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Mini-feature
COVID-19 – early reflections

The four articles in this FMR mini-feature offer preliminary reflections on the COVID-19 pandemic. Two articles highlight the central role that refugee-led organisations are playing in responding to the consequences of the outbreak, and emphasise the pressing need for the international refugee system to recognise and support refugee-led organisations, during but also – critically – beyond the pandemic. Another two articles focus on the need for robust, timely data to inform authorities' responses to the pandemic, and explore how challenges in securing data during the pandemic are driving innovation.

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- **Counting urban refugees during COVID-19**
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- **Supporting evidence-driven responses to COVID-19**
  Domenico Tabasso (Joint Data Center on Forced Displacement)

This 12-page mini-feature is available online in English at **www.fmreview.org/issue64**.

The standalone A5-format PDF of the mini-feature is not available in print but you are welcome to print your own copy (use the 'booklet' setting on your printer). However, it has been published as part of FMR issue 64, which is available online and in print, free of charge. Two of the articles (by Alio *et al* and by Tabasso) are also available in the Arabic, Spanish and French editions of this issue. To request print copies of FMR 64, email fmr@qeh.ox.ac.uk.

UNHCR/Louise Donovan

Refugee-led responses in the fight against COVID-19: building lasting participatory models

Alexander Betts, Evan Easton-Calabria and Kate Pincock

The formal structures of humanitarian aid are struggling to respond to the consequences of COVID-19. The work of refugee-led organisations is now more relevant than ever, and they need to be far better supported – both now and in the longer term.

Some of the most devastating consequences of COVID-19 will be in the developing world. Among the most vulnerable are refugees, 85% of whom live in low and middle-income countries. Within refugee camps, self-isolation and social distancing measures are nearly impossible to implement, and people are anxious amid the spread of misinformation. Meanwhile, many international staff from NGOs and the UN have been pulled out of refugee camps. Other international humanitarian organisations have significantly reduced their capacity and funding is stretched to breaking point or has been diverted. And in many cities, where humanitarian assistance has always been weakest, refugees face exclusion from access to government services including food distribution.

Below the radar, and in parallel to formal humanitarian assistance, many refugees are working to fill these gaps. Refugee-led organisations have long played an important but neglected role in providing protection and assistance to other refugees – and host communities – in camps and cities around the world. It is evident that many are highly valued by their communities, and some operate on an impressive scale.[1] However, they rarely receive international funding or recognition as key operational partners from a humanitarian system that is still premised upon a strong separation between the provider and the 'beneficiary'. This is despite refugees consistently saying that they rely on community-level support as much, if not more so, than international aid. For instance, when we surveyed refugees in Uganda and Kenya on their primary source of social protection, over 90% said that in an emergency they would first turn to community-level support rather than larger NGOs or international organisations.

Refugee-led responses in Uganda

In Uganda, home to around 1.4 million refugees, refugee-led organisations have been making important contributions to help provide support in both camps and cities during the pandemic. In the Nakivale Settlement in the south-west of Uganda, employees of the Wakati Foundation – who ordinarily work on small-scale building projects – have been sewing and distributing colourful face masks. The Foundation has also been raising awareness among the community about COVID-19. Further north, in Arua, the Global Society Initiative for Peace and Democracy has been building an information campaign focusing on preventive measures relating to hygiene and sanitation in the refugee camps to help slow the spread of the virus.

Many of the most acute challenges, however, are actually in urban areas. Some refugees have reported being less afraid of the virus than of its secondary consequences: restricted access to food, medicine and basic services. In Kampala in April 2020, for example, many refugees faced severe food shortages because of the lockdown. The government announced on national television that non-nationals would not get food aid, excepting those in refugee camps. According to attendees, in its urban coordination meetings on COVID-19, UNHCR recognised that refugees in Kampala needed urgent support, yet a combination of practical and funding constraints meant it was struggling to meet food and medical needs.

Urban refugee-led organisations are also trying to fill gaps. For example, in

Kampala, Hope for Children and Women Victims of Violence, which ordinarily supports refugees through vocational training, psychosocial support and English lessons, has distributed food and soap to refugees and Ugandans in the Ndejje area of the city. Meanwhile, Young African Refugees for Integral Development (YARID) has distributed baskets of food to the most vulnerable in the community, identifying recipients through community networks.

The response by refugee-led organisations is of course not unique to Uganda. Refugee-led assistance and protection can be found in every contemporary displacement crisis, from Myanmar to Venezuela, encompassing activities as diverse as education, health, livelihoods, finance and housing. While many organisations lack capacity, they often have a comparative advantage in terms of community-level trust, social networks, and adaptability – all of which are crucial in the context of a pandemic.

Localisation: needed more than ever

The World Humanitarian Summit in 2016 resulted in a Grand Bargain agreement which placed a strong emphasis on the concept of 'localisation', which recognises and supports people affected by crisis as important first responders. However, a significant gap remains between the rhetoric and reality surrounding this agenda, especially when it comes to working with organisations run by refugees. For the most part, the few organisations that thrive have done so by bypassing the humanitarian system altogether and by raising funding through international networks instead.

UNHCR is willing to work with these refugee-led organisations, particularly in the context of the COVID-19 pandemic, but funding for working this way is virtually non-existent. Most donor governments impose significant accountability and compliance standards on grant recipients, which the majority of small-scale refugee-led groups are unable to meet. UN staff complain that refugee-led organisations can be challenging to work with, generally lack capacity, and are sometimes highly critical of the

UN and international NGOs. Meanwhile, national governments and national NGOs, especially those that hold privileged status as UN implementing partners, are often suspicious of refugee-led organisations.

In a pandemic, localisation absolutely cannot be a substitute for international donor funding and assistance, or for health-related expert knowledge and technical interventions. However, localisation and the more systematic engagement of crisis-affected communities and refugees themselves may have a crucial complementary role to play. In the context of COVID-19, refugee-led (and other community) organisations might play a number of roles in supporting humanitarian response:

Providing public information: One of the biggest issues in refugee camps is countering misinformation about the virus. Since the effectiveness of mass communication campaigns is likely to be affected by how socio-culturally embedded they are, working through community-level intermediaries will be crucial. There are already established networks within many refugee camps and communities. Where gaps exist, refugee-led organisations, especially those whose work intersects with health, might play a crucial 'bridging' role.

Deploying community health workers: In recent years, community health workers have been recognised as key actors in health delivery in developing countries, and they have increasingly been used in refugee settings. They can be rapidly trained and affordably equipped, and can play a range of roles from information sharing to tracking infections, as well as providing support in basic prevention, rehabilitation and health promotion.

Tracking and monitoring: In contexts in which social distancing measures are inhibited by dense and open housing, tracking the spread of infection is even more important. Many humanitarian organisations have already equipped displaced populations with mobile technology and apps capable of community-level reporting, on issues

YARID staff delivering food during the pandemic to vulnerable refugees in Kampala, Uganda.

from the functioning of boreholes to school attendance and birth registration, and communities could use these to play a key role in supporting virus tracking.

Supplementing capacity gaps: With many senior humanitarian staff absent from refugee camps and aid budgets under threat, many social services in camps may become stretched. Local staff and volunteers have an important role to play in finding ways to deliver essential services like education, food distribution and water and sanitation under social distancing measures.

Influencing social norms: In wealthier countries, governments are widely using behavioural economics to design interventions to shape social compliance with public health policies. They have access to big data and eminent social scientists to design responses adapted to the cultural context. This approach is not readily available in many humanitarian settings. In refugee camps, for instance, shaping social norms relies on building community-level trust – and working proactively with refugee-led organisations may be the best available option of doing so.

At a global level, refugees are coordinating their responses, and there are growing voices of support for responses 'by refugees for refugees' during the pandemic.[2] The starting point needs to be the building of a coalition of people willing to take this seriously – one that includes refugee-led organisations, donor governments, foundations, NGOs and academics. Its focus should be on mapping organisational capacity, building best practices, and piloting new delivery mechanisms to get resources into the hands of frontline providers. Donors may need to be willing to accept higher levels of risk and reduce compliance standards. Most government donors worry about accountability to their own electorates, and this has been a particular issue in Uganda. Private money and pooled funds may be necessary to mitigate risk while piloting new funding mechanisms.

Historically, there has been a glaring asymmetry of power at the heart of the international refugee system. The participation of refugees, let alone their organisations, has rarely been encouraged. In the current crisis, there are strong imperatives to change this as a matter of necessity, particularly as the world faces the likely

possibility of subsequent waves of infections that impede many normal humanitarian operations indefinitely. If new partnerships can emerge, the COVID-19 crisis may represent a unique moment of opportunity to build lasting models of participatory and inclusive humanitarian governance.[3]

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1. See Pincock K, Betts A and Easton-Calabria E (2020) *The Global Governed? Refugees as Providers of Protection and Assistance*, Cambridge: Cambridge University Press

2. See article by Alio, Alrihawi, Milner, Noor, Wazefadost and Zigashane in this issue. See also recordings of the recent RSC seminar series '#ByRefugees: strengthening refugee-led humanitarian response during the COVID-19 pandemic' bit.ly/RSC-ByRefugees

3. A version of this article first appeared in *The Conversation* on 28 April 2020
bit.ly/Betts-EastonCalabria-Pincock-Conversation-200428
See also 'The Localisation of Humanitarian Assistance as a Response to COVID-19', COVID-19 Watch, Kaldor Centre bit.ly/Betts-EastonCalabria-Pincock-Kaldor-localisation

By refugees, for refugees: refugee leadership during COVID-19, and beyond

Mustafa Alio, Shaza Alrihawi, James Milner, Anila Noor, Najeeba Wazefadost and Pascal Zigashane

The response to COVID-19 calls for meaningful and substantive refugee participation and leadership.

The speed with which COVID-19 has spread worldwide has been as extraordinary as the impact it has had on communities. This includes refugee communities, but in very particular ways. From those in remote and isolated camps, to those living in precarious conditions in urban settings, to all whose movement has been blocked by the closing of borders and increased State controls, scores of refugees have been significantly affected both by the arrival of the virus and by State policies implemented in response.

In April 2020 the Global Refugee-led Network (GRN) hosted a virtual international conference involving more than 100 refugee leaders. Participants shared how refugees have been excluded from health-care systems in hard-hit countries like Iran, how the shutdown of the economy in Uganda has made previously self-reliant refugees destitute and desperate, and how asylum seekers in Greece remain in cramped conditions ripe for the rapid spread of the virus.

Likewise, in Amman, Jordan, refugees previously reliant on access to the informal economy are no longer able to feed their families. Anxiety is high in remote refugee camps, like Kakuma in Kenya, and in urban contexts, like Dar es Salaam in Tanzania, due to a lack of information, basic sanitation or any capacity to respond to the pandemic.[1] And UNHCR has issued guidelines[2] in response to the particular challenges it expects will be faced by refugee women, older persons, survivors of gender-based violence, children, youth, persons with disabilities and LGBTI persons.

Clearly, there is a need for urgent action **for** refugees. But equally important is the need to recognise, support and amplify the action already being undertaken **by** refugees.

Providing support, filling gaps
Refugee leaders and refugee-led organisations have mobilised to provide support and essential information in response to the pandemic within their

regions. In countries around the world, refugees are providing information and training, food distribution, legal support, online mental health support, and transportation for those in need of medical care, and are filling critical gaps in basic services including in health, education and protection. Refugees are also mobilising to raise awareness of how their fellow refugees are being affected by both the virus and by State responses.

For example, in Lebanon, local refugee-led organisations like Basmeh & Zeitooneh and the Molham Volunteering Team are working to support tens of thousands of families in need through providing food baskets, hygiene kits and cash support to pay monthly rents. Elsewhere, the Asia Pacific Network of Refugees, one of the GRN's regional chapters, has showcased as part of its #Refugeesrise campaign the many refugees and asylum seekers serving as health-care providers on the frontline of the pandemic response. The campaign has included live online events featuring health-care providers answering questions in Farsi, Dari and other languages. And in Kenya's Dadaab refugee complex, whose first case was reported in May 2020, the refugee-led initiative Dadaab Films has expanded its programming to include public health information to help prevent the spread of COVID-19.

These localised responses, by refugees for refugees, are just some of the latest examples of how refugees are typically first responders to crises that affect their communities. These responses will need to be more fully appreciated and supported if we are to be able to effectively meet the critical challenges facing refugees during the COVID-19 pandemic, especially where international actors – UN agencies, international NGOs and governments – are constrained by regulations that require them to restrict their movements.

In fact, when the UN launched its Global Humanitarian Response Plan for COVID-19,[3] it noted that the response would emphasise "the importance of involving and supporting local organizations" especially as the crisis is "increasingly being characterized by limited mobility and access for international actors". Yet the US$6.7 billion requested from donors is being directed to the very multilateral actors that are constrained in their ability to respond. Yet again, refugee-led organisations, even those with the proven capacity to manage donor funds and mount effective responses, are not being included in a direct, meaningful and substantive way.

Honouring commitments to refugee participation

This marginalisation of refugee-led organisations comes just over a year after the Global Compact on Refugees (GCR) was affirmed by the UN General Assembly. Its stated purpose is to "provide a basis for predictable and equitable burden- and responsibility-sharing among all United Nations Member States, together with other relevant stakeholders… including… refugees themselves". In December 2019, at the first Global Refugee Forum, States, international organisations and a host of other actors re-affirmed the importance of meaningful refugee participation. Many took GRN's Refugee Participation Pledge.[4]

These commitments to refugee participation need to be honoured and implemented, now more than ever. It is not only the right thing to do – given normative commitments from the GCR, the Grand Bargain and the New York Declaration – but it is also a good thing to do. Many research projects have painted detailed pictures of the contributions refugees make to responding to the needs of their communities.[5] These valuable contributions complement the responses of international actors such as UNHCR, and their significance needs to be more fully reflected in research, policy and practice.

In **practice**, donors and humanitarian actors should collaborate closely and directly with refugee-led organisations in developing and implementing their responses to COVID-19. This should include direct funding to those refugee-led organisations that have the capacity to deliver and report on their impact.

Refugee-led organisations should also be included as part of the multilateral response to COVID-19, not only as implementers but as equal partners in planning.

In **policy**, refugee-led organisations need to be equal partners in discussions around how State responses to COVID-19 are affecting all communities, including refugees. They also need to be part of the planning for how the international community will continue to pursue global goals such as the Sustainable Development Goals, both during and after the pandemic. As detailed in GRN's Guidelines for Meaningful Refugee Participation,[6] this involvement in policy processes must be substantive rather than cosmetic, and have the capacity to affect outcomes.

Likewise, **research** on the impact of COVID-19 on refugees must include refugees in all stages of the research process, from design to data collection and analysis and the presentation of findings. The inclusion of refugees will lead to research that is better informed by the realities it seeks to explain and more likely to alleviate the suffering it studies.

These are important lessons not only for our response to COVID-19 but beyond. It remains to be seen if governments, international organisations, NGOs and other actors will emerge from the pandemic willing to recognise the role that refugee-led responses can play, or simply default to the old model of viewing refugees as the passive recipients of assistance. As the global refugee regime seeks to rebuild from this pandemic, it will be important to recognise how strong, meaningful and substantive refugee participation can help ensure that we build back better.[7]

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1. See reports from LERRN partners on local contexts in Jordan, Lebanon, Kenya and Tanzania
https://carleton.ca/lerrn/covid-19-updates-from-our-partners/

2. UNHCR (2020) 'Age, Gender and Diversity Considerations – COVID-19' www.refworld.org/docid/5e84a9dd4.html

3. UN (2020) *Global Humanitarian Response Plan*
bit.ly/UN-Global-Plan-COVID19-2020

4. www.globalrefugeeleidnetwork.org/pledge/

5. See for example
bit.ly/LERRN-Refugee-Participation-Kakuma-Nairobi;
bit.ly/RSC-Refugees-Social-Protection-Kenya-Uganda

6. Global Refugee-led Network (2019) *Meaningful Refugee Participation as Transformative Leadership: Guidelines for Concrete Action* bit.ly/GRN-Refugee-Participation-Guidelines-2019

7. A version of this article first appeared as 'By refugees, for refugees: Refugee leadership during COVID-19, and beyond' in the Kaldor Centre's COVID-19 Watch blog, 20 April 2020
bit.ly/Kaldor-Refugee-Leadership-200420

#ByRefugees – during COVID-19

In May–June 2020, the Refugee Studies Centre hosted a series of seminars on 'Strengthening refugee-led humanitarian response during the COVID-19 pandemic'. The panellists, which include practitioners, policy influencers, funders and community responders (and of which the majority are refugees), looked at how refugees are responding to the current crisis, reflected on how they can be supported by external actors, and considered the prospects for creating lasting forms of participatory humanitarian governance.

Series conveners: Shaza Al Rihawi, Anila Noor, Najeeba Wazefadost and Mustafa Alio (Global Refugee-led Network) with Alexander Betts and Andonis Marden (Refugee Studies Centre).

Recordings of all webinars available at
bit.ly/RSC__YouTube

Counting urban refugees during COVID-19

Florence Lozet and Evan Easton-Calabria

A case-study from Uganda demonstrates that authorities cannot provide the services and assistance that refugees need if they do not have good data on the refugee population. The COVID-19 pandemic highlights this issue while exacerbating the challenges facing urban refugees.

Like most countries around the world, Uganda has not been immune to COVID-19, and the situation in Arua Municipality highlights some of the most challenging lockdown issues affecting refugees. The district in which Arua Municipality is located hosts more than 250,000 South Sudanese refugees (of a total of more than one million across the country), with self-settled urban refugees making up an estimated 24%[1] of its total population. Despite these large figures, refugees are not included in the national census and there have been challenges in documenting them at the municipal level. This is true for secondary cities across Uganda (and even the capital Kampala has only estimates of the actual number of refugees in the city). This lack of data makes it very difficult for cities to adequately plan and provide for all their residents, and results in increasing pressure on public services including health and education. In times of emergency like this, it becomes even harder to understand the level of support needed and where those in need actually reside.

While there have only been 264 confirmed cases in the country (and very little testing), up to 19th May, the challenges of day-to-day survival are growing. In addition to closing places for public assembly (including schools), the government has banned public transport and non-food markets, and has closed shopping malls and non-food stores. One of the biggest challenges refugees are facing in lockdown is access to food. Usually, the poorest commute to the city to work, then go back to the settlements where their families reside and where they can get their food rations. Others depend on a monthly trip back to the settlement where they are registered in order to collect their food rations. However, because of the ban on vehicle journeys this is no longer possible and there is no way to travel to the settlements. Although residing in urban areas while remaining registered in camps is not technically permitted in Uganda, this is the reality for many refugees. The failure to collect data on urban refugees is side-stepping this reality, and putting refugees in difficult and risky situations.

Access to food has also been restricted as only recognised market vendors can now sell their products in Arua, meaning that informal businesses and street vendors have been forced to stop selling. This reduction in market vendors has led to an overall reduction in the food supply and has resulted in an inflation of food market prices with a subsequent impact on Arua's entire population. In addition it has devastated the livelihoods of many refugees and members of the host communities who usually survive from day to day through selling in the informal sector.

Mayor Kato of Arua Municipality has acknowledged this tension:

"We want to protect the population from COVID-19 but it seems at the same time that there are many restrictions on the market, causing hunger and panic among people."

While this situation is difficult for everyone, it is particularly challenging for refugees as the government does not offer them food rations (although at least in Kampala this stance appears to have changed due to international attention). Even if rations were available, however, it is unlikely that refugees would be eligible to receive them as they are not officially registered as living in Arua. One refugee said that, even in exceptional circumstances such as these:

"Since there is no data on how many refugees are in the city, there is no special consideration for the refugees in terms of food provision by the organisations."

No official back-up plan for urban refugee food distribution exists as the local authorities lack capacity as well as the data required to identify numbers and locations of refugees.

Gaps in urban refugee policy

This challenge is twinned with another. UNHCR and other international organisations rarely provide material assistance such as food or shelter in urban areas as, in most cases, urban assistance provision is not part of their mandate. In Arua, almost all international organisations are based in the municipality but operate solely in the camps. Urban refugees are expected to become self-reliant – yet it is unclear how this is meant to happen during a lockdown when freedom of movement and the informal street vending that most rely on are restricted. This leaves urban refugees caught between already stretched government support and humanitarian systems of support – and effectively eligible for neither.

In Arua, the World Food Programme (WFP) has agreed to change its policy and allow urban refugees to fill in forms so that friends or family in the settlements can collect their food rations for them. This change is crucial if WFP is to fulfil its commitment to reducing food insecurity, and other international organisations should consider similar changes in order to meet urban refugees' needs. It also reflects the reality of refugees' lives, which often are not centred solely on camps or cities but instead are more intertwined. Yet such institutional flexibility does not address the larger issue: that urban refugees are often unseen and unaccounted for.

This is an issue which COVID-19 – and responses to it – exacerbates rather than causes. If urban refugees were properly accounted for, the municipalities in which they reside could receive more resources from the central government to support their populations, including refugees. The amount of emergency support provided, such as food rations, could then reflect the actual number of those in need. Stronger health-care systems designed for the real number of inhabitants of municipalities, rather than just their citizens, could be created. And in turn the health and well-being of both urban refugees and Ugandans could be improved. The current pandemic highlights the need for the inclusion of urban refugees in censuses and government planning, and should be a wake-up call to international NGOs to address the extreme vulnerability of those urban refugees so often deemed 'self-reliant'.

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1. AGORA (2018) *Urban community assessment: Arua, Uganda – August 2018* bit.ly/AGORA-Arua-August2018

2. Cities Alliance is conducting two projects in Arua funded by the Swiss Agency for Development and Cooperation. One of these is a research project led by the Refugee Studies Centre on the role of local authorities in managing migration in Arua: bit.ly/RSC-uganda-ethiopia-cities

Supporting evidence-driven responses to COVID-19

Domenico Tabasso

The challenges of gathering data about displaced people and host communities are further complicated in the context of the COVID-19 pandemic. However, the need to assess the impact of the pandemic is also driving innovations in collection, methodology, analysis and the sharing of expertise.

In mid-May 2020, two cases of COVID-19 were reported in the Cox's Bazar refugee camp in Bangladesh. The news caused great concern because of the potentially devastating implications. Several features characterising the living conditions of forcibly displaced persons can facilitate a fast spread of the virus: the population density in refugee camps; limited access to health services; and existing levels of malnutrition, poor health and limited financial resources.

In the first four months of the COVID-19 pandemic the reported incidence of infection among displaced people was quite limited. However, a precise assessment of incidence of the disease in the context of displacement is constrained by the persistence of a long-known phenomenon: the paucity of reliable, publicly available data on the living conditions of displaced people, both within and outside camps.

Some of the defining characteristics of the disease have made the need for the collection and analysis of data on displaced people even more relevant. Several features of COVID-19 make it particularly hard to estimate its true spread across any studied population, even in developed economies. Symptoms are common to many other illnesses, a high percentage of infected individuals may not show any symptoms, and many of those who have died after contracting the virus already had severe underlying health conditions. This has led many experts to call for the strengthening of the collection and analysis of data in order to build more reliable and comparable systems for monitoring and forecasting infection. A study conducted by researchers from the London Business School[1] indicates how testing random samples of the population, recording their socio-demographic characteristics and inferring the characteristics most likely to predict whether or not an individual in the population as a whole is infected can be a valid approach to limiting the spread of the virus and ultimately reducing deaths.

Testing and resources

This strategy is certainly appealing but it relies on a very important precondition: the ability of national and local health authorities to conduct a sufficient number of tests, which cover a representative sample of the population. This condition is not easily met in many countries which are currently dealing with the largest numbers of displaced people.

Front-line health workers in UNHCR's newly opened Isolation and Treatment Centre, Cox's Bazar, Bangladesh, May 2020.

Estimating the number of tests that have been conducted in every country is of course very difficult, but the information available indicates that some of the countries which host large numbers of displaced people have conducted the lowest numbers of tests per

million people. Many of these are countries that have been crippled by conflicts and prolonged political instability and whose health-care systems are already severely underfunded. As an example, consider the case of South Sudan, which at the end of 2018 was home to more than two million displaced people, including almost 300,000 refugees. According to recent reports, in April 2020 the country's health system had available just four ventilators and 24 beds in intensive care units for a population of 11.7 million, more than half of whom lack access to primary health services.[2] As in other countries in the region, the COVID-19 crisis has worsened an already complex socio-economic situation where food insecurity, malnutrition and poverty are widespread. In under-resourced contexts like these, the direct and indirect costs of conducting the tests are such that the collection of health records and information on the incidence of COVID-19 among displaced people is simply not feasible. Moreover, the pandemic and the strategies for its limitation also have important consequences for the collection of individual and household-level data among those who have been displaced. For example, restrictions on travel and the need to reduce social contact have severely hindered the ability to gather data using traditional face-to-face interview methods.

To some extent, these hurdles exacerbate already existing difficulties. Those providing humanitarian assistance and those researching displacement are often working in the data-constrained contexts of emergencies. Accordingly, the need for evidence-based decisions has required the development of initiatives for the systematic collection, rigorous analysis and open publication of data. One such example is the recently created World Bank–UNHCR Joint Data Center on Forced Displacement (JDC), a collaboration between the two multilateral institutions which aims to improve the quality and quantity of microdata to support evidence-based policy decisions and response to global displacement crises.[3]

In addition to the knowledge and best practices that already exist, the JDC has invited researchers within its own network to outline their plans to analyse the impacts of COVID-19 on displaced people. The results show that the COVID-19 crisis has led to an additional and accelerated effort in implementing innovative research and data collection methods.

Adapting research methodologies

The responses collected by the JDC, as well as notes on methodologies released by other actors in this period, indicate that high-frequency phone surveys represent one method of data gathering that is becoming more common as a result of the difficulties in conducting interviews in person. Hence, several institutions, including the World Bank, have stepped up their efforts in this direction. After being anonymised and appropriately aggregated, mobile phone data can also be employed for tracking the mobility patterns of displaced people. The ability to measure mobility has gained in importance in the current circumstances given the need to evaluate the socio-economic integration of displaced people, and to compare it with pre-pandemic levels.

The widespread use of technologies in the gathering and analysis of data, as well as in the tracking and monitoring of movement, are also gaining momentum at a global level as a way of controlling and limiting the spread of COVID-19. This risks exacerbating the differences between the responses of developed countries (where access to new technologies is simple and affordable) and those of developing countries. Moreover, it poses some important questions regarding the way digital information is stored and handled. In this respect the humanitarian sector has plenty of experience to offer.[4] UNHCR and other humanitarian actors, who have developed practices and guidelines for dealing with highly sensitive data, can bring useful insights to this debate, which is of interest to governments and institutions around the world, not just those in countries hosting displaced people.

Modern technologies are also being employed in other exercises to assess the response of humanitarian programming to

the threat posed by COVID-19. New online-based communities are emerging for sharing data, information and best practices among practitioners and humanitarian actors. One such example is the COVID-19 Humanitarian Platform,[5] which aims to facilitate knowledge exchange relating to field experiences during the pandemic. These collaborative efforts can help overcome some of the limitations of data gathering being reliant on a widespread use of internet and mobile technologies, which otherwise risks systematically excluding the poorest and the most isolated communities from relevant surveys and, ultimately, from access to financial and material resources.

Evaluating additional effects

In many instances, it is not only data collection methods but also the research questions that are undergoing adaptation. If data are appropriately collected, the shock caused by the pandemic can offer researchers the possibility of evaluating how both the disease and the preventive strategies can exert different effects on the socio-demographic characteristics of displaced people and host communities. The virus has hit in different ways communities that share many common features; similarly, containment strategies have been implemented following different protocols and strategies. These differences will influence the lives of the affected individuals, for example in terms of their employment or educational opportunities. A comparison of life trajectories based on detailed data can allow the effects of the pandemic on these variables to be isolated from effects that can instead be attributed to other factors. Moreover, research efforts are also being devoted to the assessment of changes in attitudes towards displaced people during this period of social and economic insecurity. As the pandemic is leading to a severe economic crisis, this may foster xenophobic acts or discrimination against displaced persons. A quantification of these effects can prove extremely useful for the development of policies to prevent the spread of these attitudes throughout future crises.

As the virus began to spread, international organisations launched their appeals for funds to protect the most vulnerable people around the world. For example, UNHCR increased its appeal for funds from US$255 million to $745 million. At a time when governments around the globe face unprecedented economic uncertainty, there needs to be additional care in the way that resources are managed and allocated. Thus, the availability of up-to-date data is crucial in informing these resource management decisions, as well as the policy decisions taken by local and national governments.

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The opinions expressed in this article are those of the author only and do not necessarily reflect the views of the JDC or its founding institutions.

1. Surico P and Galeotti A (2020) 'The economics of a pandemic: the case of Covid-19' bit.ly/Surico-Galeotti-COVID-19

2. International Rescue Committee (2020) *COVID-19 in humanitarian crises: a double emergency*, bit.ly/IRC-COVID-19-Humanitarian-Crisis

3. Among its activities, the JDC is currently organising its second annual conference on forced displacement. The call for papers is available at bit.ly/JDC-2nd-conference

4. Zwitter A and Gstrein O J (2020) 'Big data, privacy and COVID-19 – learning from humanitarian expertise in data protection', *Journal of International Humanitarian Action* 5(4) bit.ly/Zwitter-Gstrein-COVID19-Big-Data-2020

5. www.covid19humanitarian.com

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