




Welcome the stranger.  
Protect the refugee.

# Assessment of Emergency and Protection Needs

COVID-19 Situation

May 2020

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## ACRONYMS

**EI** - Economic Inclusion

**GBV** - Gender-Based Violence

**MHPSS** - Mental Health and Psychosocial Support

**RNA** - Rapid Needs Assessment

**WASH** - Water, Sanitation, and Hygiene

## SUMMARY

In April and May 2020, HIAS conducted a rapid needs assessment (RNA) across HIAS program locations in Latin America and the Caribbean, Sub-Saharan Africa, and Europe and the Mediterranean to collect information on the immediate and changing needs of displaced people around the world during this time of crisis.<sup>1</sup> The information collected shows how the COVID-19 crisis has caused a global decrease in ability to meet basic needs, posed threats to legal protection, impacted mental health and resilience, and increased both the risks and incidence of GBV. While many of these needs pre-date the COVID-19 situation, the current crisis has further compounded needs in the following broad categories:

- Safe, flexible options for meeting basic needs (including food, shelter, health care, and WASH), and clear, accessible information on where to go for support.
- Economic inclusion support that mitigates the protection risks posed by widespread loss of employment, employment security, and overall household income.
- Legal protection programming that both secures legal status and ensures effective access to rights.
- MHPSS interventions that address acute and increased distress levels, support continued community connection through various platforms, address stress and isolation due to the COVID-19 situation, and increase basic psychosocial skills such as healthy coping mechanisms.
- GBV prevention and response programming that reduces risks for women and girls during physical lockdown, strengthens women's self-reliance, and protects children and adolescent girls from sexual violence.

HIAS is using the assessment findings to better meet these identified needs, pivoting and designing programming accordingly. These findings also directly inform HIAS' evidence-based advocacy work.

## METHODOLOGY

For each country covered in the assessment, HIAS implemented a multi-source methodology that combines information from desk reviews conducted by HIAS' country teams with direct survey responses from people accessing HIAS services across all program locations. Over 750 people provided direct responses, which were disaggregated by age, gender, location, and vulnerability. Assessment teams worked to ensure that assessment responses represented the diversity of viewpoints and experiences within each community that HIAS serves, including women and girls at risk, elderly people, people experiencing extreme poverty, people living with disabilities, and LGBTQ populations. While HIAS programming actively reaches out to and serves people of all ages, the majority of assessment respondents (88%) were adults aged 18-59. In many locations, this reflects how the COVID-19 crisis has impacted communication with displaced communities, as adults of working age are most likely to have access to communication technologies. Despite the impacts of the COVID-19 crisis, HIAS specifically ensured that the voices of women and girls were represented across all contexts, and about 66% of respondents identified as female, 33% identified as male, and 1% identified as another gender. In all areas, the assessment methodology aligned with HIAS' commitment to putting displaced people and vulnerable host communities at the center of emergency response and programming.

<sup>1</sup> Locations contributing information to the rapid needs assessment include HIAS offices in Aruba, Chad, Colombia, Costa Rica, Ecuador, Greece, Guyana, Israel, Kenya, Mexico, Panama, Peru, and Venezuela.

## BASIC NEEDS AND ECONOMIC INCLUSION

Across all HIAS locations, displaced people and vulnerable host communities reported that their ability to meet basic needs has decreased due to the COVID-19 situation, with **over 70% of people reporting that they can no longer meet their basic needs for food** (compared to about 15% before the COVID-19 situation).<sup>2</sup> Similarly, **over 60% of people are no longer able to meet their basic needs for shelter**, and many face housing insecurity and eviction. **Over 60% are no longer able to access basic WASH resources**, especially hygiene products and protective equipment. In some contexts, particularly in camp and shelter settings, even access to essential supplies, such as soap and clean water, is extremely limited. Although the majority of countries in which HIAS works provide COVID-19-related health care to refugees and asylum seekers, **over 75% of people report that they are no longer able to access health services**, which highlights both the structural barriers to obtaining care and the challenges of obtaining care for non-emergency needs.

**Coping mechanisms.** People surveyed reported a variety of coping mechanisms, from relying on their neighbors and communities to selling household items to procure needed goods. While these coping mechanisms demonstrate resilience, most address urgent short-term needs and are not sustainable over the long term. Many have an adverse impact on displaced individuals' overall health and well-being. These include the following:

- **Access to food:** eating fewer times per day (often only once or twice), purchasing the cheapest food available, or seeking assistance from local organizations, municipalities, or NGOs.

- **Access to shelter:** delaying rent payments to landlords, sometimes entering into short-term informal understandings or credit arrangements; not paying utilities in order to pay rent
- **Access to WASH:** purchasing only the most basic cleaning supplies and/or going without cleaning supplies and protective items, and in some locations potable/running water entirely
- **Access to health care:** selling items in order to buy medicine, staying home rather than seeking care, using over-the-counter medicine.

**Income loss.** Across all locations, people reported widespread loss of income from both formal and informal employment. As many displaced people have limited access to formal employment and income due to their legal status and other policy and societal barriers, they are particularly vulnerable to the economic impacts of the COVID-19 situation. In some contexts, health care for non-COVID-19 conditions is provided through employer-sponsored coverage, limiting access for people who have lost their jobs, are not formally employed, or rely on an adaptable set of income-earning activities, such as street vending, casual jobs, or selling door-to-door. In addition to the financial impacts, this lack of formal employment poses additional physical and health-related protection risks, as people risk COVID-19 exposure in order to earn income.

“Because the market is closed, my daughter has not been able to run her small businesses to provide for our family needs. We are panicking.”

Displaced older woman living with disability, Chad

Even in communities where displaced people have been able to secure formal employment, most people report that they have lost employment income due to the COVID-19 situation, as employers either

<sup>2</sup> While the quantity and quality of food consumed may both vary and be interpreted differently across contexts, this question seeks to understand how basic access to food has changed since the COVID-19 situation began. Many people interviewed provided additional qualitative detail on changes in their specific consumption, including decreasing the frequency of meals to 1-2 times per day (depending on context) and/or purchasing the lowest-cost foods available.







terminate workers or place them on leave without pay. People who are self-employed, including entrepreneurs and business owners, report that they have experienced extreme financial setbacks. In the assessment, displaced people across all contexts and in all employment situations cited income loss as their most pressing problem, from which all other challenges, such as difficulty securing food or shelter, increased tensions within households and communities, and serious individual distress.

## LEGAL PROTECTION

The rapid needs assessment highlighted the connection between legal protection, including both legal status and effective access to rights, and ability to meet the basic needs above. Across all locations, the following trends emerged:

**Barriers in access to services.** The COVID-19 crisis both highlights and increases the barriers faced by displaced communities. In many contexts, both general government services and COVID-19 response services are limited to individuals with a specific legal status only. “Hidden” structural and cultural barriers, such as discrimination in service distribution or lack of access to the benefits that come with formal employment, also limit displaced people’s access to services.

- **Health care:** Although governments are offering COVID-19 care to all individuals regardless of status, in many contexts, displaced people cannot access non-COVID-19 health care, where this is restricted for those who have a specific legal status. Even when displaced people have status, they often do not have the required resources (e.g., money for upfront payments for care are required) and/or health insurance (e.g., employer-sponsored coverage) to effectively access care. As the COVID-19 situation places additional

stress on caregivers, who are disproportionately female, women reported increased concerns over obtaining health care for both themselves and their children. Both men and women across contexts recognized the exceptional burden of COVID-19 on single mothers, especially those with infants and very young children.

- **Food and income support:** In contexts where government assistance is available, notably Latin America and the Caribbean, both host communities and displaced communities generally have legal access to government-provided support addressing the COVID-19 situation. However, people surveyed in some contexts report that displaced communities do not always have effective access: food support distributions may not actually occur in their neighborhoods due to discrimination, or people may not feel safe seeking assistance from local organizations or government out of fear that they will be identified and deported.

### Asylum system delays and border closures affecting access to territory.

All locations are experiencing asylum system delays affecting both the registration of new cases and the processing of active cases. Both displaced people surveyed and HIAS staff providing services noted this in Greece, Mexico, Israel, Kenya, and Costa Rica specifically, although this is occurring across all HIAS locations. In contexts where individuals must be registered as refugees or asylum seekers in order to receive basic needs support from both governments and NGOs, this creates life-threatening situations for people who have not been

“Psychologically we are destroyed. Our only hope was to have our [asylum] interview and with the coronavirus everything stopped. We are doomed to stay in this island for a long time and no one wants that.”

Displaced man seeking asylum, Lesbos, Greece

able to register. Across all contexts, not knowing what will happen with the asylum process forces people to choose whether to remain in country or attempt return, when they have the physical freedom of movement to do so. For asylum seekers who cannot physically attempt return and already endure extreme hardship in insecure camp or shelter conditions while navigating the asylum system backlog, especially in Greece's Moria camp, this creates profound distress.

**Return to countries of origin.** Lack of legal protection and the corresponding effective access to rights and services has driven many displaced people to consider and/or attempt returning to their countries of origin, even when this involves abandoning their asylum cases and taking on extreme physical risk. Within Latin America and the Caribbean, the majority of people surveyed had heard of or knew someone attempting to return to Venezuela.<sup>3</sup>

“ Yes, people are leaving [to return to Venezuela]. They say that if they are going to starve, they will die at home. ”

Displaced woman and survivor of violence, Colombia

On the US-Mexico border, multiple people surveyed said that people in their community have attempted to cross back over Mexico's southern border (currently closed), reportedly by swimming the Suchiate River. Throughout the Latin America and Caribbean region, border crossings through irregular entry points have increased, which increases protection risks for people attempting to cross.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Key mental health and psychosocial support (MHPSS) trends among people surveyed included stress and concern over lack of income and inability

to meet basic needs (amid generalized concern over the COVID-19 situation), as well as the impacts of physical lockdown and quarantine measures on support systems and mental health.

**Support systems.** Almost all individuals who reported having support shared that their support systems for meeting both physical and emotional needs rely on proximity, community, and personal relationships. While both men and women report that they rely on community and family support, women more frequently mention both receiving support from and providing support to relatives outside their immediate household. In some locations, such as Costa Rica, displaced people report receiving support from host communities as well. However, in many other contexts, the COVID-19 crisis has created further disconnect and tension between displaced and host communities, including the escalation of violence in some communities in Chad that are experiencing COVID-19-related hardships and seasonal restrictions on movement.

Restrictions on communal and public life separate even closely-linked community members from each other. Although communities may serve as coping mechanisms for meeting basic needs for many, elderly people, people living with disabilities, and people who have experienced distrust or disconnection from the community (e.g., LBGTQ) more consistently report feeling isolation rather than connection to communities. At a time when the directive to stay at home echoes the social and cultural messaging that many women receive, the physical effects of lockdown are specifically isolating for women, especially single mothers and women currently separated from families in their countries of origin. People also report feeling disconnected from traditional support systems, such as religious and school communities, that usually provide in-person social interaction and support.

<sup>3</sup> Within the LAC region, the exception to this is Aruba and Guyana, where physical return is more difficult. Still, many people surveyed there said that they knew people who wanted to return to Venezuela but were not able to do so.

Displaced people feel that lockdown has dramatically changed how they live in community, in some cases bringing changes in social behavior, decreased community cohesion, and distrust of outsiders.

“ People are very stressed now because of the situation, because we have no job options... We find ourselves hopeless and sad, even the children themselves because they cannot go out to play. We don't know what will happen and when this will end. We feel very stressed. ”

Displaced single mother, Colombia

**Mental health impacts of lockdown and increase in serious distress.** Most people surveyed focused on the specific impacts of the crisis for displaced people, citing stress, worry, and fear around loss of income. Both men and women expressed frustration and stress over not being able to work, which can affect whole families. Not knowing when the crisis will end and/or when income streams will resume is linked to reported feelings of hopelessness, anguish, desperation, and uncertainty around the future.

In addition to frustration over not being able to earn income, many people shared that restrictions on public life and physical lockdown and/or quarantine measures increased their feelings of sadness, restriction (feeling “stifled”), and worry. Some people report physical manifestations of stress, such as loss of appetite and/or weight loss, insomnia, extreme exhaustion, and other physical reactions.

“ My family and I have been very distressed and very sad. I feel like my strength to cope with this situation is running out, as it's hard to get through being shut in at home without having what it takes to live. ”

Displaced single mother, Ecuador

Parents and caregivers, primarily women caring for children and grandchildren, express specific stress and concern over how they will continue to provide care under these conditions, both regarding ability to meet their children's basic needs for food, safe shelter, and education, and also regarding quality of life and living conditions (being able to go outside, keeping children entertained).

## GENDER-BASED VIOLENCE

The rapid needs assessment overwhelmingly indicated that the risk of gender-based violence (GBV) has increased across all locations due to both the physical and psychological effects of the COVID-19 crisis. Perceptions of this risk are gendered, with many men surveyed acknowledging the risk or occurrence of GBV in general, but not locating this risk in their immediate networks or communities. By contrast, many more women are willing to discuss the risk of GBV openly, although in many contexts do not feel safe acknowledging its direct impacts.

“ Due to the machismo that is evident on a daily basis, violence is likely to increase in this emergency situation, with the lockdown and the stress. I've seen couples passing by who are fighting, even with their mouths covered. You cannot even imagine what happens inside the home. ”

Displaced woman, Ecuador

Across all genders, LGBTQ-identifying individuals report that they do not feel safe either within households or in public spaces, citing verbal harassment, physical violence, and increased persecution by police. Risk factors for GBV across all locations include:



**Proximity to perpetrators of violence during lockdown.** Many women surveyed highlighted the connection between restrictions on public life and/or implementation of home quarantine and increased risk of GBV within households. Women specifically noted that men who do not have coping skills to deal with their own feelings of stress, frustration, and fear around the impacts of the COVID-19 crisis (most often, loss of income and inability to meet basic needs) are resorting to violence at home. Some men recognize this risk within their communities as well.

The COVID-19 crisis has also disrupted women's access to support networks, as women cannot as easily access nearby friends, family, and neighbors, and in many cases are separated from their families or home communities in countries of origin, who cannot provide physical help and may not be even remotely reachable for women who do not have access to reliable phone or internet connections. In camp and shelter settings, especially in Greece's Moria camp, there is little to no safe space for women and girls; both women and men widely report that even the minimal space set aside for women and girls only is itself not safe, and that women and girls must still navigate public spaces that present constant insecurity. LGBTQ-identified individuals without safe, supportive living situations, especially trans individuals, report that there is a heightened risk of violence from family members or community members who do not accept them.

**“I hardly have money to pay for the rent. I share an apartment with six men, which is unbearable but I have no choice as I can't afford to live on my own with my 4 year old girl.”**

Displaced single mother seeking asylum, Israel

**Loss of income.** Loss of income and the subsequent inability to meet basic needs equates to loss of autonomy for women and LGBTQ-identified individuals, who are at greater risk for experiencing GBV when they do not have or cannot control their own economic resources. Across all contexts, people surveyed shared that they are aware of women engaging in survival sex in order to meet basic needs during the COVID-19 crisis.

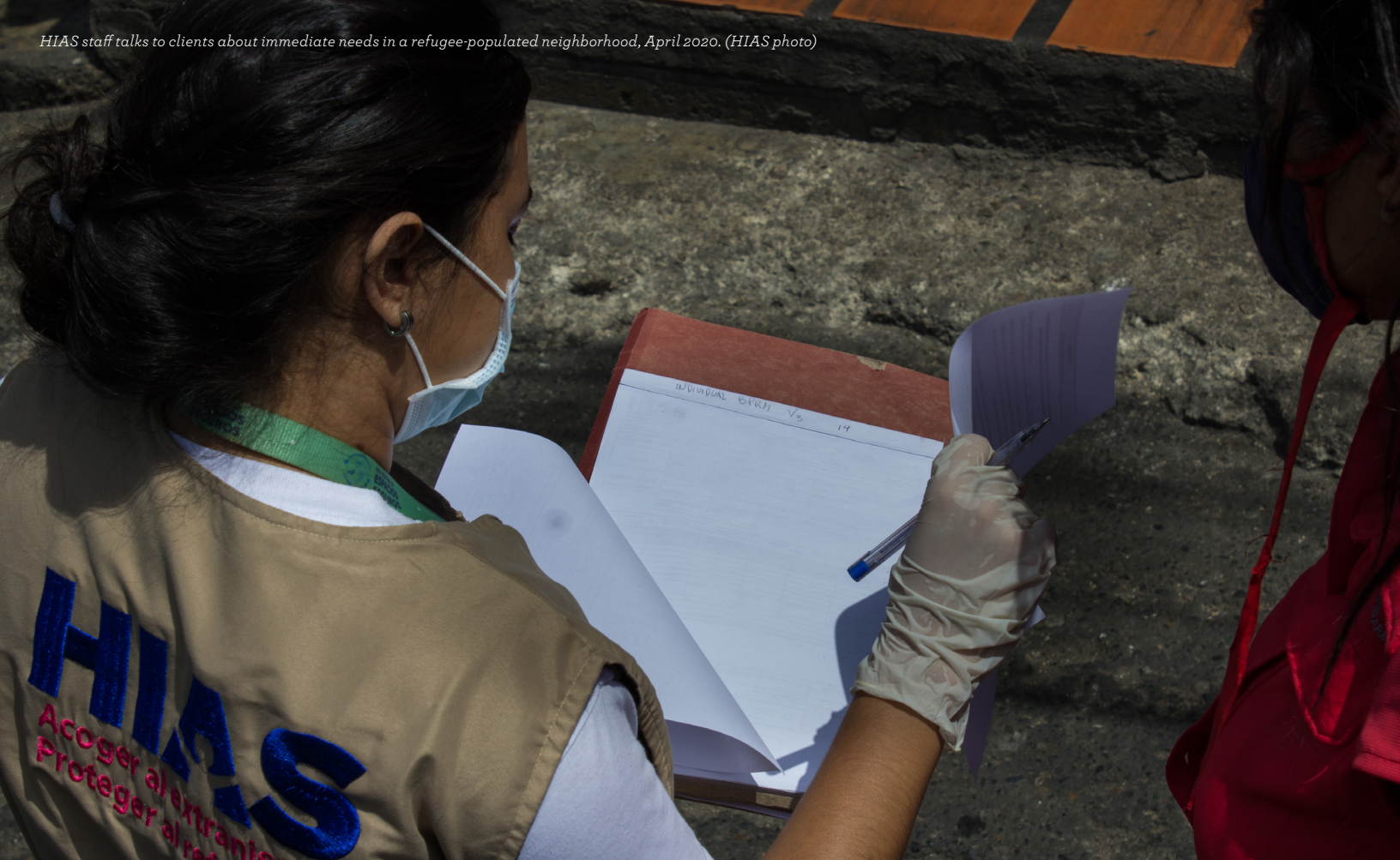
**“Being unemployed, husbands mistreat and humiliate women, and women put up with it for food and for their children.”**

Displaced woman and survivor of gender-based violence, Venezuela

In some cases, women report that their only options for affordable shelter put them in risky or exploitative housing situations. In others, women are forced to choose between financial insecurity and continuing to live with partners who are violent toward them. Some women who have separated from those partners have chosen to live in poverty, rather than continue to endure violence. Those who have left abusive partners, especially single mothers, lack financial and social safety nets, which is further compounded by the COVID-19 situation. LGBTQ-identified individuals who have lost livelihoods experience increased risk for eviction and exposure to unsafe housing situations, especially in Kenya, where LGBTQ individuals already face challenges with securing stable shelter due to discrimination. The COVID-19 crisis has increased the proportion of LGBTQ individuals living in severely overcrowded dwellings in order to pool money for rent.

**Increased risk in public spaces.** People surveyed highlighted the risk of violence against women and girls in public spaces, especially in spaces that are now empty or lack a reliable security presence. Women and girls say that risk in many previously







insecure spaces has increased, especially for unaccompanied women. These spaces include both camp settings—such as facilities in Moria camp in Lesbos, Greece—and urban areas already experiencing insecurity and violence before COVID-19. While some people (both men and women) suggested that increased policing or security presence in public spaces would make these spaces safer, women also noted that simply seeking help from security or police is in itself a risk. Especially in contexts where women from displaced communities are stigmatized, the act of reporting violence may expose women to further harassment and exploitation from police.

“ We are afraid to call [the police] because they make us feel like we have done something wrong. It feels too much like an interrogation. ”

Displaced single mother seeking asylum, Israel

Across all genders, LGBTQ-identified individuals report facing discrimination from communities; in some settings, including Colombia and Ecuador, non-gender conforming individuals reported that they had witnessed increased harassment and violence in public since the COVID-19 situation began.

“ The confinement in their houses puts them at risk of sexual violence... Not going to school leaves them at risk of family members who physically or psychologically mistreat them. ”

Displaced woman and caregiver for family member with disabilities, Ecuador

## IMPACT ON WOMEN AND GIRLS

In addition to the risks of GBV above, the COVID-19 situation has increased overall protection risks

for women and girls. While specific risks vary by context, trends in risk include the following:

- Both displaced and host community women feel additional pressure to continue family responsibilities; in many settings, women are primary caregivers. Women who are perceived as responsible for meeting all household needs as well as their own report experiencing much greater stress, relative to their partners.
- Women recognize, although most men surveyed do not, that adolescent girls and children are more vulnerable to physical and sexual abuse at home due to the COVID-19 situations. This also increases the pressure that women experience at home; some women surveyed shared the perception that they cannot get sick, since they must prevent partners from mistreating their children.
- For displaced women in Latin America and the Caribbean specifically, xenophobia from host communities often manifests as a perception that these women (typically Venezuelan) are promiscuous and therefore can be coerced into offering or selling sex. This results in the commercial sexual exploitation of displaced women.

## FURTHER STEPS

The findings from this rapid needs assessment directly inform HIAS’ response to the current emergency situation. HIAS continues to protect the safety, health, and rights of forcibly displaced people and vulnerable host communities from risks associated with the COVID-19 crisis, and HIAS will work on an ongoing basis to monitor their immediate and changing needs. HIAS will build on these findings to conduct any future assessments required throughout the stages of crisis response and recovery.





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