

Over 4.8 mio

people were reached in 2020 by DRC programmes addressing the needs of displaced people impacted by the COVID-19 pandemic.

34 DRC operations

have reported a COVID-19 specific response.

6 main sectors in DRC operations

were re-tooled to address the identified needs: Protection, Basic Needs, Economic Recovery, Water, Sanitation and Hygiene (WASH) and Camp Management and Shelter/Settlements.

Over 54 mio US\$

has been given to date in COVID-19 specific grants to DRC's operations across the globe, while DRC was able to re-programme an additional 25 Million US\$ of existing grants for COVID-19 responses.

Global COVID-19 Response

FINAL REPORT May – December 2020

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Global COVID-19 Response

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Executive Summary

This report summarizes DRC's response in the context of its [global appeal](#) for a total of 75 million USD to address the impact of COVID-19, launched in April 2020. The financial targets were met by generous contributions from bilateral, multilateral, and private donors, both through new grants as well as re-programming of existing grants. DRC's Global Response to the COVID-19 pandemic between late April and the end of December 2020 reached a total of 4.8 million people, with interventions specifically addressing the secondary impacts of the global pandemic on displacement-affected populations.

The impacts of the pandemic were felt most severely within the sphere of protection, where, globally, protection space shrunk significantly and movement restrictions, exclusion of people of concern, exposure to rumours and stigma, and wider human rights violations increasingly impacted people affected by displacement. Consequently, DRC's response quickly adapted to focus on protection, which is also reflected in the number of people reached with protection-related assistance and services which exceeded initial targets more than fivefold (Table 1), and included close to 3 million people impacted by COVID-19.

Closely related, people affected by conflict and displacement expressed a need for trustworthy information about the virus and how to safeguard against it. DRC teams in 27 countries over the course of the year reached close to 2,7 million people with timely and relevant information on COVID-19 and related protection risks and mitigation measures.

Protection, however, was not the only sector where demands rose beyond initial projections. Across all country operations, basic needs of populations, which in many host communities face marginalisation and often rely on the informal economy or casual labour to generate household income, were severely affected by government-imposed COVID-19 measures. This equally applied to those that started small informal businesses in more settled situations. As a consequence, both the basic needs sector and economic recovery went significantly beyond the initial targets, reaching respectively over five and eight times more people than planned thanks to the agility and flexibility of donors, staff and partners in the face of the crisis.

This report provides a complete overview of DRC's COVID-19 response during the 2020 global appeal. Going beyond results data, it offers further insights into how DRC's response evolved during the pandemic and lessons learned from our crisis response as well as some recommendations for the next phases of the response.

Recommendations

Access to asylum and other forms of international protection must be upheld and the principle of non-refoulement respected

COVID-19 and related emergency measures put in place to protect public health should not be used as a pretext to limit access to international protection including asylum.

Maintain a human rights-based protection-sensitive response focusing on those most at risk of being left behind

Displacement-affected populations must be able to access their rights and live a life in dignity throughout and beyond the pandemic. Measures to prevent the spread of COVID-19 should uphold human rights, and be strictly necessary, proportionate, limited in time, and non-discriminatory. This includes enabling equitable access to information, basic services, and humanitarian assistance.

Affected populations must be included in both national response and recovery plans as well as vaccination schemes

While there have been positive examples of countries enabling unimpeded access to healthcare for displaced and migrant populations, challenges prevail to their full inclusion. Refugees, asylum seekers, internally displaced persons and migrants should be included in vaccination schemes, where that is not currently the case, and vaccination rollouts must be carried out in a transparent manner, which does not exacerbate tensions between communities.

Protection and economic recovery activities must continue and be scaled up

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 coupled with continued access to protection and other services.

Donor governments must match funding levels to the needs of crisis- and displacement affected people and maintain flexibility

The COVID-19 pandemic has exacerbated existing vulnerabilities of crisis- and displacement-affected populations, which will be further aggravated by drops in GDP in host as well as donor countries. Continued donor support based on actual needs, engagement and flexibility will be imperative in ensuring the continued response capabilities of the humanitarian sector to meet the mounting needs of communities affected by the crisis.

Maintain an evidence-based response to displacement-affected populations

Data collected by DRC and other actors over the course of the crisis has shown how different population groups are affected in different ways and pointed to specific protection concerns of people on the move. Such evidence should be utilized to inform the continued collective response and recovery phase.

A global crisis requires global responses

Governments should ensure that health and non-health responses strengthen and do not undermine global collaboration and solidarity including through continued operationalization of the Global Compact on Refugees and the Global Compact for Migration.

Table 1

Estimated needs and people reached: Global DRC response per sector (cumulative figures for 2020)¹

Sector	No. of people planned	No. of people actual	% reached
Protection	446,000	2,837,713	Exceeded
Basic Needs	379,000	1,839,167	Exceeded
Economic Recovery	72,500	605,687	Exceeded
Community Engagement /AVR	1,646,900	1,225,163	74%
WASH	3,510,000	1,228,123	35%
Camp Management and Shelter/Settlements	489,600	344,652	70%
Total	6,544,000	4,861,420	74%

Global Situation Analysis

The impact of COVID-19 is felt on all segments of society, but the effect is particularly strong for vulnerable or marginalised people who are in precarious rights environments and have limited ability to cope with the resulting challenges. Since the start of the pandemic, evidence from surveys of more than 12,000 displacement-affected persons across our country operations paints a bleak picture of the consequences of COVID-19 for people of concern ². For example, data from **Jordan, Iraq, Lebanon, Niger, and Nigeria** shows that refugee/IDP households were more prone to losing their employment opportunities, have fewer savings and be at higher risk of eviction compared to host communities. Impact of COVID-19 also appears to often be gendered; data showed that women to a larger extent than men felt increased levels of worry and anxiety.

The protection space is severely affected. Almost 3,000 unique incidents of protests, riots, violence against civilians and fighting related to COVID-19 were recorded in DRC's countries of operation in 2020, resulting in more than 500 deaths. Restrictions were imposed in most countries limiting freedom of movement, which in many places limited the protection space, further compounded by restrictions on access to services, including protection services, and reduced ability to meet basic needs. In the last quarter of 2020 alone, movement restrictions were imposed or extended in 13 of DRC's country operations. Forced return and forced movement of people were reported in numerous countries, as well as reduced access to asylum. An increase in evictions or threats of eviction has also been observed. While asylum applications in the EU increased in the last months of 2020, they remain more than one third below the numbers recorded in February prior to the pandemic. Xenophobia and discrimination against migrants and refugees also increased.

Access to health services remains limited. Psychosocial needs are rising, as households experience the secondary impacts of the pandemic. There has been an observed surge in gender-based violence, including an increase in domestic violence. Information needs are substantial: Migrants, refugees and IDPs have generally heard of COVID-19 and related symptoms, but in certain contexts, challenges related to knowledge and implementation of preventative measures were recorded. Evidence further suggests that over time, people of concern were to a lesser extent taking precautionary measures, either because restrictions were being lifted or due to an inability to adhere to them.

The impact of COVID-19 on livelihoods is disastrous, with access to income generation for people of concern severely decreased. This in turn limits their ability to meet immediate basic needs, such as food and accommodation. In **Jordan, Lebanon, Iraq and Somalia**, survey data from early in the crisis showed a drop of more than 50 percentage points of targeted

¹ Figures are cumulative from 30th April to 31st December 2020. Data was collected by avoiding double counting: If the same group of people was reached more than once in the same period, or reached by more than one type of assistance, they are only counted once.

² The information and situation data compiled in this section is taken from surveys that DRC and the Mixed Migration Centre (MMC) have conducted with people affected by displacement. Additionally, open-source information was used to triangulate findings.

households having a member of the family employed. Youth is particularly vulnerable, and DRC data from three countries in the **Middle East** shows that youth was 27% more likely than others to have experienced the impact of lost employment in their household. In **Afghanistan**, the likelihood is at 50%.

Refugees and vulnerable groups appear to be particularly exposed to reduced employment. Few have savings, and with little access to sufficient food often rely on negative coping mechanisms such as selling assets or reducing their food intake to meet their basic needs. Some countries have recently witnessed improving trends in terms of access to employment, but the extent to which refugees and vulnerable groups can benefit from such opportunities remains to be seen. With these developments, as well as the broader contextual developments, predictive analysis ³ of the impact of COVID-19 suggests an increased risk of movement in all the displacement-generating countries in which DRC works.

Government responses to the pandemic have varied across countries and time periods. All countries have introduced temporary measures to help curb the spread of the virus including travel restrictions, lockdown, social distancing and sector specific measures for education, social support, and economic responses. These have in many instances helped curb the spread of the virus, but in some cases, they had unintended consequences for people of concern. In most cases, governments in DRC's countries of operations have not had sufficient resources or capacity to mitigate the negative secondary impacts of the containment measures.

Camps pose a particular challenge because of often overcrowded facilities, insufficient availability of protective equipment and an inadequate number of health staff. Movement restrictions have made it difficult to provide necessary services such as education and psychosocial support in these settings, and limited access to information and communications technology / infrastructure is often not conducive for delivering assistance in alternative ways.

In Denmark, where DRC's headquarters is based, the consequences of COVID-19 for people with a refugee or minority background have been aggravated by the fact that many are already in a marginalized situation. Without – or with insecure – employment, experience of trauma, and often without sufficient knowledge of Danish, many face further socio-economic challenges. Limited knowledge about the current state of affairs, anxiety, fear, isolation and re-traumatization make it worse. This does not least affect children.

³ DRC undertakes predictive analysis using its 'Foresight' algorithm and analysis approach to predict future displacement. The Foresight tool was developed together with IBM and supported by the Danish Government.

The impact of COVID-19 on refugees and migrants: data and observations from MMC's 4Mi program

As the pandemic was declared in March 2020, the [Mixed Migration Centre](#) (MMC) adapted its 4Mi⁴ data collection modality to remote data collection and included questions focusing specifically on the impact of the COVID-19 crisis on refugees and migrants. Between April and January 2021, MMC conducted more than 21,000 interviews with refugees and migrants in 14 countries across **Africa, Latin America, and Asia**. Data from these was used for the situation analysis presented above.

Beyond the effect of the situation of refugees and migrants, the data also shows the impact on migration decision-making and journeys. Just under half of the respondents who started their journey after the pandemic was declared said that the COVID-19 crisis had impacted their decision to migrate in some way, mainly through the impact on economic drivers. In recent research on the migration motivations of those travelling on the Atlantic route towards the **Canary Islands**, economic burdens related to the pandemic and rumours around labour shortages in Europe were mentioned as migration drivers⁵. The majority of 4Mi respondents indicated that the crisis had impacted their migration journeys. A quarter of all interviewees stated they had decided to stay at their place of interview for longer than anticipated. Despite the impact of COVID-19 on mobility, many refugees and migrants continue their migration journeys, if necessary, taking longer stops along the way or changing routes. Involuntary immobility emerged as a major risk for many refugees and migrants during the COVID-19 pandemic. Many found themselves stranded, unable to return home or move onward due to border closures or depletion of financial resources⁶. 4Mi data also indicates that demands for the services of smugglers grew during the pandemic, while smugglers became more difficult to access, charged more, and used more dangerous routes.

Based on this data, more inclusive COVID-19 responses are needed to ensure that the rights and needs of vulnerable refugees and migrants are addressed, that tangible support is provided to those on the move, and that refugees and migrants are included in national COVID-19 vaccination strategies, regardless of their legal status.

⁴ <https://mixedmigration.org/articles/mmc-adapts-its-4mi-program-to-assess-the-impact-of-covid-19-on-refugees-and-migrants/>

⁵ MMC (2021) <http://www.mixedmigration.org/resource/a-gateway-re-opens/>

⁶ Migration Policy Institute (2020) https://www.migrationpolicy.org/programs/migration-information-source/top-10-migration-issues-2020#migrants_stranded

Financial Overview

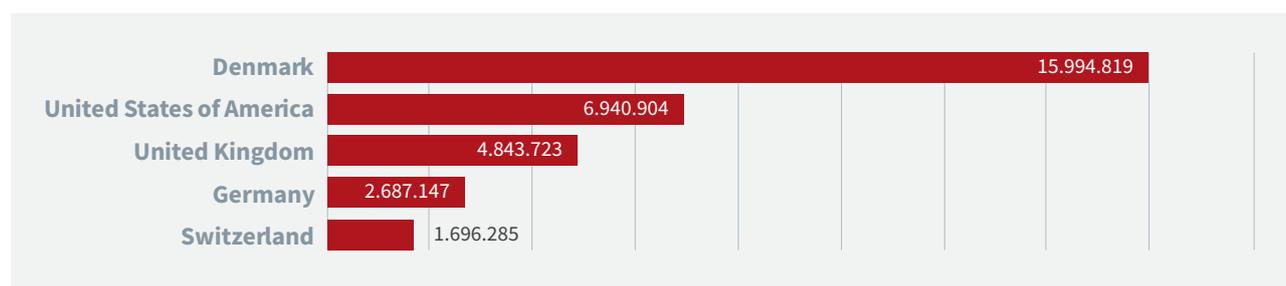
DRC's global appeal in 2020 attracted a total equivalent of USD 54,118,113⁷ in new specific contributions to our COVID-19 response. In addition, donors permitted DRC to re-programme existing grants of a total value of USD 25,713,069 providing vital financial means and flexibility to scale up our global response. For new funding allocated specifically to the COVID-19 response, Table 2 provides an overview of new grants received by region against the targets of the appeal.

Table 2
Funding Targets, Actuals (US\$)

Geography	Appeal target	New funding received	% funded
Global (including Mixed Migration Centre and Learning, Evaluation and Aid Transparency (IAT))	620,000	8,786,075	exceeded ⁸
Europe	6,200,000	3,354,206	54%
Middle East	20,500,000	9,927,905	48%
East Africa and Great Lakes	15,000,000	13,507,454	90%
West Africa	20,280,000	7,094,892	35%
North Africa	5,300,000	2,191,953	41%
Asia	5,200,000	4,783,388	92%
Latin America	1,900,000	4,472,241	exceeded
Total	75,000,000	54,118,113	72%

Donors to DRC's COVID-19 global appeal included bilateral donors, multilateral donors such as the EU and the UN, and private foundations. Our bilateral donors provided the largest share of funding, with a total of USD 32,449,351 received from country governments. Figure 1 shows the proportion of the five largest bilateral contributors to the appeal.

Figure 1
Largest bilateral donors to DRC's COVID-19 global appeal (USD Values)



DRC also received substantial support from multilateral donors: The United Nations partnered with our operations to the equivalent of USD 6,950,198, while the EU collectively provided the equivalent of USD 4,727,022. Danish Foundations have also contributed significantly to our efforts to reduce the impact of COVID-19 on the displaced. Ole Kirk's Fond, Novo Nordisk Foundation, Augustinus Foundation, and Fonden Det Nyttet have together contributed with the equivalent of USD 3,096,236 to the appeal. For a full overview of new COVID-19 specific grants, see Annex 1 as well as an overview of re-programming of existing grants.

⁷ USD amounts are calculated from DKK, DRC's base currency, at the interbank rate of 22nd February 2021.

⁸ Global allocations in part also supported country and regional operations



A Challenged Response

Responding to the humanitarian impact of the pandemic was challenged by mounting humanitarian needs, particularly among already vulnerable conflict and displacement affected populations exposed to a multitude of protection risks. These challenges were met by an already overstretched capacity of the humanitarian sector that also often operated under operational constraints. The analysis of the most severe challenges reported by 34 country offices, affecting DRC teams and individuals across the world, gives insights into impediments to the delivery of aid and how country teams adapted.

The imperative for adapting programmes and implementation modalities to the constraints of a pandemic arguably is the most severe challenge to the delivery of humanitarian assistance and humanitarian outcomes in 2020. Observing social distancing rules and stringent hygiene measures, reducing numbers of participants in activities and dividing participants into smaller groups required additional effort, which often caused delays, and affected programme quality in some cases. This is evident from DRC operations in **Burkina Faso, Uganda, South Sudan, and Tanzania**. In **Kenya**, while training institutions were permitted to resume their operations after meeting government guidelines, the lost time presented challenges for students whose courses likely extended beyond the project period, when funding would run out. Adaptations required additional trainings for staff and partners, for example in **Burundi, the Democratic Republic of the Congo**, and countries in the **Middle East**. In **Jordan**, protection assistance such as psychosocial support and legal awareness had to be changed to an online modality. In the **Europe** region, **Kosovo** and **Serbia** reported the additional burden of measures to protect staff and people of concern. In the **Democratic Republic of the Congo, Burkina Faso, Mali, Niger, and Uganda** the implementation of COVID-19 measures led to re-scheduling of activities or reduced number of participants, thus prolonging the implementation of scheduled activities.

Humanitarian access was directly affected by limitations to interact with affected populations. Reduced ability of staff to access locations affected duration, frequency and quality of interactions and required adjusting data collection methods and rethinking implementation modalities. In **Myanmar**, government restrictions combined with limited Internet access and conflict heavily affected the communication with people of concern. In **Jordan**, government policies were difficult to predict, affecting project planning. Field presence has been a challenge in **Mexico** and **Colombia**. In several countries, such as **Turkey** or **Jordan**, many activities had to switch to online modalities. Data collection and monitoring activities had to be adjusted in **Iraq** and **South Sudan** and included remote monitoring or adjusted sample sizes. In some countries, like **South Sudan**, meeting stakeholders became difficult.

Maintaining a sufficient operational presence has been challenging. The severity of the situation, resulting in a substantial increase of populations in need, widened the gap. For example, in **Europe**, many DRC country operations have struggled with the limited presence or services offered by other humanitarian actors (**Bosnia and Herzegovina, Italy, Serbia**). In the **Ukraine**, increased demand for assistance in late 2020, including increased applications for livelihood support and legal assistance, and high demand for COVID-19 information, affected the timely processing of applications. Other regions have reported coordination issues including referral gaps in **Libya** or challenges in the coordination of cash distribution in **Turkey** that involved different national and international stakeholders. In **Mali**, operational capacity was insufficient to cover needs across IDP sites, health centres or markets. Employment regulations and delays in issuing visas, together with limited availability of flights, hampered staff rotation and consequently, led to fatigue. This affected operations globally.

Other operational constraints included the transfer and re-distribution of funds as well as problems with procurement and supply of goods and services, for example with centralized procurement in **Afghanistan**. Issues with cash liquidity were reported from **Syria** and **Bangladesh**. Teams in **Myanmar** experienced delays in contracting financial service providers to facilitate electronic payments. In **West Africa**, the supply chain was challenged by border closures, affecting operations in **Niger, CAR** and **Cameroon**.

In **Ukraine**, limited operability of the checkpoints for non-government-controlled areas (NGCA) affected mobility, impacting access to vital social services and income generation for many. In **Greece**, access to medical and other public services was challenging for people without a social security number. Access to basic services was also restricted in **Syria** and **Lebanon**. Barriers to accessing cash assistance were reported in **Kenya** and **Bangladesh**.

Movement restrictions largely caused by COVID-19 measures complicated programming and monitoring across the world including in Iraq and **Jordan** in the **Middle East**, in **Sudan, Colombia**, and in countries in **West and East Africa**. In **Ethiopia** and **South Sudan**, movement restrictions impeded DRC's ability to collect monitoring data from affected persons while issues with accessing confined locations were observed in **Burkina Faso**.

Beyond the impact of the pandemic and the measures to curb it, insecurity and conflict affected the delivery of assistance. In **Nigeria**, intensified attacks in 2020 led to further displacement, while military check points complicated access, particularly in remote locations. In **Burkina Faso**, the security context remains volatile with curfews imposed during parts of 2020. In **Ethiopia**, insecurity led to a partial suspension of DRC's programme.

Response Overview

Regional Overview

Europe



Through 2020, over 53,000 conflict- or displacement-affected people impacted by COVID-19 in the region have accessed assistance from DRC in eight countries. More than 30,000 people accessed protection services in **Bosnia and Herzegovina, Italy, Kosovo, Serbia, and Ukraine**. Differentiated and tailored protection assistance was made available as needed. In **Serbia**, the COVID-19 specific response primarily focused on assisting vulnerable refugees, migrants, and asylum seekers, as well as unaccompanied and separated children. In **Ukraine**, DRC's legal team supported conflict-affected people through information provision, counselling, documentation, administrative assistance, and in-court assistance, reaching over 17,000 people. 'Basic Needs' support has also been given, benefitting almost 30,000 people with a mix of in-kind items and cash and voucher assistance (CVA). Water, sanitation, and hygiene services, including the distribution of basic hygiene items, reached more than 8,000 people in **Georgia, Greece and Bosnia and Herzegovina**. In the latter, DRC also invested in the development of COVID-19 related service protocols. In **Italy**, DRC partnered with civil society organisations to widen reach, pursuing a localization strategy that resulted in exceeding our targets. In **Ukraine and Serbia**, funding was a significant constraint, while in **Ukraine** results exceeded expectations.

Since the beginning of the pandemic, DRC has adjusted both Integration activities and assistance for asylum seekers in **Denmark**. In its integration programme, DRC launched an awareness raising campaign, with on-line information and hotlines in the languages of all major groups, offering advice on restrictions, assistance, and access to vaccination. While many activities continued virtually, dedicated face to face counselling for families was conducted where feasible.

DRC's presence at asylum centres and detention facilities continued. From May, counselling activities resumed to regular (face to face) procedures under COVID-19 precautionary measures. At the same time, the use of video and phone counselling has increased, including in locations where higher case numbers were reported.

Table 4

Estimated needs and people reached: Europe per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	45,000	30,676	68%
Basic Needs	12,000	29,979	Target exceeded
Economic Recovery	2,800	420	15%
Community Engagement/AVR	16,200	1,481	9%
WASH	50,000	8,057	16%
Camp Management & Shelter/Settlements	-	501	-
Total ⁹	126,000	53,413	42%

Focus on vulnerable groups

The scale and impact of the pandemic requires even greater attention to assessing and identifying the most vulnerable groups and adjusting programmes accordingly. In **South Caucasus**, DRC conducted socio-economic assessments. In **Georgia** and in **Abkhazia**, assistance was directed at children in the most disadvantaged communities. Families were provided with basic household items and schools reconstructed. DRC in **Greece** assisted asylum seekers, refugees, and migrants residing in long-term accommodation centres facing multiple challenges due to the pandemic. In **Ukraine**, prioritized groups included single-headed households, families with more than two children, people living in remote villages, and families and individuals with other specific needs. In **Kosovo**, the most economically and socially vulnerable groups include IDPs in collective centres, returnees, and other marginalized communities.

The primary clients of DRC's programmes in **Bosnia and Herzegovina** are asylum seekers, refugees in temporary reception centres, and people on the move who lack access to shelter, sleeping in the open or in abandoned buildings. Here, and in **Serbia**, greater focus was on unaccompanied or separated children and on victims of sexual and gender-based violence. In Italy, DRC primarily focused on assisting asylum seekers, refugees, migrants, and vulnerable host community members who lacked access to health, social and legal assistance, living outside of reception centres.

⁹ The total number of people reached may be lower than the sum of people reached in each sector, as some people will have received support from more than one sector.

Short- to mid-term outlook

Where DRC is present, the impact of COVID-19 is clearly visible and will continue to negatively affect refugees, migrants, IDPs and conflict and displacement affected populations. This calls for programme continuation. All countries in which DRC operates have experienced lockdown, with far-reaching restrictions in **Georgia, Greece, and Italy**. While such government responses curbed the spread of the virus, they also impacted economic opportunities, threatening livelihoods as well as overall well-being and mental health. This adds further pressure on already vulnerable groups that are struggling with everyday existence. With a bleak economic outlook, secondary effects of COVID-19 will put an additional burden on families, authorities, and entire population groups. In **Italy**, DRC and partners will therefore continue to focus on food distribution, testing, COVID-19 screening, socio-legal assistance, and the provision of psychosocial support throughout 2021. In **Bosnia and Herzegovina**, DRC will continue health and protection services inside the temporary reception centres, while ensuring access to emergency humanitarian assistance for people on the move outside of formal centres. In **Ukraine**, protection teams continue to receive requests for support, with livelihoods teams expecting an increase in the need for financial support also triggered by an expected increase in utility costs in the winter season and worsened by limited options for businesses to continue, leading to reduced opportunities for employment.

Table 5
Humanitarian context data: Europe

Country	People in Need ¹⁰	Government Response Index ¹¹		GDP Growth ¹²	
		Highest	Average	Growth 2019	Growth 2020
Bosnia & Herzegovina	8,000	70	38.21	2.70%	-6.50%
Denmark	-	66.39	37.40	4.38%	-2.15%
Georgia	279,165	79.44	52.47	5.15%	-5%
Greece	120,000	82.67	52.93	1.87%	-9.50%
Italy	300,000	79.72	57.86	0.30%	-10.65%
Kosovo	16,486	73.33	51.03	4%	-7.50%
Serbia	234,204	73.89	46.44	4.19%	-2.47%
Ukraine	3,400,000	74.44	49.18	3.23%	-7.20%

¹⁰ Source for Georgia, Italy, Kosovo, Serbia and Ukraine: <https://drc.ngo/our-work/where-we-work/europe>

Source for Bosnia & Herzegovina: https://ec.europa.eu/echo/where/europe/bosnia-and-herzegovina_en and Greece: <https://www.acaps.org/country/greece/crisis/mixed-migration>

¹¹ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

¹² Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>

Regional Overview

East Africa Great Lakes



The **East Africa and Great Lakes** region represents DRC's largest engagement in terms of number of countries and outreach focusing on addressing COVID-19-related impact on conflict- and displacement affected populations. In the region, nine DRC country offices reported COVID-19 response programmes, reaching close to 2,5 million people in 2020. Since the beginning of the pandemic, the focus of the response has been adjusted, with tenfold increase in the reach of the protection sector response, accounting for 1,6 million people. The basic needs assistance was expanded to reach 1,2 million people.

Table 6

Estimated needs and people reached:

East Africa and Great Lakes per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	160,000	1,600,243	Target exceeded
Basic Needs	60,000	1,203,612	Target exceeded
Economic Recovery	30,000	336,644	Target exceeded
Community Engagement/AVR	900,000	421,062	47%
WASH	2,250,000	405,324	18%
Camp Management & Shelter/Settlements	300,000	174,805	58%
Total	3,700,000	2,481,827	67%

Focus on vulnerable groups

All of DRC's operations in the region focused on identifying and reaching out to the most vulnerable, ensuring the programmatic response best fits the needs on the ground and the context. In **Kenya**, DRC programmes addressed the specific needs of survivors of sexual and gender-based violence (SGBV), of unaccompanied and separated children, and of households with vulnerable members. Psychosocial support was offered in the refugee camps in **Dadaab** and **Kakuma/Kalobeyei**, but also in **Nairobi**. Other modalities included cash assistance, extensive information dissemination through awareness activities, and face mask production through engagement of vocational training graduates / tailors supported by market access initiatives. In **Tanzania**, DRC's work focused on people in refugee camps, where vulnerabilities are high and where the COVID-19 crisis has aggravated existing needs leading to increased food insecurity which required immediate actions. In **Somalia**, DRC programmes specifically targeted households with more than 10 people, the elderly, and people with underlying conditions, and like in **Uganda** had a focus on risks faced by survivors of SGBV. In **Ethiopia** and in **South Sudan**, DRC identified and targeted vulnerable community members, including the elderly, people living with disabilities, lactating mothers, and unaccompanied children. In **South Sudan**, with a population living in severe humanitarian crisis in need of information on COVID-19, DRC's response combined awareness raising and COVID-19 messaging, with food aid and individual protection assistance, alongside shelter and livelihoods interventions.

Short- to mid-term outlook

Humanitarian needs in the region remain immense with displacement-affected populations trapped in protracted crises. Actions taken by governments have been partially successful in reducing the health impact of the pandemic in some countries, but less so in others, as indicated by the government response index (table 7 below). Positive economic trends and prospects for many countries in the region before 2020 have been reversed by the impact of COVID-19 with at least five countries expected to have negative growth in 2020. Given these circumstances, continued engagement will be vital. COVID-19 communication will remain a major priority. For example, in Ethiopia communication with communities aims to reach more people, accompanied with cash, NFI distributions and WASH related activities.

In **Kenya**, livelihood and protection services in Dadaab, Kakuma and Nairobi are expected to continue in 2021. Three resilience/self-reliance projects will also continue implementation in Mandera, Dadaab and Kakuma, aiming at strengthening the adaptive capacities of targeted communities. Information campaigns on COVID-19 prevention measures are also expected to continue to ensure recommended practices are reinforced. Similarly, in **Uganda**, the programme components that address WASH, basic needs, and protection will be strengthened with a new project to address COVID-19 specific needs, ensuring a wider geographical outreach.

Table 7

Humanitarian context data: East Africa and Great Lakes

Country	People in Need ¹³	Government Response Index ¹⁴		GDP Growth ¹⁵	
		Highest	Average	Growth 2019	Growth 2020
Burundi	2,300,000	21.11	13.49	1.77%	-3.24%
Djibouti	310,000	71.56	46.81	7.49%	-1.00%
DR Congo	19,600,000	76.67	40.53	7.50%	-1%
Ethiopia	21,300,000	65.56	45.37	8.97%	1.95%
Kenya	1,480,000	76.67	53.50	5.37%	1.05%
Somalia	5,900,000	38.89	24.39	2.90%	-1.50%
South Sudan	7,500,000	70.56	42.56	0.87%	4.11%
Tanzania	294,000	35.83	16.77	6.97%	1.90%
Uganda	1,529,000	72.78	48.34	6.66%	-0.29%

¹³ Source for Burundi, DR Congo, Ethiopia, Somalia, South Sudan is: <https://gho.unocha.org/>. Source for Djibouti, Kenya, Tanzania, Uganda: <https://www.acaps.org/countries>

¹⁴ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

¹⁵ Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>



778

tailors were trained
on mask production

17

production centres
were making masks

340.572

masks were
produced in total

Spotlight: Mask Production in Tanzania

In responding to the COVID-19 pandemic, DRC received funding from UNHCR to facilitate the production of re-usable face masks for refugees in Mtendeli, Nduta and Nyarugusu camps from May to July 2020. This activity was implemented in close collaboration with the Government of **Tanzania**, UNHCR and other agencies, including IRC, Plan International and HelpAge International.

At the time, there was no source of face masks for refugees in the camps in **Tanzania**. To facilitate the production of re-usable face masks, DRC adopted a cash for work modality, and 778 tailors (489 Female and 289 Male) from refugee communities were trained and engaged in the production of re-usable face masks.

A total of 340,572 re-usable masks were produced and distributed to refugee populations in Nduta, Mtendeli and Nyarugusu camps in **Tanzania**. The project developed the skills and capacities for those employed in it, while providing an additional income for the families of the tailors.

The mask production project has considerably strengthened the knowledge and skills of refugees involved. Through involving refugees in production of re-usable face masks for their own community, a sense of ownership was created, and the engagement contributed to better trust in the quality of the locally manufactured masks in the refugee community.



Regional Overview

Middle East



In the **Middle East** region, COVID-19 had far-reaching humanitarian consequences for conflict- and displacement-affected populations requiring a decisive programme response. More than 170,000 people were reported to receive assistance from DRC in **Iraq, Jordan, Lebanon, Syria, and Turkey**, to date covering 70% of identified needs. The programme response has been adjusted compared to initial plans, with the protection sector seeing a three-fold increase of reach to 42,000 people. In each country, the focus was adjusted to the context and specific needs. 'Basic Needs' assistance was mainstreamed across the region, WASH dominated in **Syria** and **Jordan**, while in **Turkey** over 6,000 people received Economic Recovery support.

Table 8

Estimated needs and people reached: Middle East per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	14,000	42,060	Target exceeded
Basic Needs	71,000	55,550	78%
Economic Recovery	8,200	6,266	76%
Community Engagement/AVR	1,200	0	0%
WASH	160,000	87,702	55%
Camp Management & Shelter/Settlements	600	0	0%
Total ¹⁶	255,000	174,887	69%

Focus on vulnerable groups

Given the immense needs, DRC has put greater emphasis on impact assessment and identifying the most vulnerable groups among displacement-affected populations. In **Iraq**, targeted groups included people with disabilities, female-headed households, and the elderly. In **Jordan**, assessments suggested that refugees were adopting negative coping mechanisms, including selling off their assets, to which DRC programmes adapted. In addition, support was directed to families and individuals facing forced eviction. Help was also given to overcome barriers to accessing health care. In **Lebanon**, priority was given to households where children were forced to work, child-headed households, and households with specific needs - specifically the elderly at risk and people with disabilities. Specific gender-based violence protection was offered, as data suggests that COVID-19 and resulting lockdown periods have increased the incidence of SGBV, with women and girls finding it more difficult to report incidents, or access services, increasing the risk of sexual exploitation and abuse. In **Syria**, programmes were addressing the needs of conflict-affected and underserved populations in Daraa. In **Turkey**, selection criteria evolved around protection risks, resulting in prioritization of female-headed households with family members suffering from pre-existing health conditions or household members with disabilities, as well as unregistered refugees or families with large number of children or elderly dependents.

¹⁶ The total number of people reached may be lower than the sum of people reached in each sector (some people received support from more than one sector).

Short- to mid-term outlook

It is evident that while health- and protection-related concerns have put a strain on already vulnerable families, the secondary effects, including an economic crisis and heightened social tension, will have further humanitarian consequences. All countries in the region are heading towards negative economic growth that will further reduce already constrained livelihoods opportunities for refugees and displaced.

Table 9
Humanitarian context data: Middle East

Country	People in Need ¹⁷	Government Response Index ¹⁸		GDP Growth ¹⁹	
		Highest	Average	Growth 2019	Growth 2020
Iraq	4,100,000	76.67	53.64	4.43%	-12.06%
Jordan	745,000	74	49.25	1.96%	-5.00%
Lebanon	1,527,000	70.56	48.57	-6.90%	-25%
Syria	13,000,000	54.44	33.82	No Data	No data
Turkey	3,970,000	77.5	55.06	0.92%	-4.99%

¹⁷ Source for Iraq and Syria: <https://gho.unocha.org/> . Source for Lebanon and Turkey: <https://www.acaps.org/countries>

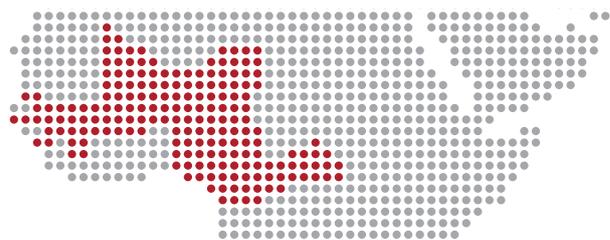
Source for Jordan: <https://reliefweb.int/report/jordan/echo-factsheet-jordan-03022020>

¹⁸ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

¹⁹ Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>

Regional Overview

West and Central Africa



Six countries reported COVID-19 programmatic results in **West and Central Africa: Burkina Faso, Cameroon, Central African Republic, Niger, Nigeria, and Mali**. Overall, programmes in the region covered the appeal targets pertaining to identified needs. The sector breakdown indicates that programmatic shifts occurred based on actual needs. Targets have been achieved or exceeded in four sectors, with the highest reach reported for WASH (400,000 people), 'Basic Needs', Protection, and Economic Recovery.

Table 10

Estimated needs and people reached:

West and Central Africa per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	143,500	217,362	Target exceeded
Basic Needs	82,000	273,330	Target exceeded
Economic Recovery	25,000	197,268	Target exceeded
Community Engagement/AVR	6,500	2,467	38%
WASH	380,000	406,242	107%
Camp Management & Shelter/Settlements	28,000	3,660	13%
Total	665,000	671,320	100%

Focus on vulnerable groups

Reaching conflict- and displacement- affected communities, families, and individuals in the region was a priority for DRC's COVID-19 response. In **Cameroon**, DRC targeted rural communities with limited access to health care and reliable information, as well as people working in the informal sector. In **Mali**, protection services were primarily dedicated to the internally displaced (IDPs) and conflict and displacement affected hosting communities. Similarly, in **Burkina Faso, Niger, and Nigeria**, displaced populations required basic needs support, including WASH and shelter assistance. Throughout the response, a dedicated focus was on reaching the most vulnerable groups with reliable and accessible information about the COVID-19 risks and related protection risks and prevention measures.

²¹ 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.

Short- to mid-term outlook

The pandemic has clearly aggravated the humanitarian crisis in the **Sahel**, and worsened humanitarian conditions across **West and Central Africa**. Refugees, IDPs, and people on the move are particularly affected by health and economic consequences and face increased protection risks. Governments in the region have implemented various measures to manage the crisis. Five out of six countries where DRC is present are expecting negative economic growth with fewer economic opportunities. DRC country offices in 2021 will continue humanitarian programmes targeting the most vulnerable groups. While funding for specific COVID-19 response is uncertain, on-going and future humanitarian programmes will integrate COVID-19 awareness raising, as well as safety and prevention measures in sectoral programmes.

Table 11
Humanitarian context data: West Africa

Country	People in Need ²⁰	Government Response Index ²¹		GDP Growth ²²	
		Highest	Average	Growth 2019	Growth 2020
Burkina Faso	3,500,000	67.78	33.42	5.69%	-2.03%
Cameroon	4,000,000	55.56	35.91	3.86%	-2.77%
CAR	2,800,000	56.11	33.19	2.97%	-0.96%
Mali	7,100,000	62.22	37.71	5.06%	-1.98%
Niger	3,800,000	50.56	24.78	5.90%	0.50%
Nigeria	8,900,000	66.11	45.90	2.21%	-4.28%

²⁰ Source: <https://gho.unocha.org>

²¹ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

²² Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>

Regional Overview

North Africa



In the **North Africa** region, DRC in 2020 implemented specific COVID-19 responses in **Libya** and **Sudan**. In **Libya**, the greatest outreach is recorded for protection programmes, primarily addressing the needs of IDPs as well as irregular migrants, refugees, and asylum seekers.

In **Sudan's** Darfur region, DRC programmes have focused on COVID-19 prevention and included hygiene campaigns under the WASH sector, reaching over 200,000 people. Together, the two country operations reached close to 400,000 people. Programmes have also included Camp Management and Shelter/Settlements, where actual needs turned out to be much higher, as well as 'basic needs' assistance.

Table 12

Estimated needs and people reached: North Africa per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	6,000	134,536	Target exceeded ²³
Basic Needs	9,000	3,478	39%
Economic Recovery	3,000	151	5%
Community Engagement/AVR	409,000	0	0%
WASH	400,000	213,319	53%
Camp Management & Shelter/Settlements	1,000	38,539	Target exceeded
Total ²⁴	828,000	390,023	47%

Focus on vulnerable groups

Since the beginning of the DRC response to the pandemic in **Libya**, vulnerable groups included IDPs as well as irregular migrants, refugees, and asylum seekers who are primarily living in makeshift shelters or collective centres. In **Sudan**, DRC involved IDPs in the identification of community needs, and consequently provided COVID-19 awareness prevention activities, together with hygiene awareness. Limited ability of staff to be present challenged participatory approaches. In regions like Central Darfur, many of these communities have widespread, multisectoral vulnerabilities that were worsened by COVID-19. They continue to struggle to meet basic food, water, shelter, and livelihoods needs.

²³ Significant increase is reported in Libya amounting to app. 17,000 people (increased more than threefold compared to initial target).

²⁴ The total number of people reached may be lower than the sum of people reached in each sector, as some people will have received support from more than one sector.

Short- to mid-term outlook

Communities and individuals in both **Libya** and **Sudan**, but also **Algeria** and **Tunisia**, suffer from a broad spectrum of vulnerabilities and remain at risk of being affected by the primary and secondary impact of COVID-19. Economic effects of the crisis have hit populations hard in both **Libya** and **Sudan** with a negative estimated GDP growth, which is particularly striking in **Libya** where a drop by 66% is projected. The government response index (table 13, below) suggests that throughout the year, the government response was rather weak. In the region, in both **Libya** and **Sudan**, COVID-19 mitigation measures will be further integrated into all programming. In **Libya**, a COVID-19 focused response will either continue or expand, including cash programming aiming to reach a larger number of people. A similar increase is expected in camp management, shelter programmes, as well as WASH. Case management and protection information dissemination will further expand the protection interventions with more protection staff in operations. Finally, DRC will also launch an economic recovery programme.

Table 13
Humanitarian context data: North Africa

Country	People in Need ²⁵	Government Response Index ²⁶		GDP Growth ²⁷	
		Highest	Average	Growth 2019	Growth 2020
Libya	1,300,000	65	48	9.89%	-66.65%
Sudan	13,400,000	69	38	-2.52%	-8.38%

²⁵ Source: <https://gho.unocha.org>

²⁶ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

²⁷ Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>

Regional Overview

Asia



DRC's COVID-19 response in the **Asia** region covers **Afghanistan, Bangladesh, and Myanmar**, reaching over one million conflict and displacement affected people. The two sectors with the biggest outreach are Protection and Community Engagement / armed violence reduction (AVR) (both close to 800,000 individuals). The number of people accessing the DRC response exceeded the initial estimate of people in need. In **Afghanistan**, DRC reached over 700,000 people with protection assistance, including the provision of timely and relevant information on COVID-19 and related protection risks. Community-based protection benefitted almost 20,000 people. In **Bangladesh**, efforts focused on community engagement together with basic needs support (over 75,000 people reached in both sectors). In **Myanmar**, DRC programmes were centred around Camp Management and/or Shelter with over 125,000 people benefiting.

Table 14

Estimated needs and people reached: Asia per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	47,500	782,836	Target exceeded
Basic Needs	135,000	251,705	Target exceeded
Economic Recovery	3,500	64,938	Target exceeded
Community Engagement/AVR	314,000	800,153	Target exceeded
WASH	270,000	92,104	34%
Camp Management & Shelter/Settlements	160,000	126,697	79%
Total	930,000	1,022,562	Target exceeded

Focus on vulnerable groups

In all three countries, DRC engaged with groups in extremely vulnerable situations and at risk of resorting to negative coping strategies. In **Afghanistan**, DRC assisted displaced populations, who are predominantly conflict- and disaster-affected IDPs, undocumented returnees, and vulnerable host communities. The focus was on female-headed households; households with people living with disabilities; households with chronically ill members and households facing food insecurity or high dependency ratio. In **Bangladesh**, DRC's Site Management Support teams conducted assessments, identified vulnerable populations, and provided targeted emergency responses to refugee populations living in camps. The COVID-19-related lockdown in the country worsened vulnerabilities in host communities, including for female-headed households, households with pregnant and lactating mothers, households with people with disabilities, and low-income earners such as day labourers. Subsistence-level farming communities were also affected by the restrictions. DRC **Myanmar**, in its COVID-19 response, targeted vulnerable IDPs in camps and IDP sites and conflict-affected people in Rakhine, meeting protection needs through psychosocial support, prevention of gender-based violence, and child protection. Vulnerable groups included female-headed households, child-headed households, households with chronically ill people, households with people with disabilities, and those with breastfeeding women or headed by elderly people.

Short- to mid-term outlook

Conflict- and displacement-affected populations in the three countries face severe protection risks while their livelihoods are under pressure to meet even the most basic needs. The government response in the three countries offers limited social support while enforcing lockdown measures to curb the spread of virus. Reduced GDP growth, particularly in the case of **Afghanistan**, worsened the situation of families and communities. Political instability prevails in **Myanmar** and **Afghanistan**. DRC continues to engage in the three countries, providing emergency relief as well as short to mid-term assistance to refugees, migrants, and other affected populations. COVID-19 measures are now well integrated into all programmes, and include remote protection monitoring and psychosocial support as well as remote messaging about COVID-19 using video, radio, and posters.

Table 15
Humanitarian context data: Asia

Country	People in Need ²⁸	Government Response Index ²⁹		GDP Growth ³⁰	
		Highest	Average	Growth 2019	Growth 2020
Afghanistan	18,400,000	61.11	33.31	3.91%	-5%
Bangladesh	1,800,000	77.22	56.88	8.15%	3.80%
Myanmar	1,000,000	77.78	52.82	6.50%	1.99%

²⁸ Source for Afghanistan and Myanmar: <https://gho.unocha.org/> Source for Bangladesh: https://reliefweb.int/sites/reliefweb.int/files/resources/201231_4w_final_english.pdf

²⁹ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

³⁰ Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>



761.000

people were reached in Afghanistan by DRC's COVID-19 response programmes in 2020

709.524

people received protection assistance and 86% highlighted improved well-being

62.684

people received economic recovery assistance, improving food security and coverage of basic needs

USD 4.5 mio

was allocated for COVID-19 specific response in grants in Afghanistan only

Spotlight: Afghanistan

The Global Humanitarian Overview estimates more than 18 million people in need in **Afghanistan** in 2020. The population has suffered from prolonged conflict, insecurity, and displacement that is worsened by health-related effects of COVID-19. Out of a population of 40 million, less than a quarter of a million has been tested, with around 23% of those tested testing positive. Stigma is considered a major factor in people choosing not to get tests, which has complicated the response to the pandemic.

The socio-economic impacts of COVID-19 are translating into a dramatic deterioration in food security. People run into crippling debt due to interruptions to informal employment and lower remittances. Worse, wages for day labourers and small traders are decreasing as a consequence of restrictions imposed due to COVID-19.

DRC prioritized a protection response. This included the provision of kits to persons with specific needs, which contributed to a reduction in vulnerabilities and improvement of overall resilience. COVID-19 messaging was mainstreamed into protection awareness sessions conducted by DRC staff, community-based protection committees and through radio spots for wider reach. Out of over 700,000 people receiving protection assistance, 86% highlighted improved well-being

after the response, and nearly all were satisfied with the services and information received and reported that assistance helped to reduce protection risks in the family.

DRC's emergency response focused on cash for food to help vulnerable households address immediate food needs in urban centers and the distribution of hygiene kits to respond to immediate WASH needs. DRC also provided temporary income generation support through cash for work to augment the loss in wages brought about by COVID 19 measures. Survey data shows that 70% of households achieved acceptable food consumption score and 54% of households did not resort to any emergency or crisis livelihood coping strategies following the interventions.



Regional Overview

Latin America



DRC's response in **Latin America** and the **Caribbean** covered **Colombia, Mexico, and Peru**. Refugees and migrants from **Venezuela** residing in **Colombia** were particularly vulnerable to COVID-19 and related protection risks and remain in need of assistance³¹. Since the beginning of the pandemic, DRC focused on protection monitoring, which has allowed the identification of major needs such as food and shelter assistance including payment of rent, as well as identifying persons with specific needs who were offered focused protection services. Health needs were included, as most of the refugees and migrants from Venezuela previously had no access to the public health system outside acute emergencies³². Assistance was mostly provided through multipurpose cash assistance (MPCA), as well as the distribution of hygiene kits, supporting preventive measures against COVID-19. In the second part of 2020, DRC expanded its outreach in the region and has partnered with the Mexican branch of Jesuits Refugee Service (JRS). Here, the assistance corresponded with the main needs of migrants and people on the move and included health and food assistance, access to and accommodation and rent, as well as information. In **Peru**, DRC provided multipurpose cash assistance to cover basic needs.

Table 16

Estimated needs and people reached: Latin America per sector (cumulative figures for 2020)

Sector	No. of people planned	No. of people actual (cumulative)	% reached
Protection	30,000	30,000	100%
Basic Needs	10,000	21,513	Target exceeded
Economic Recovery	0	0	-
Community Engagement/AVR	0	0	-
WASH	0	15,375	-
Camp Management & Shelter/Settlements	0	450	Target exceeded
Total	40,000	67,388	Target exceeded

Focus on vulnerable groups

Colombia hosts approximately 2,000,000 refugees and migrants from **Venezuela**. 80% of them are irregular migrants with humanitarian needs, highly vulnerable to COVID-19 primary and secondary effects. Many of them are identified as persons with specific needs. DRC targeted families with a single parent, women at risk, SGBV survivors, old people at risk, and families at risk of eviction. Many of them have lost income and livelihoods. In both **Colombia** and **Mexico**, priorities concentrate on shelter (ability to cover rent) and accessing food or health assistance besides other basic needs such as communications. Throughout 2020, in **Colombia** and **Mexico** multi-purpose cash assistance was used as the optimal modality to cater for their immediate needs, reducing the burden of the worsening humanitarian situation. In **Peru**, recipients of multipurpose cash were single parent families, women at risk, and families at risk of eviction for being late in paying their rent. Surveys show that the support was used to pay rent and buy food.

³¹ Colombia more recently provided legal stay for refugees in the country including to facilitate access to healthcare and other services

³² See footnote 32.

Short- to mid-term outlook

Irregular migrants in **Colombia** and **Mexico** remain in a precarious situation. The government response to the pandemic in both countries attracted criticism³³, and the expected negative economic growth has further worsened insecure livelihoods. Nevertheless, the effects of the pandemic will likely spill over into 2021. DRC in **Colombia** will continue multi-purpose cash assistance programmes, with a focus on basic needs alongside protection services and support in camp management. With COVID-19 emergency funding ending in 2020, matching the programmes with the needs of refugees and migrants remains a priority for 2021.

Table 17
Humanitarian context data: Latin America

Country	People in Need ³⁴	Government Response Index ³⁵		GDP Growth ³⁶	
		Highest	Average	Growth 2019	Growth 2020
Colombia	6,700,000	82	58	3.26%	-8.18%
Mexico	291,708	70	47	-0.30%	-8.95%

³³ However, Colombia more recently provided legal stay including to facilitate access to healthcare and other services for Venezuelans staying in the country.

³⁴ Source for Colombia: <https://gho.unocha.org/> Source for Mexico: <https://reporting.unhcr.org/population>

³⁵ Based on: <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker#data>

³⁶ Actual or expected based on: <https://www.imf.org/en/Publications/WEO/weo-database/2020/October/select-country-group>

Learning from the COVID-19 Response

The response to the COVID-19 pandemic has been unprecedented for any humanitarian organisation and prompted the humanitarian system to scale up and respond at a global level - in the case of DRC, with well over 30 country operations having to adapt and respond to a new external threat that affected how we programme and operate.

Like many other organisations, DRC has used this opportunity to learn from its response to the pandemic. In April 2020, two major exercises were conceived in support of operational learning, in addition to many country-level initiatives. Globally, a dedicated learning exercise was looking into how DRC as a global organisation adapted to the challenges and the opportunities brought about by the pandemic, and in the **East Africa and Great Lakes** region a real time evaluation of all country operations with a strong formative approach examined how DRC programmes had adapted to remain relevant.

The global exercise identified challenges for an international organisation in managing the external risk of a pandemic to staff wellbeing while staying true to the principle of 'stay and deliver' in acute humanitarian crises. It also pointed to how established crisis management tools had to be adapted from a single or multi-country focus to a truly global application, and how the systematic introduction of additional tools, including for example programme criticality analysis, helped this adaptation. While pointing to areas where DRC can strengthen its internal mechanisms, the learning review equally brought to attention the ability of DRC operations to adapt and adjust to a new reality in a very short time. In a second phase, the global learning exercise deepened its inquiry with a focus on frontline field staff. This part illustrated how the shift to remote and electronic modalities has impacted a big part of DRC's programming. For example, while these modalities enable operations to remain active in engaging people of concern, they also often increase workloads as individual interactions are harder to establish and not always as effective as face-to-face alternatives. Overall, the learning exercise provided DRC with very relevant reflections that can now be turned into better adaptation to the current pandemic, and better preparedness for future crises of comparable scale.

The **East Africa** real-time evaluation showed that DRC's crisis management tools at country and regional level had to adapt to this unprecedented external challenge. At the same time, like globally, it also provided evidence of fast adaptation to a new reality. A key finding is that DRC was well positioned in the region, due to longstanding presence, to respond to the COVID-19 crisis by scaling up multi-sector and/or sector specific interventions for basic needs, protection, camp management, WASH and emergency livelihoods. Through consultations with communities, various needs were quickly identified including information gaps, protection from violence, material and physical safety, basic livelihood needs, and psycho-social support. DRC was also able to monitor protection risks triggered or aggravated by COVID-19 response such as risks of exclusion, neglect and violence against individuals or groups which helped inform adjustments in programming. In this regard, the evaluation showed that community workers have been instrumental in the COVID-19 response, and that there is a need to further strengthen linkages to and investment in the capacity of community structures. However, the evaluation also showed that virtual platforms can only connect people so much; and that prolonged interactions exclusively through electronic channels affect the rapport between people.

Annex 1

Overview of New Grants for DRC's COVID-19 Response ³⁷

Donor (Type, Affiliation, Name)	Grant value (US\$)
Bilateral Donors	32,449,351
Denmark	15,994,819
Danida HUM (Humanitarian Action), Ministry of Foreign Affairs of Denmark	10,616,862
Danida Service Agreement	2,126,462
Danish Embassy	3,251,495
Germany	2,687,147
GIZ (Gesellschaft für Internationale Zusammenarbeit)	2,687,147
Sweden	286,473
SIDA (Swedish International Development Cooperation Agency)	286,473
Switzerland	1,696,285
SDC (Swiss Agency for Dev. & Co-op.)	1,643,482
FDFA HSD (Federal Department of Foreign Affairs, Human Security Division), Switzerland	52,802
United Kingdom	4,843,723
DFID (Department for International Development, United Kingdom)	4,843,723
United States of America	6,940,904
USAID - FFP	1,928,926
USAID - OFDA	5,011,978
Foundations	3,175,545
Denmark	3,096,236
Fonden Augustinus Fonden	487,724
Novo Nordisk Foundation	975,449
Ole Kirk Foundation	1,625,748
Fonden Det Nyttre	7,316
Other countries	24,261
Friedrich-Ebert-Stiftung (FES)	24,261
Start Fund	31,937
Fondazione Compagnia di San Paolo (FCSP)	6,776
Signify/Phillips Foundation	16,335
Multilateral Donors	11,677,221
EU	4,727,022
EDF (European Development Fund), EU DEV. Aid (DG DEVCO)	2,420,000
HIP (Humanitarian Implementation Plan), EU Hum. Aid (DG ECHO)	2,307,022
UN	6,950,198
IOM (International Organization for Migration)	2,094,971
IPA (Instrument for Pre-accession Assistance II), EU DEV. Aid (DG DEVCO)	2,117
OCHA (United Nations Office for the Coordination of Humanitarian Affairs)	1,747,513
UNCDF (UN Capital Development Fund)	18,199
UNDP (United Nations Development Programme)	191,076
UNFPA (United Nations Population Fund)	27,186
UNHCR (United Nations High Commissioner for Refugees)	1,647,601
United Nations Human Settlement Programme (UN-Habitat)	531,608
UNMIK (United Nation Interim Administration in Kosovo)	87,013
WFP (World Food Programme)	577,526
WHO (World Health Organization)	25,390
Others ³⁸	6,815,996

³⁷ Grant values extracted from DRC's ERP system and converted to US\$ at the Interbank exchange rate of 22nd February 2021. Grant volumes may subsequently change due to adjustments, amendments, and other reasons.

³⁸ Other sources include funds raised from private donors in Denmark and other non-profit organisations.

Annex 2

Re-programmed Grants per Donor for COVID-19 Response

Donor (Type, Affiliation, Name)	Grant value (US\$)
Bilateral Donors	11,199,339
Denmark	4,309,313
Danida CIV (Civil Society Development), Ministry of Foreign Affairs of Denmark	81,300
Danida HUM (Humanitarian Action), Ministry of Foreign Affairs of Denmark	3,281,279
Danida Service Agreement	764,325
Danish Embassy	182,409
Germany	4,118,235
GIZ (Gesellschaft für Internationale Zusammenarbeit)	4,104,320
KfW (Kreditanstalt für Wiederaufbau)	13,915
Netherlands	9,328
DSH, MFA, Netherlands (Stabilisation and Humanitarian Aid Department, Ministry of Foreign Affairs, T	9,328
Switzerland	443,830
SDC (Swiss Agency for Dev. & Co-op.)	443,830
United Kingdom	845,656
DFID (Department for International Development, United Kingdom)	845,656
United States of America	1,472,976
US DoS - PRM (US Department of State, Bureau of Population, Refugees, and Migration)	267,403
USAID - OFDA (United States Agency for International Development, Office of U.S. Foreign Disaster As	1,205,573
Foundations	28,528
Denmark	12,193
Erik Thunes Legat	12,193
Netherlands	16,335
Signify/Phillips Foundation	16,335
Multilateral Donors	12,938,325
EU	6,429,708
EDF (European Development Fund), EU DEV. Aid (DG DEVCO)	3,388,000
HIP (Humanitarian Implementation Plan), EU Hum. Aid (DG ECHO)	3,041,708
UN	6,508,617
IOM (International Organization for Migration)	313,145
OCHA (United Nations Office for the Coordination of Humanitarian Affairs)	2,399,367
UNDP (United Nations Development Programme)	179,123
UNHCR (United Nations High Commissioner for Refugees)	1,897,405
UNICEF (United Nations Children's Fund)	58,472
UNMIK (United Nation Interim Administration in Kosovo)	15,589
UNOPS (United Nations Office for Project Services)	1,551,537
UNPBF (United Nations Peacebuilding Fund)	79,965
WFP (World Food Programme)	14,014
NGO	1,546,877
Global	1,546,877
Mercy Corps	1,522,289
Save the Children	1,554
World Vision International	23,034
Grand Total	25,713,069

Annex 3

An Age, Gender and Diversity Perspective

People are impacted differently by crisis depending on their age, gender, and other diversity factors. DRC is committed to ensuring protection and equal access to assistance and support that is appropriate and in accordance with needs. Across operations, DRC has therefore systematically worked to identify and assess the needs of crisis-affected people, with due attention to how diversity factors such as age and disability cause some groups to be at heightened risk in the face of crisis. Understanding needs and targeting assistance. Globally and across sectors of intervention, there was near gender parity in DRC's COVID-19 response, which reached 51% females and 49% males. A few significant deviations from this can however be found in operations responding in mixed migration contexts with significant gender imbalances in the population composition. In **Bosnia and Herzegovina** for example, the majority of the people of concern to DRC, are male asylum-seekers and migrants, and the gender reach of the DRC COVID-19 response was therefore 94% male, across age groups targeting both adult males and unaccompanied and separated minors. In other operations, where vulnerability patterns in the displacement affected populations are different, DRC's response has targeted and reached a higher number of females than males. For example, in **Kenya**, where interventions reached 74% females, the proportion reflects the fact that programmes were targeting survivors of gender-based violence and female heads of household.

Increased risks of gender-based violence. The exacerbation of age, gender, and disability inequalities caused by COVID-19, has placed women, girls, and other marginalized groups at increased risk of gender-based violence, resulting in profound physical and psychosocial harm. DRC has noted a particular rise in the occurrence of intimate partner violence caused by COVID-19 movement restrictions or quarantine measures. DRC **Lebanon** reports the impact of the COVID-19 lockdown periods to "have proved disastrous for GBV incidents" due to the combination of survivors being trapped in the home with the perpetrators, while tensions soar due to deterioration in psycho-social wellbeing and loss of income opportunities. Adding to this, lockdown restrictions and remote operations has meant that GBV survivors have not been able to report and access services. DRC **Turkey** for example reports that despite a surge in intimate partner violence, fewer survivors have been reporting, reflecting the closure of community centres as an obstacle for GBV survivors to seek support and be referred to needed services.

Reaching those at heightened risk. Already being present and engaged in outreach and response to needs of vulnerable populations has enabled DRC to identify groups on whom COVID-19 has a particularly adverse impact and to target these in our interventions. Methods for doing this have included coordinating and sharing information with local government institutions, utilizing existing population targeting lists and relying on our mobile outreach and monitoring teams to identify people at risk and in need of support.

Annex 4

A Sector Perspective

The COVID-19 Pandemic has changed the way DRC works in many dimensions. Country Operations adopted modalities, approaches, and programme designs to continue to respond and achieve results for people in need. In addition to the results presented in the previous section, this section focuses on how DRC's response has changed and adapted to the *new normal* of operating in a global pandemic.

Sector results highlighted

Protection. COVID-19 messages and risk information have been integrated in sectoral activities in 26 countries reaching 2,718,760 people in 2020.

Protection. At least 2000 people were mobilized and trained as members of community-based protection mechanisms reaching approximately 300,000 displacement-affected people impacted by COVID-19.

Basic needs. 12 DRC operations reported to fully satisfy basic needs of 717,302 people in line with the local standards (at least periodically).

Economic Recovery. More than 130,000 people improved their access to financial inclusion assistance in six countries.

Economic Recovery. 275,000 displacement-affected people impacted by COVID-19 received food security assistance.

WASH. As many as 748,000 displacement-affected people impacted by COVID-19 have access to improved WASH services in 21 countries.

CCCM/Shelter. Over 232,500 displacement-affected people impacted by COVID-19 are benefiting from improved shelter solutions/conditions in at least 10 DRC operations.

CCCM/Shelter. 612 spaces for quality and dignified isolation and safe management of COVID-19 cases were created in **Italy, Myanmar, Uganda,** and **South Sudan** with at least 250 people accessing them.

Armed Violence Reduction. Almost 120,000 people reached with actions/participating in initiatives aimed at mitigating tensions, managing conflicts and safety issues (related to COVID-19) reported in at least four countries.

Protection

The protection impact of the COVID-19 pandemic had four key characteristics: 1) Additional and / or existing protection risks were aggravated; 2) a significant increase in gender-based violence that included domestic and partner violence was observed; 3) increased psychological distress; and 4) increased use of negative coping mechanisms which led to increased risks of exploitation and abuse, e.g., child labour, early marriage, and freedom of movement restrictions. In addition, the pandemic reduced face-to-face interactions with affected communities, led to the disruption of community protection structures, growing intra and inter communal tensions, and restrictions on access to information / provision of information on rights.

Protection information management (PIM) systems and approaches were adapted to capture COVID-19 risks and protection impact. DRC early on recognized and prioritized the adaptation of PIM systems and approaches and developed specific guidance, often remotely. The adaptation meant that where appropriate, protection monitoring and protection needs assessments were encouraged to have a focus on access and barriers to health services as well as specific protection needs during the pandemic. With new protection risks emerging, it was also important that PIM approaches captured diversified needs and capacities of various groups impacted by COVID-19, including by expanding disaggregation of data across age, gender, and diversity. Furthermore, DRC had a specific emphasis on regular updating 'Service Maps' with a particular focus on health services and capacities and other services related to COVID-19, to be able to signpost or provide referrals. Lastly, DRC prioritised monitoring developments related to declarations of state of emergency and emergency legislation, and their potential implications for human rights, including freedom of movement and access to services.

Continued, intensified, remote engagement with community protection focal points and community-based protection structures was vital. In most operations, data collection and evidence creation continued remotely. Community protection focal points played a key role in identifying protection risks and needs for referrals, and as entry points for information on prevention, early diagnosis and treatment of COVID-19 and COVID-19 risks and entitlements, including access to justice and legal aid services. COVID-19 restrictions on freedom of movement, humanitarian access, and the fact that many actors withdrew from the field, meant that community-based protection became even more important at a time when in-person community engagement was reduced, and some community structures stopped working. Communities effectively became first protection responders.

Early on, DRC developed consistent key messages and approaches to Communicating with Communities (CwC) to raise awareness on COVID-19 risks, entitlements and protection risks and combat rumours and misinformation. DRC intensified its engagement with community-based and other local leadership structures, including child protection committees, GBV activists, legal assistance volunteers, and community development workers, for them to reach more people in their communities. This continued close contact with CBP structures and protection focal points facilitated feedback on high-risk cases and people in need of urgent protection interventions. It also allowed the early detection of harmful rumours. DRC used other engagements with communities as an entry point that allowed space for community members to ask questions and talk about the protection situation in their communities. DRC focused on building the capacity of existing community-based structures to identify community protection risks and raise awareness on existing referral pathways within their communities. DRC further intensified partnerships with CBOs and NGOs, including on adapting psycho-social support to remote modalities, training on child protection, child safeguarding and remote communication.

Adapted activities on the ground considered physical distancing measures and the training of staff on safety measures and approaches. Manuals for psychosocial support were adapted accordingly, and standard operating procedures developed for distance and remote implementation. Staff were trained on remote communication skills and strengthening outreach modalities. A notable increase in the use of cash and voucher assistance for protection outcomes was recorded. At the same time, some activities, due to lack of access, availability of services, or capacity to respond, had to be suspended.

Lesson learned for Protection interventions during COVID-19 come out clearly. Recognising communities' role and self-protection capacities is vital. The COVID-19 pandemic illustrates a need for a stronger recognition of the role of communities as protection actors, first responders and communities' self-protection capacities. This requires more deliberate efforts in supporting community-based protection structures with capacity to identify protection risks, reporting and support communities with communication mechanisms. COVID-19 pandemic illustrates the need to invest in community-based protection

(CBPU from the outset of a crisis. This entails investing in CBP programming, including piloting new, different approaches, ensure CBP modalities are known and understood, and embedded in protection programming and that staff capacity on CBP is in place. The focus on CBP and communities' own responses to protection concerns during COVID-19, however, should in no way overshadow the primary responsibility of States and other duty bearers. Work with communities on CBP structures should avoid establishing parallel structures, rather enable communities to access local and national protection mechanisms. COVID-19 has also underlined the importance of remote programming and clearly illustrates the need for further acceptance of such a modality, acceptance of associated risks and further involvement of and partnership with local stakeholders.

Basic Needs

COVID-19 has not only altered the nature and extent of what constitutes basic needs, but also diminished individuals' capacity to meet them, for example by driving price inflation, restricting physical access to markets, and reducing or eliminating income sources. Despite individual ingenuity and adaptation, the pandemic and its myriad of consequences have driven a considerable increase in the number of people requiring assistance to meet their basic needs to avoid recurring to negative coping strategies.

The sudden and far-reaching nature of COVID-19's socio-economic effects prompted timely, basic needs assistance. DRC's basic needs response, principally in the form of unconditional and unrestricted cash assistance delivered through digital mechanisms where feasible and appropriate, went some way to filling the gap between needs and capacities in the safest possible way. The majority of recipients surveyed confirmed that the quantity and quality of support provided was sufficient to temporarily cover their basic needs.

At the same time, COVID-19 prompted a renewed focus on the reinforcement of DRC's institutional and programmatic preparedness to offer shock-responsive or longer-term basic needs support effectively and at scale. Equally, it highlighted the importance of evidence-based modality selection and design, driven by detailed understanding of the nature, extent and diversity of basic material and other needs, as well as other key influential factors, such as market access and functionality. Thirdly, the provision of material support has proven most efficient and effective when accompanied by complementary activities, such as targeted support to critical market systems upon which people depend to meet their basic needs.

In addition, the sheer scale and increasingly complex and protracted nature of the crisis has accelerated DRC's efforts to coordinate and collaborate with other actors, including local civil society actors, other INGOs, UN Agencies and Financial Service Providers, as well as explore linkages with alternative mechanisms for basic needs support, principally state-led systems of social protection. Lastly, given the inevitable withdrawal of basic needs assistance, it is vital that DRC leverages its comparative advantage to support the reinvigoration of decent livelihoods, so people of concern can once again meet their own needs.

Economic Recovery

The Economic Recovery sector faced significant challenges and adaptations, as the COVID-19 crisis exacerbated existing needs and brought about new ones. Business continuity grants and provision to business owners of cash and basic needs support was a key feature, to avoid small businesses selling their livelihood assets during lockdowns. This was an approach "borrowed" from lean season responses in agro-pastoral settings but was successfully applied in urban areas for example in **Yemen** and **Jordan**. The crisis, however, also brought new opportunities. In **Turkey**, support was provided to businesses that produced face masks, albeit with significant bureaucratic challenges.

Business training activities became too expensive as physical events, because numbers of participants would have to be reduced and sessions therefore multiplied. In **Iraq**, for example, they were put on hold as it was not feasible to shift to a digital platform. In **Turkey**, in contrast, DRC worked with partners who already had digital platforms in place, and all professional training that had been provided prior to the crisis was successfully moved to digital courses. In **Myanmar**, business coaching services were offered via phone to help businesses in camps maintain their clientele from pre-COVID and identify new clients or develop new marketing strategies that could safely be adopted to the context of the pandemic.

Most vocational training activities were halted, as in most contexts they were considered not critical. DRC worked with

previous vocational training graduates to assess how COVID-19 had affected their business and help them develop contingency plans. Business coaching became virtual with slight adaptations to the COVID-related constraints, but without major changes to the curriculum.

The COVID-19 pandemic has unveiled the precarity of the livelihoods people of concern depend upon. At a time when so many are going hungry, are being pushed further into poverty, and have limited options to rebuild their lives, Economic Recovery support remains critical. New vulnerabilities, especially in urban settings, added to pre-crisis ones, will need to be considered in revised targeting approaches, while existing focus on disproportionately affected groups, such as youth and women, will be maintained.

Promoting food security will continue to be a priority. Direct food support – either in-kind or via Cash and Voucher Assistance – has been a key feature of DRC’s COVID-19 response to date to mitigate the adoption of negative coping mechanisms, but longer-term approaches also need to be brought to scale. Given the disruptions experienced by global markets, for instance resulting in limited food availability or driving prices up, there is a need for people affected by displacement to both have access to functional local markets and, where possible, increase their own food production. Going forward, reducing dependency on long supply chains, boosting local production, and increasing our uptake of market systems approaches will be central to DRC’s Food Security response, with the added advantage of contributing to a reduced environmental footprint.

Protecting the livelihoods that have survived the pandemic so far, while supporting livelihoods restoration or the development of new livelihoods, will both be instrumental and extremely challenging in a context of global economic crisis. Labour markets will continue to struggle, and new job opportunities will remain limited and highly competitive. There is a high risk that displaced populations, who have experienced large numbers of lay-offs and business failure in comparison with their hosts, will engage in undignified and exploitative livelihood opportunities for lack of alternative options. Promoting decent work will, as a result, remain a key priority for DRC going forward. DRC will look to leverage new opportunities arising from the crisis, and in particular, the development of new products, services, and opportunities stemming from remote work – an example of which is the role refugee populations can play in the growth of the ICT sector. This strategy, in addition to the digitalization of the livelihood services provided directly by DRC and via partners, will always be designed in consideration of the existing digital gap. Lastly, the impact of social isolation and restrictions of movement – affecting all, but to a greater extent those already uprooted from their networks due to forced displacement – will increasingly be considered in the design of livelihoods intervention.

The rapidity at which people of concern’s savings have been exhausted when the crisis first hit in early 2020 has demonstrated the need to accelerate investments in improved financial inclusion. Supporting the adaptation of existing informal savings groups to the new circumstances imposed by COVID-19 or increasing access to formal financial services and products as invaluable safety nets and conduit for more resilient livelihoods has been a focus of DRC’s response to the secondary impacts of the pandemic to date and will remain central to DRC’s Economic Recovery approach. In many contexts, the financial sector is itself struggling and market-based interventions ensuring business continuity will need to complement individual support.

Camp Coordination and Camp Management, Shelter and Settlements

COVID-19 posed particular challenges for populations living in camps making them more vulnerable given the congestion, high population figures, and often insufficient or irregular services. This created a more complex environment for humanitarian actors balancing duty of care for their staff and the humanitarian imperative to remain and deliver. DRC’s global Camp Coordination and Camp Management (CCCM) response to COVID-19 has been largely focused on prevention and preparedness actions.

An important pillar in CCCM has been information provision and community messaging in camps and camp-like settings, ensuring that people were aware of COVID-19, that they understood the risks, how to prevent it, what symptoms look like and what to do if they were to get sick. The second pillar focused on enabling prevention behaviours through, for example, the provision of soap and ensuring adequate water supply for good hygiene practices. As a CCCM agency, DRC also worked

with other NGOs and sectors to ensure camp activities and distributions were conducted in a safe manner with alternative approaches which did not require the mass gathering of people.

The sector also saw major adaptations. Typically, camp management and camp information envisage that people of concern are able to access DRC sites, locations, and offices. At the same time, staff operates in camps and maintains direct contact with the population which includes data collection, awareness raising or implementation of activities. This has been challenged during the pandemic and the focus shifted to remote communication, while maintaining critical and life-saving activities more limited to good health hygiene practices mainstreamed across activities.

DRC used existing relationships with community members and leaders within camps and camp-like settings, transmitting the most COVID-19 critical skills and information. The pandemic has brought to the forefront the criticality of strong community trust, relationships, and communication mechanisms, factors that have been essential for an effective, community-centred response.

A community shielding approach was successfully established in **Yemen** as a specific way to respond to COVID-19. This approach was founded in the recognition that the chronically ill and elderly are at highest risk of severe infection, likely contributing to overburdening an already fragile health system. DRC provided targeted information to those at highest risk and their families, followed by training on how to establish safe, disinfected, family-level green zones in their homes to minimize the risk of infection. DRC worked with camp residents across **Yemen** to ensure that families were practicing these and that high-risk families were prepared and ready to shield as soon as the risk level heightened.

Water, Sanitation and Hygiene (WASH)

The COVID-19 pandemic and the globally adopted prevention measures highlighted the importance of good hygiene practice and access to safe and clean water which put the WASH sector at the forefront of the response, with a new reality that required a shift from direct contact to maintaining physical distancing. At the same time, hygiene awareness raising, and other WASH activities, had to be intensified.

The core WASH actions included the use of non-contact based COVID-19 prevention awareness campaigns, a scaled-up campaign of hygiene kit distributions in camps, with additional measures to replenish hand washing soap, the establishment of more handwashing stations and their maintenance, the use of face masks in social interactions while limiting public or group gatherings, and the establishment of isolation centres with fully functioning WASH facilities.

Popular hygiene promotion methods such as house to house, public theatre groups and focus group discussions were stopped to minimise social interaction. The replenishment of handwashing soap in hygiene kits was added as a new measure. Face masks, particularly those made locally, were introduced, and promoted in all social interactions. Given the negative consequence of COVID-19, a greater mobilization of stakeholders, including political, social and cultural leaders, was needed to ensure adherence to restrictions and regulations.

Illustrative is the response in Nigeria where flyers were distributed for messaging rather than using direct contact, and additional distribution of hand washing soap was added to replenish hygiene kits in the camp. DRC also provided strategically located handwashing stations filled with chlorinated water that was regularly re-filled. To ensure proper social distancing, distribution of kits at camp level was done over several days, slower than before. Camp residents were encouraged to use face mask made from locally available fabric materials, and isolation centres with running water and sanitation facilities were set up.

Similar approaches were followed in camps in Tanzania, with the difference that DRC also used a public address system and megaphones frequently for messaging. Community health promoters still conducted house to house visits to raise more awareness followed by a cleaning campaign to improve hygiene practice. Regular monitoring of handwashing stations ensured consistent availability of water and soap. Any activity involving people gathering in one place was discontinued.

Annex 5

Accountability to Affected Populations

Ensuring operations are accountable to affected populations is a priority and an essential part of DRC's humanitarian responses. Honesty and transparency are core values in DRC's work; our value compass ensures that we take responsibility for using our resources efficiently, achieving measurable results and for being accountable to our supporters, partners and, most of all, the people we aim to assist.

DRC always aims to place affected communities – especially individuals who are most at risk – at the centre of our humanitarian actions. DRC strives to put its accountability commitments and mechanisms in place so that communities can meaningfully and continuously participate, and as feasible, lead on decisions that directly impact their lives. DRC also aims to ensure opportunities to offer a response or redress where communities raise feedback and complaints. Maintaining and strengthening feedback and response mechanisms therefore remained a priority during the COVID-19 response.

DRC **Bangladesh** undertook an exercise in coordination with the Site Management and Site Development (SMSD) sector and donors to determine which Camp Coordination and Camp Management related activities were critical to continue during a period with extremely limited access to the Kutupalong Balukhali camps in Cox's Bazar. While SMS team presence was reduced in all camps as per governmental regulations, SMSD teams continued to conduct coordination and Community Feedback and Response Mechanism (CFRM) operations as a first priority. Many tools for sharing information were modified, with a focus on increased awareness raising through mobile loudspeaker broadcasts, door to door awareness raising on COVID-19 prevention measures, and the utilization of a new phone-based mechanism, led by IOM, to share updates and receive questions and complaints related to COVID-19. SMSD teams continued daily presence in the camps during times of reduced access and guaranteed the community's ability to raise concerns, needs and gaps in service provision during the COVID-19 pandemic.

The COVID-19 response led DRC in **Turkey** to focus on strengthening its communication with communities across all programmes in an increasingly remote working environment. DRC **Turkey** adjusted the feedback and complaints response mechanism by gathering the feedback through a number of other channels such as Facebook and by conducting more frequent information awareness surveys.

A dedicated effort was made to ensure that any feedback received from affected populations was addressed as quickly as possible. To improve information provision, key messages were delivered via social media to promote DRC's adjusted remote activities and encourage communities to contact us with queries or feedback via a hotline. Since most of the activities were moved to online sessions, printed information materials were also adjusted for a more web-based audience. To learn from these adjustments, DRC incorporated questions about the effectiveness, relevance and appropriateness of communication modalities and the feedback and complaints mechanism for continuous improvement.

Annex 6

Advocacy in DRC's COVID-19 Response

From the outset of the COVID-crisis, DRCs global advocacy was adjusted to address challenges brought about by the pandemic, which exacerbated existing vulnerabilities and needs of displacement-affected populations particularly pertaining to protection and socio-economic consequences of the crisis. In addition to the need for enhanced flexibility from donors and continued funding, DRC's advocacy efforts pivoted around the needs and rights of affected communities during different phases of the crisis.

Advocacy was an integral part of DRCs Global COVID-19 appeal from the outset, which emphasized the importance of upholding protection, access to asylum and rights, and stressed that 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. Advocacy efforts also pivoted around enabling access to information, basic services, and humanitarian assistance, and for the inclusion of affected populations in both national response and recovery plans, as well as adherence to the humanitarian principles to promote a needs-based response centred around those most at risk and securing humanitarian access including through humanitarian exemptions for the movement of people and goods.

Resilience and Recovery was also an important focus of DRC's advocacy to support the resilience and self-reliance of displacement-affected populations through economic recovery activities to mitigate the worst impact of the crisis. The importance of empowering and including local actors in the COVID-19 response was also acknowledged, as they play a pivotal role in the provision of humanitarian assistance to affected communities, in safeguarding their rights and in community engagement, particularly in fragile or conflict-prone contexts.

Looking forward, DRC's advocacy will continue to focus on the rights of displacement-affected populations, their continued access to assistance, and inclusion in national recovery plans, including their ability to access vaccination schemes. According to UNHCR, more than half of the countries with vaccination plans in place are including refugees in such plans. It is however crucial to ensure that refugees, asylum seekers, internally displaced persons and migrants will be included in such schemes where that is currently not the case. Furthermore, vaccination plans, and rollouts should be carried out in a transparent manner, which does not exacerbate tensions between communities and population groups. Access to vaccination must never become a measure of de facto immigration control, where vaccination status can be misused to prevent the mobility of refugees and migrants.



Founded in 1956, the Danish Refugee Council (DRC) is Denmark's largest international NGO, with a specific expertise in forced displacement. DRC is present in close to 40 countries and employs 9,000 staff globally.

DRC advocates for the rights of and solutions for displacement-affected communities, and provides assistance during all stages of displacement: In acute crisis, in exile, when settling and integrating in a new place, or upon return. 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 inclusion.

Our 7,500 volunteers in Denmark make an invaluable difference in integration activities throughout the country. DRC's code of conduct sits at the core of our or-

ganizational 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.

To read more about what we do, see: www.drc.ngo

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