

REDUCING THE IMPACT OF THE COVID-19 PANDEMIC ON INTERNALLY DISPLACED PEOPLE (IDPS)



The International Red Cross and Red Crescent Movement (the Movement) has been actively working to meet the public health and humanitarian needs of the many communities around the world affected by the COVID-19 pandemic. While the pandemic is a global challenge, certain groups are particularly vulnerable to both the disease and its secondary impact. The Movement is committed to ensuring that they are not left out of public prevention and response activities.

Internally displaced people are among those likely to be particularly affected by the pandemic, owing to their circumstances. Pursuant to the 2019 Council of Delegates Resolution 7, “Strengthening implementation of the Movement Policy on Internal Displacement”,¹ all components of the Movement, in line with their respective mandates, will seek to ensure a holistic response to COVID-19 that considers the needs and vulnerabilities of internally displaced people:

- Internally displaced people are more at risk of contracting COVID-19 and are more susceptible to complications, owing to cramped living conditions in camps, camp-like settings and urban slums; poor nutritional and health status; limited access to sanitation, health care and reliable information; lack of support networks; and language barriers and other social and cultural obstacles.
- Many internally displaced people will be disproportionately affected by the economic repercussions of lockdown measures, given their already precarious circumstances and heavy dependence on casual labour and/or external support (from host communities, authorities and humanitarian organizations) to meet their basic needs. As such, they will be even more vulnerable to exploitation and abuse, including sexual violence.
- They may be stigmatized and deliberately targeted due to their contact with foreign aid workers (perceived as carriers of the virus) or because they have come from areas with high infection rates. In some cases, the authorities may use the COVID-19 emergency to introduce restrictions targeting internally displaced people, especially those already facing stigma on the basis of their ethnic, religious or political affiliation(s), arbitrarily limiting their rights. Such measures may also entail camps being turned into *de facto* detention centres.
- Internally displaced people may experience protracted displacement if plans for their voluntary return or resettlement are put on hold due to restrictions on movement and no support is provided for their temporary local integration. Restrictions on movement may undermine people’s ability to flee violence and find refuge elsewhere in their country or their right to seek asylum in other countries (e.g. blanket border closures and push-backs, in violation of the principle of *non-refoulement*).
- In some countries, COVID-19 may motivate the authorities to speed up processes that are viewed (or presented) as solutions (including camp closures and relocations) but are not truly voluntary, safe and dignified. Furthermore, some internally displaced people may be compelled to return home prematurely, having lost their livelihoods, or to move away from urban centres where the virus is more likely to spread.
- Restrictions on movement, delays in deliveries of goods (relief supplies and/or equipment), the suspension of livelihoods, food aid, cash programmes and vaccination campaigns owing to reduced access and funds, as well as concerns about the safety of staff working in camps may all hamper the ability of humanitarian organizations to help internally displaced people and respond to sudden and slow-onset emergencies, thereby creating the conditions for new or secondary displacements.

Considering the main challenges and risks facing internally displaced people in relation to COVID-19 and the relevant State obligations under international law as reflected in the United Nations Guiding Principles on Internal Displacement,² the following recommendations, aimed at authorities and other relevant stakeholders, will guide the policy and advocacy efforts of the components of the Movement:

¹ See 2019 Council of Delegates of the International Red Cross and Red Crescent Movement, Strengthening Implementation of the Movement Policy on Internal Displacement: Ten Years On, available at: https://rcrcconference.org/app/uploads/2019/12/CD19_R7-Adopted-IDP-resolution-FINAL-_clean.pdf [accessed on 27 April 2020].

² See UN Guiding Principles on Internal Displacement, 1998, available at: <https://www.unocha.org/sites/dms/Documents/GuidingPrinciplesDispl.pdf> [accessed on 22 April 2020].

1. INTERNALLY DISPLACED PEOPLE SHOULD BE INCLUDED IN NATIONAL AND LOCAL PREPAREDNESS AND RESPONSE STRATEGIES AND PLANS RELATING TO THE COVID-19 PANDEMIC.

Internally displaced people are typically citizens or habitual residents of the State concerned and should therefore enjoy the same rights and freedoms, without discrimination, as anyone else in that country. They must be able to benefit from all measures taken by the authorities to address the risk of infection and mitigate any secondary impact. Authorities must ensure that internally displaced people have access to public health information in a relevant local language and a format that is easy to access, including for children and people with disabilities, and that they are covered by prevention and control measures. Authorities must adopt the necessary legal, policy and/or ad hoc measures to remove any barriers preventing internally displaced people from accessing health care and make sure that they have equal access to life-saving testing and treatment. Ensuring the participation of internally displaced people and host communities in decision-making and implementation processes is also key to the success of any national and local response measures.

Internally displaced people are not a homogenous group and their specific needs, vulnerabilities, capacities and coping mechanisms may differ depending on their gender, age, physical and mental health and personal circumstances. Therefore, wherever possible, an analysis taking into account age, gender and diversity should be carried out in order to provide an inclusive response to benefit the entire community. Special emphasis should be placed on protecting the health and safety of internally displaced people living in camps and collective sites (formal and informal) who are particularly exposed to outbreaks, including by adopting appropriate practical measures such as the use of masks and hand sanitizer, additional medical check-ups and distancing. The specific needs of internally displaced people who are older or have underlying health conditions or disabilities must also be addressed.

The Red Cross/Red Crescent National Societies, as auxiliaries to the authorities in the humanitarian field, can make a significant contribution to these efforts and should be involved in the planning, implementation and monitoring processes (provided that the necessary protective measures are available).

2. AUTHORITIES SHOULD STEP UP EFFORTS TO REDUCE, WHERE NECESSARY AND FEASIBLE, CROWDING IN SHELTERS FOR INTERNALLY DISPLACED PEOPLE, TAKING INTO ACCOUNT RELEVANT OBLIGATIONS UNDER INTERNATIONAL LAW, WITH THE AIM OF PROTECTING PUBLIC HEALTH AND THE SAFETY AND WELL-BEING OF INDIVIDUALS.

Authorities may need to implement measures to reduce overcrowding in camps and camp-like settings and, wherever possible, re-adjust site planning, to decrease the risk of infection and community transmission, taking into account broader public health considerations. Should authorities decide that relocating part of the camp population is a necessary and feasible decongestion measure, the people moved from the camps should be provided with safe alternative accommodation and dignified living conditions, in terms of nutrition, health and hygiene. Whenever possible, authorities should only use educational facilities as shelters as a last resort and should identify alternative options. Additionally, they should make every effort to ensure that families are able to stay together, in order to avoid family separation and to prevent people losing contact with relatives or going missing. Should families become separated, measures must be taken to reunite them wherever possible and without delay, in line with public health and national regulations.

Should authorities seek to speed up pre-existing plans to close some sites, they must provide practical alternatives for internally displaced people who cannot or do not wish to return home, by supporting their local integration or resettlement as a temporary or durable solution. Camp closures should never be considered a solution to displacement and should only be implemented as part of a broader strategy aimed at ensuring that internally displaced people are offered solutions that are voluntary, safe, dignified and durable.



Authorities should also avoid establishing new camps in cases where the necessary COVID-19 prevention measures cannot be effectively implemented. Whenever possible, they should provide suitable alternative accommodation to newly displaced people.

Authorities should ensure the participation of internally displaced people and host communities in the planning and implementation of the above-mentioned measures.

3. COVID-19-RELATED RESTRICTIONS ON MOVEMENT MUST NOT DISCRIMINATE AGAINST INTERNALLY DISPLACED PEOPLE.

Any restrictive measures (such as lockdowns, quarantine, isolation and travel restrictions) to prevent the spread of coronavirus adopted during a state of emergency or under other circumstances, including restrictions on the freedom of movement of internally displaced people living in camps and camp-like settings, must comply with the provisions of international law. They must be lawful, necessary and proportionate to the objective of protecting public health, as well as non-discriminatory.

Authorities should take into account the potential negative impact of restrictive measures on the living conditions of internally displaced people, including on their right to adequate access to food, water and essential medical services, as well as on the ability of families to keep in touch, and should take steps, wherever possible, to mitigate that impact.

Armed conflict and violence have not ceased because of the COVID-19 pandemic. People facing immediate danger or hardship should be able to move to safety; if necessary, they should be able to use displacement as a coping mechanism. For those unable to find protection in their own country, the right to seek asylum must be upheld and compliance ensured with the principle of *non-refoulement*.

4. AUTHORITIES MUST TAKE ALL POSSIBLE MEASURES TO PREVENT AND/OR END VIOLENCE AGAINST INTERNALLY DISPLACED PEOPLE IN RELATION TO THE COVID-19 PANDEMIC.

As part of their responsibility to protect internally displaced people under their jurisdiction, States need to, *inter alia*, enhance efforts to monitor and counter negative perceptions and narratives stigmatizing internally displaced people as carriers of the virus, and to ensure that official government information on the pandemic is free of bias and does not promote such narratives.

5. HUMANITARIAN ASSISTANCE MUST CONTINUE TO REACH INTERNALLY DISPLACED PEOPLE AND OTHER PEOPLE IN NEED.

Authorities are primarily responsible for assisting internally displaced people within their jurisdiction, without discrimination. Many internally displaced people living in camps depend on humanitarian aid for survival. Those living outside camps mostly depend on informal livelihood opportunities and support from host communities, both of which may be affected by COVID-19 containment measures and their economic repercussions. Where containment measures are imposed, authorities must organize and/or facilitate alternative methods of delivering aid and providing services to internally displaced people and host communities that protect the health of internally displaced people and humanitarian workers, taking into account the specific needs of older people, people with disabilities, children and other vulnerable groups. In camps and camp-like settings, the provision of aid should be organized in line with appropriate measures for physical distancing, infection prevention and control and crowd management, to prevent too many people gathering in one place at the same time.³

Humanitarian exemptions to restrictive measures should be retained, including access to life-saving or otherwise critical care, and to family reunification for people who are highly dependent on others and require help with everyday tasks.⁴

Medical personnel, supplies and personal protective equipment need to reach areas hosting internally displaced people (whether in camps or in urban and rural settings). Hygiene measures and other water and sanitation interventions should be prioritized, appropriate supplies should be distributed and preventive measures implemented. To help internally displaced people affected by the economic repercussions of lockdown measures, action is urgently needed to protect and restore livelihoods, facilitate the use of cash whenever feasible, and ensure food security.

6. INVESTMENT IN DISASTER RISK REDUCTION, CLIMATE CHANGE ADAPTATION AND DISASTER PREPAREDNESS MUST CONTINUE, IN ORDER TO PREVENT SOME OF THE CIRCUMSTANCES THAT LEAD TO INTERNAL DISPLACEMENT AND TO REDUCE THE IMPACT OF HAZARDS ON DISPLACED COMMUNITIES.

Many seasonal hazards can be anticipated, based on historical patterns or hazard maps and assessments. Measures can therefore be taken to help communities to prepare for potential displacement using a COVID-19 “lens” (such as site selection with adequate space for physical distancing, advocacy to promote acceptance by the host community and pre-positioning of supplies). Before the next crisis hits, authorities, humanitarian organizations and donors should continue to focus on scaling up prevention and building local preparedness capacities, in line with established approaches (such as disaster risk reduction and climate change adaptation) and existing plans.

The use of advanced funds to establish stocks at the country level and to pre-position food and other relief items in order to address food security issues before the supply chain is affected by COVID-19 measures, can help to mitigate some of the potential triggers for displacement.

7. EFFORTS SHOULD BE MADE TO ENHANCE COMMUNICATION AND THE EXCHANGE OF INFORMATION WITH INTERNALLY DISPLACED PEOPLE.

Measures should be taken to strengthen communication with and support for networks for internally displaced people to ensure the sharing of relevant information and the participation of internally displaced people in the design, implementation and monitoring of response activities.




National Societies can contribute by setting up Red Cross and Red Crescent Humanitarian Service Points on sites and in settlements for internally displaced people and in key locations receiving newly displaced people, in order to provide risk information and essential services (including health checks and the distribution of hygiene items and educational materials).

³ See IASC, Interim Guidance: Scaling-up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings, March 2020, available at: <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp> [accessed on 29 April 2020].

⁴ See ICRC, COVID-19 and international humanitarian law, March 2020, available at: <https://www.icrc.org/en/document/covid-19-how-ihl-provides-crucial-safeguards-during-pandemics> [accessed on 14 April 2020].

The ICRC helps people around the world affected by armed conflict and other violence, doing everything it can to protect their lives and dignity and to relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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