Trafficking in Persons (TiP) is a core protection issue violating the dignity and integrity of the person, endangering their life and physical security. It is a serious crime and a grave violation of human rights. In normal times, TiP is widespread, and in emergencies the risk and prevalence is known to rise. This document explains **why** there is an elevated risk of TiP during the Covid-19 pandemic, **who** is likely to be most affected, and **what operational approaches** can be adopted to prevent, mitigate or respond to TiP by Movement actors. It also includes **advocacy messages** for consideration in engagement with government, donors and the wider humanitarian sector. Underpinned by our Fundamental Principles, these messages call for a more comprehensive and coordinated prevention and response to TiP.

This guidance complements the Covid-19 Impact on Trafficking in Persons Factsheet, developed for a general Red Cross Red Crescent audience, by providing more technical and detailed advice. It should be read in conjunction with the Global Protection Cluster Anti-Trafficking Task Team 'COVID-19 Pandemic: Trafficking in Persons (TIP) considerations in internal displacement contexts'. Existing Movement guidance on responding to the needs of trafficked people and migrant workers are referenced at the end of this document.

Overview - Trafficking in Persons

The *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children* (commonly referred to as the *Palermo- or Trafficking Protocol*) provides the international legal definition of trafficking in persons, which includes;

- **the 'act'** (what is done), for example the recruitment, transportation, transfer, harbouring or receipt of persons;
- **the 'means'** (how it is done), for example through threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability;
- **and the 'purpose'** of exploitation (why it is done), for example sexual exploitation, forced labour, domestic servitude, slavery or similar practices and the removal of organs.

When trafficking involves a child, it is irrelevant whether the means, such as force or deception, have been used or not. A child will be recognised as trafficked if they have been moved within a country, or across borders, whether by force or not, for the purpose of exploiting the child.

People can be trafficked either transnationally (crossing at least one international border) or domestically (within the borders of one country). TiP occurs in every context, in every corner of the world, at various frequencies. The exact extent of TiP is hard to determine due to the underground nature of many exploitative practices that account to TiP and because it is under-reported. It affects men, women, boys and girls of all ages, although it also has a strong gendered dimension as women and girls account for the largest numbers of detected survivors/victims[1].

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[1] United Nations Office on Drugs and Crime (2018), Global Report On Trafficking In Persons, https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTiP_2018_BOOK_web_small.pdf

Although TiP can occur at any time, crisis contexts can exacerbate pre-existing trafficking trends and risk factors, as well as give rise to new ones. Traffickers capitalize on the widespread human, material, social and economic losses caused by emergencies. These losses intensify pre-existing vulnerabilities and can force people to make decisions and take risks that they wouldn't otherwise.

The following characteristics interlinked with the factors discussed in this guidance may make some people more vulnerable to the risks of trafficking and exploitation:

- People living in existing humanitarian emergency settings
- People with poor economic or employment opportunities
- Children with reduced or no access to education
- People with disabilities or learning difficulties
- People with mental health issues
- People with drug and alcohol addiction
- Unaccompanied and separated children
- Migrants, including refugees, asylum seekers and stateless people

- Migrant workers with irregular immigration status
- Homeless people or those in precarious living conditions
- People engaging in sex-work or transactional sex
- Domestic workers
- Sexual and gender minorities
- Ethnic or religious minorities
- Women and children

It is important to note that human trafficking is a complex phenomenon and these factors **should be thought of as interrelated elements** that also have an impact on each other – e.g. not all women are more vulnerable to risks of trafficking, but a woman in an humanitarian emergency setting with no access to livelihoods is in a more vulnerable situation to these risks, especially when common irregular migratory routes exist.

Covid-19 & Trafficking in Persons – main challenges

The Covid-19 pandemic is affecting communities worldwide, including in areas already impacted by crisis prior to the outbreak. In addition to taking lives, the pandemic has severely impacted the global economy, resulting in loss of livelihoods, changing migration patterns and the disruption of family and social networks.

Covid-19 affects the entire population, but the primary and secondary impacts affect different people in different ways, based on pre-existing physiological differences, health conditions, socio-economic inequalities, age, gender and cultural norms. Identified here are three main ways the impact of Covid-19 is increasing risks of trafficking in persons:

1) Increased vulnerability to trafficking amongst individuals and communities who were already at risk and those who were previously not considered so

1.1 Increased economic hardship and unemployment

Poverty and unemployment are key drivers for trafficking in persons. Covid-19 has led to a significant increase in global economic hardship. The International Labour Organisation (ILO) has estimated that there will be between 20.1 million and 35.0 million more people in working poverty than before the Covid-19 pandemic[2] with an estimated 1.6 billion informal sector

> Millions already living in subsistence conditions who have now lost their wages means many may now not be able to meet their basic needs, which creates a fertile recruitment ground for traffickers. (UNODC)

workers affected[3]. UNWIDER warns of an additional 500 million people (8 per cent of the world's population) pushed into poverty[4], and the World Bank projects an additional 50-60 million people in extreme poverty[5]. Rises in unemployment and reductions of household and individual incomes mean that those who were already at risk of trafficking prior to Covid-19, in particular low wage and informal sector workers, are more likely to find themselves in precarious situations. Families who rely on remittances are likely to be hugely affected and suffer additional strain.

Significant global shifts in demand for goods and services has also meant that the during the pandemic, many people are experiencing unemployment and loss of livelihood for the first time in their lives. Without sufficient social and societal supports, they may be less equipped to navigate these challenges and more easily deceived about exploitative employment opportunities. Workers who lose their jobs and have no alternative access to livelihood support may, for the first time, be forced into bonded debt[6] or to consider the sale of human commodities such as children or sexual services.

1.2 Limited availability or access to services including health and social security systems

Access to health and social security systems helps prevent TiP. In countries where such systems are more fractured, less formalised or there are multiple barriers to access, (language barriers, digital literacy etc.) economic hardship is more likely to lead to an increase in TiP. Government measures in response to the pandemic (financial support, healthcare etc.) may not be accessible to certain groups including migrant workers, irregular migrants, refugees and asylum seekers, further exacerbating their vulnerability. Even in countries with formalised mechanisms, the pandemic has created significant delays or access difficulties, leaving behind those who most depend on the services provided.

1.3 Disruption of regular and irregular migration patterns resulting in heightened irregular methods of movement, or more dangerous irregular routes

As countries continue to impose travel restrictions, both for foreign nationals as well as their own citizens and permanent residents, regular global migration routes have been dramatically decreased. As a result, more people may resort to irregular methods of movement, including smuggling, which can increase risks of trafficking. The securitization of borders has also disrupted pre-existing irregular routes, which may lead to the creation of new ones with heightened risks. Traffickers are likely to use increasingly risky modes of transport and precarious trafficking routes to continue operations. As a result of travel restrictions, they may also take advantage of businesses and industries who are experiencing labour shortages due to changes in migrant worker availability. Traffickers are also likely

[2] International Labour Organisation (2020). COVID-19 and the world of work: Impact and policy responses. [online] Geneva: International Labour Office, p.3

[3] https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743146.pdf

[4] https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-poverty

[5] https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest and https://www.worldbank.org/en/news/press-release/2020/05/19/world-bank-group-100-countries-get-support-in-response-to-covid-19-coronavirus

[6] https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf

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to exploit large numbers of migrants currently stranded away from home due to border closures and who lack information and access to social networks, income, and other protective factors.

1.4 Rise in the number of people who need to migrate to gain employment

In situations where Covid-19 has led to economic hardship, people may be more likely to consider domestic or international migration in order to re-gain employment. Loss of livelihoods, and a lack of access to food and essential services may also mean that domestic or international migration becomes an option for people who may have not considered this previously. This may continue to occur for some time after the pandemic has subsided, as the economic downturn continues to impact access to livelihoods and financial security. Migrants and internally displaced people are at increased risk of trafficking for many reasons including language barriers, insecure or irregular immigration status, disconnection from usual support networks and lack of access to services.

1.5 Changing family dynamics and greater pressure on the family unit resulting in negative coping mechanisms

Loss of employment, restricted access to essential services and restrictions on freedom of movement can place significant added stress on a family unit and result in the use of negative coping mechanisms. A loss or reduction in the household income may result in increased engagement of children in exploitative labour[7], the risk of trafficking for the purpose of forced marriage is exacerbated, as well as trafficking for the purpose of exploitation in criminal activities, such as transporting narcotics from one place to another or petty theft. Children might be asked by parents to go out and beg so they can put food on the table, or in search of food and income.[8] Minors who have been separated from their families in times of crisis can face increased risks to trafficking and other forms of abuse and exploitation.

1.6 Loss of societal support through disruption to education, employment and other services and social networks.

The pandemic has disrupted the way society normally functions. Government imposed restrictions on movement have exacerbated the isolation of vulnerable groups, by decreasing opportunities to access support through employment, education and other services and institutions. These factors can all increase a person's vulnerability to trafficking. For example, educational establishments often provide more than education. Disruption to education services, as well as both formal and informal caregiving arrangements, may leave children unattended and increasingly vulnerable during daytime. Caregivers may be more willing to entrust them to traffickers under false promises of providing them with education, skills training or work. Schools are often safe spaces for children and young people at risk of early or forced marriage so their closure can put them at increased risk.

1.7 Increased engagement online leading to increased online sexual exploitation

Movement restrictions and school closures may increase the time people spend online and the consequent risk of recruitment for the purpose of cyber trafficking, including online sexual abuse and exploitation of children and young people.[9] An increased demand for online sexual abuse material and

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[7] The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic
[8] https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf
[9] https://nationalcrimeagency.gov.uk/news/onlinesafetyathome

greater risks of online grooming has already been reported by various stakeholders.[10] Restrictions on movement may also shift other forms of exploitation, such as sexual exploitation of women and girls, online or within private homes. As economic hardship increases and people are required to stay at home, negative coping mechanisms can include exploiting women and children online.

1.8 Post Covid-19 rapid demand for labour

Organisation and agencies working to prevent TiP in supply chains have also warned of the increased risks to labour exploitation once restrictions are lifted and economic production resumes. Incentives for companies to rapidly scale up production can create demand pressure that drives unauthorized subcontracting, wage reduction and increases risk to exploitation.[11]

1.9 Abandonment of vulnerable people due to fears of the virus

Fear of the virus and associated stigma has been fuelled by misinformation and rumours. The impact of these, combined with Covid-19 prevention and control measures, has created risks related to the abandonment of vulnerable people, including women and children, placing them at increased risk of TiP. Social stigmatisation of individuals who have been in quarantine or treatment may also lead to this.

1.10 Disruption to prevention and response efforts

Disruption to plans and strategies to prevent and respond to trafficking may weaken overall TiP responses and lead to increased risks. For example, the capacity of law enforcement agencies, relevant authorities and non-government organisations to undertake TiP prevention activities such as public awareness campaigns or large-scale training activities has already been disrupted, while a lack of resource may have an impact on the ability to analyse changes in trends.

2) Increased risks for trafficked people

In many contexts, the situation created due to Covid-19 is increasing risks of harm for trafficked people in the following ways;

2.1 Increased exposure to exploitation and harm

Wide-spread lock downs and the closure of community infrastructure has increased the intensity of exploitation for trafficked people confined in an environment with their trafficker. International human rights agencies have warned of the risks that migrant domestic workers face due to this increased exposure to exploitation and harm during the Covid-19 pandemic.[12] This is particularly relevant for workers whose immigration status is bound to their employer by a sponsorship system.[13] Trafficked people may also be moved into more dangerous and invisible employment to ensure continued income for traffickers or may be forced to work longer hours due to labour shortages.

2.2 Barriers in accessing healthcare and other services

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[10] https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf

[11] CEO of the Global Fund to End Modern Slavery Dr. Jean Baderschneider, whilst launching a response and recovery fund, has said "While we address urgent humanitarian needs, we must also re-evaluate social protections and supply chains, working with our public and private sector partners to prevent a future surge of exploitation and modern slavery." https://www.gfems.org/covid-19

[12] Amnesty International's Middle East and North Africa Regional Director, Heba Morayef, on the 14th of April 2020 said that "While staying at home will help prevent the spread of COVID-19, it increases the risk of exploitation and other forms of abuse suffered by live-in migrant domestic workers at the hands of their employers," https://www.amnesty.org/en/latest/news/2020/04/lebanon-migrant-domestic-workers-must-be-protected-during-covid19-pandemic/

[13] GBV AoR Helpdesk, Covid-19 Impact on female migrant domestic workers in the Middle East

Those confined to a situation of trafficking may not have access to medical assistance due to a lack of identity documents, irregular immigration status or lack of freedom of movement. The closure or restriction of in-person interactions in clinics, shelters and offices of service providers further limits the support services available to trafficked persons which may increase the likelihood of further harm.[14] Many trafficked persons who become unwell also fear the consequences of seeking care, due to lack of firewalls between essential services and immigration agencies.

2.3 Lack of or reduced access to Covid-19 preventative measures

Trafficked people may be placed at increased risk of contracting Covid-19 through a lack of access to vital information on how to prevent the spread of the virus, as well as a lack of access to personal protective equipment. Additionally, trafficked people may be unable to follow recommended preventative measures due to living and working conditions such as lack of access to hygienic and hygiene management facilities, protective equipment or being forced to continue working. It is common for trafficked people to be living in overly cramped conditions, such as brothels, labour camps, or properties/rooms with multiple people, therefore they may be unable to physically distance themselves from other people, increasing the risks of the virus spreading. Trafficked people who are forced to continue working are also at increased risk of being criminalised for breaching lockdown and social distancing regulations.

2.4 Pre-existing health needs leading to a heightened vulnerability to severe infection

The severity of various forms of abuse and exploitation that trafficked people experience leads to compromised health conditions, which heightens the risk of severe infection.[15]

2.5 Reduced capacity of responders to identify and safely refer individuals

Diminished and overwhelmed government and non-government services due to Covid-19 places trafficked people at risk of not being identified and safely referred to support services, as these actors play vital roles as frontline responders to TiP. A reduced capacity and resources of law enforcement or other relevant authorities to respond to reported cases of TiP, due to diversion of resource to Covid-19 responses, may lead to less trafficked people removed from harm and lower capacity to investigate cases. In addition, services such as labour inspections, which play important roles in preventing labour exploitation, may be considered as non-essential within lockdown situations and be negatively affected.[16]

3) Increased risks for people who are no longer in situations of trafficking

In many contexts, the situation created due to Covid-19 is increasing risks of harm or re-trafficking, to people who have exited a situation of trafficking, in the following ways;

3.1 Increased strain on mental health

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[14] Every Child Protected Against Trafficking, (2020). Trafficked young people face homelessness and harm under UK's coronavirus response. [online] Available at: https://www.ecpat.org.uk/news/trafficked-young-people-homelessness-and-harmcoronavirus [Accessed 22 Apr. 2020]
[15] https://publications.iom.int/system/files/pdf/ct_handbook.pdf, Chapter 2
[16] https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf

Social isolation as a result of lockdowns may exacerbate the after-effects of traumas or trigger memories of confinement and exploitation for victims/survivors of trafficking, who can be at risk of self-harm and unable to access psychological support.

Combined with barriers to accessing mental health supports due to disruption to such services, this experience may increase the likelihood of further harm or uptake of harmful coping mechanisms; risk of re-trafficking; and or exposure to new forms of exploitation.

3.2 Disruptions to criminal justice proceedings

Community lockdown and social distancing measures have also impacted judicial proceeding as criminal justice systems have faced challenges in resourcing and processing cases, particularly so in countries where systems are already under-resourced. This can lead to investigations on TiP becoming a lower priority and delays in seeking justice for trafficked people currently in the criminal justice process. In some contexts, the prosecution of traffickers is a primary form of deterrence, and therefore delays in proceedings and subsequent prosecutions, may also play a part in weakening deterrence efforts and enabling traffickers to act with impunity.

3.3 Inability to return to countries of origin or access services in the country of identification

Movement restrictions may impede victims/survivors' ability to return to their country of origin if that is their preferred choice, which can impact their ability to continue accessing support services. Having no option but to remain in a county where the trafficking occurred can also have negative mental health impacts on survivors. Where a survivor is not a national of the country where they have been identified and either wish to or have no option but to remain, disruption to immigration caused by the pandemic may lead to their inability to access support services, including healthcare, as it is common for support to non-resident survivors to be either time limited or contain other restrictions.

Integrating TiP considerations in Covid-19 responses

There are a number of ways in which National Societies can integrate the considerations discussed above into Covid-19 response country plans and activities. This can be done without dedicated programs and without specialist knowledge in this area. However, if a National Society is already experienced and knowledgeable in providing services in response to TiP, it is also possible to undertake more specific and targeted interventions. Both approaches will be discussed in the following section, as well as advice on capacity building and support for staff and volunteers.

Any National Society considering **engaging directly with people who have experienced trafficking**, must **carefully assess the capacities and capabilities** of the NS including skills, specialised knowledge, resources, procedures and expertise required to engage in this area, in line with the principle of **do no harm**. If your National Society is considering taking such action, you can **connect with the IFRC Global PGI team:** pgi.support@ifrc.org. The IFRC approach to TiP is outlined in the guidance documents for European National Societies and Asia-Pacific National Societies.

1. Integrating Considerations of TiP into Covid-19 response activities: minimum standards

It is important that National Societies take action to integrate considerations of TiP into Covid-19 response activities in order to reduce the risks and negative impacts of TiP. This can be done in the following ways:

- **Assume TiP is occurring** even if there is no evidence of prevalence.
  Although often not easily visible, evidence tells us that trafficking exists in every society worldwide;
- Collect **sex, age and disability disaggregated data** and analyse the differential impacts, barriers and risks being faced by different groups; Ensure the Minimum Standards for PGI in Emergencies are met in all activities;
- **Assess potential barriers in accessing services and accurate information,** especially for the at-risk groups highlighted above; and **offer protection and assistance through provision of essential services** such as health and psychosocial support, ensuring that everyone, have access to these services regardless of status or documentation;
- **Include migrants, including irregular migrant workers and displaced people,** in all general preparedness and response plans and activities and ensure that such support is accessible and based on vulnerability criteria rather than criteria related to employment/immigration or legal status, address, etc. to determine need and eligibility;
- **Include those who are most vulnerable** to the risks of trafficking or their caretakers/guardians **in covid-19 awareness raising initiatives.** Consult the CEA hub for further resources;
- Ensure that **staff and volunteers in all sectors** have received training in all relevant protection areas, including trafficking (see point 2 below), and are aware of and are equipped to provide accurate and up-to-date information on **support services** for vulnerable cases, including survivors/victims of trafficking, and are aware of current limitations of response services. Ensure they can all provide safe referrals;
- Ensure **regular check-ins and communication** with the local protection, gender, diversity or inclusion focal points or teams. Ensure they are regularly consulted and included in key meetings, information-sharing mechanisms and decision-making processes to provide technical advice;
- Prioritise **livelihood** interventions for those most at risk of trafficking and exploitation, especially those in high-risk employment situations, those in the informal labour market, those who are dependent on their work for immigration/residency status, and those who live with their employer, among others;
- Utilise the role of the Red Cross Movement in **Restoring Family Links** to support individuals in re-establishing or maintaining family if separated or disconnected and to support the maintenance of family structure.

2. Capacity Building and Support to Staff and Volunteers
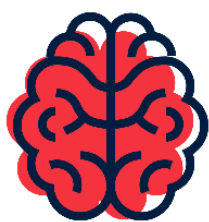
Capacity building of Movement staff and volunteers is an essential component of risk mitigation, prevention and ensuring safe responses. Staff and volunteers from all sectors in a humanitarian response, especially health, water and sanitation staff in light of the nature of Covid-19, should be appropriately trained and supported to understand key protection risks, including TiP, in order to respond to the COVID-19 crisis without creating further harm. As National

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Societies may be undertaking increased recruitment to respond to the COVID-19 crisis, it is a critical time to ensure efforts are also made to build their capacity to safely respond to protection issues, including trafficking. This can be done in the following ways:

Ensure all staff and volunteers are trained on;

☐ The IFRCs Minimum standards for Protection Gender and Inclusion (PGI) in Emergencies and specific protection issues including:

  ▪ Recognising Trafficked People (online course)[17]
  ▪ Sexual and Gender Based Violence
  ▪ Introduction to Child Protection and Child Protection in the IFRC
  ▪ Responding to protection matters (including the survivor-centred approach and safe referrals)
  ▪ Psychological First Aid
  ▪ Introduction to Prevention of Sexual Exploitation and Abuse (PSEA) from humanitarian workers;

Ensure all staff and volunteers have understood and signed their organisations (or IFRC secretariat):

☐ Code of Conduct
☐ Child Protection/Safeguarding policy
☐ PSEA policy

Plan and facilitate refresher trainings on other protection subjects as necessary, as well as for newly recruited staff and volunteers. Ensure management and HR also receive such training

Staff and volunteers of the Red Cross Red Crescent Movement are equally impacted by the outbreak of COVID-19. While they provide services to the affected, it is the duty and obligation of each National Society to care for their well-being. The following resources have been created to support National Societies to fulfil their duties:

- IFRC brief guidance note on caring for volunteers in COVID-19
- Psychological coping during a disease outbreak for families, friends, colleagues of those in quarantine or self-isolation
- Psychosocial First Aid package in the COVID-19 outbreak response
- Interim guidance: Supportive supervision for volunteers providing mental health and psychosocial support during COVID-19
- Guidance on vicarious trauma (Headington Institute)

3. Specialised measures to prevent and respond to TiP

In addition to the measures outlined in Sections 1 and 2 above, where a National Society has skills and experience in responding to child protection, sexual and gender-based violence and TiP and/or has existing TiP programs and services, they can consider undertaking the more specialised measures suggested below in order to prevent and respond to TiP during Covid-19;

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[17] Please note that this is a British Red Cross e-module and therefore some of the content is specific to the United Kingdom and the work of the BRC. A more global e-module is currently being developed and the guidance will be updated as soon as it is available.

- Undertake context **specific analysis of trafficking risks, trends and responses**, using National Society and local knowledge and experience, news reports, secondary data, as well as information from international agencies such as UNODC and ILO and share these with Movement teams;
- Collect and analyse sex, age and disability disaggregated data and analyse the differential impacts, barriers and risks being faced by different groups to **ensure current TiP programming best meets the needs** of the affected population;[18]
- Undertake a **migration and displacement analysis**;[19]
- Assess the capacity of staff and volunteers in responding to TiP and develop a **specialised TiP training curriculum and capacity building plan** in response;
- Include **trafficking prevention and response into Covid-19 National Society Response Plans** and the continuity and adaptation of TiP life-saving services into Business Continuity Plans;
- Ensure trafficking prevention and response **indicators/outputs/outcomes** are included in response plans, including in multi-disciplinary plans;
- **Adapt working modalities** to consider the safety, security and health risks involved for a trafficked person and their family, the responding organisation and staff, and the wider community;[20]
- Develop or **strengthen cooperation with all other sectors**, including health practitioners and community healthcare volunteers to ensure they understand and can recognise signs of trafficking[21] and respond safely;
- Ensure strong cooperation with colleagues from health departments or with healthcare professionals to ensure that staff and volunteers working with victims/survivors or **at-risk groups are aware of health protocol, risk mitigation and best practices**. This will ensure that trafficked persons, staff, volunteers and the wider community are less at-risk of contracting the virus. Ensure appropriate health-related interventions are incorporated into ongoing activities;
- **Include Covid-19 awareness raising**, risk communication, behaviour change and hygiene promotion approaches within ongoing trafficking prevention or response activities;
- Ensure that **earmarked funding for TiP interventions** is integrated in regional and country appeals;
- If you see that the context your National Society is operating in requires specific technical support to address TiP, consider requesting **surge support** from a delegate with this profile.
- Ensure implementation of any activities is in line with the Fundamental Principles and available **TiP guidance** (referenced below);
- **Identify, monitor and respond** to the specific health needs of trafficked people at the point of identification and while **providing immediate and longer-term support;**
- Where face-to-face outreach activities may be reduced or suspended, consider replacing such activities with freely available **telephone or internet-based communication channels**;
- **Review existing referral mechanisms** and see how referral and service provision can continue considering social distancing measures and possible scale-down of activities;
- Coordinate and engage with organizations who are responding to incidents of **GBV and child protection** to ensure they are aware of the risks of exploitation and trafficking that women and children face;
- **Introduce gender-responsive risk mitigation** measures such as strengthening women's groups, shelters and SGBV services incorporating measures;

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[18]https://gbvguidelines.org/wp/wp-content/uploads/2020/03/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf
[19] COVID-19: Including migrants and displaced people in preparedness and response activities- Guidance for Asia Pacific National Societies
[20] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-Task-Team-on-Anti-Trafficking_COVID-guidance_final_SM.pdf
[21] Idem

- **Introduce child-responsive risk mitigation** measures such as efforts to ensure appropriate care arrangements in the event children and caregivers are separated due to isolation or treatment and supporting access to remote learning for children when in person learning is disrupted;
- **Monitor the short, medium and long-term impacts** of any specialised measures implemented;
- **Ensure that feedback received from all groups, especially those identified as more at risk of trafficking, is used to adjust programming**.

> All staff and volunteers must **assume that TiP is happening and increasing** (even without existing contextual data) and ensure contingency planning takes into account increased support to survivors and to services supporting them. The **survivor-centred and multi-sectoral approach must be maintained**, although the modality of service provision and its frequency may be adapted to comply with the measures taken by governments in containment, delay, and mitigation. Cooperation with TiP (as well as SGBV, child protection or broader protection based) working groups or networks will enable staff to identify and monitor emerging trends and share best practice in responding to upcoming challenges. This coordination needs to be sustained through remote means of communication if travel or restrictions on in-person meetings are in place.

Covid-19 containment, delay, and mitigation strategies adopted by Governments carry various levels of risks and restrictions which make some modes of service delivery more possible than others. Covid-19 containment strategies enable public life to be minimally affected and as such, face-to-face specialized services (case management, PSS, legal assistance, shelter provision) can largely continue. However, delay and mitigation/suppression strategies see tougher restriction on movement and assembly, making face-to-face service provision challenging without high-level official permissions and adequate resources for protective equipment for caseworkers.

The section below provides recommendations for provision of specialized services (case management, PSS, legal assistance) for different national strategies. Recognising that countries can shift from one strategy to another rapidly, contingency plans for both strategies are therefore needed.[22]

Case-management considerations

Containment strategy: If static face to-face case management can continue, social/physical distancing measures should be implemented in institutions to ensure safety of staff and victims/survivors and infection, prevention and control procedures can be implemented in sites where services are provided. In this instance, it is important to ensure that:
- Staff working on National Society hotlines are trained on handling disclosures and safe referrals in preparation for possible interruption of service provision;
- Preparation occurs for shifting to phone-based specialized services provision if required (ensuring child protection and GBV caseworkers are prepared to handle trafficking disclosures and have up-to-date referral pathways);
- A plan is prepared to shift to phone-based case management if required (procure mobile phones and credit/data bundles for caseworkers and supervisors, and if needed also procure charging devices for use in settings with poor/unreliable power);
- Internal organizational communication processes are updated or drafted to ensure support for caseworkers in the interests of duty of care;

- Caseworkers review safety plans with victims/survivors in case of a lockdown, considering the risks to shifting to phone-based case management. Where appropriate, it may be useful to procure data packages for victims/survivors;
- Discuss safe storage for existing paper files in the crisis center in case of lockdown and data storage protocols for remote case management;
- Obtain informed consent of victims/survivors to potentially shift to phone-based case management.

Delay and mitigation/suppression strategy: If static face-to-face case management cannot continue then its recommended to operate remotely via phone or online based case management from caseworkers' homes. In this instance, it's important to ensure that caseworkers:
- Have a private and confidential space available in their homes to speak to survivors over the phone;
- Have obtained informed consent from survivors to conduct phone-based case management;
- Are able to shift to emergency case management and focus primarily on safety planning.
- Revisit the organisational communication plan at regular intervals to ensure that the processes and procedures continue to be relevant and responsive to changing conditions, and so that caseworkers can feedback in the interests of duty of care.

If the prerequisites mentioned above cannot be upheld to ensure the safety of the survivors, it is recommended to shutdown services temporarily. In that situation, then it is recommended that caseworkers refer survivors, upon their informed consent, to services that are still operational. Alternatively, they inform survivors who to contact if they need help.

If your National Society is also subject to containment measures and are unable to provide face-to-face services, efforts should be made to provide these suggested activities and supports remotely. This guidance note from the UNFPA aims to provide practical advice for adapting gender based violence case management service delivery models quickly and ethically during the current COVID-19 pandemic. The IFRC psychosocial centre has guidance on Remote Psychological First Aid. The Community Engagement & Accountability (CEA) Hub also offers a range of resources to support remote communication with communities, such as through operating radio listening programs. Other National Societies have also adapted remote case management models in their work with survivors/victims of trafficking, so please get in touch with pgi.support@ifrc.org to be linked with other colleagues.

Humanitarian Diplomacy and Advocacy

National Societies, in their role as auxiliary to public authorities in the humanitarian field, can play a key role in influencing the policy and practice of local and national government authorities, donors and the wider humanitarian and development community for an improved, more comprehensive and better coordinated response to TiP during the Covid-19 pandemic.
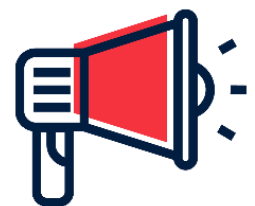
Depending on local and national priorities, messaging can focus on prevention, protection and provision of remedial and recovery support for persons at risk of trafficking, people in situations of trafficking and people who have managed to exit trafficking situations.

Messages should call for decision makers to ensure that:
- Covid-19 responses are tailored and adapted to support people who have been trafficked;

- Specific services to prevent and protect people who have been trafficked are maintained and delivered safely, despite Covid-19;
- Responses are appropriate and informed by effective and inclusive community participation.

Messaging should always:
- Follow the Fundamental Principles and be neutral, impartial and humanitarian in focus
- Uphold the safety and dignity of affected persons, avoid victimisation and protect confidentiality and individual autonomy.

In undertaking humanitarian diplomacy and advocacy in relation to TiP, National Societies can choose to adopt one of two approaches:

1. Promote the Movement's minimum commitments on protection, gender and inclusion within Covid-19 responses to create a protective environment which is better equipped to prevent and respond to TiP - *recommended for National Societies who do not currently engage with trafficked people.*
2. Raise specific issues related to TiP within Covid-19 responses - *recommended for National Societies who currently engage with trafficked people.*

Approach 1: Build a more protective environment

National Societies who do not currently engage with trafficked people may want to consider undertaking humanitarian diplomacy and advocacy targeted at encouraging decision makers, local and national authorities, humanitarian and development organisations responding to Covid-19 to act, at all times, in the interests of vulnerable and at-risk populations, with full respect for their rights and promotion of their dignity. This can be facilitated through the following actions:

1.1 Adapt Covid-19 response and recovery plans, across all sectors, to meet the specific needs of diverse population groups, including trafficked persons and those at risk of TiP

- Apply a diversity and vulnerability lens to analyse the primary and secondary impacts of Covid-19. Consider risks, needs and existing resources as well as measures needed to facilitate equal access and participation in the response;
- Collect disaggregated data by sex, age, disability and other relevant diversity metrics across all sectors to ensure that Covid-19 information, services and response activities are reaching the most marginalised and most at risk. Use this information to adjust programmes so they promote inclusion and gender equality;
- Identify groups of people at particular risk from the secondary impacts of Covid-19 and integrate their specific needs within response and recovery policies and plans. For example, prioritising persons or households at risk of trafficking for the provision of food security, livelihood or cash-based assistance to reduce the drivers of TiP.

1.2 Ensure safe and dignified access to essential services and assistance for all persons without discrimination

- Maintain essential services for all persons exposed to exploitation, violence or abuse, including helplines, safe houses, health and mental health care, law enforcement, and legal support during the crisis;

- Facilitate access to information and essential health and social protection services for all persons, including migrants, irrespective of their immigration status or documentation. Adapt communication strategies, public health policies and service provision to ensure access;
- Target social protection, cash assistance, food security, livelihood and economic recovery programmes so they support and protect individuals at risk from exploitation and abuse, including those at risk of trafficking;
- Facilitate access for humanitarian actors to deliver services and meet the needs of the most at-risk and affected communities.

1.3 Facilitate an appropriate and local response through the meaningful participation of diverse population groups

- Build trust with communities by establishing effective consultation and feedback mechanisms, adapted for diverse population groups. This will support the identification of risks, including TiP, and facilitate participation in the design and implementation of responses;
- Meaningfully consult and engage with women to ensure they have access to information, control over resources and power to inform decisions;
- Facilitate meaningful participation of local women and girls, sexual and gender minorities, ethnic minorities, migrant communities, persons with disabilities and other groups at risk of trafficking in all Covis-19 crisis and recovery decision-making processes;
- Engage with local organisations, groups and trusted individuals that represent diverse population groups, including TiP survivor groups, to better understand their needs, risks and resources.

1.4 Protect the safety and security of all persons during the crisis, including protection from trafficking and security for victims/survivors

- Conduct risk assessments and risk mitigation within Covid-19 health, public health and recovery responses to reduce harm, including exposure to trafficking and other forms of exploitation;
- The best interests of the child should guide all decisions regarding children. Due to their heightened vulnerabilities, unaccompanied and separated children require particular and urgent protection from exploitation, including trafficking;
- Establish measures to preserve family unity where possible, and to uphold the best interests of the child where health or public health measures result in family separation;
- Demand zero-tolerance for xenophobic speech or acts. In accordance with the obligation to protect migrants from abuse, authorities have a particular responsibility to refrain from feeding negative narratives against migrants and to counter such narratives.

Approach 2: Preventing and responding to trafficking in persons in Covid-19 responses

National Societies that already work to prevent or respond to human trafficking may want to consider undertaking humanitarian diplomacy and advocacy targeted at the specific needs of trafficked people. National Societies can call on signatory states to reaffirm their commitment to the UN General Assembly Call to Action to End Forced Labour, Modern Slavery and Human Trafficking and to implement Objective 10 of the Global Compact on Migration to 'Prevent, combat and eradicate trafficking in persons in the context of international migration'.

In line with national commitments, laws and international legal frameworks, National Societies can also call on local and national authorities, decision makers and Covid-19 response actors to:

2.1 Integrate TiP within Covid-19 response and recovery plans

- Analyse the potential impact of Covid-19 on TiP dynamics and identify those at increased risk. Incorporate these considerations into Covid-19 public health and social welfare policies, response and recovery plans;
- Coordinate and align the work of relevant Ministries and public authorities working on TiP and on Covid-19 (such as the ministries of health, justice, social affairs, labour, economic and internal/home affairs) in order to effectively integrate TiP prevention, identification and response into public health policy and social and economic recovery plans;
- Integrate the root causes of TiP within long-term Covid-19 economic and social recovery plans, by addressing poverty, unemployment, income inequality, discrimination, gender inequality. Take steps to strengthen national frameworks on labour rights and regulations in all economic sectors and facilitate legal and safe migration routes.

2.2 Maintain the identification and protection of victims/survivors of trafficking during the crisis

- Ensure uninterrupted respect for and adherence to national, regional and international legal frameworks related to the protection of victims/survivors of human trafficking during the crisis;
- Ensure victims/survivors are able to access their legal rights without interruption, including the ability for trafficked persons to submit asylum and trafficking claims with minimum delays;
- Maintain trafficking prevention and victim identification measures during the crisis. Take action to ensure that public health measures, such as social distancing and movement restrictions, do not impede these activities and that law enforcement is equipped to analyse and respond to changing landscape of trafficking in persons;
- Take measures to ensure full respect with the principle of *non-refoulement*. Suspend all forced returns in light of both Covid-19 health risks and increased risk of TiP resulting from economic crisis. Base all voluntary return on individual consent informed by a full assessment of the health and security situation. Where safe return is not possible, facilitate social inclusion to reduce the risk of re-exploitation.

2.3 Ensure trafficked persons have access to essential protection services and provision of care

- Categorise TiP services as essential due to the negative and often life-threatening impacts on individuals and damage caused to social cohesion and economic stability;
- Maintain essential protection services and provision of care for trafficked people during the crisis, including the ability for trafficked persons to access shelter, health and mental health care and welfare services while their claims are being processed;
- Separate the delivery of essential health and welfare services from immigration enforcement. This will remove a significant barrier for reporting health concerns and seeking assistance by migrants, including those who have been or remain at risk of trafficking - removing fear of detention, deportation or violence.

2.4 Adequately resource TiP prevention and response activities now and in the future

- Prioritise flexible and long-term funding for trafficking prevention and response efforts and ensure that funds already allocated for the support of trafficked people are not diverted elsewhere during the crisis.

Humanitarian diplomacy is most effective when supported by experiences from the National Society's work and when messages are linked to the mandate and role of the National Society in the country. Building an evidence base from reports, statistics or anonymized case studies can support humanitarian diplomacy efforts. The focus of humanitarian diplomacy should always be on protection and assistance for those who have been or are vulnerable to trafficking.

Additional Resources & Guidance

For related guidance developed by IFRC, please see:
- Covid-19 Increased Risks to Trafficking in Person Factsheet
- Action To Assist And Protect Trafficked Persons - Guidance For European Red Cross National Societies On Assistance And Protection To Victims Of Human Trafficking
- Addressing The Humanitarian Consequences Of Labour Migration And Trafficking - The Role Of Asia Pacific National Societies
- Covid-19: key messages on protection, gender and inclusion - guidance on how to ensure protection, gender and inclusion is considered in the response to the Covid-19 outbreak.
- Protection, gender and inclusion in the response to COVID-19 – technical guidance note
- COVID-19: Including migrants and displaced people in preparedness and response activities: Guidance for Asia Pacific National Societies
- COVID-19: Including migrants and displaced people in preparedness and response activities: Guidance for MENA National Societies
- COVID-19: Including migrants and displaced people in preparedness and response activities - Guidance for Americas National Societies
- COVID-19: Lignes Directrices À L'intention Des Sociétés Nationales : Impliquer Les Migrants Et Les Personnes Déplacées COVID-19 De La Région Du Sahel
- IFRC Technical Guidance on SGBV and COVID-19

For related guidance on Covid-19 and the increased risks of TiP, please see:
- Global Protection Cluster Anti-Trafficking Task Team 'COVID-19 Pandemic: Trafficking in Persons (TIP) considerations in internal displacement contexts'.
- Global Initiative Against Transnational Organized Crime (2020) Smuggling in the time of Covid-19: The impact of the pandemic on human-smuggling dynamics and migrant-protection risk
- UNODC: Impact of the Covid-19 Pandemic on trafficking in persons

For additional information or support please contact the Protection, Gender and Inclusion team at pgi.support@ifrc.org, or visit the IFRC Global Disaster Preparedness Center (GDPC), the IFRC GO platform, the IFRC extranet FedNet, or the IFRC Sokoni platform.

Do no harm does not mean do nothing

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