Building Back Better Together for Everyone: Refugees, Asylum Seekers and the Stateless amidst the COVID-19 Pandemic

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The coronavirus pandemic is exacerbating the existing vulnerabilities of the world’s refugees and internally displaced people. The world is witnessing the highest levels of displacement on record. An unprecedented 70.8 million people around the world have been forced from home by conflict and persecution at the end of 2018. There are also millions of stateless people, who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. Refugees are people fleeing conflict or persecution. They are defined and protected in international law, and must not be expelled or returned to situations where their life and freedom are at risk.

There are many challenges the nations are facing. The refugees may face a greater risk of human rights violations and persecution with heightened discrimination and ‘emergency’ pandemic measures enabling crackdowns on democracy. At the same time on the freedom on restriction of movement make it impossible for the people to leave in search and take help from other nations, – and being outside one’s country is essential to obtaining protection as a refugee.

The challenges to refugee protection in terms of the subjects of migration can be divided into two different groups. First, refugees themselves may suffer from physical and/or mental health issues, (including in the prevention and treatment of COVID-19), and face specific vulnerabilities (e.g. related to gender, age or disability), which may affect their community engagement (whether positively or negatively).

In the case of migration governance, challenges can be separated into two sets, one pertaining to host societies and the other to the international community. In host societies, challenges may depend on the existing level of infrastructure and political choices, which vary from refugee camps to urban environments, from developed hosting countries to developing or least developed countries, from countries that allow freedom of movement to ones that are still using detention, and from existing health systems to emergency responses. These might impact access to rights and services, as well as levels of assistance. Moreover, they might affect the above-mentioned inclusion of refugees in governmental assistance packages to ensure livelihoods. The refugees fleeing persecution may have lost legal documentation or have been
stripped of citizenship, making it harder to access healthcare services. Misinformation and rumors spread fast among already refugee populations and may constrain people from seeking medical attention. Refugees and other displaced people belong to the most marginalized and vulnerable members of society. They are particularly at risk during this coronavirus disease outbreak because they often have limited access to water, sanitation systems and health facilities. There are then challenges related to limited infrastructure in low-income countries that have limited healthcare service, such as Iran under sanctions; in high-income countries, where the health systems often lack resilience due to the lack of experience with a recent epidemic at home; and solidarity in communities can also be limited in conflict zones. An increase in xenophobia and discrimination towards refugees could drive policies that further limit the resources available for this population, as well as their rights—particularly those related to economic inclusion. 20% of rural refugees have no access to connectivity, urban refugees often have access but cannot afford to get online. Many refugees left school due to conflict and missed out on important learning that would have helped them navigate this world – online skills among them.

Around the world, refugees are using their skills to help the communities where they live during the coronavirus crisis. In several countries, governments have put in place special measures to authorize the hiring of foreign-qualified health professions and technicians, including those awaiting licensing or whose certification is yet to be validated by host countries. In Cuba, refugee students in their third year of medical school or above are now also able to join the emergency response. The artisan sector has been hit on two levels by the pandemic. On one hand, the retail industry is in a tailspin and buyers have stopped placing orders, and in many cases have cancelled orders that were already placed. MADE51 local social enterprise partners (LSEs), particularly those that sell wholesale, have seen traditional income streams grind to a near-halt. In Tanzania, MADE51 partner Women Craft reacted decisively as soon as the first official cases were reported, with artisans took a lead role in developing and implementing safety measures. They decided to shut down production centres to limit exposure and distributed pamphlets about the Coronavirus and best safety practices to all artisan members. Artisans now weave at home, drop off finished products at agreed-upon locations for collection and use what’s app to stay connected. Women Craft is opening an online shop to stimulate direct sales to customers. Refugees making products for public good can create positive public exposure and build social cohesion. However, there can be risks in refugees producing masks related to ensuring quality and good manufacturing practices. In an effort to mitigate these
risks, the UNHCR livelihoods team produced a guidance note and a webinar on supporting refugee mask production using the MADE51 model. Using this approach can ensure compliance with Fair Trade operating principles for refugee producers while leveraging expertise of local social businesses to increase market access, improve technical standards, and support distribution. The guidance includes a checklist for getting started, technical guidance on mask design and good workplace practices, how to find a production partner/market actor, tools for production partners. The communication with beneficiaries, trainings, counselling and psychosocial support have been digitalized through use of online e-training platforms, videoconference and social media. Much of the distribution of cash has been digitalized. However, where this is not possible, detailed guidance have been developed for door-to-door distributions. To undertake coaching, coaches/social promoters are in constant contact with the families through virtual media. Coaches assess the family needs and orientate them in current realities and laws imposed by the local governments to make sure that families understand the new realities. Many studies indicate that entrepreneurship has an essential role in combating unemployment. When it finally shows signs of abating, the COVID-19 crisis’ impact on the refugee community will have caused irrevocable destruction.

The specific impacts on women’s access to health services and reproductive health services is becoming clearer as the outbreak goes on. In many countries, the response has exacerbated pre-existing barriers to women’s access to health and interrupted access to SRH services. As State efforts continue to focus on preventing the spread of the virus from overwhelming health systems, already weak health infrastructures are prioritizing COVID-19 patients resulting in limitations on other critical services including those that only women need including antenatal care for pregnant women which may result in riskier home births and an increase in maternal mortality. In general, there is no guarantee of basic care or attention for chronic diseases that women may suffer. These disruptions are having serious implications for women and girls. There is now documented evidence that the response to COVID-19 has led to a marked increase in domestic violence, intimate partner violence and violence in the public space. However, this has not been reflected in government reports on response to COVID, many of which focuses on efforts to minimize the loss of lives and avoid overwhelming health systems. In many countries, significant number of women are living in quarantine and self-isolating with violent partners. Many of these women do not have access to information on how to seek help.
or even how they could be quarantine separately. Furthermore, the differentiated violence experienced by women with disabilities is often not captured. Cases of specific violence against nurses and women, many of whom are perceived as potential source of infections is also not being captured. As the pandemic unfolds, a high number of people are likely to face hunger and malnutrition. Decreased availability of food, closure of markets and price spikes have had serious impact on women and girls who often do not have enough to eat, while the growing need for water has led to an increase in daily workload of women and girls. Female-headed households and farmers often have lower access to credit, and therefore lower access to fertilizers which impacts the crops and food security. Around the world, 2 out of 5 people lack basic hand washing facilities and over half of the world’s population lack access to safe sanitary facilities. Women’s representation in policy development and decision making on COVID-19 is limited. Furthermore, women have unequal access to information and communication technologies often due to their lower levels of education and literacy. [https://www.ohchr.org/](https://www.ohchr.org/)

Aside from work, aid is often the most important source of income for refugee households, providing in-kind and cash-based assistance that helps cover basic needs. Refugees typically do not have access to publicly provided services and support, and therefore must rely on working and/or on humanitarian assistance to meet their needs. Aid for refugees includes both short-term emergency relief such as humanitarian cash transfers, and vital livelihoods programming like vocational training, agriculture support services, and job placement programs, among other programs key to refugee survival and resilience. As the pandemic affects refugees’ incomes deriving from their work, humanitarian aid will become increasingly important for refugee households. However, COVID-19 has made it increasingly difficult for international donors and non-governmental organizations to deliver humanitarian assistance, especially given border closures and social distancing guidelines. As a result, refugees’ access to aid and livelihoods support has been threatened, affecting primarily urban refugees.

Governments recognizing the impact of lockdown and economic recession on livelihoods are responding with social protection to support households, most notably through social assistance measures and wage subsidies. According to the World Bank, 310 cash-based measures are in place across 133 countries, with 179 new initiatives introduced specifically as COVID-19 responses. On average, these transfers are 30 percent of GDP per capita per month. Including other social assistance measures like food programs, utility support, and public works, there are a total of 621 social assistance programs across 173 countries. These measures are essential
to compensate for lost income, mobilize the economy, and reduce vulnerabilities for those in precarious conditions, such as informal workers or those experiencing poverty. For example, Colombia is subsidizing 40 percent of the salary of formal employees of businesses that have lost over 20 percent of their income due to COVID-19. The country is also providing cash assistance and food to the most vulnerable households through its social security system. In Kenya, the government allocated an additional 10 billion shillings to its existing cash-transfer program, which targets over a million Kenyans. [https://www.refugeesinternational.org/]

In countries that host many refugees and migrants, WHO country offices have been working with ministries of health and other partners in their efforts to prevent and control COVID-19. WHO is also collaborating with other UN agencies to provide interim technical guidance on scaling up outbreak readiness in humanitarian situations, including refugee camp and non-camp settings. Similar guidance has been released specifically for countries in the European and Eastern Mediterranean regions where refugee populations are large. Access to sustainable energy for cooking, lighting and power remain key challenges in Rwamwanja refugee settlement amidst the Coronavirus outbreak. Before the COVID-19 pandemic, the UN Refugee Agency (UNHCR) had planned to achieve sufficient energy provision and environmental sustainability in the settlement. Health education materials in 7 languages were distributed to all migrant centres and NGOs that work with migrants in Serbia. Personal protective equipment (PPE), personal hygiene products and disinfectant were delivered to asylum and migrant reception centres throughout the country. In Italy, under the lockdown imposed by Italian authorities, the JRS team have equipped refugees’ soup kitchen in Rome for the distribution of food baskets and they are liaising with other religious communities to unite forces for the most effective

In Kenya, its government has decided to put one of the world’s largest refugee camps in lockdown as a preventive measure to fight the spread of COVID-19 by banning movement to and from the refugee camp. Here “a possible outbreak of the coronavirus would be a disaster with a quarantine capacity for only 2,000 people in place and only one dedicated COVID-19 health facility including 110 beds for more than 270,000 people,” said Philippa Crosland-Taylor, of Geneva-based organization CARE. Response.

In Bangladesh, the government decision of enforcing complete lockdown in the refugee camp at ‘Cox Bazar’ seems to have impacted the refugees in a negative way as putting the refugee
camps into a ‘complete lockdown’ have not only restricted the movement of the refugees and aid workers in camp., creating misinformation.

I feel the conditions of refugees can improve by providing immediate financial and social support to safeguard people who cannot pursue their income-generating activities and also by setting up frequent, free hand washing stations, and urging for investments to improve access to clean water, sanitation, and waste management. The government must convey right information to the refugees by communicating through trusted figures — such as religious and local leaders, NGO workers and volunteers, and social media groups — how hand washing and physical distancing can prevent spreading the virus, and where people who are experiencing symptoms can seek medical attention and also setting up mobile clinics around these vulnerable locations to be able to provide immediate testing, isolation, and treatment of people who test positive. The government must be developing human rights-based response plans, including non-traumatic temporary evacuation plans of settlements in the event of an outbreak to nearby safe areas to avoid family ruptures; this includes ensuring that people can move with their loved ones, bring valuables, and safety return home after the outbreak; the new area would need to have sufficient space for people to carry out physical distancing and self-isolate if necessary. States should ensure that neither their actions nor the actions of others stigmatize or incite violence against persons on account of their actual or perceived health status, when such stigmatization is linked to nationality or immigration status. Any restrictions on rights must be provided by law and be reasonable, necessary, and proportionate. Rights may not be suspended except in a publicly declared emergency threatening the life of the nation, and only if strictly required by the situation.

Entrepreneurship can spur on growth and long-term renovation. It has the potential to boost economic recovery while improving access to essential services. It can spark unprecedented competition, triggering a wave of innovation, tech-based jobs, and eco-friendly trends.

Refugee entrepreneurs should be actively encouraged to provide services that not only generate income and make job opportunities available but also directly serve their communities and benefit those in need. They should be encouraged to contribute to building local expertise and paving the way for future development.
The post-COVID-19 era will highlight entrepreneurship’s role as a catalyst for development. Policymakers should start to consider assisting refugee entrepreneurs in their endeavours to create businesses that can benefit both the refugee community and beyond.