

JOINT EDITION IN SUPPORT OF THE EASTERN AND SOUTHERN AFRICA COVID-19 VACCINES READINESS AND DELIVERY TASKFORCE (ESACREDT) DEMAND TWG

The vulnerabilities of asylum seekers, refugees and foreign-born migrants have been exacerbated during the COVID-19 pandemic. Migrant-inclusive approaches, particularly regarding COVID-19 vaccination, need to be considered to avoid harmful consequences, minimize hardship, as well as reduce public health risk.

Data 4 action

RCCE FOR COVID-19 VACCINE DEMAND IN EASTERN AND SOUTHERN AFRICA

SPECIAL EDITION ON MIGRANTS, REFUGEES, IDPs, ASYLUM SEEKERS, UNDOCUMENTED MIGRANTS

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SITUATION ANALYSIS

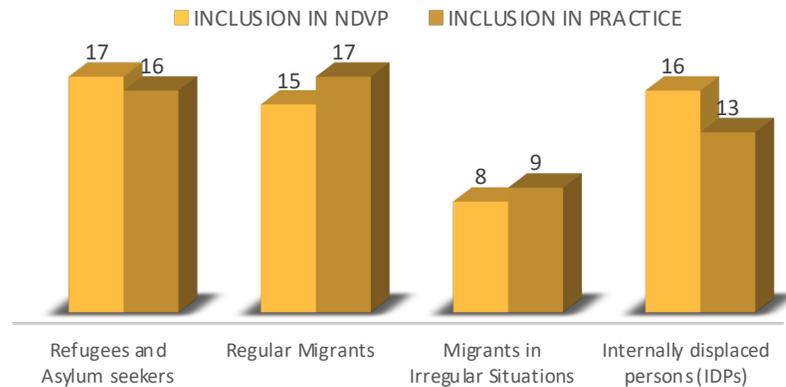


Figure 1. Inclusion of migrants for COVID-19 Vaccination in ESAR | source IOM

Many COVID-19 National Deployment and Vaccination Plans (NDVPs) do not explicitly include migrants beyond refugees and asylum seekers, however there is dissonance between inclusion of migrant groups in the NDVP and access to vaccines for migrant groups in practice (Figure 1). The goal for countries in the Eastern and Southern African region (ESAR) is to both include all migrant groups in NDVPs and to ensure access in practice. Countries should be supported to strengthen and sustain the efforts to include all migrant groups in vaccination, with particular attention to migrants in irregular situations, as only eight of the 19 countries have adequately included this group in both the NDVP and in practice.

KEY TAKEAWAYS

- ✓ Need to increase the availability of disaggregated data on vaccination rates among special populations, ensuring that data is captured, analyzed and reported upward throughout the system.
- ✓ Data disaggregation should be undertaken in social mapping exercises, sub-national equity analysis, social listening and when using human-centered design research tools.
- ✓ Migrant groups, including migrant workers, need to be represented in both NDVPs and operational plans to deliver targeted interventions aiming to increase uptake of COVID-19 vaccines. Collaboration needs to be strengthened with all sectors who may play a role in enabling or deterring migrants from accessing COVID-19 vaccines - immigration, police, social affairs, education, labor, trade unions, etc.
- ✓ A few countries are piloting unique approaches to ensure undocumented migrants can be included (e.g., Zimbabwe, South Africa, Zambia and Kenya), despite challenges with registration of migrants in irregular status.

FINDINGS AND CHALLENGES

THINKING AND FEELING	<ul style="list-style-type: none"> In some ESAR countries, a lack of outreach and reliable information targeting migrants is reported, which may have a negative impact on trust. Vaccine hesitancy is reported to be high among migrant populations in those countries.¹ Migrants, especially those who are undocumented, may have suboptimal health-seeking behaviours due to distrust in governments or fear of detention and deportation by seeking health care.⁵ When accessing vaccine centres outside of settlement camps, undocumented people in particular fear prohibition or delays in crossing checkpoints for security reasons, among others.⁹
SOCIAL PROCESSES	<ul style="list-style-type: none"> Linguistic and cultural barriers are considered major concerns for migrant participation/access, leading to dis- and misinformation.² In situations of fear and uncertainty, such as the current pandemic, migrants and minorities associated with migration can be particularly vulnerable to attitudes and behaviours that stigmatize them and use them as scapegoats.⁸ Evidence of exclusion and discrimination by healthcare and other frontline workers and invisibility by humanitarian actors.¹⁰
PRACTICAL ISSUES	<ul style="list-style-type: none"> Despite increasing inclusion of migrant groups at the policy level, refugees and migrants, particularly those in irregular situations, may still face multiple barriers to vaccination and access to health systems that are relevant to the implementation of COVID-19 vaccine programmes.⁶ Vaccination campaigns have been concentrated in major cities and towns, with slow rollout to remote, displaced and border communities.³ Challenges linked to the absence of a firewall between health and immigration authorities has led to lack of clarity around data sharing.⁴ Complex registration processes, online for example, are noted as a challenge for some undocumented refugees and migrants, particularly those in irregular situations.⁷ Migrant groups may have pre-existing limited access to health services and lack of knowledge of the health system, vaccination schedule, and vaccination points in the host country.¹² In settings such as refugee or IDP camps, people have limited mobility and experience difficulties getting to vaccination sites and accessing information and vaccination services. Sometimes migrants are on the move, which is an issue for getting a second dose of the COVID-19 vaccine.¹³

GOOD PRACTICES FROM COUNTRIES

RWANDA

The Rwanda NDVP clearly captured a plan for refugees and asylum seekers living in Rwanda. A multi-sectoral workshop involving key representatives from UN agencies and intervening Non-Government Organizations (NGOs) was held to discuss strategies to identify and reach these groups. Inclusive microplanning was also undertaken with all involved institutions to define strategies to reach out to the identified eligible people. Refugees working as health service facilitators across the six refugee camps in Rwanda and all adult refugees in Gashora emergency transit mechanism centers were vaccinated for COVID-19. As of now, 1,616 have received two doses and 488 are awaiting their second dose in Congolese camps.

ZIMBABWE

COVID-19 vaccines are widely offered to all eligible persons in Zimbabwe, inclusive of non-nationals. Vaccine registration accepts any form of identification document, no matter its expiration date, without question of a person's legal status or place of residence. For undocumented persons, a support letter can be presented from a Headman, Councilor, Chief or Member of Parliament to facilitate registration.

ZAMBIA

The Government is deploying mobile vaccination teams to border areas to target migrant and host populations who may not be routinely or easily covered by health services (including targeting small scale cross border traders with the support of IOM).

Information and data sources

¹⁻⁴ IOM, MIGRANT INCLUSION IN COVID-19 VACCINATION CAMPAIGNS Southern Africa Region Snapshot IOM Country Office Updates (as of 15 Sep 2021)

⁵⁻⁷ WHO, COVID-19 immunization in refugees and migrants: principles and key considerations. Interim guidance, 31 August 2021 [here](#)

⁸ OHCHR, Joint guidance note on equitable access to COVID-19 vaccines for all migrants. Geneva: 2021 [here](#)

⁹⁻¹³ Collective Service, Risk Communication and Community Engagement Guidance on COVID-19 Vaccines for Marginalised Populations, August 2021, interim guidance [here](#)

UNICEF ESARO, RCCE in special settings Refugee camps and migrants, urban settings, informal urban settings, rural settings and gender considerations, 2020

UNICEF ROSA, Reaching vulnerable population with COVID19 vaccine, 2021

III, D. E. L. P., Adebisi, Y. A., Adewole, L. I. U., Abdullahi, Y., Alaran, A. J., Izukanne, E. E., ... & Bolarinwa, J. O. A. Ensuring Access to COVID-19 Vaccine among the Marginalized Populations in Africa. [here](#)

Khan, M. S., Ali, S. A. M., Adelaine, A., & Karan, A. (2021). Rethinking vaccine hesitancy among minority groups. The Lancet, 397(10288), 1863-1865. [here](#)

SA Social Listening Report 21 September

PROGRAMMATIC RECOMMENDATIONS

THINKING AND FEELING	<ul style="list-style-type: none"> • Increase the availability and use of further disaggregated social and behaviour change (SBC) data to understand the drivers influencing vaccine acceptance. • Plan appropriate communication on access to vaccinations for refugees, IDPs, and migrant communities. Support the translation and dissemination of officially approved and culturally appropriate health advisories and public health information on COVID-19 vaccines into required languages. • Reach people in fragile settings and conflict areas through local community-based organizations (CBOs), religious leaders, local influencers. • Leverage radio and social media to communicate, manage misinformation and rumors, support community-led response, capture crisis alerts from communities and facilitate a timely response. Include opportunities for two-way dialogue, such as Q&A sessions with experts.
SOCIAL PROCESSES	<ul style="list-style-type: none"> • Mobilize refugees, IDPs, migrant-led organizations, and networks to have a meaningful role in COVID-19 response and vaccination rollout plans from their inception. • Conduct social mapping to identify vulnerable and marginalized groups e.g., refugees, migrants, IDP camps and advocate for including them in vaccination plans. • Capture social evidence to understand the social organization of the city per neighborhood, identify key influencers (formal and informal) and any socioeconomic, ethnic/nationality or religious constructs. • Establish or leverage existing offline social listening mechanisms in partnership with refugee and migrant community networks to capture communities' concerns and perceptions towards COVID 19 vaccines and track risks associated with human mobility. • Improve training of health workers in patient-centered care and migrant-friendly interpersonal communication to support more empathetic vaccine services, considering migrant's needs, cultural, religious and social perspectives.
PRACTICAL ISSUES	<ul style="list-style-type: none"> • Reinforce national and subnational data collection and reporting mechanisms and include IDPs, refugees, asylum seekers and migrants. • Include representatives of IDPs, refugees, asylum seekers, and migrant populations in the development of micro-plans. • Strengthen collaboration with agencies working with refugees, migrants and IDPs such as IOM, UNHCR, Red Cross societies and/or local CBOs. • In countries where the migrants' inclusion rate in practice is higher than what was planned for in the NVDP, continued advocacy, and provision of technical support to the government is required on the inclusion of migrants in their NVDP. This includes during Intra-Action Reviews (IARs). Countries that have included migrants in the NVDP should be supported to translate their plans into practice. • Countries that are currently in the process of revising NDVPs, should take this opportunity for formalizing positive practices that are being implemented with special populations but that are not in the National Plan and roll out plans, ensuring that specific budgetary lines are allocated to related activities. • Address the practical and information needs of specific groups among refugees, IDP, and migrants. While refugees, IDPs, and migrants are themselves vulnerable groups, these groups contain audience segments consisting of children, women, and girls (including pregnant and lactating women and girls), older persons, persons with disabilities, people living with comorbidities and others. • Advocate for mobile vaccination points and/or expanded hours for vaccination services that would improve accessibility, which may require increased mobilization of volunteer steward/vaccinator support services.

Resources

Collective Service, Risk Communication and Community Engagement Guidance on COVID-19 Vaccines for Marginalised Populations, August 2021, interim guidance [here](#)

Global Health Cluster, Position on Covid-19 Vaccination in humanitarian settings: 12 key messages for advocacy. [here](#)

COVID 19 immunization in refugees and migrants : principles and key considerations [here](#)

Practical Guidance for Risk Communication and Community Engagement (RCCE) for Refugees, Internally Displaced Persons, Migrants and Host communities Particularly Vulnerable to Covid-19 Pandemic [here](#)

COVID-19 Communication Network Vaccine Resources. Johns Hopkins CCP [here](#)

Human-Centered Approach for health [here](#)

The Humanitarian Buffer [here](#)

Practical Guidance for Risk Communication and Community Engagement (RCCE) for Refugees, Internally Displaced Persons, Migrants and Host communities Particularly Vulnerable to Covid-19 Pandemic [here](#)

Notes on methodology and collaboration

This report provides key highlights – challenges, key findings and programmatic recommendations based on different sources, following a methodology guided by the [Increasing Vaccination Model](#) (Brewer et al., adapted by the BeSD expert working group), and further utilizes UNICEF's Behavioural Drivers Model (BDM). This report is compiled by UNICEF in support to the ESACREDIT Demand TWG on a monthly basis, under outputs (1) to enhance knowledge sharing among related partners, and (2) to support the dissemination of regional and national level tools and recommendations on equitable/inclusive immunization demand and uptake.