



Issued-Based Coalition on Gender Equality (IBC Gender) and Issue-Based Coalition on Large Movements of People, Displacement and Resilience (IBC LMPDR) for Europe and Central Asia

Joint Advocacy Brief on the impacts of COVID-19 on refugee and migrant women and girls and the importance of including their specific needs and rights in COVID-19 recovery plans.



Aida Loshaj: A medical researcher from Kosovo hoping to discover cure for an evasive autoimmune disease, UN Women

Introduction

UN Secretary General Antonio Guterres stated that for People on the Move, the COVID-19 pandemic is not only a global health crisis, but also a protection and socio-economic crisis¹. While the COVID-19 pandemic has affected everyone, it has affected people of all gender and age groups in different ways. The pandemic further underscored underlying inequalities for people, in particular women and girls who are in structurally vulnerable socio-economic positions in our societies², and often aggravated by other intersecting factors such as diverse sexual orientation, gender identity, gender expression, sex characteristics (SOGIESC), age, disability race and ethnicity, national origin, nationality and/or migration status.

As reflected in IBC LMPDR's previous advocacy briefs on the [COVID-19 outbreak](#) and [COVID-19 vaccination plans](#), refugees, migrants, asylum-seekers, IDPs and stateless persons (hereafter referred to as "refugees and migrants") have been disproportionately impacted by the pandemic, also, but not only, due to their refugee or migration status. Similarly, IBC Gender developed a short guidance note on [gender equality and the COVID-19 outbreak](#) to help guide and inform country-level response efforts across the Europe and Central Asia region.

In this advocacy brief, [IBC LMPDR](#) and [IBC Gender](#) jointly focus on the gendered impacts of COVID-19, with a particular focus on refugee and migrant women and girls. Studies have shown that refugee and migrant women and girls are among the hardest hit by the pandemic³, as many health systems and economies typically rely on migrant women's labour in the care, cleaning and domestic work sectors as they are typically overrepresented in this labour market. Many migrants and refugees already face difficulties in accessing appropriate healthcare, including sexual and reproductive health services, national vaccination campaigns⁴, and asylum registration and documentation procedures, as well as other livelihood and social protection services⁵. As a result, the pandemic increased refugee and migrant women's and girls' risk to sexual exploitation and abuse⁶.

The pandemic has caused a worrisome rise in Gender-Based Violence (GBV) cases in all countries. Lockdowns, border closures and other mobility restrictions have trapped many refugee and migrant women and girls with perpetrators – this phenomenon is also referred to as a shadow pandemic⁷. Furthermore, COVID-19 has exacerbated the backlash against Gender Equality efforts. 2020 marked the twenty-fifth anniversary of the [Beijing Platform for Action](#) (Beijing +25), intended to be a ground-breaking moment for gender equality. Instead, with the COVID-19 pandemic, efforts to combat GBV and discrimination based on gender identity and sexual orientation are at risk of being rolled back, despite decades of efforts to advance the rights of women and girls. A recent example of this unprecedented backlash in gender equality and women's rights was observed on Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, known as the Istanbul Convention. Some governments have withdrawn or threatened to withdraw from it, while others have refused to ratify it⁸.

In order to build back better and equal from COVID-19, IBC LMPDR and IBC Gender call for inclusive, human rights-based and gender-responsive policies and programmes, to uphold the rights of refugees and migrants of all genders, ages, and socio-economic statuses, including those living with disabilities, to advance the rights of all persons regardless of their refugee or migration status, and to release their full potential as agents of positive change. The IBCs advocate for ensuring that the rights and needs of all refugees and migrants, in particular women and girls, are at the forefront in our response to the crisis, considering inter alia their role in sustainable social and economic recovery.

1 UN Secretary General, [The COVID-19 crisis is an opportunity to reimagine human mobility](#)

2 UN Secretary General, [Policy Brief: The Impact of COVID-19 on Women](#)

3 Migration Policy Institute, [An Early Readout on the Economic Effects of the COVID-19 Crisis: Immigrant Women Have the Highest Unemployment](#), See also UNHCR, [Livelihoods, food and futures: COVID-19 and the displaced](#)

4 UN Network on Migration, [Policy Brief on access to services in the context of COVID](#); UN Network on Migration, [Statement equitable access to COVID-19 vaccines](#) noting that too many migrants remain excluded from NDVPs and calling on States to ensure access to vaccination programmes and other public health interventions;

5 UNHCR, [COVID-19 and refugees](#); UNHCR, [Livelihoods, food and futures: COVID-19 and the displaced](#), UNHCR dashboard, [COVID-19 Temporary Measures and Impact on Protection](#)

6 UNICEF, [Impact of Covid-19 on Gender-based Violence Refugee and Migrant Response](#)

7 UN Women, [Emerging data on violence against women confirm a shadow pandemic](#)

8 Human Rights Watch, [Europe: Redouble Efforts to End Violence Against Women, Mark Istanbul Convention's 10th Anniversary with Action](#)



Compounded Challenges for Refugee and Migrant Women and Girls

Socio-Economic status

- **Refugee and migrant women and girls represent nearly 74% of the service industry, including domestic work⁹ and the informal sector.** Without the protection of formal employment contracts and coverage by labour laws, many employers ended women's employment in response to the economic decline caused by the COVID-19 pandemic¹⁰. Domestic workers, who are overrepresented by refugee and migrant women, are often unregulated, in turn hindering (if not denying) access to formal labour market and social protection¹¹ or often facing inequality of treatment in the labour market, including with respect to wages¹².
- **Many refugee and migrant women are on the frontline of the COVID-19 pandemic.** The pandemic highlighted the contribution all refugees and migrants make to the economy and society. Migrant women often work in low-paid and vulnerable job positions in public spaces, as health and care workers, nurses, cleaners and laundry workers, and are thus greatly exposed to the risk of contracting coronavirus; many others are essential workers in vaccine development, transportation, food supply chains and agriculture¹³; while others produced Personal Protective Equipment (PPE) and soap, disseminated multilingual, up-to-date and accurate information on the virus or provided mental health and psychosocial support¹⁴.
- **Yet women, including migrant and refugee women, have been systematically excluded from decision-making processes aimed at ending the pandemic, including government-run task forces around the world¹⁵.** Data from March 2021 reveals that of 225 COVID-19 task forces that are operational across 137 countries, only 24% of members were women and 6 out of the 225 task forces had no women.¹⁶ Without women in decision-making roles, government measures are more likely to ignore women's needs and could further exacerbate an unequal recovery that is already threatening to reverse decades of progress on gender equality. When the pandemic hit, fewer than 40% of domestic workers had effective access to social security linked to their employment.¹⁷
- **Mothers and daughters account for of half the remittance senders and play a massive role in the economy and society¹⁸.** Remittances transform the economic role of women and girls both on the sending and receiving end, through financial independence and better employment opportunities¹⁹. While women remit approximately the same amount as men, women tend to send a higher proportion of their income regularly and consistently, even though they generally earn less than men²⁰. Additionally, refugee and migrant women's remittances are often intended for education, health care and family welfare²¹. Given the economic downturn caused by COVID-19, migrant and refugee women are sending fewer remittances, further exacerbating the vulnerabilities of families that depend on this income²².

9 IOM, [World Migration Report 2020](#)

10 IOM, [COVID-19 and women migrant workers: Impacts and Implications](#)

11 UN Women, [UN women guidance note on impacts of covid19 on migrant women1031331.pdf](#); UN Women, [Violence against women and girls: the shadow pandemic](#)

12 ILO, [Labour migration: Migrant pay gap widens in many high-income countries](#) ILO, [Protecting the rights of migrant workers in irregular situations and addressing irregular labour migration: A compendium](#)

13 UNHCR, [Seven refugees making a difference during the time of COVID-19](#)

14 UNHCR, [Livelihoods, food and futures: COVID-19 and the displaced, Displaced join the response](#)

15 UN News, [Women 'systematically excluded' from COVID response, despite being worst affected](#)

16 UN Women, [Press release: Women's absence from COVID-19 task forces will perpetuate gender divide, says UNDP](#) UN Women

17 UN News, <https://news.un.org/en/story/2021/06/1094022>

18 IFAD, [Remittances, investments and the Sustainable Development Goals](#)

19 IOM, [World Migration Report 2020](#) and UN Women, [Women Migrant Workers and Remittance](#)

20 UN Women, [Women Migrant Workers and Remittances](#)

21 ATL Money Transfer, [Women Migrant Workers Shrink the Global Remittance Gender Gap](#)

22 UN Women, [Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers](#)

Social Protection, Education and Health Care

- **Increased household demands are also diminishing opportunities for education while increasing exposure to the virus²³.** The COVID-19 pandemic resulted in school closing in 20 countries in Europe and Central Asia, affecting 53.4 million children of pre-primary to upper secondary age. The most marginalized children have been the most impacted: Roma and ethnic minority children, refugee and migrant children, children with disabilities, the poorest children and those living in dysfunctional families²⁴. Although students everywhere are struggling to access education during the pandemic, the problem is especially exacerbated for girls. Refugee and migrant girls face a unique intersection of obstacles to obtaining an education, including access to Comprehensive Sexuality Education in formal and informal education settings. These obstacles are long-lasting and even permanent for many girls whose families can no longer afford their schooling, who face discriminatory gender norms that keep them out of school, or who become pregnant or are forced to marry²⁵.
- **While many social protection schemes have been set up to mitigate the socio-economic impact of COVID-19 related restrictions, refugees and migrants were often unable to access them, due to both legal restrictions and de facto barriers,** such as lack of residency or legal status, obstacles to obtaining proof of identity and other document requirements, law inconsistencies and its ambiguous interpretations, low levels of digital and financial literacy, language barriers, lack of access to reliable information, mobile phones and the internet, and discrimination²⁶.
- **Migrant and refugee women, particularly those in irregular status and/or working in the informal economy, have limited or no access to social protection, health care and maternity protection.** They are often excluded from contributory social insurance schemes due to the precarious nature of their migration or employment status, or systematic undervaluing of their work. Lockdown situations have further limited or interrupted social protection coverage as, for instance, procedures for obtaining or renewing documentation or work permits may have been suspended²⁷.
- **Similarly, they are often excluded from national vaccination plans (NVP)²⁸.** Exclusion from NVPs not only poses a health risk to all individuals and communities but could also lead to further marginalization and exclusion of refugees and migrant women and girls from other essential services.
- **Overcrowded housing conditions in reception centres** exacerbate the risks of COVID-19 infection among women and girls who are caregivers where population density is high; water, sanitation and hygiene provision are poor; and social-distancing and self-isolation are almost impossible.
- **Women migrant workers lacking health insurance or with an irregular migration status may be hesitant to comply with COVID-19 screening, testing and treatment procedures due to fear of documentation checks by authorities and potential fines, arrest, detention, or deportation²⁹.**
- **Migrant and refugee women and girls experience difficulties particularly in accessing quality sexual and reproductive health (SRH) services during**

23 UNHCR, [COVID-19 pandemic worsening gender inequalities for refugee women and girls](#)

24 UNICEF, [All children back in school! Dropout prevention modules for teachers and school teams](#)

25 ALNAP, [Long-Term Effects of COVID-19 on Refugee Girls' Education Part I of II: Barriers to Equal Access](#)

26 UNHCR, [Social protection: Integration Policy Brief I September 2021](#)

27 ILO, [Social Protection for Migrant Workers: a necessary response to the COVID-19 crisis](#)

28 UN Committee on Migrant Workers and UN Special Rapporteur on the Human Rights of Migrants United Nations High Commissioner for Human Rights, [Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants](#)

29 Ibid



UN Women launched “Women-only Centre” for refugee women and the host community in Turkey, UN Women

COVID-19. Resources from SRH services have often been diverted to addressing the pandemic and affecting health seeking behaviour among women who were often reluctant to access maternal and SRH care due to fear of infection. This has had consequences on women’s health, including a potential increase in maternal mortality, unsafe abortions, unmet needs for family planning and unintended pregnancies³⁰ complications of unsafe abortions, pregnancy, and childbirth, higher risk of contracting sexually transmitted infections (STIs), including HIV, disability, and death from preventable causes. While telehealth has been recommended by experts, barriers to access remain in humanitarian contexts and among refugee populations³¹. Young people in particular face additional barriers to reliable reproductive health information that is youth-friendly³². Lockdowns and closure of non-essential businesses have created a supply chain disruption that affected SRH goods, including condoms, contraceptives, antenatal supplements, and sterile medical equipment essential for deliveries and menstrual health products³³.

- **Refugee and migrant sex workers are also exposed to heightened insecurity in the context of the pandemic,** as movement restrictions render them unable to earn money to provide for themselves and their families. This “hidden” workforce is often unable to access social protection, and many face obstacles in accessing health care, including sexual and reproductive healthcare services. Furthermore, they experience an increased risk of contracting COVID-19 due to the intimate nature of their work³⁴.

Gender-based Violence (GBV) including domestic violence

- **COVID-19 exacerbates refugee and migrant women and girls’ increased risk of GBV** in all countries, including their country of origin, transit or destination. Globally, even before the COVID-19 pandemic began, 1 in 3 women experienced physical or sexual violence mostly by an intimate partner³⁵. Emerging data shows a drastic increase in calls to domestic GBV helplines in many countries since the outbreak of COVID-19³⁶. This is often due to the economic and social stress caused by the pandemic, combined with movement restrictions and crowded living conditions. Lockdown, social isolation and

other mobility restrictions forced many women and girls to isolate themselves with their (potential) abusers³⁷.

- **With many countries partially or fully closing their borders, many women and girls in particular looked for alternatives, including more dangerous migration routes, exposing them to higher risks of trafficking in persons, especially for the purpose of sexual exploitation, labour exploitation and domestic servitude, further amplified by limited access to job and educational opportunities³⁸.** The lack of safe and regular migration/complementary pathways also exacerbates refugee and migrant women and girls’ vulnerability to GBV by inadequate access to rights, services and information, including limited access to essential services (including health, housing, water, sanitation, nutrition) and social protection schemes, as well as lack of reliable information, language and cultural barriers, social exclusion, xenophobia and racism³⁹. This is true in particular for unaccompanied and separated girls, who are particularly vulnerable to exploitation, trafficking and abuse, often lacking legal guardians and basic protections along migratory routes⁴⁰. Women in immigration detention centres are also further exposed to GBV, especially with low staffing levels to serve as deterrents for potential abusers⁴¹. A de-prioritization, denial and diversion of GBV services (including shelters, health care, and services in the police and justice sector), stemming out of the overwhelming demands required by the COVID-19 response, can have a negative impact on the already limited access of migrant women victims of GBV to these services⁴².
- **The pandemic has also caused an increase in other forms of GBV** such a rise in female-genital mutilation⁴³, as well as early child⁴⁴ or forced marriages⁴⁵ due to restricted movement and weakened protection systems. Many live-in migrant domestic workers were, if not retrenched, prevented by their employers from leaving the household due to fears of infection. Being trapped at home all day with their employers increases their exposure to threats of violence and overwork⁴⁶. Online and ICT-facilitated violence against women and girls has also significantly increased during COVID-19 pandemic⁴⁷.
- **The pandemic has disrupted support services to GBV survivors and shelters,** as these services are often sidelined by healthcare structures overburdened by responding to COVID-19 cases or closed down due to government restrictions⁴⁸. Young people often face barriers to reproductive health information and care as well as youth-friendly services, and this is particularly true for migrant and refugee youth. A combination of different factors, including fear of retaliation, lack of understanding of legal rights to access services, lack of knowledge about the process for accessing them, lack of adequate and gender sensitive information tailored to the needs of migrant and refugee women and girls, may inhibit survivors from accessing GBV support mechanisms. This also includes necessary medication and support for the treatment of rape. Indeed, due to the COVID-19 pandemic, resources were diverted to the emergency outbreak control and, as a result, the access to critical GBV and SRH services by refugee and migrant women and girls was heavily impacted⁴⁹.

30 UNFPA, [Impact of COVID-19 on Family Planning: What we know one year into the pandemic](#); USAID, [The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries COVID-19 Situational Analysis Project](#)

31 USAID, [The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries COVID-19 Situational Analysis Project](#)

32 Tirado V, Chu J, Hanson C, Ekström AM, Kägesten A, [Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review](#)

33 UNICEF, [Mitigating the impacts of COVID-19 and menstrual health and hygiene](#); USAID, [The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries COVID-19 Situational Analysis Project](#)

34 Ibid

35 UN Women, [Facts and figures: Ending violence against women | What we do | UN Women](#)

36 UN Women, [The Shadow Pandemic: Violence against women during COVID-19 | UN Women](#)

37 UNDP, [The COVID-19 outbreak has intensified domestic and gender-based violence \(GBV\) globally](#)

38 UNODC, [Impact of COVID-19 pandemic on Trafficking in Persons](#)

39 UN Women, [From Evidence to Action: Tackling GBV against Migrant Women and Girls](#)

40 UNICEF, [Making the Invisible Visible: The identification of unaccompanied and separated girls in Bulgaria, Greece, Italy and Serbia](#)

41 UN Network on Migration, [Policy Brief on Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond](#)

42 Ibid.

43 UNICEF, [Preparedness and Response: Impact of COVID-19 on Female Genital Mutilation \(unicef.org\)](#)

44 UNICEF, [COVID-19: A threat to progress against child marriage - UNICEF DATA](#)

45 UNHCR, [UNHCR - COVID-19 pandemic worsening gender inequalities for refugee women and girls](#)

46 OHCHR, [Guidance Note on COVID-19 and the Human Rights of Migrants and Guidance Note on COVID-19 and Women’s Human Rights](#)

47 UN Women, [Online and ICT-facilitated violence against women and girls during COVID-19](#)

48 UNDP, [The COVID-19 outbreak has intensified domestic and gender-based violence \(GBV\) globally](#)

49 WHO, [Sexual Violence Against Women on the Move to and within Europe](#)



Recommendations

Socio-economic status

- **Identify and address legal and de facto barriers for refugee and migrant women to access the registration and documentation procedures**, by for example responding to barriers associated with travel to registration site, security of the registering person, lack of information and the organizational capacity of the relevant authorities. At the end of the registration process, registered individuals should be issued documentation enabling them to demonstrate their identity and, as applicable, their refugee or migration status;
- **Support integration of refugee and migrant women in the formal labour market.** Refugee and migrant women face specific challenges to their effective integration into the labour market that goes beyond finding employment, but includes obtaining work that utilises and values their qualifications and skills;
- **Advocate for the ratification of ILO Convention N189, that confirms the rights of domestic workers need to be addressed by labour laws and social security provisions.** Domestic workers need to be recognized as an essential part of the economic infrastructure that allows households to meet their needs, to empower women economically and bring them into a formal labour market;
- **Advocate to include refugee and migrant women workers as nationals in national and local COVID-19 response and recovery plans across all sectors of work**, including domestic work, in line with international human rights and labour standards, through social dialogue. For example, by setting up Public Works Programmes which generate decent work for refugee and migrant women;
- **Empower refugee and migrant women and girls to become financially literate** and overcome the traditional bias against financial independence, so that they have the resources they need for themselves and their families. For example, inform refugee and migrant women and girls on how to send remittances digitally due to the inability to access many in-person cash transfer facilities closed during the pandemic;
- **Advocate for whole-of-society approaches to create an enabling environment for disclosure by potential victims of human trafficking and labour and sexual exploitation**, including self-reporting mechanisms. Further, advocate for adequate legal protection for potential victims and holistic support and recovery services. In parallel, strengthen the rule-of-law to disrupt criminal activities and prosecute perpetrators of these crimes;
- **Conduct gender analysis in needs assessment for migrants and refugees of all gender groups to identify their specific needs and disseminate mitigation strategies that specifically target the precarious socio-economic situation** many women and girls find themselves in as a result of the pandemic, including assessing the adequacy of existing social support and welfare payments, and laws which uphold the rights of all workers, including freedom of association;
- **Ensure reliable and accurate information is available and accessible** to everyone, including migrants and refugees with diverse SOGIESC, ages, and disabilities, on their rights and entitlements and recourse to support in case of infractions of their rights;

Social protection, education and health care

- **Advocate for universal access to gender responsive and social protection measures** in line with the right to social protection, to ensure that everyone, regardless of their gender and migration status, receive necessary social protection. Efforts to increase equitable access to socio-economic services, protection and opportunities can only have a meaningful impact if access to registration and documentation is granted;
- **Ensure refugee and migrant women and girls fully enjoy their human rights throughout the COVID-19 response and recovery.** This means ensuring continued access to essential services, such as health (including mental health and sexual and reproductive health), justice and social protection services, for all migrant and refugee women and girls, including women and girls with diverse SOGIESC and living with disabilities;
- **Ensure that universal access to sexual and reproductive health and rights**, in accordance with the [Programme of Action of the 1994 International Conference on Population and Development \(ICPD\)](#) and the [Beijing Platform for Action](#), applies without discrimination to migrant populations whose sexual and reproductive health can be at disproportionate risk due to the circumstances of the migration process. Particular support is needed to ensure adolescents' sexual and reproductive health, including youth-friendly services and access to Comprehensive Sexuality Education (CSE) and accurate sexual and reproductive health information;
- **Promote the availability of adequate care services** as part of socio-economic inclusion initiatives, allowing the full participation of refugee and migrant women with care responsibilities in these;
- **In order to support advocacy efforts, map and disseminate mitigation strategies that specifically target the socio-economic impact** of the outbreak on refugee and migrant women, girls and individuals with diverse SOGIESC;
- **Provide training to health care and social service providers to increase their knowledge about the diverse needs of all refugees and migrants of all genders**⁵⁰. When the migration status of refugees and migrants is different, their health needs may be similar to or vary greatly from those of the host population. They may have been exposed to distress, torture and/or GBV associated with conflict or their movements and may have had limited access to preventive and curative services before arrival in the host country. All of these factors may result in additional health care needs that require specific health responses;
- **Provide wraparound social and health support services for sex workers** that address their vulnerabilities to poverty, destitution, poor housing, and heightened exposure to COVID-19 as well as sexually transmitted diseases, including HIV;
- **Ensure that everyone, regardless of their gender and regular /migration status are included in NVP's and have access to COVID-19 testing and vaccine programmes**, considering gender and context-specific requirements to overcome barriers such as childcare requirements, language and information barriers, and limitations to women's movements⁵¹. This might include targeted, location-specific vaccination campaigns to encourage greater footfall. Exclusion from NVP's not only poses a health risk to all individuals and communities, but

50 WHO, [Promoting the health of refugees and migrants. Framework of priorities and guiding principles to promote the health of refugees and migrants](#)

51 UN Committee on Migrant Workers and UN Special Rapporteur on the Human Rights of Migrants United Nations High Commissioner for Human Rights, [Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants](#)



Kyrgyzstan, IOM

could also lead to further marginalization and exclusion of refugee and migrant women and girls from other essential services;

- **Enhance information campaigns on COVID-19 prevention, testing and vaccination targeting migrant and refugee communities in their languages** and through their preferred channels of communication, taking into consideration different levels of literacy and ensuring accessibility for persons with disabilities, to make sure that refugee and migrant women can make informed choices about prevention measures and vaccination, and to counter the spread of harmful rumours, mis- and disinformation;
- **Enhance programs to ensure refugee and migrants girls access and remain in education**, including on innovative education technology to facilitate learning while schools are closed, linked to the programs to tackle child, early and forced marriages with interventions to tackle structural gender barriers and harmful norms;
- **Enact firewalls between immigration enforcement and the provision of COVID-19 vaccination**, in order to prevent fear or risk of reporting, detention, deportation and other penalties on account of migration status⁵². Vaccine registration should not be used to collect nor share information about migration status. Communication messages and public information campaigns should make clear that migrants in irregular situations will not be penalized or targeted by immigration enforcement when seeking access to COVID-19 vaccination.
- **Encourage governments to suspend forced returns⁵³ and seek and expand non-custodial alternatives to immigration detention**; refrain from detaining refugees and migrants of all gender and age groups on the basis of their irregular migration status; perform health screening and provide health services, including life-saving sexual and reproductive health services; prioritize the release of migrants in immigration detention, notably children and others with specific needs or vulnerabilities; and implement training and policies to ensure that all activities, as well as detention infrastructure, are compliant with COVID-19 requirements. Immigration detention facilities generally provide constraints to adequate social distancing and other measures to protect against COVID-19 infection⁵⁴.

Gender-based violence including domestic violence⁵⁵

- **Advocate to include GBV prevention and support for GBV survivors in national COVID-19 recovery plans**, to prepare governments for the increased demand for GBV response services, also in line with international commitments enshrined in the [General Recommendation No. 35](#) on gender-based violence against women from the Committee on the Elimination of Discrimination against Women (CEDAW) and the so-called [Istanbul Convention](#) adopted by the Council of Europe⁵⁶;
- **Provide coordination, support and advice to governments to expand COVID-19 adapted GBV response services including reporting systems** (for example hotlines), training of frontline workers to raise awareness of GBV and ensure staff are equipped with the information on specialized support and referral for survivors; and enhanced counselling services and shelters. Where already in place, enhance these services and maintain them in the context of reduced health services during the pandemic or due to movement restrictions. The services should be provided in the languages that refugee and migrants women and girls can understand;
- **Provide occupational safety and health (OSH) measures in a gender-responsive manner** to prevent gender-based violence and harassment at work, especially in cases where migrant and refugee workers are living with employers during COVID-19 movement restrictions“;
- **Establish Women and Girls Safe Spaces should be promoted as a key entry point to critical life-saving services and information⁵⁷**, recognizing that globally, and in many emergency contexts, GBV service providers are already noting a surge in intimate partner violence and others forms of domestic abuse, combined with the overwhelming resources required for the health response to COVID-19;
- **Pay specific attention to the unaccompanied and separated refugee and migrant girls on the move**, who might be ‘invisible’ due to the different dynamics of travel, such as without any legal guardian or trafficked, and improve the identification and support systems that is gender responsive and in line with the best interest principles⁵⁸;
- **Ensure access to free legal advice and free legal aid** available in the language of the refugee and migrant women and girls, in order to support survivors of all forms of GBV and trafficking through criminal, administrative and civil proceedings, including the pursuit of compensation claims and legal redress against the perpetrators;
- **Support Governments, sub-national authorities, and other service providers (including civil society and other key stakeholders) to expand essential reception and assistance services** - such as early identification and referral, safe housing, psycho-social support and healthcare - for refugee and migrant victims or potential victims of gender-based violence.

52 UN Committee on Migrant Workers and UN Special Rapporteur on the Human Rights of Migrants United Nations High Commissioner for Human Rights, [Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants](#)

53 IOM, [Forced returns of migrants must be suspended in times of COVID-19](#)

54 UN Network Migration Working Group on Alternatives to Immigration Detention, [COVID-19 & Immigration Detention: What Can Governments and Other Stakeholders Do?](#)

55 UNDP, [The COVID-19 outbreak has intensified domestic and gender-based violence \(GBV\) globally](#)

56 UN Network on Migration Working Group on Access to Services, [Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond](#)

57 Act Alliance, International Medical Corps, [Women and Girls Safe Spaces: Technical Guidance Note for COVID-19](#)

58 UNICEF, [Making the Invisible Visible. The identification of unaccompanied and separated girls in Bulgaria, Greece, Italy and Serbia](#)



Other considerations and recommendations

- **Collect and update comprehensive data and statistics, including on GBV and SRHR, which is disaggregated by gender, age, disability and gender-specific considerations** such as reported marital status, pregnancy and children, in an ethical and confidential manner⁵⁹ upholding the rights to privacy and data protection;
- **Provide training on inclusive data collection and share good practices** in design of gender-sensitive data collection tools with and gender-responsive data protection practices with governments and key stakeholders;
- **Support multi-sectoral gender analysis as an integral part of a strong COVID-19 response** to strengthen governments' understanding of gendered and intersectional impacts of the pandemic. A gender lens should be applied to all immediate responses, as well as in the development of long-term policies and actions;
- **Promote the use of multilingual, culturally sensitive, gender-sensitive and child-friendly information campaigns** so that refugees and migrants are fully aware of national plans and understand how they can access health, protection and vaccination services as well as recovery opportunities. **Advocacy efforts should be fact-based and transparent** in order to eliminate all forms of discrimination, racism, racial discrimination, violence, xenophobia and related intolerance against refugees and migrants. The message should be clear: no one will be safe until everyone is safe and refugee and migrant inclusion is imperative for public health and sustainable socio-economic recovery. In parallel, continue to work in partnership with UN entities, all key stakeholders and communities to implement appropriate outreach measures to vulnerable groups, including through organisations led by and supporting migrant and refugee women and women volunteers;
- **Urge for the full and meaningful participation and consultation of migrant and refugee women** in all aspects of the COVID-19 response and recovery plans, coordination and policies;
- **Enhance support to organisations led by migrant and refugee women**, as they provide frontline and grassroots level support to refugee and migrant communities and help the most marginalized to access assistance, counselling, education and livelihoods;
- **Provide training in violence against women and girls, sexual and reproductive rights, trafficking in human beings, gender equality and survivor-centred approach** to relevant authorities and staff including interpreters, professionals working in points of arrival/disembarkation and first assistance to refugees and migrants, reception centres staff, legal and judicial assistants, law enforcement actors, medical and psychological professionals, and intercultural mediators;
- **Support the government with the implementation of the "ASPIRE"** (*Acknowledgment, Support, Protection, Indirect discrimination avoidance, Representation, Evidence-gathering*) to help governments to prevent and mitigate the impact of COVID-19 on persons with diverse SOGIESC. The "ASPIRE" guidelines on COVID-19 response and recovery are based on six fundamental actions. These actions are considered good practice in the design, implementation and evaluation of measures of pandemic response and recovery.
- **Advocate for refugee and migrant women and girls' full and effective participation and consultation** in the formulation of such policies⁶⁰. **Collect, compile and share promising practices** with government and key stakeholders to support policy decisions and implementation of inclusive responses and recovery plans⁶¹;

59 WHO, UNFPA, UN Women; kNoVAWdata, [Data Collection on Violence against Women and COVID-19: Decision Trees](#)

60 OHCHR, [COVID-19: the suffering and resilience of LGBT persons must be visible and inform the actions of States](#)

61 For a compilation of such practices, UNHCR, [Communities Getting Involved - Supporting Community Leadership in the Response to the COVID-19 Pandemic](#)

Facts and Figures

- The Europe and Central Asia (ECA) region hosts 100.8 million (35,9%) of the world's 280.6 million international migrants, refugees and asylum-seekers (30,5 million)⁶². **The proportion of migrants relative to the overall population in the ECA region (10.8%) is more than three times the world's average (3.6%)⁶³.**
- There were 63.8 million migrant workers in Europe in 2019, over half of whom (32 million) were women migrant workers⁶⁴.
- Out of 100.8 million international migrants in the Europe and Central Asia (ECA) region, almost 9 million (9%) are persons forcibly displaced outside their country of origin, with Turkey hosting the largest number of refugees and asylum seekers worldwide (4.3 million), most of whom are Syrian⁶⁵.
- With a total of 51,9 million women and girls migrating to or within the region, **there are more migrant women and girls (51,5%) in the ECA region recorded in 2020 than migrant men and boys⁶⁶.**
- In 2020, more men or boys (63.8%) than women and girls (36.1%) applied for international protection in the European Union for the first time⁶⁷.
- **The COVID-19 pandemic and its effects have highlighted the gaps and inequalities faced by people with different SOGIESC across the ECA region:** Studies registered a stark rise in abuse and hate speech against them, while the number of lawsuits to recognize and protect the human rights of people with diverse SOGIESC is rising⁶⁸.
- Heavily reliant on international remittances, **Central Asia suffered a significant decline in remittance inflows in 2020 due to the pandemic, affecting both their livelihoods and that of their family members around the world⁶⁹.** Because of lockdowns and movement restrictions in key destination countries such as the Russian Federation, many migrant workers from the subregion lost their jobs, incurred significant salary cuts, or were forced to take unpaid leave. The loss of income had large economic impacts, especially on countries such as Kyrgyzstan and Tajikistan that rely heavily on international remittances. In 2020, for example, remittances made up 29 % and 27 per cent of GDP in Kyrgyzstan and Tajikistan, respectively. Remittance flows to ECA region declined by nearly 10 % in 2020, while those from the Russian Federation to countries such as Tajikistan and the Kyrgyzstan fell by 37 % and 17 %, respectively – a result of COVID-19 impacts in the Russian Federation⁷⁰.

62 For the purpose of calculating the data ECA includes Europe, Central Asia and Armenia, Azerbaijan, Georgia, Israel and Turkey (see UNSD [methodology](#))

63 United Nations Department of Economic and Social Affairs, Population Division, [International Migrant Stock 2020](#).

64 ILO, [Global Estimates on International Migrant Workers](#)

65 United Nations High Commissioner for Refugees, [Global Trends - Forced Displacement](#) in 2020

66 In 2020, there were 2.9 million migrant women and girls in Central Asia in and 44.7 million more in Europe. The total number of migrant women and girls in the rest of the countries of the region was almost 4.3 million (Armenia: 112.3 thousand; Azerbaijan: 131.2 thousand; Georgia: 44.5 thousand; Israel: 1.1 million; and Turkey: 2.9 million). IOM, [Migration Data Portal 2020](#).

67 Eurostat, [Asylum statistics](#).

68 ILGA-Europe, [Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people in Europe and Central Asia](#)

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70 IOM, [World Migration Report 2020](#)



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- United Nations Office for Disaster Risk Reduction
- World Food Programme (WFP);
- World Health Organization (WHO);

FURTHER RESOURCES

European parliament

- European Parliament resolution of 21 January 2021 on the gender perspective in the COVID-19 crisis and post-crisis period (2020/2121(INI)) ([Link](#))

European Union

- EU Action Plan on Integration and Inclusion 2021-2027
- LGBTIQ+ Equality strategy 2020-2025

Human Rights Watch

- Global Trends in LGBT Rights During the Covid-19 Pandemic, ([Link](#))

IASC

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- IASC Interim Guidance on Localisation and the COVID-19 Response, May 2020 ([Link](#))
- IASC Interim Guidance on COVID-19: Focus on Persons Deprived of Their Liberty ([Link](#))

ILGA EUROPE

- Bringing LGBTQ+ people to the Center of COVID-19 Economic Recovery ([Link](#))
- COVID-19: Funding opportunities for LGBTI activists ([Link](#))
- Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people in Europe and Central Asia, 2021 ([Link](#))

ILO

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- Protecting migrant workers during the COVID-19 pandemic, 2020 ([Link](#))
- Protecting the rights at work of refugees and other forcibly displaced persons during the COVID-19 pandemic, 2020 ([Link](#))
- Social Protection for migrant workers: necessary response to the COVID-19 crisis, 2020 ([Link](#))
- Locked down and in limbo: The global impact of COVID-19 on migrant worker rights and recruitment, 2021, ([Link](#))
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- IOM RO Vienna Advocacy Video on Vaccine Equity for Migrants ([EN](#), [RU](#))
- COVID-19 Analytical Snapshot #75: Labour Mobility ([Link](#))
- COVID-19 Analytical Snapshot #72: Gender dimensions ([Link](#))
- Monitoring COVID-19 impact on migrants – Special Edition: International Women’s Day, COVID-19 Impact on Migrant Women and Girls, 2021 ([Link](#))
- Gender and Migration Data: A guide for evidence-based, gender-responsive migration governance ([Link](#))

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- COVID-19 and key workers: What role do migrants play in your region?, 2020 ([Link](#))
- What is the impact of the COVID-19 pandemic on immigrants and their children?, 2020 ([Link](#))
- OECD Employment Outlook 2021, Navigating the COVID-19 Crisis and Recovery ([Link](#))
- Scaling up policies that connect people with jobs in the recovery from COVID-19, 2021, ([Link](#))
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- Entrepreneurship Policies through a Gender Lens, ([Link](#))
- Structural policies to deliver a stronger, more resilient, equitable and sustainable COVID-19 recovery, in Economic Policy Reforms 2021 ([Link](#))
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- Economic and well-being benefits of better integrating gender equality and environmental goals, in Gender and the Environment. Building Evidence and Policies to Achieve the SDGs ([Link](#))
- How Immigrants Contribute to Kyrgyzstan’s Economy, 2017 ([Link](#))

OHCHR

- Guidance note: on COVID-19 and the human rights of migrants ([Link](#))
- Joint guidance from OHCHR with the UN Committee on Migrant Workers, the UN Special Rapporteur on the Human Rights of Migrants, the Special Representative of the Secretary General on Migration and Refugees of the Council of Europe, the Special Rapporteur on Refugees, Asylum Seekers, Internally Displaced Persons and Migrant in Africa of the African Commission on Human and Peoples’ Rights, and the Rapporteur on the Rights of Migrants of the Inter- American Commission on Human Rights have already, Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants ([Link](#))
- An LGBT-inclusive response to COVID-19 ([Link](#))

- Press Release, ‘States must include LGBT community in COVID-19 response’: The how and why from a UN expert ([Link](#))
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- UN Press Release, COVID-19 Recovery Plans Must Boost Women’s Role as “Proven Road” to Sustainable Development Gains, Deputy Secretary-General Tells Gender Equality Conference, 1 October 2020 ([Link](#))
- The Sustainable Development Goals Report 2020 ([Link](#))

United Nations Network on Migration

- Statement, Stronger Together: Including Migrants in the COVID-19 Response and Recovery, 18 December 2020 ([Link](#))
- Statement, Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind, 2 March 2021 ([Link](#))
- UNMN COVID-19 Main Page ([Link](#))
- Statement, ‘COVID-19 does not discriminate, nor should our response’, ([Link](#))
- Statement, ‘Standing in Solidarity with Migrants: Supporting Civil Society and other Stakeholders in Responding to the COVID-19 Pandemic’ ([Link](#))
- [#BeyondTheOutbreak](#), Live Learning Experience organized by UCLG, UN-Habitat, and Metropolis, 25 March 2020
- Community of Practice: Voices from the Ground ([Link](#))
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- Beyond COVID-19: The feminist plan for sustainability and social justice, 2021 ([Link](#))
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- COVID-19 and women’s leadership: From an effective response to building back better, 2020 ([Link](#))



- Addressing the economic fallout of COVID-19: Pathways and policy options for a gender-responsive recovery, 2020 ([Link](#))
- Gender-responsive humanitarian response to the COVID-19 pandemic, 2020 ([Link](#))
- Report on the UN Women global response to COVID-19, 2020 ([Link](#))
- Strengthening gender measures and data in the COVID-19 era: An urgent need for change ([Link](#))
- UN Women, COVID-19 and women's rights organizations: Bridging response gaps and demanding a more just future, 2020 ([Link](#))
- Guidance Note for Action: Gender-Sensitive Private Sector Response to COVID-19 for Accelerated and Inclusive Economic Recovery ([Link](#))
- Covid-19 and the care economy: immediate action and structural transformation for a gender-responsive recovery ([Link](#))
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- Master Glossary of Terms: The UNHCR Master Glossary of Terms provides an online library of definitions and descriptions related to the work of serving and protecting people forced to flee ([Link](#))
- UNHCR Policy on the prevention of, risk mitigation, and response to Gender-Based Violence ([Link](#))
- The Impact of COVID-19 on Stateless Populations: Policy recommendations and good practices on vaccine access and civil registration, 3 June 2021 ([Link](#))
- Protecting Forcibly Displaced Women and Girls during the COVID-19 Pandemic, 1 March 2021 ([Link](#))
- UNHCR'S Approach to Evaluating the COVID-19 Response for Refugees and other Persons of Concern, January 2021 ([Link](#))
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- The role of the Global Compact on Refugees in the international response to the COVID-19 pandemic, 2020 ([Link](#))

- Communities Getting Involved - Supporting Community Leadership in the Response to the COVID-19 Pandemic, 2020 ([Link](#))
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- GBV Service Provision During COVID-19 ([Link](#))
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- Mitigating the impacts of COVID-19 and menstrual health and hygiene ([Link](#))
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United Nations Inter-Agency Network on Women and Gender Equality

- IANWGE compendium on integrating gender considerations in the response to COVID-19: Key messages and actions from UN entities ([Link](#))

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