechanisms are in place to ensure redress when labour rights are violated. Workers and employers have important duties at the workplace in times of crisis, including COVID-19 outbreaks. Employers should be flexible and explore different options for leave and pay arrangements and ensure that migrants' contracts include the same rights and protection as others. Women migrant workers are on the frontlines of the COVID-19 pandemic response, working in essential but often low-paid and precarious jobs, such as nurses, midwives, cleaners, domestic and laundry workers, placing them at high risk of exposure to the coronavirus.

## **2.9. Social protection and mitigation of socio-economic impacts**

- Public health measures can have a direct and indirect economic impact on household financial security, which in turn can have adverse effects on health, care-seeking and adherence. Migrants and their families should be granted access to national social protection measures to mitigate the social and economic implications of COVID-19. The current pandemic has revealed the vulnerability of undocumented migrant workers including domestic and care workers, involved the informal sector with limited access to social protection. Many have lost their jobs or are unable to reach their workplaces and in addition may have lost their income and be unable to provide financial support for their family members, including in countries of origin. The COVID-19 related movement restrictions, particularly for migrants engaged in the agriculture and food systems, production sectors could disrupt agricultural supply chains at critical times in the season. This could in turn have the undesirable knock-on effect of affecting food availability and market prices globally, which will also impact the access to food for migrants in vulnerable situation.

## **2.10. Whole-of-government and whole-of-society approaches and partnership**

### **Social protection and mitigation of socio-economic impacts**

- Preparedness, prevention and control of COVID-19 outbreaks in migrant and local populations should be considered in the context of broader government policy and coordination between national, local and other levels of government and sectors such as health, sanitation, employment, immigration and urban planning, enhancing policy coherence and stronger ownership of efforts for responding to the crisis. In line with the approach suggested for the GCM implementation, there should also be broad based inclusion of other stakeholders including migrants, civil society and the



private sector, as well as national human rights institutions, workers' organizations and trade unions, academia and the media in the COVID-19 response. The GCM in objective 23, envisages solidarity, partnership and cooperation among and within countries, the United Nations (UN) system as well as other relevant stakeholders, including civil society and the private sector. All these elements are critical to harmonized and coordinated responses to the COVID-19 pandemic.

### **2.11. Engagement and empowerment of local authorities and grassroots actors**

- Local governments are at the forefront of the response to the COVID-19 global pandemic as in many cases, local authorities are responsible for ensuring the provision of public (health) services. From an inclusive and human-centered perspective, they ensure fluid communication with the all residents and migrant populations, in line with health and mitigation measures, and in coordination with all levels of government and all stakeholders. Local authorities and mayors play an important role in reducing the spread of the pandemic while keeping their cities functioning and have found innovative solutions to include migrants in service provision. Grass root actors, traditional and religious leaders, along with the youth, women and migrant organizations can effectively mobilize their communities, train volunteers, and lead awareness-raising efforts – especially when given the requisite support and resources. Local governments need to ensure that communities have access to regular, evidence-based information updates, including those who might face language barriers, and community leaders have equipment and connectivity to engage with their constituencies.

### **2.12. Participation and inclusion of migrants in COVID-19 response and recovery plans**

- Migrants should be involved and engaged in the design of the national and sub-national COVID-19 readiness and response plans, decision-making processes and be recognized as co-developers as well as providers of health and other essential services and prevention efforts. Focusing on the social impact and economic response of the pandemic, countries should include migrants in their response and recovery strategies from the social, and economic impacts of the COVID-19 crisis. Migrants as well as other groups in situations of vulnerability need to be included in response and recovery plans building upon their immense capacity to self-organize, identify their needs and tailor innovative low-cost solutions.





### 3. RECOMMENDED ACTIONS

Aligned with the guiding principles and objectives of the GCM, and a UN Framework for the immediate socio-economic response to COVID-19<sup>5</sup>, and for ensuring migrants have access to all basic services and support measures regardless of migration status, the recommended actions are as follows:

#### 3.1. Ensure inclusive access to essential lifesaving health services and continuity of care<sup>6</sup>

- a. Review national COVID-19 and/or emergency preparedness and response plans, national and local capacity, and legal framework and regulatory requirements for providing health services to migrants. Migrants should be included in the design and implementation of COVID-19 programmes, national health systems, policies and planning to ensure essential services.
- b. Identify hospitals to receive COVID-19 patients regardless of their migration status and prepare to mobilize surge acute and Intensive Care Unit (ICU) capacity. Assess and review the requisite hospital capacity to provide care to COVID-19 patients with severe or critical presentations regardless of their migration status, including assessing and rectifying any potential administrative barriers which may prevent migrants (particularly undocumented migrants) from accessing hospital care. Where possible, organize and expand services within migrant communities for COVID-19 response.
- c. Establish mechanisms to monitor the outbreak among and support to migrants and their access to services. Develop a tailored intervention package, specifically targeted to migrant communities, to facilitate prevention efforts and support access to be activated in case of need.
- d. Improve preparedness and resilience to public health crises, and adapt all-hazards approach in prioritizing the preparedness, prevention and control of COVID-19 for migrants and their communities. Clarify and develop a first-point-of-contact strategy for possible COVID-19 cases: phone, online, physical addresses, including commensurate capacity-expansion plans. Clearly communicate this process to migrants in an accessible manner including through a centralized hotline, an online platform, and at physical locations.
- e. Ensure equitable access to essential health services and medical supplies, including COVID-19 vaccines, once these are available, and continuity of care for migrants – regardless of migration status. There is need to pay particular to those with underlying conditions, prepare for a surge in the

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<sup>5</sup> [More details can be found from UN Framework for the immediate socio-economic response to COVID-19](#)

<sup>6</sup> [More details can be found from “Interim Guidance on preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings”](#)



demand for health-care facilities and their use to ensure the provision of essential services and continuity of care and referrals for migrants.

- f. [Put safeguards in place to ensure non-discriminatory, non-stigmatized border health screening at points of entry](#), respecting the privacy and dignity of all people including migrants, regardless of their migration status regarding COVID-19. Provide health care, including mental health care and psychosocial support, and other essential services at quarantine centres. Increase the capacity of quarantine staff, where necessary.
- g. [Ensure that undocumented migrants can seek care without fear or risk of deportation or immigration controls](#). Put in place measures (“firewalls”) that shield people who attempt to access any form of health care from the possible transfer of their personal data to immigration authorities, and the risk of otherwise facing immigration enforcement measures as a result of seeking care.
- h. [Assess and mitigate potential financial barriers to migrants’ accessing services](#). Review health coverage policy to ensure that no migrant, regardless of status, faces financial barriers to health visits, diagnostic tests, treatment (including medicines), care or emergency transport and the COVID-19 vaccine once it becomes available. Waive all user charges (co-payments) for COVID-19- related care-seeking and treatment. Make coverage rules explicit and communicate them clearly to reassure people who may be concerned about seeking care due to cost.

### **3.2 Prevent and support victims of sexual and gender-based violence (GBV)**

- a. [Ensure that survivors of gender-based violence can access services and support, regardless of their migration status](#). Provide adequate resources to support organizations giving direct assistance to survivors of gender-based violence and ensure the availability of support services regardless of residence status. Establish clear protocols that protect survivors with insecure residence status (e.g., undocumented or on spouse-dependent visas) who turn to law enforcement for help or to report abuse from facing immigration consequences. Ensure the provision of specialized services for children.
- b. [Include migrants in the planning and implementation for essential services for GBV in COVID-19 preparedness and response](#). Where it can be done safely, [encourage health staff to proactively make information on GBV services/hotlines available at all operational health facilities](#), including those providing COVID-19- related testing/treatment.
- c. [Ensure that all health practitioners are aware of GBV risks and health consequences](#) and are able to help victims and survivors who disclose by offering first-line physiological as well as psychological support and relevant medical treatment. Ensure health providers are trained on the [GBV Pocket Guide](#) and provide visual representations of up to date GBV referral pathways for migrants. Where it can be done safely, [encourage health staff to proactively make information on GBV](#)



services/hotlines available at all operational health facilities, including those providing COVID-19-related testing/treatment.

- d. Ensure operational health facilities are safe, accessible and acceptable, taking into account the specific needs of women, men and gender non-conforming persons (for example, by identifying barriers to access, making sure separate facilities are available for girls, women, boys and men, and ensure the availability of women healthcare providers). Work with women frontline workers to ensure facilities, procedures and available supplies are gender-sensitive, including for menstrual hygiene management and accommodations for pregnant and breastfeeding women.
- e. Recognizing the strains that the pandemic response has put on existing primary and sexual and reproductive health services (SRH) care resources; take all possible steps NOT to divert resources from comprehensive SRH and/or to ensure continuation of lifesaving services in line with the “Minimum Initial Service Package” for SRH in crisis-settings and NOT to convert safe shelters for domestic violence into additional capacity for COVID-19 health response.

### **3.3. Ensure access to accurate and timely information, conduct risk**

#### **communications and strengthen community participation and engagement**

- a. Support measures to improve communication and address racism and xenophobia by providing accurate and timely and child-friendly, evidence-based information on COVID-19 outbreaks and impacts in migrant and host communities; to dispel fears and misperceptions among local populations regarding migrants and COVID-19 outbreaks.
- b. Conduct assessment of risk perceptions, high-risk groups, potential conflict due to xenophobia, barriers in accessing health services, risk of exclusion and enablers for effective risk communication among migrant and local communities.
- c. Where feasible, provide migrant communities with access to mobile data, including through partnership with the private sector such as international mobile phone corporations.
- d. Provide culturally and linguistically appropriate, accurate, timely and user-friendly information in accessible formats on the health facilities available for COVID-19 care. Provide local 24/7 COVID-19 telephone hotlines as well as visual and other forms of educational materials on information such as how people can seek testing, care and treatment could be provided. Put in place mechanisms to address migrant-specific questions and complaints. Communicate with migrant populations about firewalls to build trust among communities and encourage them to access available services without fear.
- e. Identify and work with groups able to communicate well with migrants. Engage with community and religious leaders, local and diaspora networks/groups, and nongovernmental organizations (NGOs)



to facilitate the participation migrant communities in national COVID-19 prevention and response efforts.

- f. [Engage with media, public health and migrant community-based networks](#), local government, workers' organizations, trade unions and NGOs to strengthen communication and community participation. Train and equip community health workers to support surveillance and perform infection prevention and control, contact tracing, home visits (including delivery of food, oxygen, medicines), public health promotion and hygiene demonstrations. [Engage migrant and diaspora health and community-based social workers](#) as key contributors to strengthening health systems, provide them with relevant training, skills recognition, and certification opportunities.

#### **3.4. Ensure access to child protection services for migrant children**

- a. [Ensure child protection services are included as part of 'essential services'](#), including the prevention and response to violence, exploitation, and abuse of children.
- b. [Scale-up accessible and quality mental health and psychosocial support for children, adolescents, and caregivers](#) and provide information for migrant children and parents on online exploitation, and general tips for safe internet use for children.
- c. [Work with Child Protection service providers to adapt regular procedures](#) to allow for remote service provision modalities, if safe, appropriate, and feasible. Support service providers to ensure response services are migrant child-friendly.
- d. [Understand who can legally consent to medical or other treatment for a migrant child](#) when the child's caregiver is not available (for example due to quarantine, medical treatment, etc.) and ensure that any alternative care arrangements for migrant children whose caregivers are quarantined, ill or deceased are safe and sensitive to the specific needs of migrant children.
- e. [Work with child protection specialists to integrate age-appropriate awareness raising messages](#) on COVID-19 risks and referrals into remote psychosocial support resources that target psychosocial support workers, migrant children, and/or their caregivers. In settings where internet-based education has been introduced, work with education specialists to promote safe internet use.
- f. [Alternative care services should be classified as 'essential services'](#) within government emergency management frameworks and available to all children who need them, regardless of migration status, particularly to unaccompanied or separated children released from or at risk of immigration detention.



### **3.5. Secure sustained learning for children and adolescents including on-job and skilled training**

- a. Provide inclusive remote learning strategies for migrant children and their parents/caregivers, use complementary high-tech and low-tech learning platforms to reach students with limited access to devices and connectivity and instructions in languages they can understand. Efforts should be made to provide resources for maximizing learning even when it is impossible to follow the school curricula.
- b. Advocate with government and private employers for flexible working arrangement for parents and caregivers who may have lost access to childcare to enable them to continue care and education of their children. In locations where schools reopen, ensure flexible learning approaches and processes and protections against stigma and abuse so that migrant children are not deterred from returning.
- c. Maintain critical services taking place inside of schools such as health screenings, referrals and feeding programmes. Make available replacement services to all children regardless of status and inform migrant communities in a timely and accessible manner.
- d. Develop target plans to support migrant children to re-enroll and catch-up when they can return to school, ensuring flexible learning approaches and processes and protections against stigma and abuse. Consider back-to-school campaigns and cash transfers to support re-enrolling migrant children in learning who are at risk of permanently dropping out of school; provide and flexible learning approaches including catch-up courses and accelerated learning options. Increase provision of mental health and psychosocial support services that address stigma and discrimination. Establish procedures in case students or staff develop symptoms, to ensure the safety of all. Safeguard the identity of students/staff to prevent stigmatization.
- e. Engage with partners to build necessary capacities to support migrants and communities in accessing education, and to continue the transfer of skills, ensure access to language training, expedited skills training and license/qualifications recognition programmes for migrants so that they may support the COVID-19 response and eventual recovery. Work with Child Protection experts when concerns arise in truancy/school drop-out data, to follow up with migrant families to offer support.

### **3.6. Ensure access to adequate housing and shelters**

- a. Support and advocate for adequate housing conditions for a dignified life during and beyond the COVID-19 crisis. Advocate for reducing the burden of rent and mortgages, reducing risks of forced evictions (through increased tenure security) and providing temporary shelter for the homeless.
- b. Offer safe, adequate shelter that permits physical distancing for those homeless or living in grossly inadequate housing. Allow extended stay in shelters and receptions centers and consider preventive relocation from overcrowded places to safe housing. To the extent possible, isolate the sick from the most high-risk.



- c. Where migrant or domestic workers are housed in their place of work or in accommodation provided by their employers, **ensure that migrants can either remain housed free of charge or at an affordable rent**. If accommodation cannot be provided by their employers, provide affected migrant and domestic workers with alternative secure accommodation.
- d. **Strengthen community hygiene, particularly in poorly serviced and informal settlements, camps, and temporary shelters**. Include local leaders into initiatives, building upon their expertise of the local context and needs.
- e. Support local authority and community efforts **to improve access to clean safe water, sanitation and waste management**, and promote good hygiene measure that are crucial for reducing contagion of COVID-19. This includes advocacy for behaviour change through participation and increased community ownership of initiatives.
- f. Ensure and **support active learning and fast sharing** of knowledge and experiences from country to country and city to city, as the world moves from preparedness to containment to response to recovery and include sustainable urban development that increases cities' resilience to shocks when "building back better".

### **3.7. Ensure continuity and quality of water, sanitation and hygiene services (WASH)**

- a. Ensure **clean water, basic toilets and good hygiene practices** are available for migrants and local communities when transiting or for those living in camps and in underserved urban areas. Expand the availability and access to WASH services in places where migrants live and at other critical locations, such as border crossings, bus/train stations or key transit points.
- b. Ensure that services such as **waste and water management services are improved** or continuously provided in informal services to enable hygiene measures, but also reduce the outbreak or transmission of other hygiene related sicknesses.
- c. Include **hygiene information into (online) curriculums** and implement education strategies for continued learning for all children – including migrant and displaced children – and make schools safe, healthy, and inclusive environments.
- d. **Make awareness-raising campaigns for infection prevention and control (IPC) and the efficient use of water** in the home and public spaces inclusive of migrants and available in languages they understand.
- e. If WASH facilities are not readily available, **communicate clearly** and often (in languages and formats understood by migrants, including children) that avoiding touching one's mouth or eyes is another way to minimize the risk of infection. Incorporate menstrual health and hygiene management in COVID-19 response plans, with an emphasis on migrant and displaced women and adolescent girls.



### **3.8. Maintain essential food and nutrition services**

- a. **Scale up government coordination and partnerships on food security.** Adopt policies and make investments to support agricultural production and maintain critical supply chains, whilst ensuring the protection of the most vulnerable, including migrants through the expansion of safety nets and mainstreaming health and safety measures across sectors. Enhance strong partnerships between national institutions, UN agencies, NGOs, farmers' groups, other relevant stakeholders, and coordination structures such as the Global Network against Food Crises and the Global Food Security Cluster.
- b. **Preserve critical humanitarian food and livelihood assistance.** Ensure that critical ongoing humanitarian assistance to vulnerable migrant groups is adapted, and where appropriate, scaled-up in response to current and potential COVID-19 impacts through:
  - Provision of unconditional cash transfers and scale up cash-based programmes and protecting food availability (e.g. through the distribution of small stock, distribution of tools and seeds for small-scale agricultural production), especially in fragile and conflict affected countries.
  - Prevention of food and nutrition insecurity, by ensuring the free and predictable flows of emergency food assistance. Exemption local purchases of food and agricultural inputs for humanitarian purposes from movement restrictions and establish efficient as well as effective humanitarian food reserves.
  - Support food production in displacement camps and settlements, and host communities.
- c. **Ensure the continuity of the critical food supply chain and the functioning of agri-food systems.** Maintain and support the continuous functioning of local food markets, value chains and agri-food systems, which support migrants. This includes through ongoing and scaled up support to food processing, transport, marketing; strengthened local producers' groups to maintain negotiation power and access to markets; and, advocacy for trade corridors to remain open as much as possible during COVID-19 related movement restrictions.
- d. **Develop capacities to map vulnerable migrants and their access to nutritious food,** combine the knowledge of both local and migrant communities and local organizations (e.g. Slums Associations, migrant networks etc.) with innovative Information and Communication Technologies (ICT) for identifying the most in need populations and developing approaches that build on existing activities.

### **3.9. Scale up and expand resilient and pro-poor social protection systems**

- a. **Strengthen and expand social protection systems** for all concerned populations including migrants, and their families in areas of origin, to facilitate access to health services. Social protection operations need to be adapted to ensure that no disruptions occur in the delivery of benefits to migrants. This will be particularly challenging for the delivery of in-kind benefits or services, as well as cash.



- b. Support the establishment of national social protection floors to ensure basic social security guarantees to all, including migrants and their families, and to foster coordination arrangements between countries in respect of social security.
- c. Optimize social protection to mitigate the impact of public health measures on household financial security. Provide a wide range of social protection measures to ensure financial security, including sick-leave entitlements, child and sickness benefits for COVID-19- related illness, self-isolation or quarantine; compensation for heavily affected industries (catering, tourism, aviation).
- d. Ensure remittance services are labelled as essential services and that fees are reduced. Ensure migrants and migrant children regardless of status are included in economic stimulus packages, response plans and mitigation measures.
- e. Monitor and mitigate the effects of border closures, travel restrictions, and policy changes on members of migrants’ families and children left behind through adaptive social protections.

### **3.10. Enhance decent work and reinforce protection, occupational health and safety measures for migrant workers**

- a. Ensure respect for international labour standards relating to occupational health and safety, working conditions, non-discrimination, social security, and employment protection for all workers, including the application of international labour standards specific to migrant workers.<sup>7</sup>
- b. Protect workers in the workplace, irrespective of migration status, by strengthening occupational safety and health measures, adapting work arrangements (e.g. teleworking), preventing discrimination and exclusion, providing equal access to quality health services for all and expanding access to paid leave.
- c. Maintain appropriate health services for migrant workers such as conducting medical testing and for ensuring that migrant workers and their families enjoy adequate medical attention and good hygienic conditions at the time of departure, during the journey and upon arrival.<sup>8</sup>
- d. Take effective measures towards enabling safe and healthy working environment including by making information available to members of the households and domestic workers on voluntary medical testing, medical treatment, and good health and hygiene practices, consistent with public health initiatives.<sup>9</sup> Employers to provide functional basic utilities such as water, sanitation and hand washing facility for all workers including migrant workers. These should be available for both

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<sup>7</sup> Namely the ILO Migration for Employment Convention (Revised), 1949 (No. 97), and the ILO Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)

<sup>8</sup> ILO Standards and COVID-19. Key provisions of international labour standards relevant to the evolving COVID-19 outbreak, 23 March 2020

<sup>9</sup> ILO Domestic Workers Convention, 2011 (No. 189)





individual and communal accommodation, with separate dormitory buildings reserved for quarantine of workers with suspected infection and for workers testing positive, respectively.

- e. **Ensure basic services to migrant workers who have lost their jobs** or are forced to return to their countries of origin, including housing, food and non-food items, medical, legal and psychological support and relevant information on risks and precautions. Develop digital platforms and apps improving opportunities for migrant workers to access support services during the crisis, share experiences or connect each other, with their communities, families and friends, with due consideration of risks and unintended negative effects. Facilitate economic support for migrants who have lost their jobs or help prepare them for re-entry and reintegration into home labour markets.<sup>10</sup>
- f. **Provide counselling, information services and support to help victims of violence and harassment** in the world of work to re-enter the labour market.<sup>11</sup> **Provide training and awareness raising at the workplace** to prevent and address discrimination and social stigma related to migrant workers and COVID-19.<sup>12</sup>
- g. **Provide employment promotion measures**, including employment services and vocational training, enabling continued learning for migrant workers, including through on-line learning and delivery of TVET and skills training services. Ensure skills development and recognition for migrant workers to help them meet labour market needs and foster workers' reintegration.

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<sup>10</sup> ILO Policy Brief, April 2020, Protecting migrant workers during the COVID-19 pandemic. Recommendations for Policy-makers and Constituents.

<sup>11</sup> ILO Violence and Harassment Convention, 2019 (No. 190).

<sup>12</sup> ILO, UNICEF, UNWOMEN, Family-Friendly Policies And Other Good Workplace Practices In The Context Of Covid-19.



### Recommended actions for migrant health workers

- a. Provide safe and decent working conditions, including remunerating all care work. Maximize staff safety, including mental health and psychosocial support, physical security, stress and substance monitoring, and enforced rest periods. Ensure that migrant frontline workers have equal access to COVID-19 vaccine at the same level as the national workers.
- b. Temporary licensure to migrant health professionals licensed in other jurisdictions. Consider accelerating licensing of medical and nursing migrant graduates. License migrant retirees, unemployed but qualified migrant health workers and professionals, residents to work in the COVID-19 response. Identify where migrant students, university affiliates, migrant community volunteers can perform non-medical support tasks.
- c. Ensure that migrant health workers are included in the practice indemnity for COVID-19 for health workers; and is part of the policy on health worker infection, disability, or death; return-to-work protocols, support on-the-job training.
- d. Maintain a collaborative approach with workers and their representatives **through social dialogue** to promote safe, healthy working conditions. Notify labour inspectorates and other relevant agencies that COVID-19 could be an occupational disease to be adequately compensated. Migrant health workers have the right to remove themselves from unsafe working conditions. Report occupational safety and health abuses in a blame-free environment.



## 4. RELATED RESOURCES AND REFERENCES

The below list includes COVID-19-specific guidance as well as broader guidance on access to services:

- [Global Compact for Safe, Orderly and Regular Migration](#)
- Extensive resource list on the COVID-19 page of the [UN Network on Migration](#)
- [A UN Framework for the Immediate Socio-economic Response to COVID-19](#)
- [‘Interim Guidance on preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings’](#)
- [Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings \(jointly developed by IFRC, IOM, UNHCR and WHO\)](#)
- WHO interim *guidance* on [Preparedness, Prevention and Control of Coronavirus Disease \(COVID-19\) for Refugees and Migrants in Non-camp Settings](#)
- IASC Guidance ‘[Identifying & Mitigating Gender-based violence risks within the COVID-19 Response](#)
- [Risk communication and community engagement \(RCCE\) readiness and response to the 2019 novel coronavirus \(2019-nCoV\)](#)
- [WHO Guidance for Health Workers](#)
- [WHO Guidance for Schools, Workplaces and Institution](#)
- All [WHO COVID-19 Technical Guidance](#)
- OHCHR [COVID-19 and the Human Rights of Migrants: Guidance](#)
- Global Migration Group, [Principles and Guidelines on the Human Rights Protection of Migrants in Vulnerable Situations](#) (see in particular Principles 12-16)
- Mental Health and Psycho-Social Support: [Addressing Mental Health and Psychosocial Aspects of COVID19 Outbreak](#) (developed by the IASC’s Reference Group on Mental Health and Psychosocial Support) Education: [Key Messages Maintaining Safe Schools during Public Health Emergencies \(Responding to COVID-19\)](#)
- UNICEF [Quick Tips on COVID-19 and Children on the Move](#)
- Child Protection: [The Alliance for Child Protection in Humanitarian Action Technical Note for the Protection of Children During the COVID-19 Pandemic](#)
- [IOM COVID-19 Analytical Snapshots](#)
- [Multi-lingual Information on COVID-19](#)
- [ILO Protecting Migrant Workers During the COVID-19 Pandemic](#)
- [ILO Standards and COVID-19 \(Coronavirus\)](#)
- [ILO, An Employers’ Guide on Managing your Workplace During COVID-19,](#)
- [ILO, UNICEF, UNWOMEN, Family-Friendly Policies and Other Good Workplace Practices in the Context of Covid-19: Key Steps Employers Can Take Interim Recommendations,](#)
- UN-Habitat Key Messages on [COVID-19 and Informal Settlements; and housing;](#)
- [UNICEF, World Bank, WFP, Framework for Reopening Schools](#)



- [Social Stigma Associated with the Coronavirus Disease \(COVID-19\)](#)
- [UNICEF’s Five Actions for Gender Equality in the COVID-19 Response](#)
- [Key Messages Maintaining Safe Schools During Public Health Emergencies \(Responding to COVID-19\)](#)
- [Interagency Coordination Group Against Trafficking in Persons, “COVID 19 pandemic and its impact for victims and survivors of trafficking in persons”](#)

The [United Nations Network on Migration](#) was established to ensure effective, timely and coordinated system-wide support to Member States in their implementation, follow up and review of the Global Compact for Safe, Orderly and Regular Migration.

The [Working Group on Access to Services](#) is one of six thematic working groups established under the Network, tasked with improving migrants’ safe and effective access to inclusive services to improve the lives of migrants and their host communities in a tangible manner. The Working Group is comprised of representatives of UN agencies, civil society organizations, trade union organizations and networks for cities, local and regional governments and technical experts working on access to services all over the world. The drafting of this document has benefitted from their broad and diverse experience.

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<sup>i</sup> Namely ILO C97 and ILO C143