

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 Ndeje 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/Patrick Makombe

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

Alexander Betts alexander.betts@qeh.ox.ac.uk
Leopold Muller Professor of Forced Migration and International Affairs

Evan Easton-Calabria
evan.easton-calabria@qeh.ox.ac.uk
Senior Research Officer Refugee Studies Centre,
University of Oxford www.rsc.ox.ac.uk

Kate Pincock katepincock@gmail.com
Researcher, Gender and Adolescence: Global Evidence (GAGE), ODI www.gage.odi.org

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

