Early recovery responses to COVID-19 for migrants and host communities in Latin America and the Caribbean
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Scope

This note analyses the impacts of COVID-19 on international migrants in Latin America and the Caribbean (LAC), including refugees, asylum seekers and returnees, and discusses the policy responses that public authorities in the region have brought in terms of human mobility. It also provides policy and programming recommendations to UNDP country offices on how to design and support actions to help mitigate the negative impacts of the COVID-19 pandemic-induced crisis on international migrants, their families and their communities of origin, transit or destination.
Human mobility and COVID-19 in Latin America and the Caribbean: setting the scene

Human mobility represents a key piece of the sustainable development puzzle in Latin America and the Caribbean (LAC). In 2019, about 42.7 million people lived out of their countries of origin (6.2% of the regional population), and around 13.7 million people were settled from another country in the region (of which 72.5% originated from another LAC country and 49.9% were women). While Mexico is the main country of origin in the region (11.8 million Mexicans lived abroad in 2019), Venezuela has become the second source country. Around 5.1 million Venezuelans have left their country since 2015. By contrast, countries that traditionally were countries of emigration, have rapidly become destination countries too. This is the case of Colombia, which hosts about 1.8 million Venezuelans, Peru (861 thousand), Chile (455 thousand) and Ecuador (367 thousand). In addition, thousands of transit migrants cross borders every year in search of safer havens and better opportunities. Since 2014, an estimated average annual number of 265,000 transit migrants from Central America have intended to reach the United States. About 80% were stopped by the Mexican or US authorities. Finally, hundreds of thousands return migrants go back to their home countries. Only in 2019, 251,778 people were deported to El Salvador, Guatemala and Honduras; 76.5% of them were males and 19.9% were under 18.

Given the importance of human mobility in LAC and its contribution to the development of the region, it is not surprising that the COVID-19 pandemic has significant repercussions on international migrants, including refugees, asylum seekers and returnees, and their households. With about 440,000 infected individuals and more than 25,000 deaths in LAC, translating to a mortality rate of 5.7% (as of 14 May, 2020), the health crisis has been relatively limited, so far, compared to other parts of the world. This can be attributed to early actions by public authorities, which adopted in most countries quarantines and other social distancing measures aimed at “flattening the curve”. But these measures, while essential, have also had negative effects. The drop in the economic activity is affecting a significant share of the economically active population, especially the many that operate in the informal sector. Social isolation has also led to increased forms of domestic and family violence and, in some countries to abuse of the human rights of minority groups, such as LGTBI+ and other excluded communities. These impacts hit particularly hard refugees and other migrants, especially those with an irregular status.

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1 While internal migrants, in particular internally displaced people (iDPs), swell the ranks of vulnerable populations in a number of LAC countries, this document focuses on international migrants, including refugees, asylum seekers and returnees, as they face specific challenges related, among others, to border closings, deportations, xenophobia and discrimination, as well as limited access to rights and services, especially health.
3 Coordination Platform for Refugees and Migrants from Venezuela: https://r4v.info/en/situations/platform
4 CEPAL. Atlas de la migración en los países del norte de Centroamérica: https://repositorio.cepal.org/bitstream/handle/11362/44292/1/S1801072_es.pdf
5 OIM. Iniciativa de gestión de información de movilidad humana en el Triángulo Norte: https://mic.iom.int/webntmi/
6 Center for Systems Science and Engineering (CSSE) at Johns Hopkins University: https://gsanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
How does COVID-19 affect refugees and other migrants?

The rapid increase in the number of people affected by the COVID-19 pandemic across LAC and the measures adopted to fight the contagion have contributed to increasing the levels of vulnerability of the international migrant population, including refugees, asylum seekers and returnees.

Border closings and human mobility

The closing of the borders in most countries implies that people trying to flee contexts of humanitarian crisis face increasing challenges to reach safe havens and access international protection, in particular through asylum.

Migrants from vulnerable groups (i.e. the poorest, women traveling with dependents, young people, indigenous groups, gender and sexual minorities, as well as men and women fleeing abuse of human rights) are more prone to go through irregular channels, thus feeding the smuggling industry and endangering their lives. This is for instance the case of the borders between Venezuela and Colombia, Haiti and the Dominican Republic, Nicaragua and Costa Rica, and Guatemala and Mexico.

Women and girls are more vulnerable as they face gender-based violence from fellow migrants, partners or authorities. Many have to recur to transactional sex and in some cases can be victim of human trafficking and sexual slavery.

Despite border closings and quarantines, transit migration and caravans towards Mexico and the United States continue in Central America, even though they have significantly slowed down.7

Because of border closings, many transit migrants and people trying to return to their home countries get stranded in border areas and have to live in overcrowded facilities, with precarious sanitary and health care conditions.

The United States authorities keep deporting migrants, some of them being infected by COVID-19, contributing to spreading the coronavirus in the Northern Triangle of Central America (El Salvador, Guatemala and Honduras)8 and in the Caribbean (in particular Haiti and Jamaica)9.

Due to quarantine measures and the lack of employment and livelihoods opportunities, a growing number of migrants are returning to their home countries (e.g., Nicaragua and Venezuela), despite the lack of economic prospects and the risks of abuse and cross-border contagion.10

A challenge to civic coexistence and social cohesion

Some people may see refugees and other migrants as responsible for the arrival and/or spread of the virus. Because of this, they face increasing rejection, discrimination and xenophobia from transit and host communities.

In some countries, public opposition was reported against migrants in transit, who are perceived as not respecting quarantines, or against the installation of temporary shelters for vulnerable groups, including refugees and other migrants living in the streets.11

In a context of rising unemployment and growing competition for jobs, local populations tend to consider that refugees and other migrants are “taking the jobs” of local populations. They are also the first ones to lose their jobs and they are often evicted from their apartments when unable to pay the rent.

Health vulnerability

Refugees and other migrants tend to be more isolated than the rest of the population and may not have access to the necessary information to protect themselves from contagion.12

Immigrants, in particular those with an irregular status, have limited access to health services. This puts them in a more vulnerable situation as health services become overwhelmed and are not always open to people without secure social protection. The migrant population is therefore more likely to be infected, while the risk of virus spreading becomes

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7 RFI, El coronavirus se cuela en las caravanas de migrantes centroamericanos: http://www.rfi.fr/es/am%C3%A9ricas/20200330-el-coronavirus-se-cue-
la-en-las-caravanas-de-migrantes-centroamericanos
tions-coronavirus-guatemala.html
12 The Lancet, The neglected health of international migrant workers in the COVID-19 epidemic: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-
0366(20)30076-6/fulltext
Migrant women are more vulnerable than their male counterparts, as their work is often more fragile and linked to the care economy (e.g., domestic work, care for elderly or children in houses, irregular work in care facilities and other services) and have been interrupted without all employers maintaining salaries.

A number of refugees and other migrants who cannot afford paying their rents have been tossed out on the street, thus increasing their vulnerability.

The global economic crisis has translated into a drop in remittances that affects recipients’ household and their communities in origin countries. The World Bank estimates that the decline in remittances will be about 19.3% in 2020 in LAC. This is significantly more than in 2009, when remittances to LAC dropped by 12.3%, as a result of the global financial crisis.

What has been the human-mobility policy response to COVID-19?

Most countries in the LAC region have imposed quarantines or social distancing measures. In addition, entry bans and travel restrictions have become the rule, thus limiting human mobility. Several countries (for instance, Costa Rica and Ecuador) have also deployed security forces to border areas to control irregular flows of people.

On the other hand, several countries in the region have adopted measures to protect refugees and other migrants and avoid that they become irregular during the quarantine period. In Colombia, for instance, the validity period of the PEP (Special Stay Permit) for Venezuelan nationals does not run during the state of emergency. A humanitarian corridor has also been put in place to allow Venezuelan migrants return to their home country.

Interns of health, the Colombian government adopted a special attention route for Venezuelan migrants potentially affected by COVID-19. All Venezuelans are granted access to health care, no matter their migration status and whether they have an health insurance.

Socioeconomic vulnerability

Due to quarantines, a number of local actors, including humanitarian organizations, have had to interrupt part of their activities on the ground. This means that the most vulnerable migrants may not benefit from basic services, such as accommodation, food and health care.

The economic crisis induced by the social distancing measures adopted to fight the COVID-19 outbreak increases the socioeconomic vulnerability of the poorest people, especially the bulk of those (particularly women) who work in the informal sector. A number of small and medium-size businesses have collapsed with disastrous impacts on the most unprotected workers. Refugees and other migrants are very likely to be among the first to lose their jobs and not to receive wages. In many cases, they are not eligible for social-relief packages.

Migrant women, in particular health care professionals and domestic and care workers, face a higher likelihood of exposure to the virus. They are also more exposed to domestic and intimate partner violence as a consequence of the quarantines.

15 KNOMAD, Migration and Development Brief 32, April 2020, COVID-19 Crisis Through a Migration Lens: https://www.knomad.org/sites/default/files/2020-04/Migration%20and%20Development%20Brief%2032_0.pdf
16 Albertonews, La atención médica que ofrece Colombia a migrantes venezolanos que puedan estar contagiados de COVID-19: https://albertonews.com/internacionales/la-atencion-medica-que-ofrece-colombia-a-migrantes-venezolanos-que-puedan-estar-contagiados-de-covid-19/
Other countries, namely Argentina\textsuperscript{17} and Peru\textsuperscript{18}, have allowed foreign health professionals (including migrants from Venezuela) to practise as part of the COVID-19 response.

In the same vein, a number of countries have adopted measures to mitigate the negative economic impact of quarantine measures and social distancing on refugees and other migrants. In this respect, the Colombian government, with the support of international cooperation, has helped refugees and other migrants from Venezuela, in particular in border areas, by building temporary shelters and distributing food and sanitary goods. Brazil implemented an emergency fund for refugees and other migrants who are working in the informal sector or are unemployed. Unaccompanied women with children benefit from additional support\textsuperscript{19}.

How can UNDP help mitigate the impacts of the COVID-19 crisis on migrants and host communities?

UNDP’s support to governments at national and subnational levels can be a catalyst to minimize the negative impacts of COVID-19 on international migrants, including refugees, asylum seekers and returnees, and help them and their host communities recover from the health, economic and social crises. In this respect, an early-recovery response may focus on granting access to basic services for migrant populations and vulnerable host communities, and provide them with livelihood opportunities, both during and after the quarantine and social distancing periods.

Support national and local governments

Work with national authorities to create awareness of the importance of protecting migrants, including refugees, asylum seekers and returnees, during the COVID-19 crisis, by sharing good practices, south-south exchanges and provision of guidelines for management of these groups in times of crisis.

Help relevant authorities plan and manage recovery efforts that address access to services, livelihood opportunities and prevention of abuse and violence, taking into account the rights, needs and vulnerabilities of migrant populations and host communities, in a gender responsive manner. In this respect, informal workers face specific challenges (low wages, precarious working conditions and lack of social protection) that policy responses need to take into account.

Establish mechanisms for coordinated response action between the national and subnational levels, with a clear and coherent line in the design of policy responses that incorporate the differentiated needs of women and men.

Strengthen local governments’ capacities in managing and enforcing quarantines and other social distancing measures, in line with human rights standards, while including refugees and other migrants in the COVID-19 response.

Help public authorities coordinate the actions of a wide range of local actors, including the private sector, in areas with a strong concentration of refugees and other migrants to ensure that vulnerable populations have access to basic services and livelihood opportunities.

Formulate and help implement more inclusive health and social protection mechanisms for vulnerable populations, including refugees and other migrants.

Develop, with national and/or local authorities, gender-based violence (GBV) prevention and response plans for female migrants, including strengthened and adapted referral pathways for GBV victims (e.g. from violence within households and violence suffered by stay-in workers).

Provide existing UNDP tools to monitor and evaluate responses to refugees and other migrant populations, using sex, age and origin as basic forms of disaggregated data.

Develop communication and consultation tools

Design, in collaboration with other agencies, gender-sensitive communication strategies to reach refugees and other migrants, and provide them all

\textsuperscript{17}Sputnik, Médicos venezolanos se suman a la lucha contra el coronavirus en Argentina: https://mundo.sputniknews.com/americ-latina/202003251090905820-mas-de-400-medicos-venezolanos-se-suman-a-la-lucha-contra-el-coronavirus-en-argentina/


\textsuperscript{19}Auxílio Emergencial como buscar ayuda en tiempos de covid-19 https://brazil.iom.int/sites/default/files/Publications/FINAL%20Apoios%20por%20perda%20de%20renda%20Mobile%20-%20PT%20(2).pdf
the information needed about the coronavirus and the different support programmes they are entitled to.

Communicate on the key contribution of refugees and other migrants to their host countries in these COVID-19 times, not only as health and care professionals, but also in “low-skilled” activities, such as delivery drivers or supermarket cashiers.

Carry out campaigns oriented towards employers to encourage them to maintain employees’ salaries during quarantines. Such campaigns should have a specific focus on domestic and care workers.

Promote direct consultations, through online platforms or other remote mechanisms, with refugees and migrants’ associations, to better understand their needs and make sure that their opinions and contributions are included in the COVID-19 response.

Hold specific consultations with women’s community-based organizations, regarding the situation of women and the appropriate measures to address their needs in the pandemic context.

**Mobilize resources and support initiatives to grant refugees and other migrants access to services and guarantee protection**

Fund temporary shelters for populations living in the street, including refugees and other migrants.

Invest in health and care facilities, open to all individuals, no matter their migration status, to address the impact of COVID-19, and provide access to medication for chronic illnesses such as HIV, diabetes and hypertension.

Adapt immigration detention centres and temporary facilities for deported people to prevent the risk of virus spreading, in safe and sanitary environments that respect their dignity and rights.

Identify care facilities to address needs of elderly and fragile migrant populations and provide care respite for home/shelter-based carers.

Support the opening of shelter services for female and LGTBI+ migrants who experience gender-based and/or domestic violence, and create safe environments in collaboration with local authorities and private sector (e.g., hotel rooms).

**Invest early in poverty alleviation, social protection and employment initiatives**

Work with governments in the design and implementation of early-recovery programmes that target those left behind, with emphasis on employment policies that incorporate informal and domestic workers, and local economic solutions including rapid market analysis and gender-equitable value chain reconstruction/repurposing.

Promote refugees and other migrants’ access to medical care and existing social safety net programmes.

Develop cash and non-cash transfer schemes for vulnerable populations, including refugees and other migrants, affected by the economic consequences of quarantine measures in a gender responsive manner including differentiated needs of male and female migrants. Such mechanisms should consider the impact of care responsibilities and violence against women on female migrants’ access to, and control over, resources.

Design and implement post-quarantine cash-for-work programmes, in particular in areas with a strong concentration of migrants, including refugees, asylum seekers and returnees.

Develop networks of peer and community-based carers to address the care and unpaid labour of women migrants, which prevent them from participating in cash-for-work and other livelihoods schemes.

Support Small and Medium Enterprises (SMEs) affected by the crisis, in particular through wage subsidies for both native and foreign-born workers.

Provide technical and financial support to refugees and other migrants-led self-employment and entrepreneurship initiatives, with a focus on women-managed small businesses.

Adopt livelihood initiatives for migrant women that take into account their needs and vulnerabilities, including unpaid responsibilities, risk of violence and limited mobility outside the household.
**Promote digital innovation**

Help local authorities with the design of mobile or phone-based rapid assessment surveys to ascertain the needs of migrant and refugee populations in high concentration areas, ensuring the instruments are gender sensitive.

Develop on-line mechanisms to facilitate information and access to basic services for vulnerable populations, including refugees and other migrants, in a context of quarantines and social distancing.

Invest in e-training programmes to promote skills development and reskilling in areas that require home-based work or/and that will be in high demand after quarantines, with an emphasis on women who are in a situation of higher vulnerability.

Offer virtual employment alternatives, in particular linked to the GIG economy, to adapt to new labour market needs.

Encourage the adoption of digital payments and a greater use of regulated and cost-efficient remittance channels to facilitate money transfers.