



NORWEGIAN
REFUGEE COUNCIL

The Humanitarian Impact of Covid-19 on Displaced Communities

Summary

As Covid-19 continues to spread across the world, the Norwegian Refugee Council (NRC) is gravely concerned for the lives and wellbeing of displaced people living in fragile and conflict-affected states. The coronavirus has reached countries already struggling to cope with the impact of war and other crises and refugees and internally displaced people (IDPs) are among the most vulnerable to the direct and indirect consequences of this global pandemic. Millions are living in overcrowded conditions, often in camps or camp-like settings where recommended social distancing is all but impossible. Access to adequate health care and basic needs including soap and water were limited in sites long before the outbreak of Covid-19 so practicing good hygiene, as per WHO guidelines, is also an impossible task.

Displaced people are not only at risk of contracting coronavirus itself but are being disproportionately affected by the measures to counter its spread. They are currently facing stigmatisation, discriminatory or unjustified regulations and are unable to access social safety nets to mitigate the financial impact on their families. Despite the UN Secretary General's recent call for a global ceasefire,ⁱ there are reports of conflict-induced new displacement in several countries while border closures and movement restrictions are preventing vulnerable people from being able to flee to safety. Travel bans and other measures are also impacting aid organisations, making it extremely challenging to reach those in need with humanitarian assistance.

While the economic and other secondary impacts of the pandemic are being felt globally, developing and fragile countries with large displaced populations are likely to be hit hardest. The far-reaching food security consequences for displaced people is of grave concern. The UN has warned that the world is at risk of widespread famine outbreaks affecting 265 million people across countries such as: Afghanistan, the Democratic Republic of the Congo (DRC), Nigeria, South Sudan, Syria and Yemen - all countries with significant displaced populations.ⁱⁱ

There is no time to waste. Donor governments must work together to prevent the further spread of Covid-19 within the world's most fragile and conflict-affected countries. They need to respond not only to the immediate public health emergency but to the pandemic's secondary economic, social, food security and protection impacts. They must share responsibility and protect the rights of refugees and internally displaced people at this critical time.

Recommendations

To urgently mitigate the humanitarian impact of Covid-19 on vulnerable, refugee and displaced communities, international donor governments should consider the following:

Protection:

Use diplomatic channels to address protection concerns created by the pandemic, such as new displacements, evictions or denial of services. International governments should publicly back statements and guidance from OHCHR,ⁱⁱⁱ UNHCR^{iv} and others urging national authorities not to exploit Covid-19 to suppress human rights, prevent assistance, discriminate or deny asylum.

Support the scale-up and implementation of national Covid-19 public health and economic responses including social safety nets and compensation schemes for *all* populations living in conflict and fragile countries. Donor financing should be made conditional and ensure the full inclusion of displaced people irrespective of documentation or registration status.

Work with national authorities around the world to suspend evictions and issue a moratorium on all arrests and detentions of displaced people related to a lack of documentation in the context of the pandemic to support public health measures.

Ensure mass quarantine sites holding displaced people are accessible, non-discriminatory, used only as a last resort and that movement restrictions are proportional, temporary and appropriate to ensure people are free to leave when their quarantine period is over.

Access:

Take measures to secure humanitarian access for the most vulnerable, including working with national authorities to ensure humanitarians are listed as key workers exempted from stay-at-home orders, curfews and lockdowns, and that humanitarian flights and convoys are permitted to continue operations safely.

Ensure existing or new border closures, movement restrictions, visas and other administrative processes are removed or streamlined so they do not prevent aid workers from reaching those in need. Work closely with national and local authorities to ensure these measures are applied consistently and responsibly.

Support common humanitarian transport services such as expanding UN or special commercial flights. Establish shared logistics pipelines, where needed to allow for the movement of goods and to alleviate the strain on existing supply chains.

Work with national authorities and the UN to ensure military assets and/or security personnel are only used in Covid-19 responses as a last resort with the sole objective to preserve life. If such resources are required, it is imperative that well-established international standards such as the [Oslo Guidelines](#) are respected with strong safeguards to prevent potential abuse. Donor governments should support existing civil-military coordination mechanisms in conflict-affected states, while continuing to highlight the importance of humanitarian principles.

Work to ensure sanctions do not impede the delivery of humanitarian aid. Governments should issue exemptions or general licenses to enable the delivery of pharmaceutical, medical and other crucial supplies to vulnerable people living in sanctioned countries. Consider creating dedicated banking channels to enable donor aid funds to reach those most in need, and issue explicit guidance clarifying how banks and aid agencies can quickly and legally respond to Covid-19 in sanction-affected countries without fear of falling foul of the law. Governments should also take

action to ensure counterterrorism measures do not impede the response to the pandemic in areas under the control of Non-State Armed Groups (NSAGs).

Funding:

Significantly scale up funding to bilateral partners and via the UN's Covid-19 Global Humanitarian Response Plan (GHRP), prioritising the quick release of resources to frontline implementing agencies and avoiding unnecessary bureaucratic layers. Insist that NGOs responsible for the significant proportion of operations on the ground, receive at least 40 per cent of GHRP funds (directly and indirectly) and press UN agencies to pass on flexible and fast-tracked funding onto NGO partners.

Increase the flexible use of existing donor funds (including those allocated via the UN) to enable aid agencies to adapt programmes to respond to Covid-19 in an appropriate and safe way. This should include allowing NGOs to reallocate budgets in line with new priorities (including moving funds across priority countries) without creating unnecessary additional administrative processes.

Ensure due diligence procedures, including reporting, auditing and budgeting requirements, are appropriately adapted to prevent delays in the face of unprecedented challenges. Donors should work with operational aid agencies to ensure due diligence procedures are simplified and fast-tracked to speed up the delivery of life-saving aid.

Resources are made available to respond to the pandemic should not be taken from existing funding streams which support live-saving programmes unrelated to Covid-19.

Protection: Discrimination, exclusion and denial of services

Governments around the world have closed their borders or introduced new measures aimed at preventing or reducing transnational transmissions of Covid-19. These same restrictions are already having a negative impact on vulnerable populations seeking safety, leaving them more exposed to serious violence, or forcing them to resort to dangerous trafficking routes. In Ethiopia, Kenya and Uganda, formal border crossings are almost entirely closed resulting in the effective shutdown of refugee transit centres. We strongly support the UN refugee agency's (UNHCR) call for States to continue to grant asylum while putting in place appropriate measures at border crossings to protect public health.^v This also extends to refugee status determination (RSD) processes. In Uganda, for example, RSD processes have been suspended affecting the ability of asylum seekers to access assistance. While it is understandable that processes may need to be temporarily halted on purely public health grounds, alternative measures need to be put in place to ensure that asylum seekers can access essential services, particularly medical care, pending the resumption of RSD.

At the very time when borders are closing and movements are restricted, the direct and indirect impacts of the pandemic are also causing new displacement. It is likely that a lack of access to essential services and/or livelihoods as well as stigmatisation or discrimination will cause more new displacement than the virus itself, including secondary displacement and premature returns. Venezuelan refugees and migrants have been forced to return home, as lockdown measures prevent them from earning a living in Colombia. More could follow if the international community does not increase its funding to support the Colombian government's pandemic response.^{vi} In

Lagos, Nigeria, where there are believed to be an estimated 100,000 IDPs, NRC's Internal Displacement Monitoring Centre (IDMC) reports that vulnerable groups living in unsafe shelters are being victimised and human rights groups are warning that the enforcement of stay-at-home orders is leading to violence that could result in secondary displacement.^{vii} In Somalia, 57 per cent of survey respondents stated that they do not have access to a health centre and over 15 per cent said that they would consider leaving their current location due to factors created by Covid-19.^{viii}

Existing refugee and displaced populations face numerous challenges. In parts of West and Central Africa, there are reports Covid-19 is being used as a pretext to close displacement sites without viable alternatives and without consulting affected populations. We are particularly concerned about the potential actions of governments in some countries where the closure of camps and/or the premature return of displaced people were national political objectives prior to the pandemic. The push for return and/or closure of displacement sites have not taken into consideration the population's access to essential services in areas of relocation, nor consulted the affected population.

We ask donors to work with national authorities and the UNHCR to ensure that the principles of safe, voluntary and dignified return are upheld during the Covid-19 pandemic.

NRC has particular expertise in relation to evictions and there are increasing concerns among displaced populations that they will not be able to pay their rent and utility bills due to a loss of income. For example, between February 21, when the first case of Covid-19 was confirmed in Israel, to April 15, the UN reported that the Israeli authorities demolished 28 residential properties and seven water facilities in the West Bank, displacing 69 people and affecting 417 others.^{ix} In Libya, stigma and/or discrimination against families diagnosed with or suspected of having Covid-19 symptoms have led to notable increases in forced evictions.^x In Iraq, NRC assessed eviction risks across the country and found that 60 per cent of respondents said they would not be able to pay their rent in the next three months while 42 per cent said they expect to be evicted.^{xi}

Displaced people all over the world are at risk of eviction at a time when having safe, secure and adequate housing is essential for the containment of the pandemic. In many countries where NRC works, there has been an increase in requests for rental support since it began. Evictions and loss of water connections can exacerbate a health emergency, undermining measures to stop the spread of the virus such as self-isolation, social distancing and proper hygiene practices. Evicted families are likely to move in with others, which will exacerbate overcrowding and increase chances of transmission. Evictions are particularly dangerous for the elderly, children and people living with disabilities and underlying medical conditions. Women are especially vulnerable to forced eviction and sexual exploitation.^{xii} In wealthier countries, governments have enacted temporary measures to protect people from eviction.

We ask donors to work with national authorities around the world to suspend evictions while public health measures to limit movements are in place and to allocate funds for rental support for displaced people and other vulnerable groups.

Another major challenge for displaced populations is access to healthcare. This is often caused or exacerbated by the absence of civil documentation such as birth certificates and identity cards. Relevant documentation belonging to displaced people has often been lost, confiscated or was never issued as result of ongoing, pre-Covid-19 crises. A rapid needs assessment in Iraq showed that 11 per cent of respondents were denied services over the last month due to a lack of documentation^{xiii}. Even where documentation is not a prerequisite for receiving treatment, many refugees and displaced people are at risk of arrest and detention, with the same assessment indicating that 19 per cent of those denied services were lacking security clearance

and therefore would be high risk for arrest if they sought healthcare. Refugees and asylum seekers are also at risk of refoulement if caught without documentation, even when travelling to hospitals, which results in many displaced people not seeking critical medical assistance. In many parts of the world, registration sites have been closed or services suspended, including birth registration and the renewals of identity documents due to Covid-19 public health measures.

Donor governments have a role to play in supporting refugees and IDPs without documentation to access health and other essential services.

We ask donors to encourage national authorities to issue a moratorium on all arrests and detentions related to a lack of documentation in the context of the pandemic.

As has been highlighted by the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNHCR, some governments have introduced measures that have been disproportionate and discriminatory and not based on reasonable medical criteria. For example, as of early April 21, local authorities in Lebanon have introduced curfews which are disproportionately more severe for refugees than the local populations without providing medical justification.^{xiv} These cause unnecessary and additional hardship at an already difficult time, as well as stigmatisation of refugees. There are also reports that some governments and de-facto authorities may be setting up quarantine sites close to conflict areas, placing people in further danger.

We ask donors to press relevant authorities to ensure quarantine sites are accessible, non-discriminatory, used only as a last resort and that movement restrictions are proportional, temporary and appropriate to ensure people are free to leave when their quarantine period is over. Quarantine areas should meet minimum standards, ensuring basic provisions and health services are provided and that sites are located a safe distance from hostilities.

In relation to these critical protection issues, all donor governments should follow the example of the UN, Canada^{xv} and others in calling out discrimination, excessive use of force and violations of fundamental rights and freedoms that have already occurred in some countries during the implementation of Covid-19-related measures.

Economic impact

Lockdowns and restrictions on freedom of movement as well as job losses are already impacting displaced people's ability to support their families, pay for essential hygiene items and access to medical care. Refugees and displaced people are heavily reliant on daily wages and the informal sector to survive. This makes them acutely vulnerable to measures that limit freedom of movement due to the temporary collapse of the informal sector.

NRC carried out a series of surveys in Jordan after public health restrictions were imposed with 90 per cent of respondents, who were in paid employment during the first week of the survey, (March 15 to March 20) said they were no longer working by week three (March 19 to April 3). Up to 87 per cent of respondents reported that they had lost all of their household income during the course of the same period. A higher proportion of these were Syrian refugees (98 per cent compared to 60 per cent of Jordanian households). All respondents reported resorting to negative coping strategies to compensate for the loss of household income, including reducing the number of meals consumed per day.^{xvi}

A survey conducted in Lebanon in March revealed that 70 per cent of respondents were not able to generate income even before the Covid-19 outbreak due to the economic crisis and 26 per cent reported that their ability to generate income was further impacted by Covid-19. Increased needs for hygiene and cleaning products are being met through rising debt and by reducing food

intake and other expenditure.^{xvii}

The long-term impact of the loss of livelihoods will be catastrophic unless there is a coordinated effort to address basic needs and plan for recovery once the health risks are reduced.^{xviii}

In Iraq, a NRC survey found that there was, on average, a 15 per cent increase in market prices while 60 per cent of respondents said they had lost their entire income due to Covid-19. Around 67 per cent of all respondents said they were forced to resort to negative coping strategies, some of which included selling productive assets and damaging their future prospects for sustainable livelihoods.^{xix} In Somalia, over one third of respondents to a NRC survey in April, identified economic hardship as an anticipated impact of the virus, specifically referring to loss of casual labour opportunities, rising inflation and basic needs.^{xx}

The UN has already warned that the world is facing large-scale famine affecting 265 million people. This is being caused by the pandemic's impact on countries suffering from conflict, economic crisis and climate change. The UN highlights acute risks in Yemen, the Democratic Republic of the Congo (DRC), Afghanistan, Venezuela, Ethiopia, South Sudan, Sudan, Syria, Nigeria and Haiti - all countries with high displaced populations.^{xxi}

We ask donors to consider how humanitarian cash assistance can best be used in the context of Covid-19. Donor governments should call for dialogue between health and non-health actors and cash donors to discuss whether cash programming can be scaled up in a manner which is safe, does not adversely impact on markets and is accessible to the most vulnerable.

Access to the most vulnerable

A survey in April, by the humanitarian information provider ACAPs, a joint NRC and Save the Children initiative, revealed that approximately seven per cent of humanitarian operations have completely stopped worldwide. Up to 74 per cent of agencies reported an impact on operations, with approximately 13 per cent concentrating on life-saving services only.^{xxii}

Several countries have suspended issuing new visas making it extremely challenging for aid organisations to bring in surge capacity. In others, such as Libya, curfews and restrictions on movements between cities imposed to limit the spread of Covid-19 are directly interfering with the delivery of humanitarian activities. In South Sudan, humanitarian agencies reported some new restrictions in accessing Protection of Civilian (POC) displacement sites.^{xxiii} There are also reports of increased xenophobia against international aid workers within the country as a result of Covid-19, which could impact access to communities.

It is incredibly important at this time, when so many vulnerable people are reliant on international aid organisations, that NGOs are able to stay and deliver appropriately adapted interventions that mitigate the humanitarian and protection impacts of this crisis, as well as to maintain other life-saving measures unrelated to Covid-19.

As a result of advocacy interventions, there are encouraging signs that many national authorities, particularly in parts of Central and West Africa, are now willing to include humanitarians on national lists of critical workers, allowing aid agencies to continue to operate.

We ask donors to work closely with national and local authorities to ensure these measures are applied consistently and responsibly in all conflict-affected countries to ensure vulnerable populations receive the assistance they need.

Donor governments can also play an important role in negotiating humanitarian access by supporting organisations and governments to agree on lists of critical goods and services and on how they should be delivered to minimise the risk of transmission.

In addition to health services, other priority essential services could include, for example, water provision and solid waste disposal, emergency cash and/or food distribution, shelter support to meet quarantine and self-isolation requirements, distribution of hygiene items, home learning for children, and urgent protection assistance particularly for survivors of gender-based violence. Donor governments should also pay particular attention to areas that were already difficult to reach before the pandemic and are likely to be even more seriously isolated and vulnerable as a result of this crisis.

We ask donors to support national level humanitarian access task forces in priority countries and engage with authorities to ensure that aid is implemented in line with humanitarian principles and do no harm approaches.

In the current emergency, governments around the world are calling on their armed forces to support local delivery of assistance. In situations of ongoing conflict and/or in fragile states, every effort should be made by national authorities and their international partners to maintain the civilian character of the Covid-19 response. Recent experience from the Ebola crisis in the North Kivu region of the Democratic Republic of the Congo (DRC) shows that the use of security forces to support aid operations in conflict areas can lead to fear and mistrust. It can put aid workers at risk, limit humanitarian access and hamper public health efforts. In the central Sahel region, insufficient civil-military coordination and the implementation of military projects aimed at winning ‘hearts and minds’ are impacting humanitarian access by harming the reputations of and trust in principled aid agencies. This trend is only likely to worsen if Covid-19 responses in Sahel countries are led by national militaries or UN peacekeeping operations. Militaries also need to avoid becoming vectors of the virus, with security personnel and peacekeepers in some countries being suspected of spreading Covid-19 and to areas close to camp-based populations.

We ask donors to work with national authorities and the UN to ensure military assets and/or security personnel are only used in the Covid-19 response as a last resort with the sole objective to preserve life.

If military resources do need to be used, it is imperative that the well-established international standards (such as the ‘Oslo Guidelines’^{xxiv}) are respected. There should be clear and strong safeguards to prevent and report any abuses against civilians by national security forces. Donor governments can specifically support humanitarian access by reinforcing existing civil-military coordination mechanisms in conflict-affected states, while continuing to highlight the importance of humanitarian principles and the Oslo Guidelines.

Particular attention should be given to contexts where the distinction between military and humanitarian actors are blurred. In the central Sahel region, an insufficient civil military coordination and increasing use of “humanitarian projects” by military actors, risk jeopardizing the perception of humanitarian actors as impartial and independent.

Travel restrictions

Humanitarian agencies across Libya, for example, are facing challenges related to the import of aid items, including those needed for public health responses. In Yemen, suspension of humanitarian flights means NRC has 16 staff unable to return to the country. Nearly half of all international workers are waiting to return, reducing capacity, technical expertise and leadership in the humanitarian response. In other cases, cross-border movements of humanitarian goods and staff have become more vital than ever in the context of Covid-19. For example, cross-border aid delivery into northwest Syria, already under threat before the pandemic, remains the most

viable option for ensuring the continued delivery of life-saving, multi-sector humanitarian aid. The UN Security Council has an opportunity to ensure this lifeline is maintained when it discusses the renewal of resolution 2504 for an additional 12 months before it expires on July 10, 2020. The re-insertion of Yaroubiya as a named border crossing in the resolution would also allow more essential medical and other aid items into northeast Syria in the event of a Covid-19 outbreak in the area.

Sanctions

In addition to national restrictions which impact humanitarian access, sanctions are negatively affecting aid agencies' ability to respond to Covid-19. The ongoing negative impact of sanctions on vulnerable populations and on the ability of organisations to respond to humanitarian crises has been well documented by NRC and by other organisations.^{xxv}

The failure of states to address these issues during an unprecedented and deadly global crisis, would seriously undermine efforts to curb the pandemic. While humanitarian exemptions are already in place for some sanctioned regimes, in practice, these existing procedures are slow and bureaucratic, and many organisations, including banks, feel unable to offer services that allow aid agencies to continue to operate in affected countries. Efforts to curb the spread of Covid-19 in some countries are crippled as a result. Governments must ensure sanctions do not impede the delivery of humanitarian aid including medical equipment and supplies to countries trying to contain or prevent the spread of coronavirus.

We ask donor to prioritise issuing exemptions, exceptions or general licenses to enable the delivery of crucial supplies to vulnerable people. We also call for dedicated banking channels (for example via the UN) to be created to ensure donor aid funds can reach those most in need, and for specific guidance to be issued clarifying how banks and aid agencies can quickly and legally respond to Covid-19 in sanctioned countries without fear of falling foul of the law.

Flexible Funding

Humanitarian NGOs strongly support the UN Covid-19 Global Humanitarian Response Plan (GHRP). At the same time, NRC is cautious that 90 per cent of the funding is set to be channelled via the UN,^{xxvi} which will result in additional layers of bureaucracy before it reaches critical frontline implementing agencies, thereby slowing the response.

We ask donors continue to complement support to the UN with other funding partners and through mechanisms directly accessible to NGOs.

Donor governments support flexible and quality funding principles as outlined in the Grand Bargain, including in relation to unearmarked funding.

We ask donors to apply these principles to their current and new grants while also insisting that UN passes these flexible policies onto their humanitarian implementing partners.

We have already seen some encouraging signs with several UN agencies issuing guidelines on simplified procedures. These must now be implemented at the operational level avoiding bureaucracy interference. NRC asks donor governments to encourage flexibility across all UN agencies, ensuring that improvements in meeting Grand Bargain commitments are not reversed once the immediate phase of Covid-19 emergency is over.

Due diligence procedures, including reporting, auditing and budgeting requirements are critical for transparency, accountability and effectiveness of aid. For example, we ask that emergency

procurement procedures be agreed quickly so that humanitarian organisations can adapt to the public health-related restrictions imposed by national authorities around the world and ensure the availability of essential humanitarian inputs. We believe donors can do more to publicly commit to project and budget flexibility.

We ask donors to continue to work with us to ensure due diligence procedures are simplified and fast-tracked to the absolute extent possible, in order to allow humanitarian organisations to save more lives.

ⁱ United Nations (3 April 2020) *Secretary-General Reiterates Appeal for Global Ceasefire, Warns ‘Worst Is Yet to Come’ as COVID-19 Threatens Conflict Zones*: <https://www.un.org/press/en/2020/sgsm20032.doc.htm>

ⁱⁱ United Nations (21 April 2020) *As famines of ‘biblical proportion’ loom, Security Council urged to ‘act fast’*: <https://news.un.org/en/story/2020/04/1062272> ; BBC (21 April 2020) *Coronavirus: World risks ‘biblical’ famines due to pandemic – UN*: <https://www.bbc.co.uk/news/world-52373888>

ⁱⁱⁱ The Office of the High Commissioner for Human Rights (OHCHR) (March 2020) *COVID-19 Guidance*: <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

^{iv} The Office of the UN High Commissioner for Refugees (UNHCR) *Beware long-term damage to human rights and refugee rights from the coronavirus pandemic*: UNHCR (22 April 2020) <https://www.unhcr.org/uk/news/press/2020/4/5ea035ba4/beware-long-term-damage-human-rights-refugee-rights-coronavirus-pandemic.html>

^v The Office of the UN High Commissioner for Refugees (UNHCR) (19 March 2020) *Statement by Filippo Grandi, UN High Commissioner for Refugees, on the COVID-19 crisis* <https://www.unhcr.org/uk/news/press/2020/3/5e7395f84/statement-filippo-grandi-un-high-commissioner-refugees-Covid-19-crisis.html>

^{vi} Norwegian Refugee Council (7 April 2020) *Covid-19 forces migrants and refugees back to crisis-ridden Venezuela* <https://www.nrc.no/news/2020/april/colombia-venezuela-press-release/>

^{vii} Internal Displacement Monitoring Centre (April 2020) *Displaced and Isolated: The Realities of Covid-10 For IDP in Lagos, Nigeria*: <https://www.internal-displacement.org/expert-opinion/displaced-and-isolated-the-realities-of-covid19-for-internally-displaced-people-in>

^{viii} Norwegian Refugee Council (April 2020) *A cough that kills people: Views on Covid-19 from Somalia’s displacement-affected communities* (unpublished briefing paper).

^{ix} Norwegian Refugee Council (15 April 2020) *Israel’s destruction of Palestinian property undermines efforts to curb Covid-19*: <https://www.nrc.no/news/2020/april/israels-destruction-of-palestinian-property-undermines-efforts-to-curb-Covid-19/>

^x UN OCHA (March 2020) *Global Humanitarian Response Plan COVID-19, April – Dec 2020, Libya HRP*: <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

^{xi} Norwegian Refugee Council (April 2020) *Information Counselling and Legal Assistance COVID-19 Rapid Assessment - Iraq*

^{xii} Norwegian Refugee Council (15 March 2014) *Life Can Change: Securing housing, land and property rights for displaced women*: <https://www.nrc.no/resources/reports/life-can-change---securing-housing-land-and-property-rights-for-displaced-women/>

^{xiii} Norwegian Refugee Council (April 2020) *Information Counselling and Legal Assistance COVID-19 Rapid Assessment - Iraq*

^{xiv} Human Rights Watch (March 2020) *Lebanon: Refugees at Risk in COVID-19 Response. Discrimination Risks Harming Syrians, Lebanese Alike*: <https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-Covid-19-response>

^{xv} Government of Canada (8 April 2020) *Human rights implications of COVID-19*: <https://www.canada.ca/en/global-affairs/news/2020/04/human-rights-implications-of-Covid-19.html>

^{xvi} Norwegian Refugee Council (March 2020) *Covid 19 Labour Market Impact Monitoring in Jordan, bi-weekly update 15 to 27 March/Report #1, report No2 covering April* (unpublished briefing).

^{xvii} Cameleon (March 2020) *Rapid field monitoring survey on the impact of Covid-19 on WFP multi-purpose cash recipients* (unpublished briefing).

^{xviii} Norwegian Refugee Council (April 2020) *A cough that kills people: Views on Covid-19 from Somalia’s displacement-affected communities* (unpublished briefing).

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- ^{xxix} Norwegian Refugee Council (April 2020) *Remote Multi-Sector Needs Assessment - Iraq*
- ^{xxx} Norwegian Refugee Council (April 2020) *A cough that kills people: Views on Covid-19 from Somalia's displacement-affected communities* (unpublished briefing).
- ^{xxxi} United Nations (21 April 2020) *As famines of 'biblical proportion' loom, Security Council urged to 'act fast'*: <https://news.un.org/en/story/2020/04/1062272> ; BBC (21 April 2020) *Coronavirus: World risks 'biblical' famines due to pandemic – UN*: <https://www.bbc.co.uk/news/world-52373888>
- ^{xxxii} ACAPS (April 2020) *COVID-19 Impact on humanitarian operations*: https://www.acaps.org/sites/acaps/files/products/files/20200407_acaps_quick_survey_humanitarian_impact_of_Covid-19.pdf
- ^{xxxiii} Known as 'Protection of Civilian' sites; For additional information on Covid-19 in South Sudan PoC sites see: UNHCR CCM Cluster (3 April) *COVID-19 - Key messages for POC sites*: <https://reliefweb.int/report/south-sudan/covid-19-key-messages-poc-sites>
- ^{xxxiv} Inter-Agency Standing Committee (IASC) (November 2007) *Guidelines On The Use of Foreign Military and Civil Defence Assets In Disaster Relief - "Oslo Guidelines"*: <https://interagencystandingcommittee.org/other/documents-public/guielines-use-foreign-military-and-civil-defence-assets-disaster-relief-oslo> See also for example IASC (14 July 2017) *UN Civil-Military Coordination, Discussion Paper on Humanitarian Interaction with National Militaries*: [IASC https://interagencystandingcommittee.org/revitalizing-principled-humanitarian-action/documents-public/un-civil-military-coordination](https://interagencystandingcommittee.org/revitalizing-principled-humanitarian-action/documents-public/un-civil-military-coordination)
- ^{xxxv} Norwegian Refugee Council (12 June 2018) *Principles under Pressure: the impact of counterterrorism measures and preventing/countering violent extremism on principled humanitarian action* <https://www.nrc.no/resources/reports/principles-under-pressure/>; International Peace Institute (19 December 2019) *Making Sanctions Smarter: Safeguarding Humanitarian Action* <https://www.ipinst.org/2019/12/making-sanctions-smarter-safeguarding-humanitarian-action>
- ^{xxxvi} UN OCHA (April 2020) *Global Humanitarian Response Plan Covid-19 United Nations Coordinated Appeal* (<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>) Of the 2.01 billion USD appeal, only 100 million USD is unearmarked for country-specific NGO response.