



SUMMARY

COVID-19 IN THE AMERICAS: LISTENING TO THE MOST VULNERABLE

Community perceptions from migrants, refugees,
host communities and indigenous populations



This research from the IFRC brings the voices and experiences of people and communities from nine countries in Latin America and the Caribbean. The findings reveal the myriad of impacts that the COVID-19 pandemic has had on the most vulnerable and hard to reach populations. Migrants, host community populations, Red Cross volunteers as well as indigenous peoples share their individual perceptions about the challenges they have faced over the course of the pandemic.

This report summarizes the findings and offers hands-on recommendations around four main areas: the impact of health information, the trust, awareness, and access of COVID-19 vaccines, and the socio-economic impact of the pandemic.

A dashboard presenting main results and allowing readers to explore findings is available [here](#). The full report can be found [here](#).

BACKGROUND

The Americas Region has experienced its worst recession on record over the past few years, driven by some of the world's highest COVID-19 mortality rates and long-lasting government restrictions that have crippled economies and pushed those with precarious livelihoods to the brink of survival. This, in combination with low trust in government decision makers and a slow and uneven rollout of vaccinations across the region has increased

instability. Listening to these stories is necessary to understand their challenges and coordinate efforts to further invest into building community trust, knowledge and acceptance of public health measures and services, as well as to support those most in need.



FINDINGS

1. Access and impact of health information

Most people receive sufficient and adequate information

The survey shows that participants around the whole region receive sufficient COVID-19 related information and the majority of participants (93%) say that the information they receive is useful and relevant to their situation. There is a clear difference in Guatemala, however, where only two-thirds of the persons responding (mostly migrants)

say that they find the information useful. There are age differences that are important to consider. Younger persons (18–29) use social media and active web-based research to access information. The elderly (above 70) prefer a more direct contact to receive information.

Information gaps relates to treatment, testing and mental health support

Despite the abundance of information, the survey shows some important gaps. The experiences with patient care or the knowledge of COVID-19 treatments fell outside of the scope of the study, but they have been identified as information gaps that could and should be explored soon. Importantly, the responses show a lack of information on mental

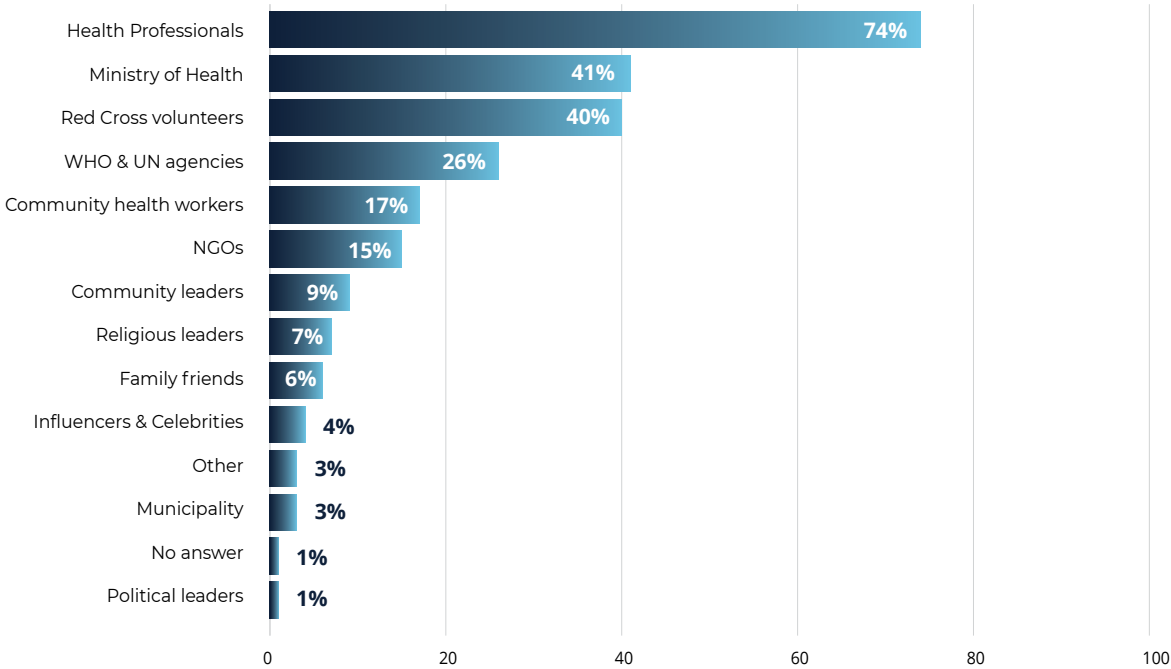
health, even though recent evidence shows the enormous effect the COVID-19 pandemic on mental health. **Indigenous peoples report having received less information overall**, especially on prevention measures, isolation measures and risks and complications if getting sick.

Health professionals, health authorities and Red Cross mentioned among the preferred sources of information

Health information is generally acquired through traditional media (TV, Radio), social media and in communication with family and friends. **However, the most trusted sources are health professionals (74%), ministries of health (41%) and Red Cross volunteers (40%)** as well as UN agencies. The research also shows the importance

of understanding and considering the differences that exist within a community and who the people trust the most. For example, public health messages on mass media and social media may work to get the information through to a wide audience but may not be the most effective means to be heard and considered for the elderly.

Figure 1. Who do you refer to the most to get trustworthy or reliable information about COVID-19?



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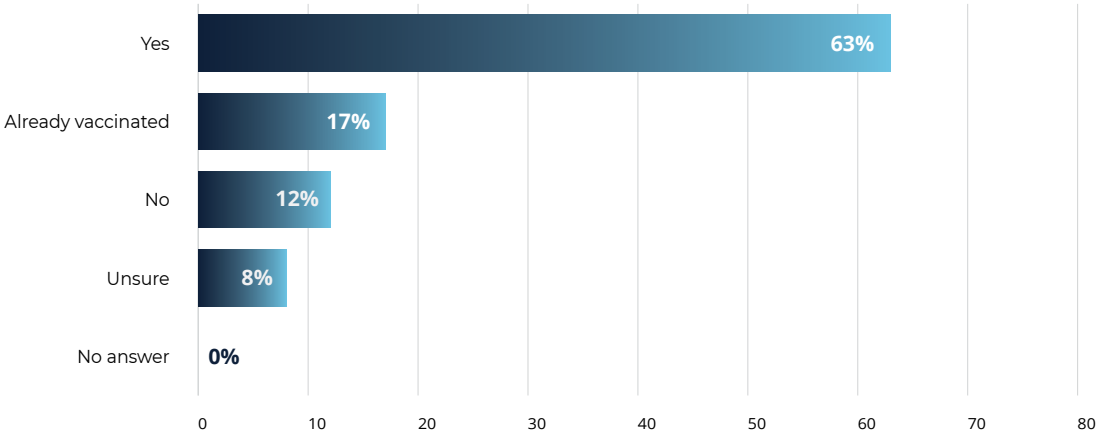
2. COVID-19 vaccine awareness and access

High level of acceptance across countries

The participants in all countries express a general willingness towards taking the COVID-19 vaccine. **Only two out of ten of the people asked would refuse to take it, except in Jamaica where the number reaches five out of ten.** Nicaragua, Panama, Colombia and Argentina show high levels of vaccine

acceptance with over 70 per cent of respondents willing to be vaccinated. The high rate in Trinidad and Tobago (80%) can be explained by the inclusion of refugees and migrants in their vaccination plan, conducted mainly through drive-through vaccination facilities.

Figure 2. *If a COVID-19 vaccine were available and recommended to you, would you get it?*



Migrants and indigenous populations report higher constraints in accessing vaccination services.

Most of the participants know where to get vaccinated against COVID-19 and describe the service as easily accessible. However, 25 per cent of the participants say that due to the distance, long waiting lines, inconvenient opening times and inadequate services, the access is not easy at all. Importantly, half of the migrants and indigenous populations report high constraints.

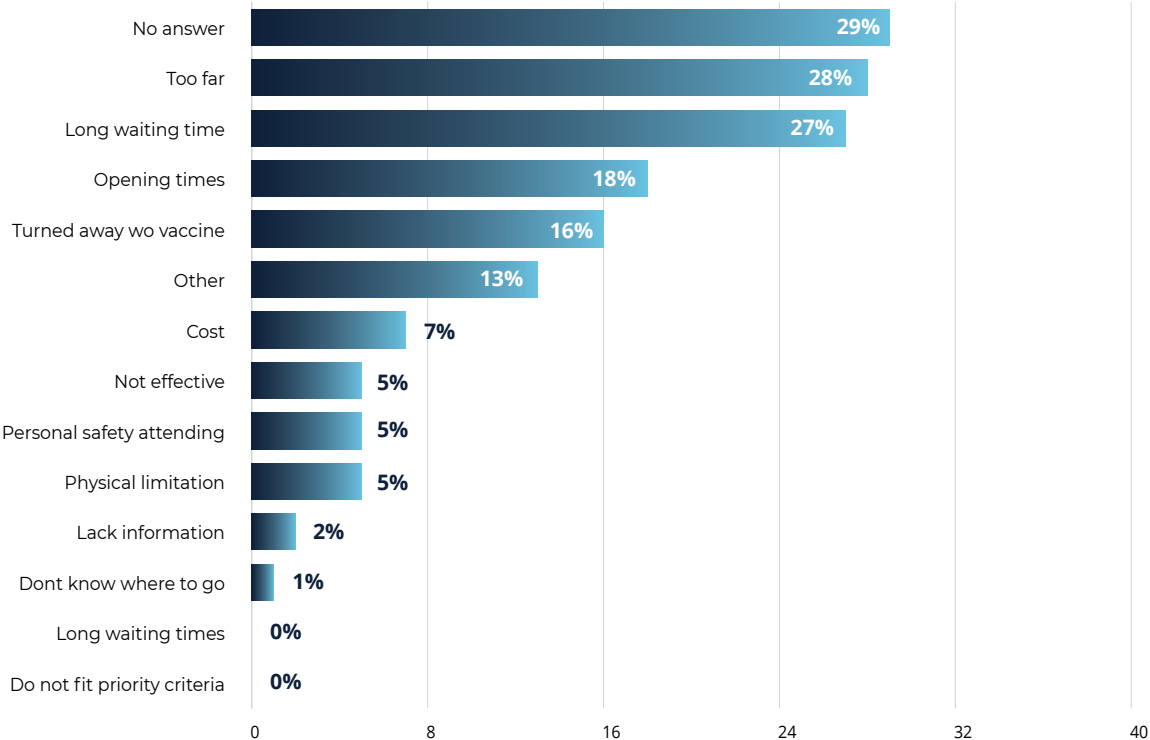
In Colombia, for example, more than half of the migrants, refugees, and asylum seekers, and especially the youngest ones, say that vaccination centres are too far. Some participants in Colombia report having made the journey to the vaccination sites, only to be turned away without having gotten the vaccine. Some migrants also say that they lack the tools to register for it.

Indigenous participants report greater issues with the distance and opening times

Although respondents from indigenous communities' express willingness to get the vaccine, at the time of the survey no one from these communities had been vaccinated. Compared to the other participants, people from the indigenous communities say that

they have greater problems with both distance and opening times. In Guatemala the Red Cross underlines the historical lack of access to health services for indigenous populations and migrants, which could partly explain this response gap.

Figure 3. What makes it hard for you to get a vaccine?



“You have to make an appointment online and then go by taxi or bus. It is a difficult process because there is no translator, most speak English... It is difficult because there is no transportation.”

— Interview with a female migrant in Trinidad and Tobago

3. Trust in COVID-19 vaccines

Trust in health care providers is generally high

The participants in the survey generally express trust in health care providers in charge of the COVID-19 vaccine as well as in the vaccine itself. It is still important to consider that large differences persist between countries. For instance, 62 per cent of respondents in Brazil report high trust in the vaccine compared to 27 per cent in Panama. **The level of trust respondents express in the vaccine appear to be related to the level of trust in health care providers.** For example, in Brazil, more than 80 per cent of participants express very high trust in vaccines agree that they also have high

trust in healthcare workers. At the other end of the scale, in Guatemala, 78 per cent of those with no trust in the vaccine also say that they have no trust in health care.

The level of mistrust in government authorities and the level of mistrust in the vaccine (safety and efficacy) also appear to be related. This means that, overall, participants who reported high or moderate trust in government leaders to 'do what is right', show higher trust in vaccines.

Migrants express fear of side effects and concerns over safety

Interviewed migrants express fear of side effects and concerns over safety. In Colombia, where more than half of the surveyed populations are migrants from Venezuela, the level of confidence in the COVID-19 vaccine is low and the fear of it being unsafe is one of the most reported reasons. Based on the

national report from this survey, the vaccination roll-out process is sometimes associated with the Colombian and Venezuelan governments, which generates mistrust in the interviewees. Fear of long-term side effects and concerns over safety can also cause reluctance.

Trust and willingness to take the vaccine not necessarily related

It is interesting to note that though 80 per cent of the participants in the survey say that they would agree or have agreed to take the COVID-19 vaccine, their trust in the vaccine differs with only 24 per cent of respondents having high trust in the vaccine and 64 per cent having little to moderate trust. This indicates that willingness to take the vaccine is not necessarily related to trust but is rather connected to the situation of the individual if they have decided

to remain unvaccinated. In Panama, qualitative data from an assessment on migrants on the move in El Darien, revealed that the reason behind not getting vaccinated is mainly because they don't want to experience side effects during their journey to Central America. In Trinidad and Tobago, interviews with migrants show that even though they fear vaccines, they are willing to take them to be able to work.

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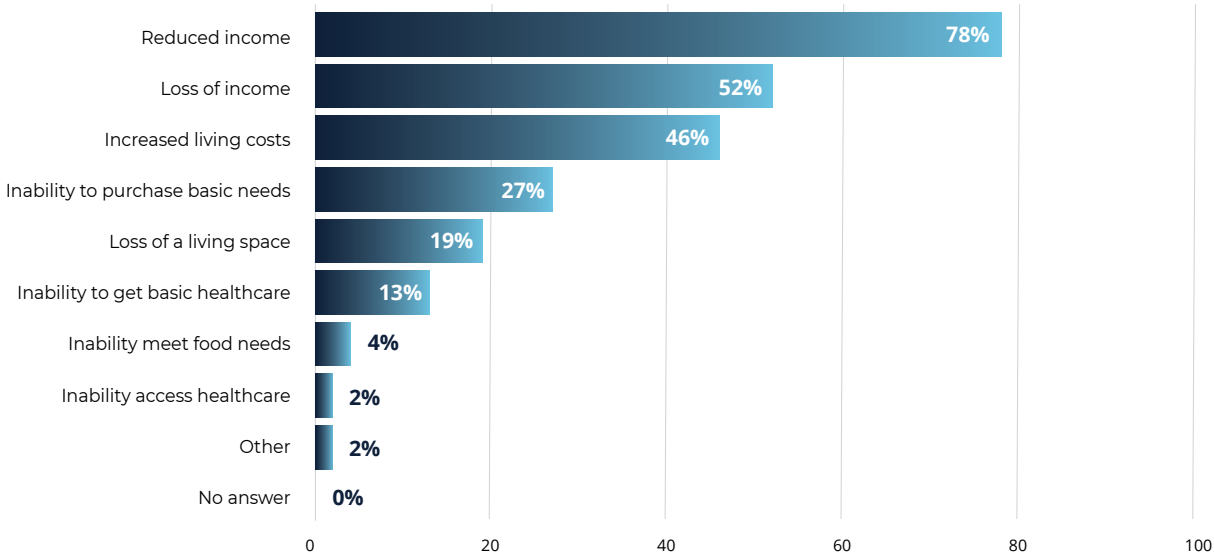
4. Socio-economic impact of COVID-19

Health and socio-economic impact are the main worries in communities

Seventy-seven per cent of the interviewed persons express worries over the health impacts of the virus, but also over the very acute social and economic impact that the restrictions have brought to their communities. The study shows that Nicaragua is the country that expressed the highest worries (93 %) about the pandemic and Jamaica the less (52%). **Among all participants, pregnant and lactating women express the highest concern in general.** The participants share that their main health-related fears are the loss of loved ones and

getting the infection. They also share important concerns around the social aspects brought by the restrictions, for example isolation and closure of schools. Indigenous groups are particularly troubled by social isolation and not being able to pay their dept. Nicaragua hosts the population most worried about COVID-19 impact with 93 per cent of the participants being very worried by the overall impact of the pandemic in comparison to only 59 per cent of the participants in Argentina.

Figure 4. How has COVID-19 affected your economic situation?



The pandemic widely affect economies and housing conditions, with the biggest toll on the most vulnerable.

Up to 74 per cent of the respondents say that they have a changed economic situation as a direct result of the COVID-19 restrictions. Reduced income and the loss of jobs in combination with increased living costs are illustrations of this. One fourth of participants in Argentina and Nicaragua report a poor economic situation. In Colombia, almost half of the migrants coming from Venezuela who participated in the study say that it's impossible to get hold of essential products, such as food and medicine, and not being able to pay their rent. Some migrant respondents

report that they have been exposed to evictions. They also say that it sometimes is impossible to get health care. This aligns with other recent COVID-19 socio-economic surveys that show a heightened loss of livelihoods in migrant communities because they often work in the informal economy. **Indigenous respondents suffer severe socio-economic impacts. Eighty seven percent report a reduced income, increased living costs and the inability to get basic healthcare.**

Rising trust in humanitarian actors, in a context of distrust in decision makers.

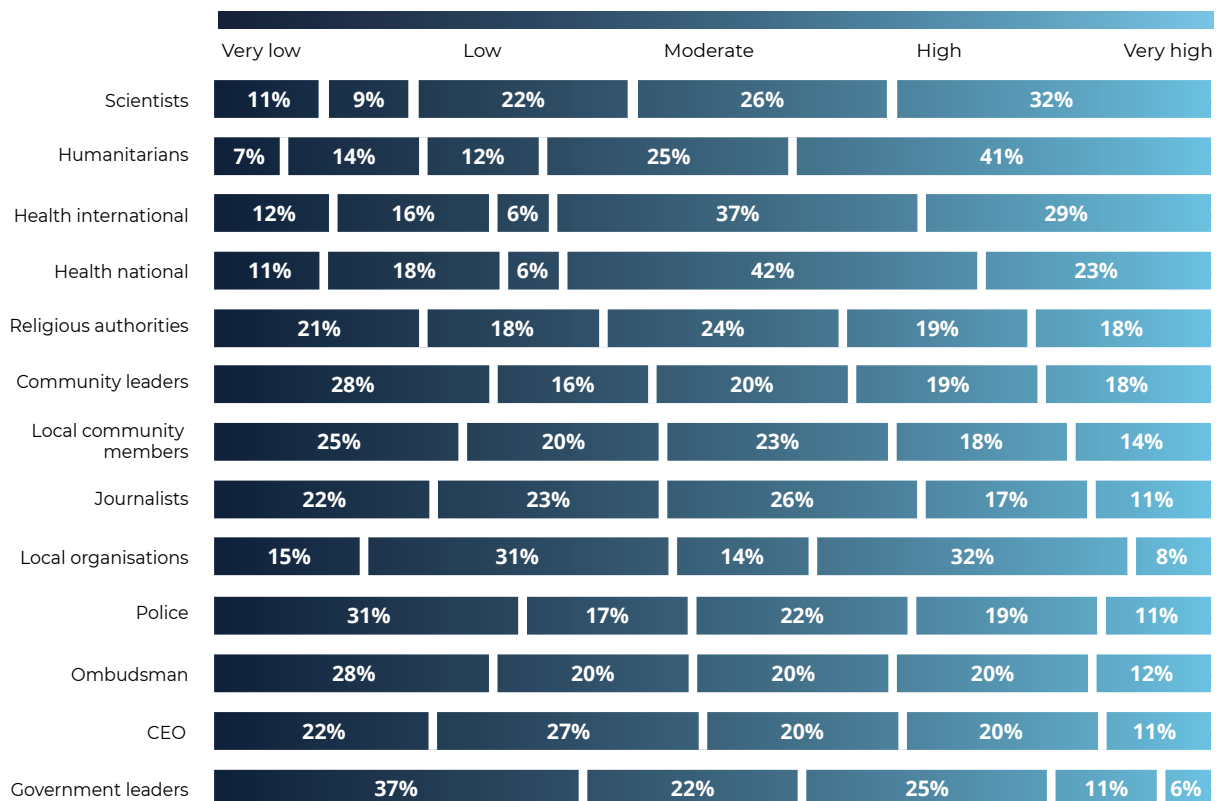
Before the pandemic the populations in the region already reported a rather low trust in the intentions of decision makers 'to do what is right'. During the pandemic, this trust has decreased to a third. On the other hand, **the levels of trust in humanitarian actors have risen. Indeed, humanitarian actors emerge as the second most trusted group 'to do what is right'**. Overall, participants express the lowest level of trust in the intention of government leaders and the highest to scientists and humanitarians. This makes humanitarian actors well placed to take an active role in engaging and acting within communities.

Forty-three percent of the participants express an increased trust towards humanitarian actors. For migrants this number is even higher (56%), though they already had a higher confidence in humanitarians than residents. This can be explained by more frequent and personal contacts between migrants and humanitarian staff.

Panama, Nicaragua, Bolivia, Argentina, and Jamaica had particularly declining trust levels in decision makers (over 40 per cent of respondents in each country). It is also interesting to note that respondents in Brazil show an especially wide gap between high trust in healthcare providers compared to the very low trust in decision makers. The trust in the vaccine and the healthcare providers can be explained by the late implementation of the vaccination while the country's death toll reached the world third rank, leading the Brazilian population to be eager to get vaccinated (DW 2021, Vaccine 2021).

Indigenous participants to the survey show notably higher trust than other participants in religious leaders and in local community members. However, they trust scientists less than the other participants do, with 41 per cent of indigenous participants having stated that they trust them, against 60 per cent of the rest of the interviewees.

Figure 5. Percentage of respondents who trust key stakeholders to do what is right, per type



RECOMMENDATIONS

Access and impact of health information

1

Leverage frontline health workers and volunteers as key community engagement actors. As the survey results shows humanitarian workers as highly trusted by migrants and indigenous populations, governments, partners and National Red Cross and Red Crescent Societies should accelerate engagement with them and leverage their voice and expertise across communication channels. Provide updated, clear, and comprehensive information on the pandemic evolution in local languages and through culturally appropriate actions.

2

Address information gaps. There is a need to increase information on risks and response to mental health; the importance of testing; vaccination (sites location, side-effects, safety, and registration processes.). Use reassuring and understandable messages in local and native languages and the most trusted actors to engage with communities.

4

Provide psychosocial support services and grief support when necessary. Such services are also essential in cases where people have lost their livelihoods and have not yet managed to stabilise their economic situation.

3

Youth and elderly people need tailored engagement strategies. Give transparent, quality information on COVID-19 through internet and social media for 18–29-year-olds, favors direct contact with people above 70 years, particularly through religious and community leaders, which are more trusted by older people

5

Coordinate with partners to advocate for vaccine equity. Engage in dialogue with countries about their national vaccination plans for migrants. Make sure that national vaccination strategies expand to reach remote areas so that everyone can reach the sites. Help governments with their vaccinations – for example to include drive-through, mobile clinics and other easily accessible settings.

Trust in Covid-19 vaccines

6

Highlight the benefits of the vaccine and address misinformation. Give clear and understandable facts about the benefits of the vaccines and how effective they are against new variants. Include information about side effects and safety.

7

Ensure vaccination strategies are community-centred and evidence-driven. Efforts need to be put in maintaining or improving the way communities are approached and engaged. In the specific countries where trust in local authorities is low, ensure to increase community engagement efforts and drive the population towards reliable information and communication from health care providers, humanitarian actors and scientists. Favour direct contact with the trusted actors in countries such as community leaders and religious leaders, etc.

COVID-19 socio-economic impact

8

Prioritize two-way dialogue with pregnant and lactating women to understand and address their main fears and anxieties related to COVID-19.

9

Assist households economically affected by the COVID-19 pandemic. Especially indigenous people who have suffered important loss.

10

Identify the priority needs of vulnerable households. Conduct in-depth assessments and identify priority needs of vulnerable households - those unable to purchase necessities such as food and medicine and the ones suffering from the loss of housing and employment.

11

Create local partnerships to support people's economic recovery with a development perspective. Design the rebuilding of livelihoods in a way that support people's economic recovery. A good option is to develop local partnerships with NGOs, the private sector, and governments to approach economic recovery with a developmental vision.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with **192 National Red Cross and Red Crescent Societies** and around **14 million volunteers**. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

The International Federation of the Red Cross and Red Crescent Societies (IFRC) would like to thank the National Societies, volunteers, host communities, migrants, refugees and indigenous groups that offered their time and effort to make this research possible.

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<https://communityengagementhub.org/>

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