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The Asia Displacement Solutions Platform (ADSP) is a joint initiative launched by the Danish Refugee Council, International Rescue Committee, Norwegian Refugee Council and Relief International, which aims to contribute to the development of solutions for populations affected by displacement in the region.

Drawing upon its members' operational presence throughout Asia, and its extensive advocacy networks in Europe and north America, ADSP engages in evidence-based advocacy initiatives to achieve improved outcomes for displacement-affected communities. As implementing agencies ADSP members work closely with displaced populations and the communities that host them, and are therefore able to contribute a distinctive, field-led, perspective to policy and advocacy processes which can sometimes be removed from the realities on the ground and the concerns of those affected by displacement.

By coming together under the aegis of the ADSP the four member agencies – global leaders in innovative policy and programming – commit to collaboration in order to achieve improved outcomes for displacement-affected communities in the region.

# Don't lose sight: prioritising support to displaced populations in Asia throughout the Covid crisis and beyond

The emergence of the global Covid-19 pandemic is placing unprecedented strain upon health systems and economies around the world, with countries closing their borders and restricting population movement in a manner never previously seen. While the impact of these measures is deeply concerning for developed economies, it is catastrophic for countries in Asia which are host to large – and ever-growing – numbers of displaced people.<sup>1,2</sup>

Displaced populations are amongst the world's most vulnerable groups, living on the margins of society and largely excluded from access to basic services and social safety nets. Refugees in Bangladesh, Iran and Pakistan and internally displaced populations in Afghanistan and Myanmar, already suffer from poorer health outcomes than the general population and are subject to additional vulnerabilities associated with limited economic and social status. They often struggle to secure meaningful employment – assuming they have the right to work at all – and reductions in household income force families to turn to harmful practices just to make ends meet.

Previous health emergencies have shown that women disproportionately bear the burden of such crises, taking responsibility for tending to the sick and caring for children when schools close.<sup>3</sup> Most concerning, rates of domestic violence are known to increase in crisis situations.<sup>4</sup> For women living in confined, multi-generational environments, such as camps or remote rural areas, lockdown is more than an inconvenience. It could be a death sentence.<sup>5,6</sup>

ADSP members in Afghanistan and Bangladesh have suspended critical education programming, in order to reduce virus transmission, but also as the result of schools being taken over to provide additional healthcare capacity. These measures will have a disproportionate impact upon displaced children, many of whom already have limited access to education. As schools shut and labour markets are placed under strain, household incomes are likely to plummet. Many children will be sent to work, bringing in much needed money for their families. Girls will face an increased risk of early marriage, with the associated challenges of adolescent pregnancy and increased domestic responsibility, as families seek to recover from the crisis by ridding themselves of perceived financial burdens.<sup>7</sup>

Before Covid-19 struck, donors recognised the inherent vulnerabilities of displaced populations living in Asia. These vulnerabilities have not been resolved. Indeed, they are being exacerbated by the onset of an additional, critical, threat. Now is not the time to withdraw from activities which were considered lifesaving before the start

<sup>1</sup> As of 2019, there were 2.9 million registered Afghan refugees globally, and 1.1 million refugees from Myanmar, of whom over 900,000 were hosted by Bangladesh. <https://www.unhcr.org/globaltrends2018/>

<sup>2</sup> Afghanistan is host to almost 2.6 million Internally Displaced People <https://www.internal-displacement.org/countries/afghanistan>

<sup>3</sup> Women perform the vast majority of unpaid care work—more than three times as much as men [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf)

<sup>4</sup> Reports from the US, UK and China all suggest an increase in domestic violence coinciding with the outbreak of Covid-19 <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>

<sup>5</sup> <https://www.nrc.no/resources/reports/listening-to-women-and-girls-displaced-in-urban-afghanistan/>

<sup>6</sup> [https://insights.careinternational.org.uk/media/k2/attachments/CARE-IRC\\_Global-RGA-COVID-19\\_April-2020.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CARE-IRC_Global-RGA-COVID-19_April-2020.pdf)

<sup>7</sup> <http://s3.amazonaws.com/theirworld-site-resources/Reports/Theirworld-39-million-girls-at-risk.-Are-humanitarian-response-doing-enough.pdf>

of the Covid-19 crisis, pressure from local authorities to repurpose funds notwithstanding. Rather, it is the time to redouble that support. Now, more than ever, displaced populations in Asia need access to lifesaving services and agencies need support to develop innovative delivery modalities to ensure that access.

The global pandemic poses an unprecedented challenge to humanitarian agencies. International border closures, restrictions on domestic movement and suspended air travel have severely inhibited organisations' ability to get essential staff and supplies to the places they are most needed, compounding pre-existing challenges relating to visas and project approvals. While increased donor commitment is critical to ensuring the continuation of essential programming, without the ability to access vulnerable populations, this support is largely meaningless. Donors must provide agencies with financial and diplomatic support to reach people in need, and to deliver lifesaving interventions.

## Key messages

**Donors must not forget the underlying fragility of many countries in Asia and must prioritise measures supporting early economic recovery.** High levels of poverty and social exclusion exacerbate the spread of the virus, and already vulnerable communities have limited ability to recover from the predicted economic downturn. In order to limit Covid-19's long-term impact, work must begin now to support economic recovery at the community and household level, complimenting any global or regional interventions. Deprioritising these activities in order to focus solely on the health aspects of the Covid crisis is short-sighted and will have a detrimental impact on populations which are already highly vulnerable.

**Lifesaving protection activities are more important than ever and must remain a focus of donor interventions.** Protection activities provide a crucial lifeline to vulnerable groups who may otherwise be overlooked in the immediate response to Covid-19. Supporting community-based protection initiatives, identifying and responding to gender-based violence, and creating safe space for children are critical interventions which address pre-existing vulnerabilities that are only becoming more pronounced. Moreover, activities aimed at combatting trafficking – particularly of women and girls – should be stepped up in anticipation of increased risks.

**Education saves lives and supports livelihoods.** Education is universally acknowledged to have positive impacts for children, their families and their societies. It supports public health initiatives, keeps children safe and supports psychosocial wellbeing. Notwithstanding, displaced children's lives are already hampered by limited access to education. Donors must provide support to secure the gains that have been achieved regarding access to education, and not allow funding limitations to result in renewed restrictions of access.

**Communication is a key weapon in the fight against Covid-19.** While significant energy is focused on the treatment of those infected with Covid-19, prevention is always better than a cure. To that end, innovative communication methods must be used to disseminate messages on hygiene and isolation practices. Displaced populations throughout the region often have limited access to mobile phones and other communication platforms, making them harder to reach with lifesaving messaging. Transmission of the virus in displaced communities is also a threat to host communities, and therefore donors should work with host governments to support the expansion of communications activities throughout marginalised communities.

**Comprehensive and equitable access to services is good for communities as a whole.** As called for in the joint WHO/UNHCR/IOM/OHCHR statement, refugees and migrants should be included in countries' response

plans,<sup>8</sup> and donors should support host countries to provide displaced populations with access to services on the basis of need rather than displacement or documentation status. Limiting access to health services and social safety nets is likely to facilitate the unchecked spread of Covid-19 and contribute to the stigmatisation of displaced populations. It also prompts large-scale population movements, as displaced groups travel in search of reliable healthcare. In order to maximise efficiency of service provision, donors should support national governments to provide basic services to all those in their territory, and not contribute to the development of parallel service provision for displaced or marginalised groups.

## Displacement-affected Afghans

There is little doubt that Afghanistan is poorly prepared to cope with the impact of a pandemic which is ravaging global health systems and economies. Rated 130/195 on the Global Health Security Index, Afghanistan risks being overwhelmed by Covid-19.<sup>9</sup> The country has only 0.3 doctors and 0.5 hospital beds per 1,000 people,<sup>10</sup> and maternal mortality rates are amongst the highest in the world. Starting from such a grave position, Afghanistan faces the very real threat of catastrophic mortality rates should it face a severe outbreak of Covid-19.

In an effort to minimise the spread of the disease a number of provinces have imposed a series of restrictions on travel and public gatherings. However, borders between Iran and Pakistan remain porous, with thousands of people crossing back into Afghanistan, most notably from Iran. The fluid and largely uncontrolled nature of cross-border movements means that those returning from abroad are unable to register for support upon their return. Moreover, while Afghans have access to primary healthcare in both Iran and Pakistan, the lack of health checks at the border increases the likelihood of infected returnees facilitating the spread of the disease and overwhelming the health system's capacity to test and trace those suffering from Covid-19.<sup>11, 12</sup>

## Economic impact

Prior to the crisis, Afghanistan's economy was struggling to meet the needs of its ever-growing population with unemployment standing at more than 20%, and the majority of the employed reliant on daily wages to support themselves.<sup>13</sup> Poverty rates are high and a significant sector of the population rely on remittances from Pakistan and Iran.<sup>14</sup> Even prior to the outbreak of Covid-19, Afghanistan was subject to increasing rates of food insecurity, with 8.21 million people identified as in need of food assistance.<sup>15</sup> Internal movement restrictions are likely to have a devastating impact on daily wage earners, while prolonged restrictions on regional travel and trade will affect both the level of remittances and the cost of imported goods such as food. These changes will serve to exacerbate pre-existing vulnerabilities, further increasing poverty, hunger and household debt and pushing an estimated 12 million people into acute food insecurity<sup>16</sup> with associated increases in resort to negative coping strategies.

<sup>8</sup> <https://www.who.int/news-room/detail/31-03-2020-ohchr-iom-unhcr-and-who-joint-press-release-the-rights-and-health-of-refugees-migrants-and-stateless-must-be-protected-in-covid-19-response>

<sup>9</sup> <https://www.ghsindex.org/country/afghanistan/>

<sup>10</sup> <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>

<sup>11</sup> [https://adsp.ngo/wp-content/uploads/2020/02/DRC\\_Pakistan\\_and\\_Iran\\_Report\\_22072019.pdf](https://adsp.ngo/wp-content/uploads/2020/02/DRC_Pakistan_and_Iran_Report_22072019.pdf)

<sup>12</sup> <https://adsp.ngo/publications/on-the-margins-afghans-in-pakistan/>

<sup>13</sup> <https://www.af.undp.org/content/afghanistan/en/home/countryinfo.html>

<sup>14</sup> <https://www.worldbank.org/en/country/afghanistan/overview>

<sup>15</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/afg\\_humanitarian\\_needs\\_overview\\_2020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/afg_humanitarian_needs_overview_2020.pdf)

<sup>16</sup> Afghanistan Food Security and Agriculture Cluster presentation to the Humanitarian Country Team, 23 April 2020



## Protection impact

As the economic impact of Covid-19 is felt in Afghanistan women and girls, already subject to some of the world's highest levels of gender-based violence,<sup>17</sup> are likely to suffer the most. The 2018 drought in Western Afghanistan, which put households under intense economic pressure, resulted in a marked increase in early marriage as families sought to stave off starvation and reduce levels of debt by marrying off their young daughters increasingly early.<sup>18</sup> It is likely that, when faced with similar economic challenges, households throughout the country will turn to similar coping strategies with devastating impacts for children, and in particular girls and young women.

Education is another casualty of the Covid-19 pandemic. An estimated 3.7 million children in Afghanistan, 60% of whom are girls, are already out of school.<sup>19</sup> Further data from the 2018 drought indicate that, in times of economic hardship, children's already limited access to education is curtailed as they are obliged to work to support the family income.<sup>20</sup> Short-term school closures, while understandable in the context of reducing the spread of the virus, raise the possibility that some children will never return to their lessons, and another generation of Afghan children will have lost their right to education.

Donor support has played a critical role in mitigating the hardships suffered by the most vulnerable people in Afghanistan. These needs will not disappear in light of the Covid-19 pandemic; rather they will increase, as the impact of economic hardship, social and social conflict are brought to bear.

## Displacement-affected communities in Bangladesh and Myanmar's Rakhine State

Bangladesh and Myanmar are, on the surface, moderately well able to respond to the Covid-19 outbreak. Ranking 113/195 and 75/195 respectively on the Global Health Security Index, these countries have some ability to provide healthcare to their citizens.<sup>21, 22</sup> However, displaced populations often have limited access to those services, and instead are forced to rely on externally funded services.

More than 855,000 Rohingya refugees currently live in overcrowded conditions in camps in Cox's Bazar.<sup>23</sup> The provision of adequate water, sanitation and shelter posed challenges even prior to the outbreak of Covid-19, with substantial levels of respiratory disease reported throughout the camps.<sup>24</sup> While efforts to establish Covid-19 isolation and treatment facilities for the refugees in the Cox's Bazar camps are to be commended, the fact that the Covid-19 outbreak has pushed health systems even in developed countries to breaking point underlines the necessity of preventing the infection from taking hold in the camps and, where infections occur, controlling transmission rates. Consequently, steps must be taken now to support the implementation of social distancing and isolation measures by addressing overcrowding and improving hygiene services in crowded camps.<sup>25</sup>

<sup>17</sup> <https://evaw-global-database.unwomen.org/en/countries/asia/afghanistan>

<sup>18</sup> <https://www.unicef.org/press-releases/geneva-palais-briefing-note-situation-children-afghanistan>

<sup>19</sup> <https://www.unicef.org/afghanistan/education>

<sup>20</sup> <https://adsp.ngo/publications/action-plan-for-integration-herat/>

<sup>21</sup> <https://www.ghsindex.org/country/bangladesh/>

<sup>22</sup> <https://www.ghsindex.org/country/myanmar/>

<sup>23</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/jrp\\_2020\\_final\\_in-design\\_280220.2mb\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/jrp_2020_final_in-design_280220.2mb_0.pdf)

<sup>24</sup> [https://www.acaps.org/sites/acaps/files/products/files/20200319\\_acaps\\_covid19\\_risk\\_report\\_rohingya\\_response.pdf](https://www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf)

<sup>25</sup> <https://www.lshtm.ac.uk/sites/default/files/2020-04/Guidance%20for%20the%20prevention%20of%20COVID-19%20infections%20among%20high-risk%20individuals%20in%20camps%20and%20camp-like%20settings.pdf>

## Economic impact

Available data suggest that malnourishment is a contributing factor in the development of severe symptoms of Covid-19. As 45% of Rohingya households have either “borderline” or “poor” food consumption scores, and given the relationship between food insecurity and malnutrition, it can be expected that incidences of severe Covid-19 cases will be higher in those communities. Both the refugees and host community living in Cox’s Bazar are largely reliant upon casual or daily labour; work which is likely to become unavailable in the wake of a largescale economic downturn, and inaccessible in light of movement restrictions. This inability to supplement household incomes further compounds their vulnerability, limiting households’ access to critical medical care and hygiene items which may offer protective value.<sup>26</sup> Moreover, as hardship increases in the district, so does the likelihood of a breakdown in social cohesion between host and refugee communities.

## Protection impact

Prior to the outbreak of Covid-19, increasing numbers of Rohingya were travelling by sea in search of access to livelihoods opportunities in South-East Asia and Australasia.<sup>27</sup> Women make up 59% of those putting themselves into the hands of traffickers and smugglers,<sup>28</sup> with large numbers bound for arranged marriages in Thailand and Malaysia.<sup>29</sup> Increases in movement restrictions introduced to mitigate Covid-19, and the associated economic hardships, may drive ever more Rohingya to undertake perilous sea-crossings and risk sexual exploitation and abuse.

In the camps themselves the suspension of non-critical activities has further delayed Rohingya children’s access to education by postponing the long-awaited introduction of Myanmar curriculum education. While a temporary delay to education activities in the camps may be justifiable on medical grounds, the fact remains that Rohingya children have long been deprived access to formal education, risking the development of a lost generation of children. To that end, all actors should commit to pursuing the anticipated roll-out of education services as soon as possible, and not allow unnecessary delays to the commencement of a hard-won and long-awaited development. Moreover, while access to formal education is delayed, efforts should be made to expand children’s access to innovative digital and self-learning activities.

As the immediacy of the Rohingya crisis has faded, so too has donor commitment to supporting this highly vulnerable group, leaving them exposed to unforeseen shocks such as Covid-19. Sustained additional support is required, not only to support Rohingya refugees and the community which hosts them through this emergency, but to build their resilience to future shocks.

<sup>26</sup> [https://www.acaps.org/sites/acaps/files/products/files/20200319\\_acaps\\_covid19\\_risk\\_report\\_rohingya\\_response.pdf](https://www.acaps.org/sites/acaps/files/products/files/20200319_acaps_covid19_risk_report_rohingya_response.pdf)

<sup>27</sup> <https://www.msf.org/rohingya-refugees-left-starve-sea>

<sup>28</sup> <https://www.unhcr.org/protection/migration/5d91e2564/refugee-movements-south-east-asia-2018-june-2019.html>

<sup>29</sup> <https://www.thenewhumanitarian.org/news/2020/1/16/Rohingya-trafficking-refugees-forced-marriage>