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**GLOBAL APPEAL** Danish Refugee Council

Protecting the Displaced  
**during the COVID-19 Crisis**



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# Protecting the Displaced during the **COVID-19** Crisis

## **GLOBAL APPEAL** Danish Refugee Council

### Executive Summary

On 29 April DRC launched a global appeal for a total of USD 75 million to respond to the immediate impact of the COVID-19 outbreak and support economic recovery during and post-COVID-19 for displacement-affected populations in 37 countries within the sectors of Protection, Water, Sanitation and Hygiene Promotion (WASH), Basic Needs, Camp Coordination and Camp Management (CCCM), Economic Recovery and Community Engagement and Armed Violence Reduction.

Today some 70 million men, women and children are displaced globally, including 25 million refugees, many of whom live in precarious circumstances in developing countries. COVID-19 and related restrictions will have both an acute and longer-term impact on their ability to meet their most basic needs and deepen existing vulnerabilities and inequalities and may push millions into outright poverty, food insecurity and trigger increased inter-communal conflict and tensions with host communities if left unaddressed.

While most people around the world feel the impact in one way or another, displacement-affected communities are among those most vulnerable, both to the direct health impact of the virus given their limited access to healthcare and the challenges to social distancing in often over-crowded dwellings, but also because their status and situation give rise to specific displacement-related vulnerabilities and needs.

Governments across the globe swiftly adopted far-reaching measures to fight the spread of the virus, including border closures, curfews and movement restrictions. While it appears that such measures have contributed to slowing down the spread of the virus, border closures come with inherent risks for those fleeing conflict and persecution, who often find themselves trapped at borders also affecting their ability to seek asylum in many locations. Lockdown and curfew measures increase protection risks in households with already exhausted coping mechanisms. DRC field-based teams have furthermore observed heightened protection concerns for women and children in congested refugee and Internally Displaced People (IDP) settlements.

Movement restrictions also exacerbate pre-existing crises and poverty. A clear tendency in all countries in which DRC operates is the loss of income and livelihoods among displaced communities, immediately depleting already scarce resources and dramatically affecting their ability to meet even basic needs, such as rent payment, food purchases, school materials, etc. Negative coping mechanisms, such as selling assets or engagement in unsafe employment can further degrade already precarious living conditions. Food insecurity is also likely to be considerably impacted in regions like East Africa or in Yemen, where millions depend on food assistance to prevent starvation. Finally, movement restrictions have been imposed in all but one of the countries in which DRC works, severely affecting the mobility of humanitarian responders.

DRC knows from experience how important it is to address long terms needs already from the onset of a crisis. The choices we make today matter. We therefore call on our partners and donors for their continued support in addressing the basic needs of displaced communities and enhancing their protection environment, right now, today, but also tomorrow and beyond the current crisis.

# Recommendations

## Protection, Access to Asylum and Rights must be upheld in a Time of Crisis

- **Access to asylum and other forms of international protection must be safeguarded and the principle of non-refoulement respected.** COVID-19 should not be used as a pretext to limit access to international protection including asylum. Emergency measures, such as border closures and medical screenings, put in place to protect the general public health must never impede safe access for those in need of international protection.
- **Ensure displacement-affected populations can access their rights and live a life in dignity during the pandemic.** Measures to prevent the spread of COVID-19 should uphold human rights, and be strictly necessary, proportionate, limited in time, and neither arbitrary nor discriminatory. This includes enabling access to basic services and humanitarian assistance as well as monitoring of their protection situation.
- **Ensure the protection of affected populations and their inclusion in both national response and recovery plans.** While there have been positive examples of countries enabling unimpeded access to healthcare for displaced populations, challenges prevail to their full inclusion in many countries. Furthermore, it is of paramount importance that displacement-affected populations are included in national recovery plans to ensure that ‘no one is left behind’.

## Impartiality, Non-discrimination, Inclusion and Conflict Sensitivity Principles

- **Ensure adherence to the humanitarian principles of impartiality and non-discrimination** to promote a needs-based response centred around those most at risk and vulnerable. This includes addressing barriers to accessing health and other essential services such as missing documentation or legal status and related fears of deportation, movement restrictions, etc.
- **Ensure displacement-affected people have access to information.** All people should have access to basic life-saving information about health and health services, including official government messages and communication on the COVID-19 pandemic, without discrimination. Changes to DRC programmes, including the temporary scale-down or suspension of activities, or new emergency response interventions must also be shared.

## Resilience and Recovery - a Focus from the Outset

- **Support the resilience and self-reliance of affected populations through economic recovery activities.** To prevent a complete erosion of livelihoods and mitigate the worst consequences of the crisis, economic recovery support must be scaled-up to preserve the resilience of communities and their ability to sustain themselves both during and beyond the crisis where movement restrictions, increased prices, near collapse of markets and loss of livelihoods will have insurmountable consequences if left unaddressed.

## Enhance Local Response Capacities

- **Empower and include local organisations in the COVID-19 response.** Our local partners on the ground play a pivotal role in the provision of humanitarian assistance to affected communities, in promoting their rights and in community engagement, particularly in fragile or conflict-prone contexts where relations between government actors and communities are sometimes characterized by mistrust. Responses to COVID-19 should complement and support such efforts where feasible.

## Allow for Humanitarian Exemptions

- **Ensure local and international organisations providing humanitarian assistance have continued access to populations in need** while adhering to do-no-harm principles including through humanitarian exemptions to allow access to populations in need, the movement of critical humanitarian supplies and humanitarian staff, both within and across borders, and facilitate medical evacuations and other life-saving interventions without delay.

# Impact of COVID-19 on Displacement Affected Populations

The COVID-19 pandemic poses a significant threat to displacement-affected populations globally. The effect of the pandemic is deemed to have both immediate and long-term consequences for the communities we serve – who are often vulnerable, living in over-crowded spaces with reduced access to health services and income generating opportunities. Cases of COVID-19 have been detected in all countries with active DRC operations and most have enacted policies of limiting public gatherings, domestic and international travel restrictions, or curfews to contain the virus spread.<sup>1</sup>

## Immediate Effect on Protection

COVID-19 has had an immediate effect on people's protection. While governments around the world have put in place social distancing measures to limit the spread of COVID-19, an increase in arbitrary and discriminatory practices that restrict people's freedom of movement has been observed. This hinders the ability to protect people of concern and further restrict their access to essential services and ability to meet basic needs. Access to asylum and other forms of international protection has also been affected in some locations due to temporary suspension of the procedure or a de facto suspension, but also due to active and sometimes violent push-back from borders to prevent entry, increasing the risk of refoulement.

Furthermore, xenophobia, stigmatisation, discrimination and the social exclusion of refugees, asylum seekers, IDPs, and migrants are on the rise. There is a growing concern of the risks faced by children and women. **For children - family separation, exploitation and abuse will likely increase due to changes in their living environment – such as school closures and more families experiencing socio-economic hardship.** Due to restricted mobility, confinement, reduced community interaction and the closures of services, there is an increased risk of Gender Based Violence (GBV), including domestic violence cases and femicide where shelters have reached their capacity or refuse entry to women who cannot provide proof that they have tested negative for COVID-19.<sup>2</sup> **Since the outbreak of the pandemic, DRC has witnessed an increase in psycho-social support needs.**<sup>3</sup>

## Loss of Income

The impact of COVID-19 on livelihoods is already visible, as access to income generation for people of concern has severely decreased. People of concern are often working as seasonal and daily labourers, in the low-skill informal service industry or are self-employed via micro-businesses and small or medium-sized enterprises. These sections of the economy have been particularly hard hit by the economic downturn, movement restrictions and loss of consumers. For example, in Ukraine, **a recent survey of micro-business grant beneficiaries, showed that more than three out of four respondents reported that their business had been negatively impacted and four in ten were no longer engaged in business activities.** Approximately three out of four participants cited COVID-19 as the reason for ceasing business activities.<sup>4</sup> In Syria, a similar survey with micro-grant and vocational training beneficiaries, 97 % said their business had been impacted by crisis and 71 % had to, at least temporarily, close their businesses, primarily due to government restrictions.<sup>5</sup> Finally, data from the COVID-19 global update from MMC show how more than two-thirds of respondents in mix migration flows said they have lost income due to COVID-19 restrictions and cite how reduced access to work is the main impact of the crisis.<sup>6</sup>

An example from Iraq demonstrates that households with members working in the low-skill service industry, wage labour or as taxi drivers have experienced significant reductions in employment compared to households with public sector

<sup>1</sup> <https://www.acaps.org/projects/covid19>      <sup>2</sup> <https://www.globalprotectioncluster.org/2020/04/21/covid-19-protection-risks-responses-situation-report-no-3-as-of-21-april-2020/>

<sup>3</sup> DRC Country Monitoring Reports from Bosnia & Herzegovina and Serbia (April 2020)      <sup>4</sup> DRC Country Monitoring Reports from Ukraine (April 2020)      <sup>5</sup> DRC survey with 381 micro-grant or vocational training beneficiaries in Syria      <sup>6</sup> Reference: COVID-19 global update #11 – 27 April 2020: Impact of COVID-19 on refugee and migrants

employees.<sup>7</sup> As these sectors have been hit, the immediate impact on the employment and income generating opportunities for refugees and other vulnerable groups is evident. **In Jordan only 3% of Syrian refugee households surveyed currently have a family member employed, down from 65% before the COVID-19 crisis.**<sup>8</sup> In Turkey, almost 80% of Syrian refugee households interviewed reported being negatively impacted due to government-imposed containment measures (school closures, close of non-essential businesses, movement restrictions).<sup>9</sup> Initial data from DRC offices in Jordan, Iraq and Nigeria<sup>10</sup> suggests that refugees are 93% less likely to have retained the same employment levels compared to members of host communities.

### Rapid Depletion of Assets

Faced with severe limitations on income generating opportunities, vulnerable displacement-affected people are forced into using their already exhausted coping mechanisms to manage the current situation. In Jordan, only 4% of Syrian refugee households surveyed reported having savings and this trend was echoed in other contexts, namely in Iraq (16%) and Nigeria (9%) respectively. Without access to savings, many households find themselves forced to resort to other negative coping mechanisms, such as borrowing money, selling assets or reducing their food intake. Evidence from Turkey so far indicates that more than 75% of Syrian refugee households interviewed had to resort to one or more of these negative coping strategies to ease their financial burden. **This reduction in livelihoods, combined with decreased supply and inflated prices of basic goods and services, will render many unable to meet even their most basic needs and increasingly put communities at risk of food insecurity.**

### Longer Term Resilience at Risk

COVID-19 and related government measures will have a major impact on the resilience of people of concern, which will not only affect their immediate coping capacity, but also their longer-term ability to sustain themselves and access durable solutions. The global economy is suffering as a result of the COVID-19 crisis and projections suggest the global economy will contract sharply by –3 percent in 2020, much worse than during the 2008–09 financial crisis.<sup>11</sup> This will have both immediate and longer term impact on the livelihoods of many vulnerable displaced people. Often employed in fragile economies, with limited rights as ‘outsiders’, a poor regulatory environment, sub-standard working conditions and marginal access to social protection, displaced populations will be among those that are hit the hardest.

### Potential for Deepening Conflicts and Triggering New Tensions

COVID-19 additionally has the potential to foster new displacement and exacerbate existing vulnerabilities by deepening existing conflicts as well as triggering new tensions and outbreaks of violence. Given the often poorer governance in fragile countries experiencing conflict, their ability to control and mitigate the consequences of COVID-19 is likely to be further strained which can lead to severe health – and other consequences in turn sparking public anger, frustration and further conflict.<sup>12</sup> Since the outbreak of the pandemic (as of April 18, 2020), more than **2,000 incidents of protests, riots, battles or violence against civilians related to COVID-19** have been recorded across a total of 105 countries.<sup>13</sup>

<sup>7</sup> DRC Rapid Needs Assessment, Iraq with 1221 randomly selected beneficiaries from host community, IDPs and refugees

<sup>8</sup> DRC Rapid Needs Assessment conducted in Jordan with 866

randomly selected beneficiaries from host community and Syrian refugees

<sup>9</sup> DRC Turkey COVID-19 Needs Assessment conducted with 290 refugee household surveyed in Sanliurfa, Hatay, Kilis

and Kahramanmaraş

<sup>10</sup> DRC Rapid Needs Assessment in Nigeria with 245 randomly selected beneficiaries from host community and IDPs in camps in Borno State

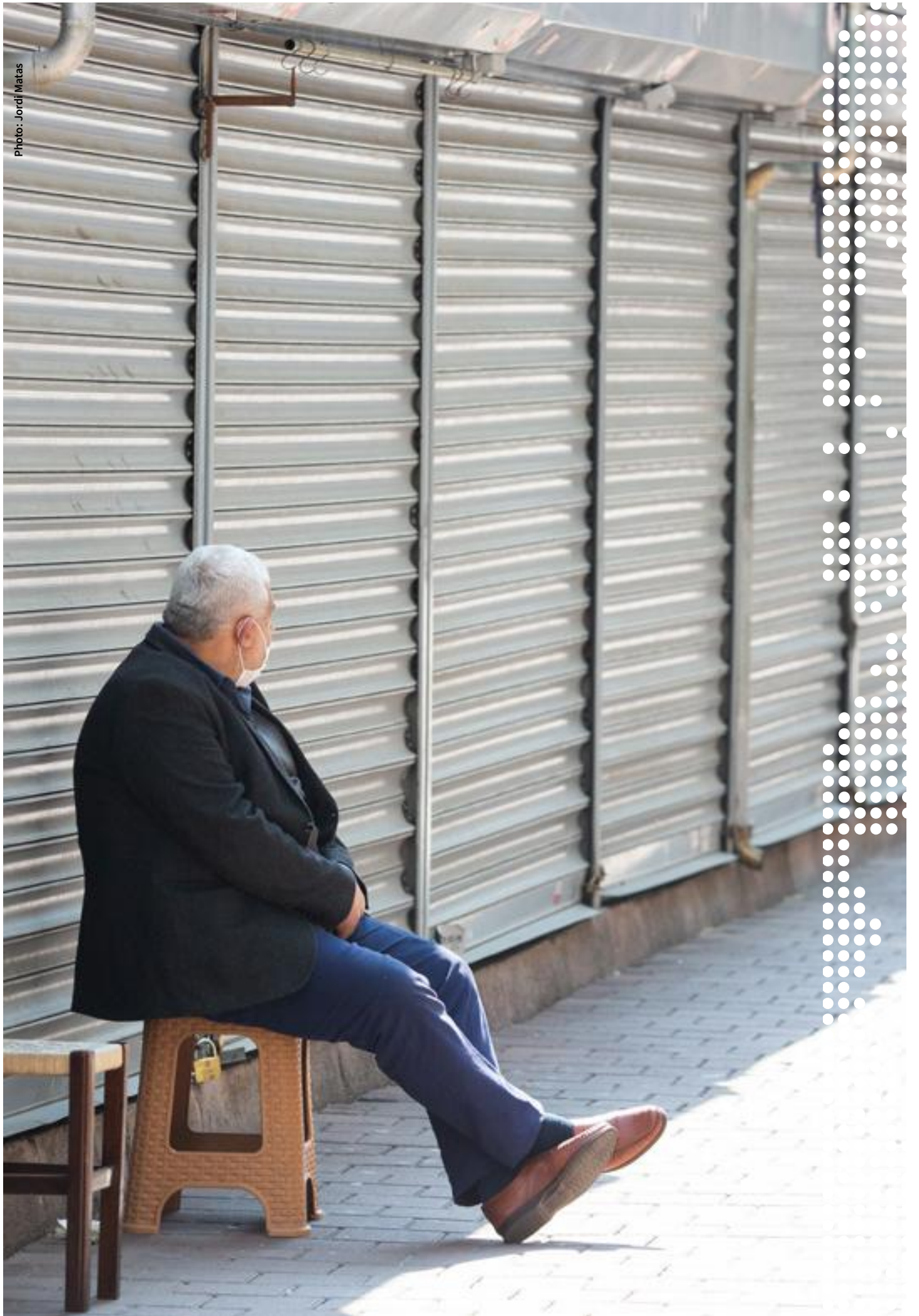
<sup>11</sup> IMF (April 2020)

World Economic Outlook

<sup>12</sup> International Crisis Group (March 24, 2020): COVID-19 and Conflict: Seven Trends to Watch

<sup>13</sup> Armed Conflict Location & Event Data Project:

Photo: Jordi Matas



# DRC's COVID-19

## Approach and Response

Since February 2020, DRC has been responding to the COVID-19 crisis by **adapting the organisation's core response competencies and situating the crisis within a profound understanding of the risks, vulnerabilities and opportunities which are specific to the displaced.**

In March 2020, the UN/IASC launched the Global Humanitarian Response Plan COVID-19. DRC is fully aligned with the UN objectives to:

- Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality
- Decrease the deterioration of human assets and rights, social cohesion and livelihoods
- Protect, Assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.

## DRC's core COVID-19 response areas

### Protection

Responses include monitoring with a view to understanding protection risks and vulnerabilities during the COVID-19 crisis including issues relating to emergency legislation, asylum restrictions etc. Protection staff support legal aid services in light of the COVID-19 situation, including supporting at risk people to acquiring personal documentation to access health and other services related to COVID-19. Finally, protection efforts reinforce community-based protection mechanisms and ensure Psycho-Social Support (PSS).

### Basic Needs incl. Unconditional Cash

To enable people to meet basic needs including food, rent, health care etc., the distribution of unconditional cash, or in some cases in-kind care or food packages to displacement-affected people impacted by COVID-19 will be a core response. The response will ensure linkages with existing or new national and community social protection systems where feasible and appropriate.

### Economic Recovery

In anticipation of grave economic downturn, immediate alleviation is supported via targeting *food insecure populations* for example through support to production, distribution of agricultural input; *financial inclusion* to ensure access to loan and credit providers as well as more general livelihood support such as production realignment and/or development of new businesses, including women-led businesses, wage subsidies, etc.

### Community Engagement and Armed Violence Reduction

The response seeks to ensure access to information essential to communities' survival, coping mechanisms and to avoid the stigmatization and further marginalization of certain groups, manage rumors, work with existing community mechanisms (early warning forums, community safety committees, youth leaders, customary justice actors and community leaders) etc.

### Water, Sanitation and Hygiene (WASH)

DRC has as key role to play in promoting good hygiene practices through different channels of communication, increase knowledge about how to avoid contamination, distribution of hygiene items, increasing the availability of water, sanitation and hygiene facilities, e.g. hand-washing stations, etc.



## Camp Management and Shelter/Settlements

With a view to reduce congestion and increase availability of appropriate infrastructure and facilities in crowded settlements or camps, the response prioritizes site improvement and maintenance. This will be done through extension, decongestion, partitioning and overall reduction in density by any means possible. Additional shelter and housing may be provided for identified cases requiring isolation where self-isolation in an existing shelter is impossible in cooperation with health and protections colleagues.

A full elaboration of DRC's programmatic approach to the COVID-19 pandemic may be found on DRC's website

## DRC's COVID-19 Response Principles

### A) Humanitarian Imperative

Overall DRC's approach to the COVID-19 emergency is to stay and deliver in respect of 'do no harm' and duty of care principles to continue existing essential programme activities and scale-up according to needs.

### B) Protection Mainstreaming and Conflict Sensitivity

DRC is committed to uphold the Centrality of Protection in our COVID-19 response. We know that displacement-affected people are restricted in accessing services available to the wider populations. Similarly, DRC is committed to ensure conflict sensitivity in our programme response.

### C) People-centered approaches, Inclusion and Community Engagement

DRC's COVID-19 response is focused on our existing target group, i.e. priority to conflict- and displacement-affected people. Vulnerable people will be prioritized, and DRC will take into consideration age, gender and diversity factors. We appreciate that participation and transparency are central tenants of the response.

### D) Engagement with and Role of Local and National Actors

We seek to ensure that local response structures and capacities are supported to withstand, cope, adapt and recover. DRC will promote civil society-led COVID-19 responses, also within relevant diasporas; active engagement with the relevant national and local authorities / duty-bearers.

### E) Resource Transfer and Cash & Voucher Assistance (CVA)

Where analysis has determined that a resource transfer to individuals, households or communities is relevant for achieving programme objectives, teams will determine the most feasible, relevant and appropriate modality. This follows the Core Principle that "DRC promotes Cash & Voucher Assistance (CVA)" when feasible and appropriate as an optimal assistance modality.

## Regional Highlights



COVID-19 has spread to all the countries in which DRC operates. Even though the spread of the virus is at very different stages in each of the regions, current impact already demands both immediate and longer-term responses. Please find situational analysis and specific challenges, the financial targets DRC seeks to mobilise towards per region and per sector.

### Global Data Collection: COVID-19 Impact on Displaced and Migrants

DRC's in-house knowledge centre, the Mixed Migration Centre (MMC) adapted the existing 4Mi data collection programme to remote data collection (by phone) specifically focused on the impact of COVID-19 on refugees and migrants, especially those on mixed migration routes out of camp settings. The project builds upon the existing 4Mi infrastructure and network of monitors and uses a mobile survey application, allowing for rapid analysis and reporting.

This is the only cross-regional, large-scale primary data collection initiative on the impact of COVID-19 on refugees and migrants based on direct experiences of people on the move. Remote data collection (estimated 1,000 interviews per month) is being implemented in 16 countries and in some regions accompanied by additional qualitative interviews. The objectives are to provide evidence to inform DRC's and other humanitarian partners' targeted operational responses for refugees and migrants affected by the COVID-19 crisis and to inform global and regional advocacy.

Based on the data, MMC develops bi-weekly global updates and regional snapshots actively disseminated through various fora and means, offering evidence-based insights on the impact of the pandemic on refugees and migrants, regarding their needs and vulnerabilities, their access to information and services, their perception of the crisis, and their mobility. Longer-term, MMC aims to further adapt its data collection to measure the longer-lasting (as well as secondary) impacts of the crisis on refugees and migrants.

Finally, data from the COVID-19 global update from MMC show how more than two-thirds of respondents in mixed migration flows said they have lost income due to COVID-19 restrictions and cite how reduced access to work is the main impact of the crisis.\*

**Total Budget Need: USD 450.000** (see annex for breakdown)

\*Reference: COVID-19 global update #11 – 27 April 2020: Impact of COVID-19 on refugee and migrants



<http://www.mixedmigration.org/>

## Europe



- Europe has been massively hit by COVID-19, and while national authorities have introduced a range of protection measures, groups of internally displaced, refugees, asylum seekers or irregular migrants in the Western Balkans, Ukraine and Georgia remain outside mainstream services
- In Greece, very harsh living conditions and poor health in congested refugee camps combined with strained service delivery remain an enormous challenge in the face of COVID-19

### Regional Situation Analysis

Displacement in Europe is complex and wide-reaching. With its estimated 2.5 million internally displaced persons, Europe is home to the most protracted internal displacement. Around 99% of Europe's internally displaced fled their homes some 15 to 25 years ago as a result of conflicts arising from rejected independence claims and territorial disputes. This is the case of displaced families and individuals in Serbia, Bosnia and Herzegovina, Ukraine and Georgia, where thousands of families and individuals remain without access to safe housing, employment, education, health or legal documentation.

Starting from 2015, a spike in the number of refugees and migrants reaching the European Union (EU) by crossing the Mediterranean Sea or overland has caused a new displacement scenario and significantly impacted European politics. Between 2015 and 2016, over 2.3 million people mainly fleeing from conflict and poverty entered the EU irregularly through Greece and Italy. Europe has struggled to cope with the influx; structured solidarity mechanisms have mostly failed and regional or national attempts to shut down main migration pathways have resulted in displaced groups being stranded predominantly in southern Europe and the western Balkans. Hundreds of official or informal refugee camps have been set-up in the EU and neighboring countries, but four years down the line living conditions remain extremely difficult.

The COVID-19 crisis has hit Europe massively. As of end of April 2020, Europe keeps registering the highest number of cases and deaths, amounting to over 50% of all cases worldwide. With few exceptions, public responses have so far provided limited protection for the displaced populations hosted in Europe, and the COVID-19 crisis risks becoming a pretext for further restrictions in asylum and migration policies.

### Impact and Core Needs

There is an urgent need for scaling up COVID-19 outbreak readiness and response operations in humanitarian and protracted displacement situations in Europe.

In camp settings, such as in Greece, Bosnia and Herzegovina, and Serbia, inadequate and overcrowded living arrangements present a severe health risk to inhabitants and host populations. The absence of basic amenities, such as clean running water and soap, insufficient medical personnel, and poor access to adequate health information is alarming. If no immediate measures to improve conditions are put in place, the concern about an outbreak of COVID-19 in the camps cannot be overstated.

For those living in informal settlements or irregularly in urban and rural areas such as makeshift camps, living conditions can undermine the ability to follow public health advice. Furthermore, refugee and migrant workers will likely be affected by income loss, and the ramifications that come with postponement of decisions on their legal status or reduced employment. Finally, communities living in active conflict or post-conflict areas, such as in Ukraine or Kosovo, face further challenges due to ongoing armed violence and pre-existing segregation. The closure of entry and exit crossing points has left people living and working near the contact line with limited access to information, livelihoods and WASH assistance.

In Denmark, despite government efforts, the consequences of COVID-19 for citizens with a refugee or minority background are exacerbated by the fact that many are already in a marginalized situation. Without – or with insecure – employment, with effects of trauma and/or lack of sufficient Danish language proficiency, many risk worsening their socio-economic situation and face a lack of knowledge about the current state of affairs, anxiety, fear, isolation and re-traumatization.

## DRC's Response

DRC has responded to the humanitarian crisis in Europe since 1956. Currently supporting aid operations in seven countries within the EU and neighboring countries, DRC is among the few international humanitarian actors that has been steadily present in the region, providing support to all major displacement scenarios. To cope with the COVID-19 crisis, DRC's response is organized across the following key activities:

- **Health assistance:** Ensure that vulnerable communities have equitable access to quality health care information and services, including use of mobile units and telemedicine. DRC will also provide essential medical equipment, supplies and Personal Protective Equipment to public healthcare facilities and health actors.
- **Protection, Social Work, Legal Aid:** Immediate focus on vulnerable groups such as Unaccompanied and Separated Children (UASC), individuals exposed to domestic violence and Gender Based Violence, stateless people and communities.
- **Education and learning:** Support to families with children at home, including toys and learning material, learning material to refugee centres and on-line support to school-work for refugee children.
- **Community Engagement and Information Dissemination:** Strengthen the provision of information to ensure awareness of the COVID-19 risks, including through website in 25 languages, 24h helpdesks and hotlines, dissemination of information in asylum centres and through outreach units.
- **Basic Need Assistance:** Food, Cash, critical Non Food Items (NFI) for refugees, migrants and affected communities living in destitution or isolation.
- **Economic Recovery:** Promote community welfare with a view to inclusion and cohesion, through interventions aimed at reducing poverty and social fragility; activate support to micro, small and medium enterprises that have substantially lost revenue and face layoffs.
- **Water, Sanitation, Hygiene:** Perform repairs and essential maintenance to water systems in affected communities. Distribute hygiene materials for hand washing/disinfection and scale-up hygiene promotion activities.

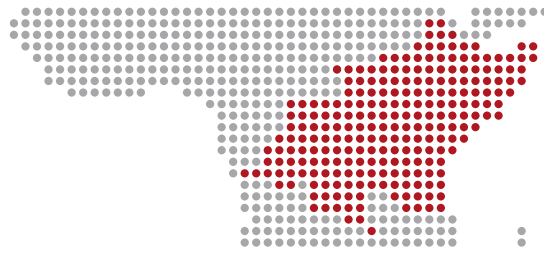
## Estimated needs and beneficiary numbers / Europe incl. Denmark

Sector	Beneficiaries	USD
Protection	45,000	470,000
Basic Needs	12,000	1,230,000
Economic Recovery	2,800	2,030,000
Community Engagement /AVR	16,200	740,000
WASH incl. Health Assistance	50,000	1,730,000
Camp Management and Shelter/Settlements		
<b>Total</b>	<b>126,000</b>	<b>6,200,000</b>

### Hotline for Refugees in Denmark – Support in 25 Languages

With the website and hotline coronadenmark.dk, refugees, asylum seekers and immigrants can get answers to questions regarding COVID-19 in their own languages. DRC's hotline and chat service is manned by language staff proficient in 25 languages. Staff members have access to the Danish Health Authority's latest information on the COVID-19 situation in Denmark and can provide answers to most questions. Outside the daily hours of 2–4 PM, it is possible to leave a message in the chat window and get an answer the following day. The website is managed by Danish Refugee Council and the consultancy Als Research and financed by the Novo Nordisk Foundation. ([www.coronadenmark.dk](http://www.coronadenmark.dk))

# East Africa and Great Lakes



- COVID-19 is compounded by the current desert locust invasion affecting several Eastern African countries destroying livelihoods and rapidly increasing the risk of massive food insecurity
- Social distancing will prove difficult among displaced communities in East Africa particularly due to the need for frequent interactions for income-generating livelihood activities

## Regional Situation Analysis

As a result of a combination of protracted and new conflicts, natural disasters, poor governance, insecurity and low levels of socio-economic development, East Africa and the Great Lakes (EAGL) is one of the regions most affected by displacement. Prior to the emergence of the virus, EAGL saw more than 11 million Internally Displaced People (IDPs) and 3.4 million refugees, facing a number of protection, health and legal challenges, as well as difficulties meeting their basic needs.

While there are few confirmed COVID-19 cases amongst communities affected by displacement to date, the spread of the virus in camps and settlements will further weaken refugees and IDPs' health conditions. Cases have been recorded in all nine countries of EAGL, with the highest numbers currently in Djibouti, the Democratic Republic of Congo and Kenya.

Governments in the region have adopted far-reaching measures to fight the spread of the virus, including border closures, curfews and movement restrictions. While it appears that such measures have contributed to slowing down the spread of the pandemic in EAGL, they also exacerbate pre-existing crisis - including food insecurity - and impact durable solutions.

Social distancing and other barrier measures currently implemented in other parts of the world prove challenging to implement in the EAGL context due to limited access to water, hygiene and sanitation, the overcrowding in urban slums and the need for frequent interactions for income-generating livelihood activities. In addition, conflict and displacement often impede people's access to information, including on preventive measures. For instance, in the conflict-affected region of Oromia in Ethiopia, the recently lifted 3-month shut-down of internet and phone networks – intended to reduce conflict – limited the dissemination of information on the virus and modes of transmission.

Food insecurity is another serious concern in EAGL, after the region experienced prolonged periods of drought and above average rainfalls that affected food production and increased humanitarian needs in 2019. Combined with precarious livelihoods, the impact of COVID-19 could result in more people dying of hunger and malnutrition. The situation is further compounded by the current desert locust swarms currently observed in Kenya, Ethiopia, Uganda and Somalia destroying crops and livelihoods.

## Impact and Core Needs

COVID-19 interventions require improved access to WASH in camp and settlement settings and must ensure that communities affected by displacement have access to accurate information on prevention measures. Their inclusion in the national prevention and response to COVID-19 plans will also be critical to enable timely access to health care, hygiene items and other assistance as required related for prevention, treatment and recovery. The prevention measures are time sensitive and actions should be taken immediately.

Current projections anticipate the emergence of increased acute needs in food and nutritional security, which are further compounded by the desert locust invasion affecting some countries within the EAGL region. COVID-19 will also affect children's education, increase the risk of sexual and gender-based violence and has the potential to weaken social cohesion and increase social unrest within the region.

## DRC's Response

DRC's response to the COVID-19 crisis in EAGL is articulated around five sectors including WASH, protection, camp management, food security and community engagement. Different modalities and approaches have been planned for each scenario and will be rolled out as the situation requires.

DRC intends to contribute to the regional response to COVID-19 through an integrated holistic programming approach focused on providing lifesaving support to populations affected by displacement including host communities. Community engagement and protection is at the core of our COVID-19 response approach and includes - among other activities - the dissemination of COVID-19-relevant information to affected populations, conflict mitigation, rumour management and Gender Based Violence (GBV) prevention and response. In addition to the COVID-19 response, DRC maintains a focus on food security, self-reliance and strengthening resilience.

## Estimated needs and beneficiary numbers / East Africa and Great Lakes

Sector	Beneficiaries	USD
Protection	160,000	1,400,000
Basic Needs	60,000	1,250,000
Economic Recovery	30,000	1,140,000
Community Engagement /AVR	900,000	1,360,000
WASH	2,250,000	4,650,000
Camp Management and Shelter/Settlements	300,000	5,200,000
<b>Total</b>	<b>3,700,000</b>	<b>15,000,000</b>

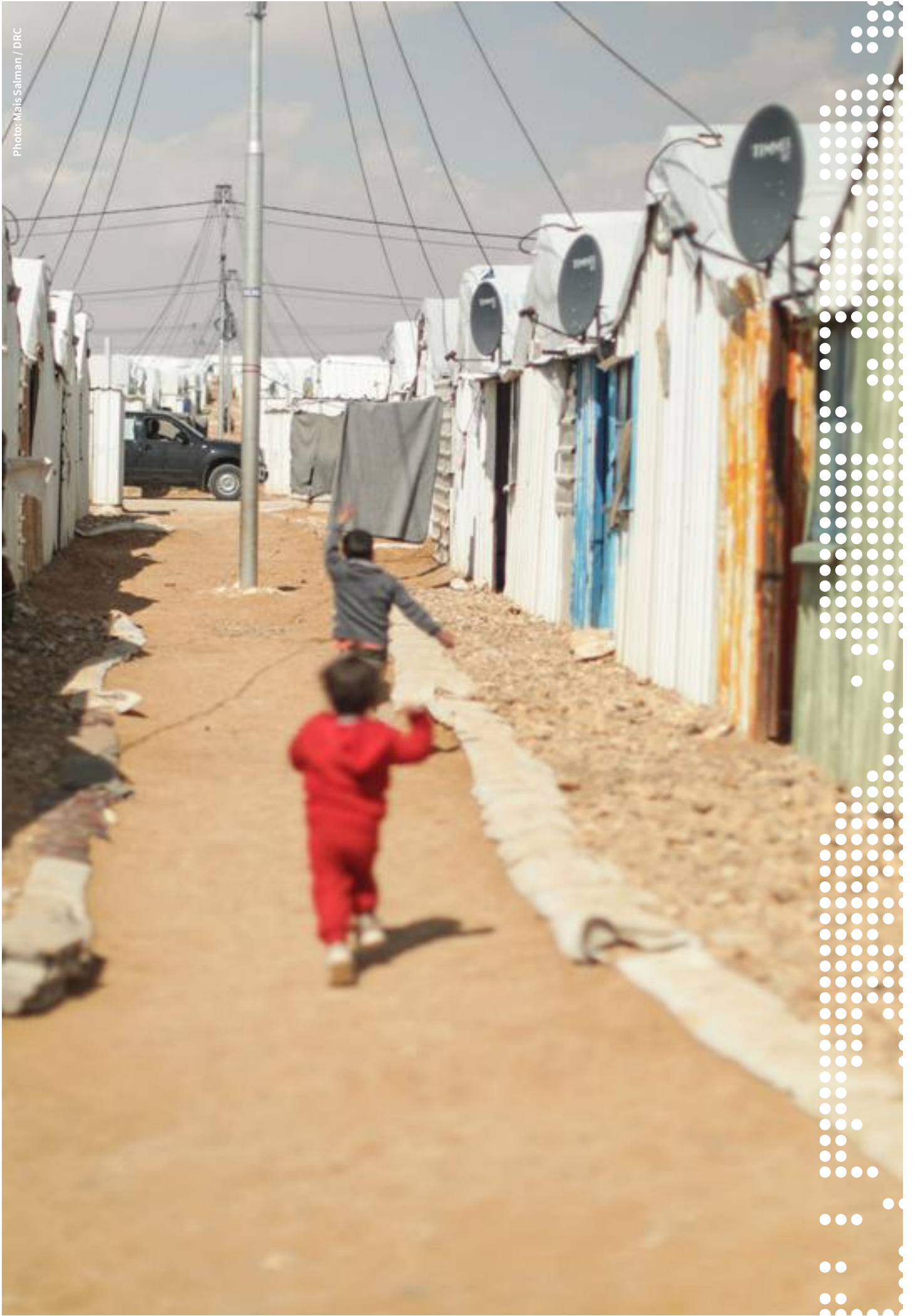
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## Personal Story

Susan is a South Sudanese refugee living in Rhino Camp Refugee Settlement in Uganda. Because of the current lockdown in the country, she has lost her only source of income and is afraid of dying of hunger as she can no longer afford food after prices have skyrocketed. As other people in the camp, Susan now limits her movement. Despite border closures, new arrivals from South Sudan are still recorded, causing Susan to worry about potential spread of the virus, which would be hard to contain in the settlement.

<https://www.youtube.com/watch?v=SpZxv53k2K0>

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## Middle East



- Refugees and displacement affected communities in the Middle East have been instantly affected by loss of income: An immediate injection of cash for those who lost their income is needed to prevent eviction, hunger and medical emergencies for people with pre-existing health conditions.
- Gender Based Violence (GBV) is increasing due to prolonged confinement and economic stress and the need for mitigating risks faced by women and children is essential.

### Regional Situation Analysis

The Middle East region is home to the largest number of displaced populations globally. Healthcare systems in Syria, Yemen and Iraq, countries with more than 13 million IDPs, have been decimated by war and were barely able to respond to pre-pandemic health demands. The healthcare systems in Turkey, Lebanon and Jordan, hosting more than 7 million Syrian and other refugees, are already overstretched. The spread of the pandemic is expected to be devastating, especially to conflict-affected populations, given that many of them live in inadequate and overcrowded shelters or camps, with insufficient access to clean water.

The real number of COVID-19 cases in the region is unknown because of limited testing facilities, however, governments in the Middle East have imposed extensive lockdowns and social distancing measures to contain the spread of the virus. Few displaced people can work from home or have the capacity to sustain on-line learning platforms. Furthermore, social tensions are increasing, particularly in Lebanon, with a perception among both refugees and vulnerable host communities of not having equal access to services and fulfillment of basic needs.

### Impact and Core Needs

Loss of jobs and livelihoods is resulting in increased negative coping mechanisms among people of concern. Recent DRC assessments in Jordan, Iraq, Syria and Turkey demonstrate that loss of daily and seasonal work increases the reliance on negative coping mechanisms including selling assets, spending savings or reducing the quantity and quality of meals consumed per day.

Continued economic distress and confinement increases the risk of domestic violence, with women and children most often at the receiving end. The Turkey needs assessment highlighted a rise in household tensions during this period, that could correlate with Gender Based Violence (GBV) issues in the longer term, suggesting the need for a continued robust GBV case management response by governmental and non-governmental agencies.

### DRC's Response

DRC has operational presence in Turkey, Lebanon, Jordan, Syria, Yemen and Iraq with 2000 staff reaching approximately 2 million people of concern annually. During the time of COVID-19 crisis, DRC provides:

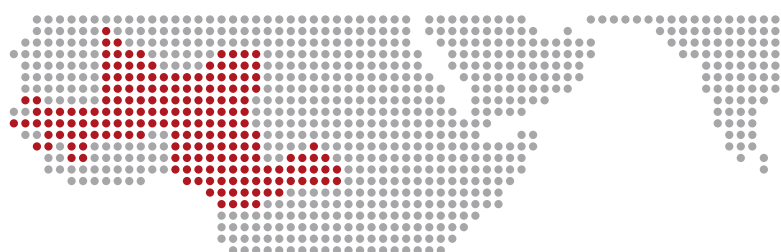
- **Protection:** Mitigate increased protection risks due to COVID-19. DRC will expand its critical protection activities including case management, Psycho Social Support (PSS), and referrals of vulnerable persons to other services. DRC will expand individual protection assistance (IPA) to achieve protection outcomes in Jordan, Iraq, Turkey, Lebanon and Syria.
- **Basic need assistance:** In order to protect people from resorting to harmful coping mechanisms due to sudden and sustained loss of income and livelihoods, DRC will provide basic needs assistance in the form of cash grants and voucher assistance in Iraq, Turkey, Jordan, Syria, Yemen and Lebanon.
- **Economic Recovery:** Seeking to protect small businesses and increase longer term resilience, DRC will provide a one-time cash grant and asset replacement (where applicable) to small and medium-term enterprises and women-owned home businesses in Iraq, Turkey, Jordan, Syria and Lebanon.
- **WASH:** To reduce the transmission of the virus, DRC will increase access to safe water for hand washing and other hygiene related activities. Activities will include water provision and provision of water storage, rehabilitation or provision of vital WASH infrastructure at health facilities, schools and for vulnerable communities with high returns, distribution of WASH supplies, risk awareness, provision of hygiene items and Hygiene promotion in Iraq, Syria and Turkey.



**Estimated needs and beneficiary numbers / Middle East**

Sector	Beneficiaries	USD
Protection	14,000	5,100,000
Basic Needs	71,000	8,300,000
Economic Recovery	8,200	4,000,000
Community Engagement /AVR	1,200	200,000
WASH	160,000	2,500,000
Camp Management and Shelter/Settlements	600	400,000
<b>Total</b>	<b>255,000</b>	<b>20,500,000</b>

**West Africa**



- The humanitarian needs pre-existing the COVID-19 crisis must not be overlooked. The COVID-19 crisis is already aggravating existing protection concerns, livelihoods and food security. It is paramount to mitigate the worst consequences and support displacement-affected communities during and beyond the crisis
- Multiple threats will heighten tensions within communities already affected by the traumatic experiences of armed violence and forced displacement. Conflict mitigation in times of crisis is essential in the Sahel region

**Regional Situation Analysis**

DRC’s operations in the West Africa region include some of the poorest countries in the world with Burkina Faso, Mali, the Central African Republic and Niger ranking 182nd, 184th, 188th and 189th, respectively, out of 189 on the UN’s Human Development Index (2019). Plagued by decades of poor governance, climate change, and persistently low levels of socio-economic development, West Africa has increasingly suffered from spreading insecurity resulting in over 23 million people in need of humanitarian assistance, including 5 million IDPs and 1.4 million refugees.

The spread of COVID-19 has been accelerating since 15 March in each of the countries in West Africa despite the measures put in place by governments. WHO announced a 51% increase in the number of cases reported in Africa the week of April 13, 2020 and a 60% increase in the number of reported deaths; although the numbers are believed to be much higher due to limited testing capacity.

**Impact and Core Needs**

Various factors trigger the potential for COVID-19’s rapid transmission in the region: poor hygiene and sanitation facilities,<sup>14</sup> lack access to clean water, overcrowding in urban slums, fragile states and health systems, and livelihoods based on daily and frequent interaction. Furthermore, access to energy sources and food is also hampered.<sup>15</sup> Prevention campaigns in accessible forms and languages, provision of hygiene kits, increasing available shelter for those at risk and provision of housing for high-risk community members in transmission-shielded arrangements are urgently needed.

<sup>14</sup> In Sub-Saharan Africa, about three quarters of the population don’t have access to basic hygiene facilities at home. JMP, UNICEF, WHO, Progress on household drinking water, sanitation and hygiene, 2000-2017. <sup>15</sup> Daily visits to markets as there is no capacity to store fresh products or the financial capacity to buy in bulk and store.

Multiple threats will heighten tensions within households already affected by the traumatic experiences of armed violence and forced displacement and amplify the recourse to negative coping strategies to meet basic needs, as well as violence against women. There is an urgent need to set-up a conflict-sensitive COVID-19 responsive protection monitoring where DRC operates and provide emergency protection services for families (psychological first aid, psychosocial support, material and financial assistance for access to care, referral to existing services).

Government measures to contain the virus impact the situation of the poorest households in camps and host communities, who depend on the informal economy for their already fragile livelihoods and day-to-day survival. These measures also limit the ability of pastoralists to move in search of pasture and water (a key coping strategy in the Sahel), hence possibly increasing conflicts between pastoralists and farmers in these areas. The impact on the livelihoods of women, who are largely dependent on the informal economy and the agribusiness sector, will result in a decrease or absence of income that will be critical to maintaining families' food and health needs. There is an urgent need to scale up cash and voucher assistance for families most affected by movement limitations and market restrictions.

### DRC's Response

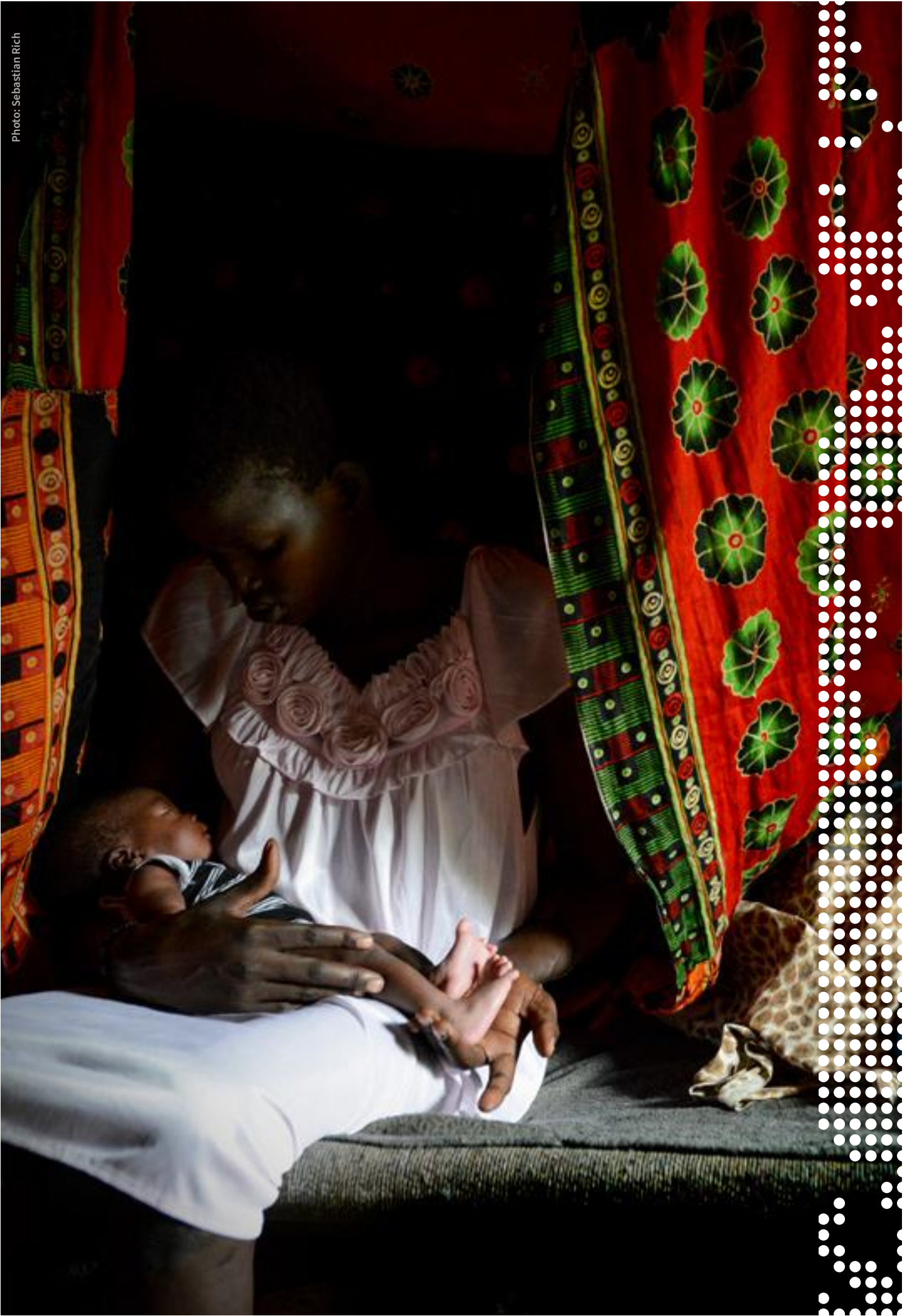
Having adapted its current operations with risk reduction measures to continue providing emergency humanitarian assistance, DRC in West and Central Africa is now adjusting to respond to the challenges brought about by the COVID-19 context. DRCs is well equipped to rapidly deploy a new COVID-19 response targeted displaced populations and in hard-to-reach areas due to strong community and institutional ties. In these areas, DRC is able to strengthen activities in a conflict-sensitive manner such as emergency protection, food security, distribution of non-food items, WASH and shelter.

This scaling up is coordinated with key actors in health and socio-economic responses and benefits from existing networks of community focal points, local teams and know-how acquired in the region focusing on access and resilience employing innovative approaches.

### Estimated needs and beneficiary numbers / West Africa

Sector	Beneficiaries	USD
Protection	143,500	5,280,000
Basic Needs	82,000	6,725,000
Economic Recovery	25,000	2,015,000
Community Engagement /AVR	6,500	710,000
WASH	380,000	4,050,000
Camp Management and Shelter/Settlements	28,000	1,500,000
<b>Total</b>	<b>665,000</b>	<b>20,280,000</b>

Photo: Sebastian Rich



## North Africa



- Consistent delivery of humanitarian services has been impeded since the outbreak of COVID-19 and there is an urgent need for governments to allow humanitarian exemptions to movement, including humanitarian flights, exceptions to curfews and import restrictions in the North Africa region
- Across North African countries, women and girls tend to bear the burden of caregiving responsibilities, including care for ill family members, thus increasing their risk of exposure to COVID-19

### Regional Situation Analysis

The North Africa region, comprised of country programs in Algeria, Libya, Sudan and Tunisia, is characterized by diverse displacement contexts ranging from protracted refugee displacements in Algeria, ongoing internal displacement in Libya and a combination of protracted and ongoing internal displacement in Sudan. All four countries host mixed migrant populations in often vulnerable situations, while two of the four countries are, furthermore, affected by explosive remnants of war, thus compounding the risks faced by these populations. In total, more than 300,000 refugees and nearly 2.5 million IDPs are present across North Africa as well as a sizable but unknown number of asylum-seekers and migrants.

With the exception of Tunisia, insecurity, political instability and generally low levels of socio-economic development further affect the region and the capacity of the countries to adequately prepare for and respond to COVID-19. While the current number of reported cases across the region is relatively low, all countries are extremely vulnerable to a spike and to their respective healthcare systems being rapidly overwhelmed. Furthermore, a majority of the population of North Africa are anticipated to struggle to cope with the economic and social impacts of border closures, movement restrictions and severe impediments to maintaining their livelihoods.

### Impact and Core Needs

While the Saharawi refugee camps in south western Algeria, where DRC's operations are based, have yet to report a case of COVID-19, many humanitarian services are indefinitely suspended and the economy within the camps has been detrimentally affected. Continued restrictions of both humanitarian services and movements to and from the camps as well as broader country-wide restrictions are anticipated to continue to negatively impact livelihoods within the camps.

The already complex and fragile situation in Libya is significantly exacerbated by the emergence of COVID-19 despite a relatively low number of cases identified. Most notably, hostilities have escalated dramatically, in and around Tripoli, which is resulting in a further disintegration of the rule of law and continuation of human rights abuses. In addition to a fragile public healthcare system, the economy is being directly affected. This is impacting vulnerable populations, namely displaced Libyans, refugees and migrants who depend upon daily labour for their survival.

Although also characterized by a relatively small number of confirmed COVID-19 cases, Sudan is in the midst of a tenuous political transition and continues to be impacted by years of underinvestment in public services, including the healthcare system and water, sanitation and hygiene services. Similar to other countries in the North Africa region, the economy is being adversely affected by the significant rise in prices of basic commodities, thus challenging the ability of many households to meet their most basic needs.

The outbreak of COVID-19 in Tunisia is being felt from the capital Tunis to the borderlands regions, where restrictive measures such as curfews, limitations to movement and business activities on which populations rely for their livelihoods has negatively impacted already precarious economic and social conditions. The closure of borders, in particular, has resulted in an increasing number of individuals struggling to meet their basic needs with a consequent escalation in tensions in some border communities.

Overall, urgent humanitarian needs, in particular those associated with WASH and meeting basic needs are anticipated to increase and persist across the North Africa region into the foreseeable future, while the economic impacts of the aforementioned restrictions are likely to have a detrimental effect well into 2021.

### DRC’s Response

DRC’s response to the COVID-19 crisis in North Africa focuses on supporting basic needs through the provision of cash and in-kind assistance as well as the provision of essential WASH, shelter and site management services, with priority placed on the large-scale and most urgent humanitarian needs in the contexts of Libya and Sudan. While addressing the most immediate needs, DRC North Africa will continue to provide food security and livelihoods support to the most vulnerable displacement-affected communities as a means to mitigate the compounding economic and social effects of the virus and related restrictions and to support early recovery.

To deliver the aforementioned services, DRC North Africa will utilize a stay and deliver approach, while shifting to alternative modalities of management and implementation, and adhering to best practices for mitigating the risk of exposure for communities and staff, and DRC will also continue to respond to pre-existing humanitarian needs in the region and strive to maintain existing life-saving and essential programmes while expanding initiatives to address the additional humanitarian needs brought about by COVID-19.

### Estimated needs and beneficiary numbers / North Africa

Sector	Beneficiaries	USD
Protection	6,000	300,000
Basic Needs	9,000	2,300,000
Economic Recovery	3,000	650,000
Community Engagement /AVR	409,000	450,000
WASH	400,000	1,100,000
Camp Management and Shelter/Settlements	1,000	500,000
<b>Total</b>	<b>828,000</b>	<b>5,300,000</b>

## Asia



- Many displaced people in Asia face administrative restrictions on their movement. Any barriers for refugees and other displaced people to move for medical emergencies must be removed. Delays in access to medical care cause lasting harm or death to patients unable to acquire this documentation
- Support should be available for women and girls who may be affected by the outbreak and are also GBV survivors. Recognizing that this may be co-occurring for some women and girls is incredibly important and requires that psychosocial and other support be available and accessible

### Regional Situation Analysis

Asia is home to almost half the world’s people living in extreme poverty, with over 306 million people living on less than \$1.90 a day. It is also the most densely populated continent making social isolation practically impossible for

many, especially the poor. Over 37% of Asian women experience GBV; the highest rate in the world. Furthermore, the Asia region is home to 3.5 million refugees and over 13 million internally displaced persons (IDP). The majority of the refugees originate from Afghanistan and Myanmar.

Bangladesh is host to the world's largest refugee camp, Kutupalong, which is home to the majority of the 740,000 Rohingya refugees who fled from Myanmar in 2019. The camp is only 13 square kilometres, making overcrowding a major issue and the COVID-19 response is stretching infrastructure and services to their limits. The refugee population already puts immense pressure on the health system, which impacts public health for both refugees and host communities. Within the camp, there is limited space to expand necessary facilities. Water and sanitation infrastructure such as latrines, water points and bathing places are limited, with many families sharing facilities. There have been five confirmed COVID-19 cases in the vicinity of the camp, and 444 people in the camp are currently under quarantine.

In Myanmar, the ongoing civil war in the north-east, and ethnic conflict and persecution in Rakhine has resulted in over 400,000 IDPs. 128,000 Rohingya are confined to camps in Rakhine, where, due to government movement restrictions, they are almost entirely dependent on agencies like DRC for water, sanitation and health services, as well as livelihood support. While none of the 119 confirmed COVID-19 cases have been in camps, there is very limited testing. IDPs in some camps in northern Shan and Kachin are already reported to be in dire need of food and facing water shortages due to movement restrictions.

Afghanistan has been in protracted conflict for almost thirty-five years, which has seriously hampered poverty reduction and development, and depleted households' coping mechanisms. Afghanistan's close proximity to Iran – a hotspot for the virus – exposes the country to intensified risks, with over 150,000 people having crossed the border since the COVID-19 crisis began into the country. As of 16 April, there were 840 confirmed COVID-19 cases in Afghanistan across 12 provinces, including Kabul. The total number of deaths stands at 30 with the first death confirmed on 22 March in Balkh Province involving a man with no travel history outside the country. To date, testing has been small-scale which may account for the relatively low number of confirmed cases.

## Impact and Core Needs

The World Bank estimates that an additional 11 million people in Asia may be driven back into poverty as a result of COVID-19. The impact of the pandemic is already hitting low-income people hard, especially refugees and IDPs who often work in the informal sector or as migrant workers and have limited or no access to healthcare or social safety nets. Across the region, the sudden and large-scale loss of low paid work has driven an exodus of workers from cities to rural areas, causing many of them to fall back into poverty.

IDPs and refugees in Asia are at increased risk of COVID-19 because they are living in overcrowded conditions with limited access to basic sanitation, thus there is an urgent need for decongestion of camps and construction of sanitation facilities. The ability to access health-care services in these settings is already compromised and is now exacerbated by shortages of medical supplies as governments prioritise some populations over others. While rates of violence against women and children are rising, facilities for women and children seeking to escape violence are being repurposed as COVID-19 treatment and isolation centers.

## DRC's Response

In the Rohingya refugee camps in Bangladesh, DRC is one of the largest site managers. DRC intends to build structures to aid the COVID-19 response, such as isolation shelters, disinfection areas and hand-washing stations, as well as provide materials to households to enable them to isolate part of their shelter should a household member fall ill. DRC will also train refugees and members of host communities to produce personal protective equipment and provide cash for work opportunities to help maintain household incomes. In response to increased rates of GBV and child protection issues, DRC will provide case management and support to access health and other services.

In Myanmar, DRC manages eight IDP camps and is seeking to improve WASH infrastructure by rehabilitating and building new sanitation and handwashing stations. Field-based staff have been engaging with communities within the camps to promote hygiene practices. Protection monitoring and case management of GBV and child protection cases is continuing where feasible. In locations where IDPs can access markets, DRC will provide vulnerable households with cash to cover basic needs.

DRC is one of the primary humanitarian actors in Afghanistan with a robust operational capacity across the country responding to a variety of needs to returnees from Pakistan and Iran, as well as the extremely impoverished IDP populations. DRC will address COVID-19 risks in congested IDP camps where livelihoods are affected by the close-down of markets and movement restrictions focusing on the provision of NFI kits including hygiene kits; multipurpose cash assistance; vulnerability screening, referral services, and the distribution of protection kits.

### Estimated needs and beneficiary numbers / Asia

Sector	Beneficiaries	USD
Protection	47,500	810,000
Basic Needs	135,000	1,270,000
Economic Recovery	3,500	900,000
Community Engagement /AVR	314,000	450,000
WASH	270,000	1,050,000
Camp Management and Shelter/Settlements	160,000	720,000
<b>Total</b>	<b>930,000</b>	<b>5,200,000</b>

## South America



- Refugees, migrants, and vulnerable local population are already strongly affected by the COVID-19 emergency, further stressing the urgency of a targeted response to meet priority needs in terms of food, hygiene and shelter
- Person with special needs and persons with aggravated protection concerns must be supported with comprehensive assistance, in particular unconditional cash, so as to mitigate multiple risks

### Regional Situation Analysis

As a result of a combination of the influx of more than 4 million refugees and migrants coming from Venezuela to neighbouring countries such as Colombia, Peru and Mexico and the long-standing low levels of socio-economic development, South America is one of the regions most affected by the COVID-19 crisis. The virus risk has also worsened the living condition of refugees and migrants in Mexico.

It is estimated that there are approximately 2.8 million refugees and migrants coming from Venezuela in Colombia (2 million) and Peru (0.8 million), while registered cases of COVID-19 total 23,150 cases (as of April 22) in the two countries. In Mexico, 10,754 COVID-19 cases have been registered, and in the town of Tapachula in South Mexico, an estimated 50,000 refugees and migrants (UNHCR January 2020) are in need of humanitarian assistance.

More than 80% of the refugees and migrants in Colombia, Peru and Mexico are living through informal employment selling products in the streets or through daily labour; thus, the confinement and social distancing adopted by governments are impeding access to vital income leaving the majority of refugees and migrants unable to purchase food and pay rent. Moreover, DRC protection monitoring activities have highlighted that more than 70% of persons of concerns are irregularly residing in the host countries which prevents them from accessing formal employment and health services unless for emergency situations.

## Impact and Core Needs

DRC (Colombia) and two partner organizations in Peru and Mexico conducted rapid need assessments during the first two weeks of April 2020 to identify the urgent needs of people of concern to set up an adequate emergency response. The results of the assessments of needs pointed to food security, shelter, information and ad hoc assistance for Persons with Specific Needs (PWSN) as key priorities.

The compulsory quarantines implemented by the governments of Colombia, Peru, and Mexico as prevention measure against the spread of COVID-19 have massively reduced the sources of income through informal work for refugees, migrants, and vulnerable host communities. Moreover, access to services for persons of concern has been drastically reduced as many humanitarian organizations suspended their operations due to the COVID-19 crisis. Finally, information concerning prevention measures is limited and needs to be enhanced to reduce the risks of contagion as well as enable access to health and basic services.

## DRC's Response

According to the needs identified through the rapid need assessments, DRC and partner organizations have designed an emergency response aiming to provide rapid assistance for the most vulnerable households. The emergency response will focus on the following activities:

- **Basic need aid through Multipurpose Cash Assistance (MPCA):** DRC and partners are planning to expand their current unconditional MPCA programs through a one-off cash transfer to vulnerable families to meet their urgent needs of food, hygiene, and shelter for a period of two months. This intervention aims at providing an immediate response to communities' loss of income due to the confinement measures put in place to stop the spread of COVID-19.
- **Protection:** DRC and partners will enhance ongoing information campaigns about risks and prevention measures to fight COVID-19, strengthen ongoing protection monitoring in order to identify protection issues to be addressed, and expand the Individual Protection Assistance (IPA) programme to provide ad hoc assistance for persons with specific needs (PWSN) such as health assistance, ad hoc NFIs, disability devices, emergency shelter for families living in the open, etc.

## Estimated needs and beneficiary numbers / South America

Sector	Beneficiaries	USD
Protection	30,000	360,000
Basic Needs	10,000	1,540,000
Economic Recovery		
Community Engagement /AVR		
WASH		
Camp Management and Shelter/Settlements		
<b>Total</b>	<b>40,000</b>	<b>1,900,000</b>

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## Personal Story

Amilcar is a Venezuelan migrant residing in the town of Barranquilla (Colombia) with his wife and four young children. He is an irregular resident in Colombia so he cannot access formal jobs and he is supporting his family through daily labour as a mechanic in a local workshop. Due to the lockdown imposed by the Government of Colombia as a prevention measure against the spreading of COVID-19, he cannot work to provide food and shelter for his family who are in need of immediate assistance to get through the lockdown period.

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Photo: Sebastian Rich



# Budgets and Reporting

## Budget and beneficiaries per Region

Geographies	Beneficiaries	USD
Mixed Migration Centre		450,000
Europe	126,000	6,200,000
Middle East	255,000	20,500,000
EAGL	3,700,000	15,000,000
West Africa	665,000	20,280,000
North Africa	828,000	5,300,000
Asia	930,000	5,200,000
South America	40,000	1,900,000
Learning, Evaluation and Aid Transparency (IATI)		170,000
<b>Total</b>	<b>6,544,000</b>	<b>75,000,000</b>

## Budgets and beneficiaries per Sector

Sector	Beneficiaries	USD
Protection	446,000	13,720,000
Basic Needs	379,000	22,615,000
Economic Recovery	72,500	10,735,000
Community Engagement /AVR	1,646,900	3,910,000
WASH	3,510,000	15,080,000
Camp Management and Shelter/Settlements	489,600	8,320,000
<b>Total Programme</b>	<b>6,544,000</b>	<b>74,380,000</b>
Mixed Migration Centre		450,000
Learning, Evaluation and Aid Transparency (IATI)		170,000
<b>Total</b>		<b>75,000,000</b>

## Mixed Migration Centre, budget per region

Geographies	USD budget	What for
Middle East	120,000	6 months of COVID-19 data collection in Turkey (monitor payments, staff, etc.)
Europe	35,000	3 months of data collection in Italy & Greece
North Africa	15,000	Contribution to 2 project assistants in Tunisia (8,000) and 2 in Libya (2,000)
West Africa	55,000	Adaptation costs to implement the 4Mi COVID-19 survey in West Africa (Mali, Burkina Faso and Niger) as well payment of surveys for a period of three months
East Africa	190,000	6 months of 4Mi COVID-19 data collection in Kenya, Somalia, and possibly Yemen including all costs for monitors, staff, adaptation, etc.
Asia	35,000	Production of a research piece on the impacts of COVID-19 on migrants and refugees in Asia (India, Indonesia, Malaysia and Afghanistan) incorporating 4Mi data and supplementary qualitative interviews
<b>Total</b>	<b>450,000</b>	

DRC will be reporting towards the beneficiary numbers, impact as well as financial targets periodically. Reporting will be available on our website, and furthermore publicly available via DRC's reporting to the International Aid Transparency Initiative (IATI). Finally, DRC will be reporting directly to donors regarding individual commitments made toward the appeal.

## Budgets per sector, per country

	Protection	Basic Needs	Economic	Community Engagement and AVR	WASH*	CCCM	Total
<b>Europe</b>	<b>470,000</b>	<b>1,230,000</b>	<b>2,030,000</b>	<b>740,000</b>	<b>1,730,000</b>		<b>6,200,000</b>
Denmark				460,000			460,000
BiH		220,000		65,000	705,000		990,000
Serbia	90,000	720,000	244,000	65,000	270,000		1,389,000
Kosovo	45,000	200,000		80,000	100,000		425,000
Georgia			750,000		100,000		850,000
Ukraine	295,000		980,000		530,000		1,805,000
Italy	40,000	90,000	56,000		25,000		211,000
Greece				70,000			70,000
<b>Middle East</b>	<b>5,100,000</b>	<b>8,300,000</b>	<b>4,000,000</b>	<b>200,000</b>	<b>2,500,000</b>	<b>400,000</b>	<b>20,500,000</b>
Syria	200,000	1,000,000	600,000		1,000,000		2,800,000
Tyrcy	1,100,000	1,000,000	800,000		500,000		3,400,000
Lebanon	1,100,000	1,300,000	800,000	200,000		400,000	3,800,000
Jordan	1,100,000	1,000,000	800,000				2,900,000
Iraq	1,100,000	3,000,000	1,000,000		1,000,000		6,100,000
Yemen	500,000	1,000,000					1,500,000
<b>East Africa and Great Lakes</b>	<b>1,400,000</b>	<b>1,250,000</b>	<b>1,140,000</b>	<b>1,360,000</b>	<b>4,650,000</b>	<b>5,200,000</b>	<b>15,000,000</b>
Kenya	190,000	150,000	100,000	150,000	500,000	500,000	1,590,000
Ethiopia	190,000	100,000	60,000	150,000	500,000	1,500,000	2,500,000
DR Congo	190,000	200,000	280,000	180,000	750,000		1,600,000
Djibouti	50,000	100,000	100,000	150,000	200,000		600,000
Burundi	50,000	100,000	60,000	150,000	200,000		560,000
Tanzania	50,000	130,000	120,000	140,000	400,000	1,300,000	2,140,000
Somalia	330,000	240,000	240,000	150,000	750,000		1,710,000
Uganda	120,000	150,000	100,000	140,000	500,000	100,000	1,110,000
South Sudan	230,000	80,000	80,000	150,000	850,000	1,800,000	3,190,000
<b>West Africa</b>	<b>5,280,000</b>	<b>6,725,000</b>	<b>2,015,000</b>	<b>710,000</b>	<b>4,050,000</b>	<b>1,500,000</b>	<b>20,280,000</b>
CAR	200,000	1,000,000	250,000		450,000		1,900,000
Niger	900,000	1,100,000	1,000,000	500,000			3,500,000
Nigeria	800,000				2,000,000		2,800,000
Cameroun	1,300,000	1,210,000	400,000		700,000		3,610,000
Mali	2,000,000	3,400,000	350,000	130,000	500,000		6,380,000
Burkina Faso	80,000	15,000	15,000	80,000	400,000	1,500,000	2,090,000
<b>North Africa</b>	<b>300,000</b>	<b>2,300,000</b>	<b>650,000</b>	<b>450,000</b>	<b>1,100,000</b>	<b>500,000</b>	<b>5,300,000</b>
Libya		1,200,000		150,000	800,000	500,000	2,650,000
Tunisia	100,000	200,000		250,000			550,000
Algier			150,000	50,000			200,000
Sudan	200,000	900,000	500,000		300,000		1,900,000
<b>Asia</b>	<b>810,000</b>	<b>1,270,000</b>	<b>900,000</b>	<b>450,000</b>	<b>1,050,000</b>	<b>720,000</b>	<b>5,200,000</b>
Afghanistan	200,000	600,000	50,000	50,000			900,000
Myanmar	550,000		600,000	200,000	1,000,000	200,000	2,550,000
Bangladesh	60,000	670,000	250,000	200,000	50,000	520,000	1,750,000
<b>South America</b>	<b>360,000</b>	<b>1,540,000</b>					<b>1,900,000</b>
Colombia	240,000	1,040,000					1,280,000
Peru	60,000	250,000					310,000
Mexico	60,000	250,000					310,000
<b>Mixed Migration Centre</b>							<b>450,000</b>
<b>Aid Transparency**</b>							<b>170,000</b>
<b>TOTAL USD</b>							<b>75,000,000</b>

\*WASH includes Health services in Europe and West Africa

\*\*IATI reporting and real time evaluation



Founded in 1956, the Danish Refugee Council (DRC) is Denmark's largest, a leading international NGO and one of the few with a specific expertise in forced displacement.

In 40 countries 9,000 employees protect, advocate and build sustainable futures for refugees and other displacement affected people and communities.

DRC works during displacement at all stages: In the acute crisis, in exile, when settling and integrating in a new place, or upon return. DRC provides protection and life-saving humanitarian assistance.

DRC supports displaced persons in becoming self-reliant and included into hosting societies. DRC works with civil society and responsible authorities to promote protection of rights and peaceful coexistence.

Our 7,500 volunteers in Denmark make an invaluable difference in integration activities throughout the country.

Since DRC's earliest days assisting displaced Hungarians in Denmark, the organisation has never stopped helping people who fled war and persecution. Not since World War II have more people

needed help. The world is witnessing world records of refugees and displaced, in total 70.8 million.

DRC's annual turnover today exceeds 3 billion DKK (€400 million), and the help reaches more than 5.7 million people in the world.

DRC's code of conduct sits at the core of our organizational mission, and DRC aims at the highest ethical and professional standards. DRC has been certified as meeting the highest quality standards according to the Core Humanitarian Standard on Quality and Accountability.

HRH Crown Princess Mary is DRC's patron.

**DRC** DANISH  
REFUGEE  
COUNCIL  
• We are there