World Vision

# HIGH RISK – LOW PRIORITY

## Why unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children

# ACKNOWLEDGMENTS

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Cover photo: © World Vision / Chris Huber
Reymar, 12, her brother, Luismeiquer, 3, and sister Rassel, 10, stand together at an outdoor community football court where dozens of Venezuelan refugee families have settled.



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# SUMMARY

# ACRONYMS

DRC – Democratic Republic of the Congo

FDP – forcibly displaced people

IDP – internally displaced person

NDVP – national deployment and vaccination plans

OCHA – United Nations Office for the Coordination of Humanitarian Affairs

SAGE – Strategic Advisory Group of Experts on Immunisation

SDG – Sustainable Development Goals

UN – United Nations

UNICEF – United Nations Children's Emergency Fund

UK – United Kingdom

WHO – World Health Organization

Azraq Refugee Camp, Jordan. The camp, which was opened in April 2014, currently hosts over 36,000 Syrian refugees. © World Vision

# EXECUTIVE SUMMARY

The COVID-19 crisis has affected everyone, but people living on the world's margins, including the forcibly displaced who face some of the highest risks but remain the lowest priority in national and global responses to the pandemic. Yet, vaccine justice is not only essential to protect the most at risk but it is also critical to prevent even more catastrophic impact globally. The pandemic will not end anywhere until it ends everywhere.

The COVID-19 vaccine race has exposed an ever-growing health gap between the world's 'haves' and 'have nots'. The vast majority of vaccine doses have been purchased by high income countries, which are vaccinating their populations 25 times faster than nations with the lowest incomes. COVID-19 is now surging in countries that have insufficient resources to contain the virus and protect their own populations. These countries also host some of the highest numbers of the world's forcibly displaced people (FDP) who, despite being at high risk of infection and transmission are being left out of the vaccination campaigns which host countries are able to muster.

As a crisis multiplier, COVID-19 continues to exploit and deepen inequalities, disproportionately putting more lives in jeopardy in the world's toughest places. Devastating aftershocks pose immense, additional threats to physical and mental health, safety, food security, and education.

The forcibly displaced, especially children, are some of the most affected by the pandemic's indirect impacts, and will have the greatest difficulty recovering from the pandemic. FDP's access to the vaccine is therefore paramount in preventing the immediate and long-term aftershocks of COVID-19 on children, who are experiencing multiple levels of deprivations, with their health, nutrition, protection, and education increasingly affected by the impact of COVID-19 on their parents and caregivers.

**Bangladesh has postponed COVID-19 vaccinations for nearly 1 million Rohingya refugees living in the world's largest refugee camp, the only group in the country that has not yet had access to the vaccine.**

## Global commitments on COVAX are falling short and humanitarian responses are being deprioritised:

- Despite more than 190 countries committing to COVAX, an initiative which aims to deliver 2 billion vaccine doses for at least 20% of the world's most vulnerable and high risk-groups by the end of 2021, deliveries are both underfunded and delayed.
- The 2021 Global Humanitarian Response Plan calls for US$35.1 billion to support 160 million people most in need across 56 countries, but as of May 2021, the plan is only 16% funded.

## The forcibly displaced face the highest risks from COVID-19, but are the lowest priority for vaccine access:

- There is a growing vaccine gap. Eighty-four per cent of all available vaccine doses have been administered in high income countries, compared to as little as 0.3% administered in the least wealthy countries,[1] like the Democratic Republic of Congo (DRC) and Uganda, which host large numbers of FDP.
- Low-income countries, which host nearly half (47%) or over 40 million of the world's forcibly

displaced, are the least equipped to protect the most vulnerable from COVID-19. They have only been able to purchase just 3% of global vaccine doses.

- Millions of FDP have no means to protect themselves. Forty per cent of 152 host countries' vaccination plans do not include, or are unclear about, the inclusion of refugees and asylum seekers that live within their borders. Thirty per cent of these plans do not include, or are not clear about, the inclusion of IDPs.[2]

World Vision's new survey of 339 refugee and IDP households (representing 1,914 people) in Brazil, Colombia, the DRC, Jordan, Peru, Turkey, Uganda, and Venezuela validates existing evidence, revealing the tremendous impact of the pandemic on refugee and IDP communities, as well as the ongoing challenges and implications of their very limited access to COVID-19 vaccines and health services.

## World Vision survey of refugees and other people forced from home:

- Only one person out of the 1,914 refugees and IDPs represented in the 339 household interviews reported receiving a COVID-19 vaccine.
- Sixty-eight per cent of respondents had not even heard of plans for vaccinations in their communities. Nearly half (47%) thought they were not eligible or did not know if they were eligible for a vaccination.
- FDP in all of the surveyed contexts reported experiencing increased xenophobia, hate speech and both physical and emotional attacks since the start of the pandemic.
- Seventy-two per cent of respondents reported an income drop, 40% said they lost a job, and 77% said they could not meet their food needs.

Elizabeth, a 19-year-old South Sudanese refugee who cares for her nine siblings, speaks with a World Vision staff member in Bidi Bidi Refugee Settlement in Uganda. © World Vision / Aggrey Nyondwa

- Forty per cent of respondents felt that children in the community were less safe. When asked about their top concerns for children based on their current context of COVID-19 and displacement, 37% voiced concerns about poor diet, 28% mentioned lack of psychosocial support for children, and 22% reported concerns relating to school drop outs.

## SUMMARY RECOMMENDATIONS

Millions of the world's most vulnerable people are being left behind and are unable to protect themselves from COVID-19 because of nationalism, protectionism, and discrimination. No one will be safe until everyone is safe; there will be no global recovery without inclusive, fair, and equitable access to vaccines, diagnostic equipment, and medicines.

*When we asked refugee and IDPs for their recommendations to decision makers for addressing the pandemic, their top response was the need to 'ensure a vaccine for all'.*

**World Vision is calling on donor governments to meet their commitments to close the vaccine and health services gap and help bring the pandemic under control for the most marginalised people, particularly the forcibly displaced, by:**

- plugging the US$18.1 billion funding shortfall[99] for the 'Access to COVID-19 Tools Accelerator' (ACT-A), including a US$2.6 billion funding gap for vaccines to enable COVAX distributions
- sharing 1 billion vaccine doses in 2021, in accordance with the World Health Organization (WHO) appeal[3]
- providing funding for COVAX's humanitarian buffer's delivery costs to ensure that FDP that are not included in national vaccination plans are able to access the vaccine
- providing increased financial, technical, and logistical support to low-income counties to support COVID-19 related health services (e.g. diagnostics), community engagement, and vaccine hesitancy interventions
- adopting additional policies and funds for COVID-19 response and recovery plans that address the disproportionate livelihood, food security, health, protection, and educational impacts of the pandemic on FDP, especially children.

**World Vision is calling on governments of refugee host countries to:**

- explicitly include all FDP, including children, regardless of their legal and documentation status, in COVID-19 vaccination plans and roll-outs, prevention measures, and social protection initiatives on equal footing with their own citizens
- increase access to vaccines through proactive, relevant, and contextualised communications with forcibly displaced communities, engaging faith leaders and FDP in the planning, roll-out, and communication efforts
- include faith and community leaders in all phases of a government's vaccination strategy to ensure that plans take into consideration the local context, belief systems and engage all critical stakeholders early on to increase vaccine acceptance and uptake.

# COVID-19 vaccination challenges for refugees and IDPs

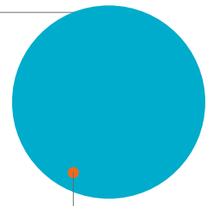
Out of

**1,914**

**refugees and internally displaced persons (IDPs) represented (in 339 interviews) in Jordan, Turkey, Venezuela, Colombia, Peru, Brazil, Uganda and the DRC**, only

**1**

**refugee in Uganda** reported receiving a COVID-19 vaccine, at the time of the survey



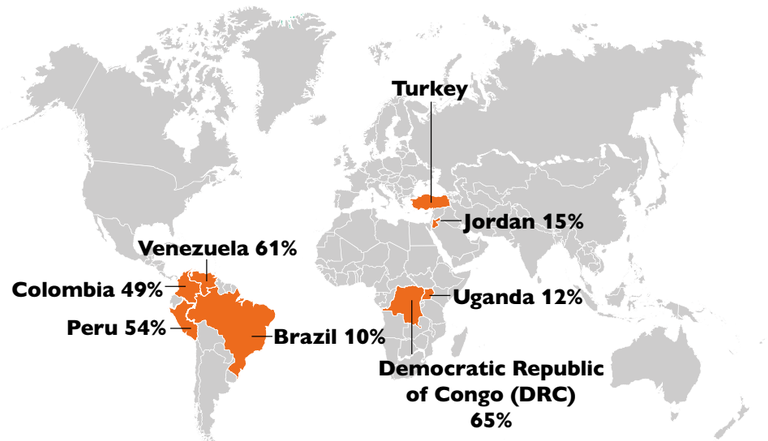
**47%**

thought they were not eligible for a vaccine or didn't know if they were

**7 in 10**

haven't heard of any vaccination plans

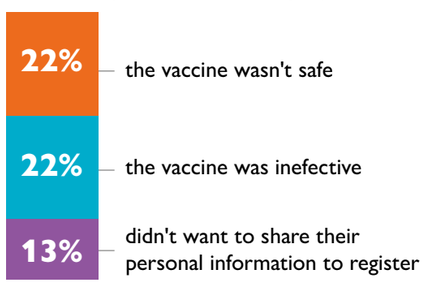
Refugees and IDPs from every survey country reported not hearing any information at all about COVID-19 vaccines.




**40%**

of refugees and IDPs reported they didn't know if they would take the vaccine or were very unlikely to get vaccinated

Those who said they were unlikely to get the vaccine, when asked why, listed the following top 3 as




# Indirect impacts on refugees and IDPs

## INCOME

**72%** report that their income has gone down

**36% men**

**64% women**

**4 in 10** lost their jobs

### Ways of coping with income loss

| | |
|---|---|
| reduce quantity and quality of meals | 27% |
| use humanitarian assistance | 22% |
| sell household items | 20% |
| rely on government assistance | 12% |

### Meeting basic needs

| | |
|---|---|
| cannot meet food needs | 77% |
| cannot meet rental needs | 71% |
| cannot meet education needs | 69% |
| cannot meet health-care needs | 68% |

## PSYCHOLOGICAL WELL-BEING

**4 in 5**

report negative impact on psychological well-being

## DISCRIMINATION

**35%** report having same access to COVID-19 testing and treatment as citizens

**20%** report that they have been treated more negatively since the outbreak of COVID-19

**10%** of respondents in the 7 refugee host countries report being blamed for the coronavirus

**Refugees in all countries report experiencing increased xenophobia, hate speech, and attacks since the start of the COVID-19 pandemic.**

## EDUCATION

**52%** report that their children are likely to return to school

**33%** report schools still being closed

**13%** cite school arrangements put in place so children can continue their studies remotely or alternatively

**Of all respondents' children, only**

**2 in 10**

have access to Internet for study purposes

**1 in 10**

have access to paper-based school materials

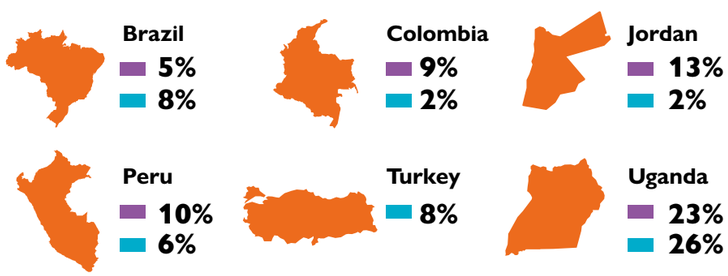
## TOP CONCERNS FOR CHILDREN

**4 in 10**

communities less safe for children

| | | |
|---|---|---|
| **40%** | **37%** | **28%** |
| lack of shelters for children | limited food or poor diet | lack of psychosocial support |

## ACCESS TO INTERNATIONAL PROTECTION




Asylum or refugee status claims delayed or halted

Resettlement processes delayed or halted

# INTRODUCTION

It has been 18 months since COVID-19 changed the world as we know it. The pandemic has tested our resilience and our ability and capacity to adapt. It has disrupted health systems across the globe and plunged the world economy into deep contraction. But most of all, COVID-19 has tested our sense of unity and humanity. We have witnessed countless examples of solidarity, compassion, and selfless and altruistic attitudes and behaviours. But we have also seen inequalities increase and deepen; nationalism, protectionism, and discrimination worsen.

As high income countries continue to roll out intensive vaccination campaigns and contemplate a return to normality in the next few months, they are sitting on millions of surplus COVID-19 vaccine doses.[4] More than 72% of all vaccine doses have been purchased by high- and upper-middle income countries, with just 3% of doses purchased by the poorest nations.[5]

COVID-19 has affected us all, but it has not affected us all equally. The pandemic is a global public health crisis; however, it has broadened and exacerbated inequalities between and within countries. FDP – refugees and IDPs – are largely invisible in the 'vaccine race'.[6] Furthermore, 86% of FDP are hosted by low- and middle-income countries struggling to climb the vaccination ladder with weak and now overwhelmed health systems.

These countries are currently facing a double burden and responsibility – to cope with the effects of COVID-19 on both their own populations and on the populations they host. Yet the pandemic is affecting host communities and FDP in these countries differently, with the latter (including children and families) facing overlapping crises of both COVID-19 and displacement, and the pandemic acting as a 'force multiplier'.[7] This devastating impact is also a reflection of the longer-term lack of attention to these populations in the roll-out of the Sustainable Development Goals (SDGs).

Until December 2019, there was no specific indicator on refugees in the SDGs, meaning that many FDP were largely invisible in governments' SDGs' progress narratives,[8] setting this group of children and their families on an unequal footing with others even before COVID-19. This means that the challenge of ensuring they are not being left behind in national and global responses and recovery strategies to the pandemic is even greater.[9] The aim of this report is to bring urgent attention to the devastating, yet largely unreported, impact of the pandemic on forcibly displaced children and their families, which is being amplified by their lack of access to COVID-19 vaccines.

This report uses findings from a new World Vision survey conducted across eight countries with different groups of refugees in Brazil, Colombia, the DRC, Jordan, Peru, Uganda, and Turkey, and with internally displaced Venezuelans.[10]

The overall finding of the report is that FDP are being left behind in the roll-out of vaccines against COVID-19, even though complex vulnerability factors put them in a high risk category of infection and transmission. The report also considers the specific barriers that these populations face accessing COVID-19 vaccines, diagnostic equipment and medicines, as well as prevention, response, and support services that could help mitigate the direct and indirect impacts of the pandemic on the well-being of children and their families. For millions of displaced children, COVID-19 has worsened pre-existing challenges, including poor access to food, shelter, and education. It has heightened health and protection risks, and led to an exponential rise in psychosocial distress.[11]

While the results are indicative of the situation faced by the surveyed children and their families, the overarching experience of those we spoke to is likely to apply to many more FDP. The findings should therefore lead decision makers to adjust their policies to better meet the unique and specific needs of forcibly displaced children and their families in their COVID-19 responses. The report sets out recommendations from the refugees and IDPs we spoke to and recommendations from World Vision calling on donors, host governments, and the international community to explicitly include FDP in national and global responses to the pandemic and address the growing needs of children as a matter of urgency.

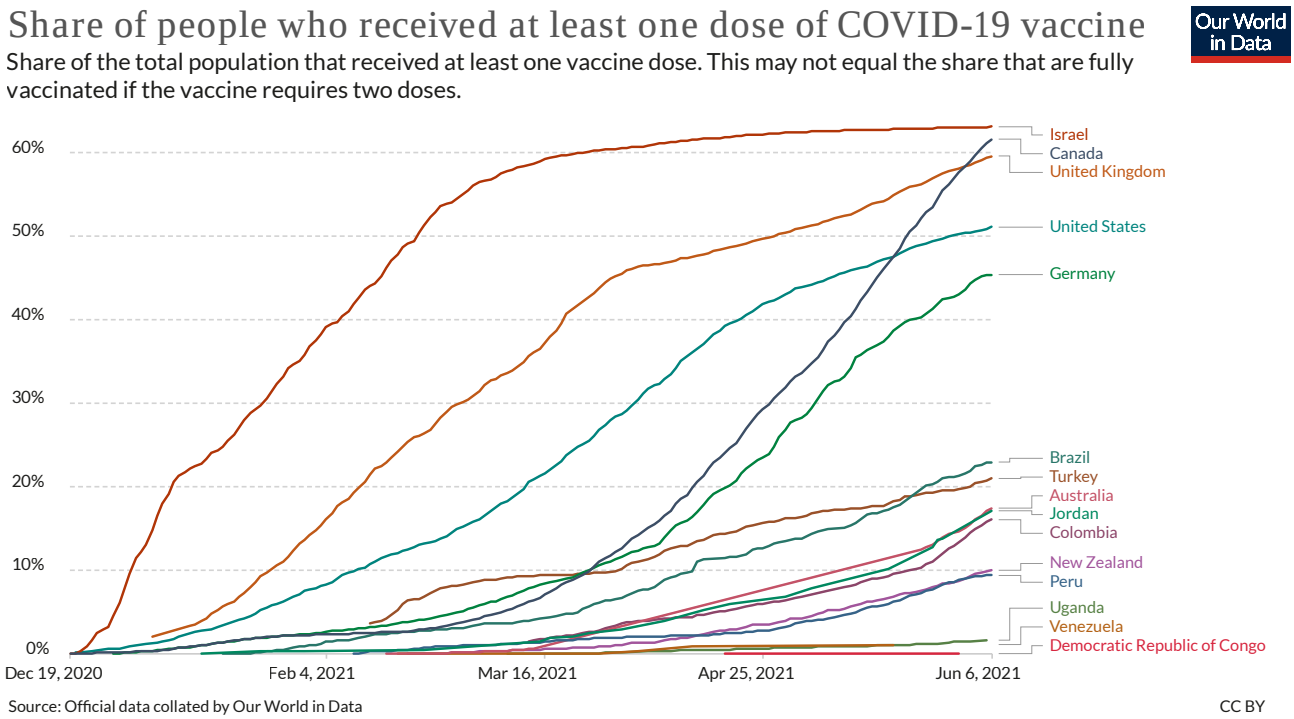
# SECTION 1:
# THE VACCINE RACE – COVID-19 IS NOT LEAVING FORCIBLY DISPLACED PEOPLE BEHIND, BUT THE WORLD IS

## Rich countries are getting vaccinated, poor countries are not

> *"I think the vaccine is for the rich."*
> (Central African refugee in the DRC)

The stark and shocking inequity in accessing COVID-19 vaccines has been widely reported. It has been condemned by the United Nations (UN), the WHO, humanitarian agencies and public health experts. In April 2021, the WHO's Director General, Dr Tedros Adhanom Ghebreyesus, called the 'inequitable distribution' of COVID-19 vaccines worldwide 'shocking'[12] and 'grotesque.'[13]

More than 84% of all available vaccine doses have been administered in high income countries, while a large number of low- and middle-income countries have not had the opportunity to give the first dose to even 1% of their populations (as of 24 May 2021). At the time of writing, in the DRC, vaccines have been administered to less than 0.1% of people.[14] Overall, high income countries have purchased enough doses to vaccinate more than twice their populations, and in some cases more than that, while low income countries' purchases can only cover one-third of their populations.[15]




Status of COVID-19 vaccines in surveyed countries and selected high income countries (as of 6 June 2021)
Source: Our World in Data

Without urgent action to redress the vaccine gap, a large proportion of countries hosting FDP will continue to be exposed to more deadly or more infectious mutations of the virus. This could wreak havoc for years, pushing health systems to the limit, and causing unnecessary deaths amongst vulnerable and at risk populations. The surge of deaths in India and other low- and middle-income countries is already shifting the burden of global deaths from COVID-19 to poorer countries[16] that are struggling to obtain and administer vaccines.

Global unequal distribution of vaccines is compounded by low- and middle-income countries' poor financial resources, lack of capacity (e.g. cold chain equipment, reliable electricity), and weak infrastructure to implement vaccination programmes and reach people living in rural and remote areas. This is not new. Despite progress globally, low levels of childhood vaccinations persist amongst the hardest-to-reach children, most of whom live in low- and middle-income countries.[17]

This means that a lot of the countries hosting forcibly displaced children and their families are not well-equipped to distribute vaccines to their own populations. They are facing significant challenges to get the vaccine to those who need it, even more so at the pace required. Lack of strong and efficient distribution systems, sufficient health workers and adequate facilities, and high rates of vaccine hesitancy are causing some of the poorest countries, like the DRC, to send doses to other countries,[18] or throw away expired doses, as has occurred in South Sudan.[19] An estimated 24 countries, mostly in Africa, have administered less than a third of their doses, with just over 60% of them using less than a quarter of what they have received.[20]

## COVAX is, as yet, the only tool for delivering vaccines for refugees and IDPs but is under-funded.

Over 190 countries have either entered an agreement with or are committed to joining COVAX. COVAX aims to deliver 2 billion doses of vaccines globally to vaccinate at least 20% of the world's high risk and vulnerable groups by the end of 2021. A further 1.8 billion doses should be made available by early 2022[21] for 92 low- and middle-income countries, including Uganda, which is host to one of the world's largest refugee populations.

COVAX has also established a 'humanitarian buffer' that saves 5% of vaccine doses for emergency purposes, such as vaccinating refugees who may not otherwise have access to vaccines and vaccinating populations living in areas controlled by armed groups that are out of reach of government health systems. However, the actual cost of delivering vaccines in emergency hotspots and responsibility for paying for delivery and distribution is not always clear, with global humanitarian appeals not appearing to cover vaccine roll-out.[22] In addition, the buffer is a mechanism of last resort and the UN Inter-Agency Standing Committee emphasised that, 'to ensure a more efficient utilisation of the humanitarian buffer, . . . enhanced advocacy with Member States on inclusion of displaced populations and other vulnerable groups in national plans so as to preserve humanitarian funding' is needed.[23]

Yet, despite the growing needs for vaccines, diagnostic tests and treatments, the Access to COVID-19 Tools Accelerator (ACT-A), which includes COVAX, remains short on funding as it currently faces a US$18.5 billion funding gap. This is hindering the roll out of COVID-19 tools to low- and middle-income countries. The surge of COVID-19 in India has furthered the need for global cooperation, with COVAX expected to have a shortfall of 190 million doses by the end of June 2021.[24]

To make COVAX work for refugees and IDPs, high income countries must step up funding efforts, meet their commitments and support the delivery of vaccines to FDP in line with the February 2021 UNHCR and Gavi agreement,[25] to ensure that FDP can access COVID-19 vaccines on par with host country nationals.

# COVID-19 vaccine inequality extends beyond the gap between wealthier and poor countries

**Out of the 1,914 refugees and IDPs represented (in 339 interviews) in Brazil, Colombia, the DRC, Jordan, Peru, Turkey, Uganda, and Venezuela, only one refugee in Uganda reported receiving a COVID-19 vaccine.**


**47% of respondents thought they were not eligible for a vaccine or did not know if they were eligible.**

**68% of the surveyed refugees and IDPs had not heard of any plans for vaccinations in their communities.**

Within countries, vaccine distribution is also exacerbating existing inequalities. Early in the pandemic, humanitarian agencies and public health experts warned about the potential impact of COVID-19 on FDP. In a large number of host countries which are often facing conflict, protracted humanitarian crises, and chronic disease outbreaks, the virus is difficult to contain and monitor, meaning that it circulates largely unchecked. Due to limited testing capacity, poor data collection practices, and people's reluctance to seek testing and treatment, the full extent of COVID-19 in fragile and conflict-affected countries is hard to determine.

Yet, over the past months, cases in humanitarian settings have reached alarming levels, including amongst FDP. In April 2021, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that over a third of countries covered by humanitarian response plans[26] recorded more cases in the first four months of 2021 than in the whole of 2020.[27] In northwest Syria, 22,828 positive COVID-19 cases were reported by the WHO in May 2021[28] (with real numbers likely much higher given the lack of testing and destruction of health infrastructure), compared to 7,797 cases reported in the whole of Syria at the end of November 2020.[29] Countries in the Americas and South Asia, in particular, are facing catastrophic second and third waves.

The situation is further intensified by the second wave of COVID-19 in India which is devastating lives at home, but is also having ripple effects on the rest of the world. As the world's leading vaccine supplier, India was forecast to supply about 70% of COVAX's pipeline.[30] However, the Indian government suspended vaccine exports. This has led to shortfalls globally and has disrupted vaccination campaigns, including in countries which were due to start vaccinating refugees. Bangladesh, for example, has postponed COVID-19 vaccinations for nearly 1 million Rohingya refugees, the only group in the country that has not yet had access to the vaccine.[31] The government has stated that with rising caseloads and vaccine shortages, vaccinations for refugees will not begin until COVAX supplies (10 million AstraZeneca doses) arrive in the country. While doses were expected by the end of May 2021, as of 3 June 2021, Bangladesh had not received a single AstraZeneca dose from COVAX. Whilst there have been relatively few COVID-19 cases amongst Rohingya refugees, infections, positive test rates and hospitalisations are rising in the wider Cox's Bazar district.[32]

# The gap is even greater for the forcibly displaced

Equitable distribution of the COVID-19 vaccine to the groups most at risk is a critical and substantial challenge for many countries. In spite of WHO's comprehensive guidance on vaccine allocation and prioritisation, a large number of low- and middle-income countries' strategies (based on the data available) tend to be lacking equity and clarity about eligibility and prioritisation.

UNHCR reported that, as of April 2021, only 20 countries were known to have begun vaccinating refugees and asylum seekers on an equal footing to citizens, including Jordan[33] and Uganda.[34] While the situation evolves rapidly, there is evidence that FDP, in particular unregistered refugees and undocumented migrants (such as those living in the DRC and Turkey), are being left out of national roll-out plans. Furthermore, even when refugees are included in the national vaccination plans, they do not receive, or are very unlikely to receive, the vaccine.[35] This is also due to a lack of adequate systems for monitoring FDP's vaccine access and uptake, especially as many countries hosting refugees have only just started rolling out their COVID-19 vaccination campaigns.

In May 2021, the International Organization for Migration published the most comprehensive analysis on the inclusion of migrants in national vaccination deployment plans, based on a review of 152 plans and 168 countries'[36] practices and observations.[37] They show that in their global analysis of national deployment and vaccination plans, 61 out of 152 countries either did not include refugees and asylum seekers in their national vaccination plan (34) or were unclear about these groups' inclusion (27), a gap of 40%. About 30% of reviewed plans did not include IDPs (29) or were unclear (17) if they were included.

## PLANS VERSUS PRACTICE

This graphic compares vaccine access for migrants as stated on National Deployment and Vaccination Plans (NDVPs) based on WHO analysis, where available, or IOM analysis against observations made by IOM regarding access in practice.


Source: IOM

## Normative and legal frameworks that support equitable vaccination

States' duty to provide equitable access to health care, regardless of nationality, migration status, or other prohibited ground of discrimination, is recognised in several legally binding human rights instruments. This extends to the provision of equitable access to COVID-19 vaccinations and treatments.[38] The World Health Assembly Resolution 73.1 (October 2020) also calls on COVID-19 responses to recognise the need to protect specific population groups from the virus, including 'people in vulnerable situations'.[39] In February 2021, the UN Security Council unanimously adopted a resolution calling for 'COVID-19 national vaccination plans to include those at a higher risk of developing severe COVID-19 symptoms and the most vulnerable, including . . . refugees, internally displaced people, stateless'.[40] The Global Compact for Refugees also plays a key role in national and international responses to the pandemic through its principles, including burden and responsibility sharing, protection and inclusion in national systems.[41]

The allocation and prioritisation of COVID-19 vaccines in WHO's SAGE (Strategic Advisory Group of Experts on Immunisation) Values Framework for the allocation and prioritisation of COVID-19 vaccination[42] further recognises the need to prioritise forcibly displaced populations. The SAGE Values Framework has informed WHO's Fair Allocation Framework for COVAX and the WHO SAGE roadmap for prioritising uses of COVID-19 vaccines in the context of limited supply.[43]

Yet, this report shows that despite critical legal and normative frameworks to support equitable vaccine distribution, current policy and practice remain largely rhetorical. FDP face daily barriers and challenges, compounded by policies and their socioeconomic status, which must be acknowledged and overcome.


Hundreds of Venezuelan migrants are stuck waiting at the border after Peru closed their border over COVID-19 concerns. The problem is straining the local economy and infrastructure and migrant and local families are becoming increasingly vulnerable.© World Vision / Chris Huber

# SECTION 2:
# BARRIERS TO COVID-19 VACCINE ACCESS

> *"I'm a foreigner and not legal. They give priority to the Peruvians for the vaccine."*
> (Venezuelan refugee in Peru)

This survey provides critical and unique insights into how formal and informal barriers faced by FDP affect their access to COVID-19 vaccines, even when one is available to them.[44] It also emphasises specific factors that significantly increase FDP's risk of infection and transmission, making their access to vaccine a critical priority.

Amongst the refugees and IDPs consulted as part of World Vision's survey:

- **60% said they were either very likely (40%) or somewhat likely (20%) to get vaccinated if the COVID-19 vaccine was available and accessible.**
- **26% did not know if they would take the vaccine or were somehow unlikely to do so.**
- **10% said they were very unlikely to take the vaccine at all, and 4% did not want to respond.**

**Amongst those who said they were unlikely to get the vaccine, when asked why:**

- **22% felt the vaccine was not safe.**
- **22% felt the vaccine was ineffective.**
- **13% said they did not want to share their personal information to register for the vaccine.**

## Limited access to reliable and adequate information promotes vaccine hesitancy

> *"I think we need to pay for the vaccine."*
> (Syrian refugee in Turkey)

Ensuring FDP's access to accurate and reliable information is critical for promoting vaccine acceptance and distribution. Yet, COVID-19 has reinforced associated barriers to health information for this population group.

This survey found that the majority of respondents across countries used 'informal' or 'unverified' information to find out about COVID-19. Across all the targeted countries, the survey found that the top three sources of information for respondents were social media (40%), television (25%), and friends and relatives (24%). This suggests that refugees and IDPs do not necessarily have access to reliable information, which may compound inaccurate beliefs about COVID-19 and the vaccine. A breakdown of countries also shows that access to, and use of, the Internet and mobile phones varies greatly, with limited options available in some areas. There is therefore a need for information that is disseminated in formats or through channels that are accessible, used and trusted.[45] This includes using offline tools, such as posters and pamphlets.[46]

For example, in Uganda, only one refugee reported using television as their source of information and only two said they used social media, like Facebook

and Twitter. Instead, 76% of respondents in Uganda reported primarily relying on the radio to access information on COVID-19. In the DRC, a majority of refugees reported that they do not own any electronics. These findings corroborate existing data on refugees' access to Internet and mobile phones,[47] including findings from other World Vision surveys carried out in 2020.[48]

**45%** 
of respondents did not receive any information about COVID-19.

Significant gaps were identified in this survey in terms of refugees' and IDPs' access to information about COVID-19 vaccines. The survey showed that information about vaccine eligibility was generally lacking, although more details on who could get vaccinated appeared to be available in Brazil, Jordan, and Peru. In addition, vaccine safety information was reported to be rare, and was mainly reported as being provided in Jordan and Colombia.

**More than one-third of respondents (36%) reported being hesitant to get the COVID-19 vaccine if it was available and accessible.**

Sixty per cent of the surveyed refugees and IDPs said they were either very likely (40%) or somewhat likely (20%) to get vaccinated if the COVID-19 vaccine was made available/accessible within their communities. However, 26% did not know if they would take the vaccine or reported being somewhat unlikely to do so and 10% reported that they were very unlikely to take the vaccine at all, whilst 4% did not want to respond.

Rates of hesitancy regarding vaccine uptake were especially high amongst respondents in Turkey (71%), Peru (46%), the DRC (43%), and Brazil (41%). Although it did not come up strongly in the survey, it has also been reported that in Uganda vaccine hesitancy amongst refugees and asylum seekers in the camps and settlements has affected the vaccination process for these groups.[49]

When asked about which sources of information they trust regarding the effectiveness and safety of the vaccine, respondents said that health providers had their highest level of trust (52%), with religious leaders also coming relatively high, cited as trusted sources by 38% of respondents. This highlights the continued importance of working with faith leaders to ensure they are supported and provided with the right type of information, a strategy World Vision has promoted and rolled out across our 70-country COVID-19 Response.

## Role of faith leaders in overcoming COVID-19 vaccine hesitancy and promoting behaviour change[50]

Faith leaders, along with many other local actors, have been at the forefront of the COVID-19 Response, supporting communities and children. As trusted members of the communities, they have a critical role to play in sharing and promoting prevention messages and health and hygiene practices to mitigate the spread of the virus, and in providing accurate and reliable information about the virus. An earlier World Vision survey conducted in 2020 highlighted the active and essential contributions of faith leaders to the pandemic.

Faith leaders can also be powerful advocates for COVID-19 vaccination uptake, building on the lessons from the promotion of other vaccines, such as current childhood vaccines and Ebola. Misinformation or lack of information is a major barrier to vaccinations, as found by this survey. It is therefore essential that faith leaders are meaningfully and actively involved in decision-making on vaccine acceptance in their communities to address misinformation, overcome rumours and, ultimately, to ensure widespread vaccine uptake. In May 2021, global faith leaders joined senior health and humanitarian figures to call on countries to ensure the equitable distribution of COVID-19 vaccines.[51]

## Xenophobia and mistrust act as a deterrent for vaccination

> *"They [host community] blame us for lack of job opportunities during the coronavirus period."*
> (Syrian refugee in Jordan)

The survey found that FDP from all countries reported experiencing increased xenophobia, including hate speech and physical attacks, over the past 12 months. Respondents from Peru were most likely to report this (46% of respondents), followed by 28% of respondents from Colombia, 15% from Brazil and 10% from Turkey. Respondents also said they are being blamed for the virus, with Central African refugees in the DRC most likely to report being blamed (32% of respondents) followed by South Sudanese refugees in Uganda (17% of respondents).

These findings support existing evidence that xenophobia[52] is fuelled by the pandemic. This is largely due the 'othering' of displaced people in the political discourse and media and governments' discriminatory restrictions against these populations[53] who are often seen as a threat to public health.[54] Increased economic and financial pressures on host populations have also contributed to them lessening their support to displaced populations or aggravated existing xenophobic attitudes. Xenophobia and fear of consequences may be key contributors to respondents' hesitancy in getting vaccinated.

## Migration status may prevent or deter forcibly displaced people from getting vaccinated

> *"I do not have the necessary documents to request it [the vaccine]."*
> (Venezuelan refugee in Colombia)

Fear of consequences related to disclosure of immigration status,[55] especially for unregistered refugees and IDPs, acts as a deterrent to accessing COVID-19 vaccines (and a broader range of COVID-19 health services).[56] This was reported by some respondents within our survey who said that they would be very unlikely or somewhat unlikely to get the vaccine because of documentation concerns. Respondents also reported that shutdowns due to the pandemic led to their asylum and refugee claim or resettlement process being delayed or halted, particularly in Uganda, meaning that they may be excluded from vaccination campaigns due their pending legal status.

The survey shows that the reasons for hesitancy are varied and will depend on the context, including the legal status of FDP, availability of reliable and accurate information, access to vaccine registration platforms, and having trusted 'community messengers' that can support and amplify prevention and awareness raising efforts, providing a key opportunity to increase demand for the vaccine.

Suzan, an 18-year-old, is a refugee living in Bidi Bidi Refugee Settlement in Uganda. © World Vision / Derrick Kyatuka

# COVID-19 is disrupting essential services for forcibly displaced people

> *"Improve equipment, infrastructure and access to outpatient clinics, hospitals, and health centres."* (IDP in Venezuela)

COVID-19 is an additional health threat to the multitude of physical and mental health conditions of which FDP are highly vulnerable, and which have worsened due to the virus.[57] Thirty-five per cent of our survey's respondents had suffered from physical illness and chronic diseases over the past 12 months. Eighteen per cent were either diagnosed with COVID-19 or suspected they had it but did not get tested (9%). 77% also reported that the pandemic had had a dramatic impact on psychological well-being. Poor living conditions, including poor access to water, sanitation, and hygiene services, overcrowding, and living in crammed and unhygienic places[58] – particularly for populations residing in large camps or slums[59] – significantly increase FDP's vulnerabilities to the health risks associated with COVID-19. They also intensify community level transmission due to close proximity. Poor working conditions, where social distancing and good hand hygiene practices are not possible, also heighten their risk of infection.

Yet, despite their risk of COVID-19 infection being heightened, the survey's respondents reported a number of key contributing factors impeding their access to health services during the pandemic, including lockdowns and restrictions on movement introduced by governments. High numbers of respondents in Turkey (61%) and the DRC (60%) told us that lockdown rules and movement restrictions were more stringent for them than for host communities.

Nearly half (46%) of the survey's respondents said they were not able (17%) or only partially able (29%) to meet their clean, safe, drinking water needs. Most of these were living in rural or semi-urban areas. The majority (47%) of those not able to meet their clean water needs or meeting them only partially were in Colombia (79%), followed by Venezuela (67%) and Peru (52%). Other World Vision assessments have also highlighted critical gaps in access to water, sanitation, and hygiene. For example, a 2020 survey found that almost 70% of Venezuelan children did not have access to water and soap.[60]

## Good practices

Some governments have taken positive steps to ensure FDP's access to COVID-19 prevention, treatment, and vaccines. The survey found that access to testing and/or treatment for COVID-19 in the same way as citizens was available to FDP in some countries, especially in Jordan. Fairly high numbers of refugee respondents in Brazil (51%), Jordan (38%), and Peru (32%) reported that the host country government temporarily regularised their status, and some reported having the same access to services as citizens as part of the national COVID-19 responses.

Additional positive examples:

- Colombia vaccinates registered Venezuelan refugees and provides them with access to health care during COVID-19. The government has committed to continue to focus on vulnerable migrants and ensure priority access to essential services.[61]
- Peru approved temporary health coverage for migrants suspected of, or testing positive for, COVID-19.[62]
- Jordan provides measures to asylum seekers and refugees, including vaccinations, family planning and secondary health care,[63] and has adapted these activities to respond to COVID-19-related needs.
- Turkey has provided registered refugees in need with free access to protective equipment, COVID-19 tests and treatment for the virus, irrespective of whether they are entitled to social security provisions.[64]
- Uganda has identified refugees as a priority group and is targeting them as part of the national vaccine roll-out. Refugees also have access to COVID-19 tests and comprehensive health-care packages.[65]

# SECTION 3:
# THE INDIRECT IMPACT OF COVID-19 ON FAMILIES AND THEIR CHILDREN IS GROWING

Overall impact of income loss:

- 77% of respondents reported being unable to meet food needs
- 71% of respondents reported being unable to meet rental needs
- 68% of respondents reported being unable to meet health-care needs
- 69% of respondents reported being unable to meet education needs

Highlights by country:

- Food needs: In the DRC, more than 90% of respondents reported being unable to meet their food needs fully.
- Health needs: 83% of respondents in Uganda, 90% in Venezuela, and 98% in Colombia reported being unable to pay for health care/ medicines at all or only partially.
- Housing needs: In Peru, Colombia, Venezuela, and Uganda, about 50% of respondents reported being unable pay for rent at all.

## Loss of livelihoods and income is significantly affecting child well-being

> *"Increase income generation empowerment of citizens and refugees."* (South Sudanese refugee in Uganda)
>
> *"More income generation supports self-reliance."* (South Sudanese refugee in Uganda)

**World Vision's survey found that across all eight countries, 73% of respondents reported experiencing a drop in income in the last 12 months.** The top three reported reasons for income reduction within this survey were job loss, decline in revenue for small business owners, and salary decrease. Respondents who had experienced income losses were significantly more likely to be women (64% compared to 36% men). Women represented a large proportion of the survey's respondents and many of the households, particularly in Venezuela, Peru, and Colombia, were headed by women. Women refugees have generally been more heavily affected by disruptions to livelihoods,[66] primarily due to the industries in which they work in.[67]

These findings confirm an alarming trend identified in other pieces of research, with households continuing to lose a significant amount of their income. In 2020, World Vision already showed a chilling drop in income of 80% amongst forcibly displaced Venezuelan families in seven Latin American countries due to COVID-19.[68] In another survey conducted by VisionFund International, World Vision's microfinance subsidiary, refugee families in Uganda reported serious drops in incomes, with 47% suffering large reductions in revenue and 11% receiving no income at all.[69]

Hundreds of Venezuelan refugee families in La Guajira, Colombia are unable to meet their basic needs. © World Vision

## Brazilians struggle to meet basic needs during pandemic

The financial crisis triggered by the COVID-19 pandemic plunged 119 to 124 million people into poverty and could rise between 143 to 163 million in 2021, according to World Bank estimates. In Brazil, the pandemic has already left 41 million people unemployed, according to the IBGE.

Solidarity finance is one opportunity to help to alleviate this situation and ensure that the most vulnerable families have an alternative to sustain themselves during crisis. "Solidary finance is based on the principle that the local commerce network needs to be in motion. Today, through this resource, the family is able to have autonomy and increase their self-esteem, because now they have purchasing power in their hands, strengthening the local enterprise, contributing to the community," Tiago Muniz, credit agent at Community Bank Santa Luzia, explains.

World Vision has worked with its partner, Community Bank Santa Luzia, in Salvador, Brazil to implement emergency cash transfer programmes to encourage commerce in local economies with small financial incentives for micro and small entrepreneurs. Each entrepreneur received a total amount equivalent to R$600 (approximately US$117) in a social currency, Umoja, to stimulate the Uruguay neighbourhood's commerce.

**Half of all of the survey respondents in Brazil reported a loss of income due to COVID-19 and said they were dependent on government or humanitarian assistance to meet their basic needs.**

Even with a small amount, families were able to supply basic needs of their homes and even invest in their small businesses. This generates more sustainability and the money remains in circulation within the neighbourhood trade. Since the beginning of the bank's partnership with World Vision, the acceptance of this localised currency has increased by 60% in the neighbourhood.

© World Vision / Gabriel Dias and Paola Bello

Monica, a micro-entrepreneur in Uruguay neighbourhood, has been supporting herself and her two children as a self-employed reseller of beauty products for 13 years. This income was how she was able to raise and educate her 15- and 11-year-old boys.

However, because she and her children are in a high-risk health group, she was not able to go out and sell her products since the beginning of the pandemic. "I was trapped inside the house. I go out very little, just to solve whatever is necessary on the street.

Receiving this small infusion of cash enabled her to buy gas, go to the market, and provide for her family's basic needs. Monica explains that the Umoja currency has also boosted her sales: "There are always some customers showing up with Umoja."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## "My life will never be the same again."

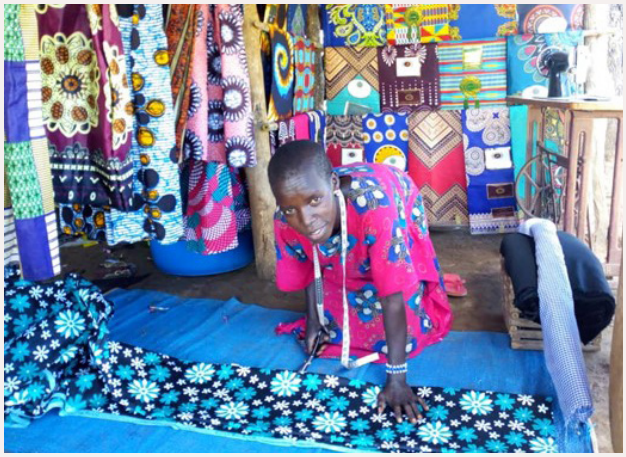
In a survey conducted with refugee families early in the pandemic (April and May 2020), VisionFund they found that, despite drastic losses of income and a higher level of stress on the refugee households, the respondents started off more resilient to the impacts of COVID-19 due to their membership in a savings group.

Savings groups are a way for people without access to formal banking services to access some financial security. They are owned, managed, and operated by the members, who loan their small accumulated amounts of savings to their group members. VisionFund supports these groups with financial literacy training, helping participants to establish financial knowledge for their households and communities. Savings group members in particular are able to manage their savings and pay out cycles more effectively, ensuring that their families and children are cared for in difficult times.

More than 3,000 individuals (75% women) have been trained by VisionFund in financial literacy. Kiden is one of those women. The only thing she was able to bring when she and her four children fled the civil war in South Sudan was her sewing machine. That sewing machine became her livelihood and her membership in the Totogita 'knock and the door will be open' savings group in the refugee settlement in Uganda was her lifeline.

Thanks to a loan that let her grow her business and the skills she obtained through financial literacy training, Kiden's tailoring business has flourished, giving her financial security and a safety net, even during a crisis. Despite periods of lockdown throughout the COVID-19 pandemic, Kiden's business has continued to thrive.

"I have bought two more sewing machines and employed two people to help me. I also train people who want to become tailors," says Kiden proudly. With her income, she has been able to enrol her children in private school and bought bicycles so they can commute. She was also able to improve her family's living situation, building them a safer shelter out of iron sheets to replace the settlement-issue tarpaulin.



© World Vision / Wani Lomaa Kenyi

While the COVID-19-induced recession has affected national economies globally, low- and middle-income countries hosting refugees have been hit the hardest, as they are also some of the world's poorest populations. The World Bank estimates that the pandemic has pushed around 120 million people into extreme poverty in 2020,[70] mostly in low- and middle-income countries hosting forcibly displaced families and children. Determining the full impact of the economic shocks on FDP's livelihoods is difficult, but evidence from available studies does show a difference of impact between forcibly displaced populations and host communities. In Jordan, for example, 35% of Syrian refugees have lost their employment as a result of the pandemic compared to 17% of Jordanian citizens.[71] Similarly, in Lebanon, 60% of Syrians have lost their jobs permanently compared to 39% of Lebanese citizens.[72]

Loss of family income has a critical impact on the well-being of children. Specifically, our survey found that loss of household income led to significant psychological impacts and strains at home for families and children, with 77% of respondents reporting increased levels of stress, as well as tensions in the home. This, in turn, detrimentally affects the psychosocial well-being of children.

# The continuing and devastating impact of COVID-19 on children is far-reaching

> *"We have to get children back in school."*
> (Refugees from different countries)

In March 2021, the United Nations Children's Emergency Fund (UNICEF) warned that progress is in reverse 'across virtually every key measure of childhood'.[73] The UN has recognised the uneven impact of COVID-19 on displaced children and called for their protection to be warranted 'special attention'.[74] Children are typically not as physically affected by COVID-19 as other populations, or the main driver of community transmission. However, they can transmit the virus to each other and adults,[75] especially when living in overcrowded settings, with poor access to water and sanitation, and where practising social distancing is impossible. With more infectious and deadly mutations of the virus spreading across low- and middle-income countries and in refugee settings, the deterioration of people's livelihoods and overall living conditions, ongoing disruptions to health services, and lack of access to COVID-19 prevention and treatment means that the direct impact of the pandemic on forcibly displaced children cannot, and must not, be ignored.

This survey found that lack of access to food or a nutritious diet, children dropping out of school or educational projects, and violence against children were the top three concerns for families across the surveyed countries. These findings amplify data from previous World Vision reports in 2020 on the 'aftershocks' of the pandemic, which showed major detrimental effects of COVID-19 on children. These included increased violence against children, loss of education opportunities, the negative impact of lost family livelihoods on children's food security, children's overall health impacts and more.[76] Most recently, World Vision's report on mental health and the psychosocial impact of COVID-19[77] showed that more than half (57%) of children living in fragile and conflict-affected countries expressed a need for mental health and psychosocial support as a direct result of the pandemic and lockdowns. This need rose to 70% for refugee and displaced children as opposed to 43% for children from host communities.

## TOP CONCERNS FOR FORCIBLY DISPLACED CHILDREN

**40%** of respondents said communities had become less safe for children.

**28%** of respondents said they were concerned that psychosocial support was unavailable to children.

**40%** of respondents reported being concerned about lack of shelters for children.

**22%** of respondents were concerned about children dropping out from school.

**37%** of respondents reported being concerned about limited food or poor diets.

**14%** of respondents expressed concerns about children's exposure to violence, neglect, abuse and exploitation.

## Children's health and nutrition

> *"Consult more with communities, because continuous ration reduction is affecting a lot of refugees."*
> (South Sudanese refugee in Uganda)

Children's lack of access to food or poor diet was reported by respondents as the top concern for most refugees and IDPs in Colombia (67%), Venezuela (56%), and Peru (50%). This finding correlates with the main coping strategy adopted by respondents in these countries (i.e. cutting down on food or buying less nutritious food).

These findings also echo existing World Vision data and reports on COVID-19-related increases in hunger and malnutrition.[78] A World Vision survey conducted in Latin America in 2020 found that families were unable to provide decent food for their children, and as many as one-third of children were going to bed hungry.[79] In the same 2020 survey, 82% of the interviewees in Chile reported having serious problems obtaining food, and in Venezuela, 70% had no access to food, severely increasing the risk of child malnutrition.[80] An assessment carried out by World Vision across countries in the Middle East between June and September 2020 found that 74% of respondents in Syria and 65% of respondents in Lebanon worried they would not be able to have enough to eat in the coming months.[81]

Although it is too early to assess the full extent of the impact of COVID-19 on child malnutrition, the pandemic is expected to worsen wasting and stunting in low- and middle-income countries, where nearly two-thirds of all children with stunting and three-quarters of all acutely malnourished children live.[82] In 2020, 45.4 million children under 5 suffered from acute malnutrition, of which 13.6 million suffered from severe acute malnutrition.[83] However, it is likely that 15% (or 1.15 times) more children were affected by acute malnutrition last year than current figures show, due to income losses, disruptions to essential nutrition services, and lack of affordability of a nutritious diet.[84] The pandemic is worsening hunger for FDP who already live in areas with high levels of food insecurity and malnutrition,[85] and with nutrition services still disrupted and food ration cuts in some countries,[86] the number of refugee children suffering from malnutrition is increasing. For example, in March 2021, the UN reported that half a million children in Syria were chronically malnourished, and that in some areas of northwest Syria, acute malnutrition was approaching the emergency threshold of 15% amongst displaced children living in camps and hard-to-reach areas.[87]

Mbigwe and her family, Central African refugees, sit in front of their shelter in the DRC. © World Vision / Didier Nagifi

## Lack of food and the inability to meet basic needs drives children into labour in the DRC

Dramatic income losses have left many families with no alternatives other than negative coping mechanisms to survive. Children, in the DRC particularly, have found themselves with limited choices in a context where they cannot go to school and are not allowed to play freely with their friends. Thus, many families resort to sending their children out in search of paying employment, subjecting them and other family members daily to the risk of exposure to COVID-19.

Eureka, a 12-year-old, started selling her mother's homemade chikwanuge (a traditional bread) at a local market in the DRC during the pandemic because of the perilous situation in which COVID-19 placed their household. She explains, "I don't really have a choice because I have to contribute to my family's survival. The money I earn from this allows us to buy food, pay the rent, and buy more cassava to make chikwangue."

Divine, a 12-year-old, explains that she now has to sell embers [charcoal] with her older sister for their aunt: "Life has changed at home, our food has become very difficult, and parents find money with difficulty. Usually, during school time, I don't come to sell at the market. I only do the dishes and the laundry and so on and so forth and that's it." She dreamed of being a teacher one day, but was forced to drop out of school because

Sourcevie selling embers in a community market.
© World Vision / Patrick Abega

**DRC**

**43%**

**of respondents reported that they had to send their children to work to cope with income/job loss**

**61%** **of respondents said they had to reduce the quantity and quality of meals – only 4% said they were able to fully meet their food needs and 13% said they were not able to meet their food needs at all**

of the cost and lack of support. Now she just hopes to have the means to stop selling ember.

Although schools are closed – 100% of survey respondents reported that no arrangements had been put in place for any children to be able to continue their studies remotely – some students still attempt to revise their past lessons at home during lockdown. Unfortunately, this learning is often disrupted to prioritise income-generating work instead.

Sourcevie, an 11-year-old, who also sells embers, wishes she could keep her studies up. She explains that normally during the school year she does not have to sell, only during the holidays. However, when she has to sell she says: "I can't really concentrate because every time I read a customer comes. and I have to stop reading to sell. And very often, when I start reading again, I get lost and I don't know where I stopped. That bothers me a lot."

However, Sourcevie must work so her family can eat. "We don't have enough to eat. We share food enough for one person amongst the three of us, leaving us hungry. Finding money has become very difficult." She also prays for a normal life like other children her age. "In this life, every morning I wake up and pack the bags and go to sell. It weighs much on me," she adds.

# Children's protection from violence

> *"Give more attention to children and do more promotion and education for parents."*
> (IDP in Venezuela)

In May 2020, World Vision estimated that violence against children could increase by between 20% and 32% (representing up to 85 million more girls and boys under threat worldwide) in the first three months of the pandemic as a result of quarantine alone.[88] This survey found that a combination of factors, including stay-at-home orders and movement restrictions, school closures, and increased stress linked to livelihoods losses, have led to concerns about violence against children, especially in the DRC (reported as a concern by 41% of respondents). Loss of income as a result of the pandemic has led to concerns about increased rates of violence against women and girls, with 14% of respondents in Uganda reporting this as a concern. Many children have been affected, with families resorting to negative coping strategies like child marriage, with 17% of respondents reporting child marriage as a concern in Uganda, 8% in the DRC and 5% in Jordan. The survey also shows that children are being forced into child labour, with especially high levels reported in the DRC (43%). Also, communities are perceived to be less safe for children than before COVID-19, with 80% of respondents in Colombia, for example, worrying more about safety for children.

Whilst increases in violence against children have been reported globally,[89] some children, especially displaced children, are more vulnerable to violence, neglect,[90] abuse and child exploitation. Key factors that disproportionately affect displaced children's risk of violence in COVID-19 times include living in crowded conditions in refugee camps and urban slums, significantly amplified tensions due COVID-19 stressors (such as financial pressure and lockdowns), and becoming separated from parents and carers. Yet, although our survey identified that a wide range of protection services for displaced children have been severely disrupted, particularly in Colombia, Peru, Venezuela, the DRC, and Uganda, it also found that provision of essential protection interventions was already lacking in these contexts prior to the pandemic.

**Medical treatment:** Respondents reported significant disruptions in Colombia (33%), Peru (24%), and Venezuela (25%) relating to access to medical treatment for cases of child violence and abuse, on top of already low access prior to COVID-19.

**Psychosocial support:** Although reported as largely available in Turkey and Jordan, the survey found that mental health and psychosocial support services were significantly affected by COVID-19. In particular, 52% of respondents in Columbia, 48% of respondents in Peru, 56% of respondents in Venezuela, and 31% of respondents in Brazil reported concerns about impeded access to psychosocial support services.

**Safe shelter:** This was critically missing before the pandemic and has now reduced drastically because of it, with respondents in Peru (71%), Venezuela (69%), the DRC (68%), Colombia (67%), and Uganda (29%) reporting no access to safe shelter for large proportions of forcibly displaced children.

**Case management:** Respondents in Peru (86%), Colombia (71%), and Venezuela (54%) reported that case management services were extremely limited, most likely due to delays in immigration processes.

This survey's findings amplify existing evidence on the impact of the pandemic on protection services for forcibly displaced children. In December 2020, UNICEF reported that 36% of countries where the agency has humanitarian operations had experienced a reduction in protection services for migrant and displaced children.[91]

## Unaccompanied minors face heightened risks due to COVID-19

Hamad* fled to Turkey alone at age 17 to escape the ongoing conflict in Syria. Not in school, he was forced to find a way to provide financially for his mother and two younger siblings who were struggling to survive after his father's death

However, like many other countries, Turkey imposed travel restrictions and lockdowns to prevent the spread of COVID-19. This heavily affected many refugees already living in tenuous situations there. Due to these measures, Hamad lost his job selling bread and became homeless when he could no longer pay his rent.

Fortunately, World Vision's partner, International Blue Crescent, stepped in to prevent Hamad from being taken into custody and advocate for his best interests as he awaited a medical report proving his age. They provided him a safe shelter with a host family and helped him to register at a child support centre.

"I feel safe and more confident about myself. I appreciate the attention that was given to me. Now I know that I have a place to return to whenever I face any problems," says Hamad.


International Blue Crescent, in partnership with World Vision, has reached 5,000 beneficiaries in Turkey with education, health, livelihoods, psychosocial support, and legal assistance, as well as consultation, support, and referral services for refugees.

*Name changed for his protection

## Children's education

> *"We need Internet for studying."*
> (Syrian refugee in Jordan)
>
> *"We need schools to be opened."*
> (Syrian refugees in Jordan)

Children's education across the world has been deeply affected by the pandemic. In April 2021, UNESCO warned of a 'generational catastrophe'.[92] Forcibly displaced children are particularly disadvantaged due to existing barriers to education. Before the pandemic, a refugee child was twice as likely to be out of school as a non-refugee child.[93] Children dropping out of school was a top concern for our survey's respondents, particularly in Turkey, Jordan, and Uganda. Respondents' concerns about children's education may be explained by a number of reasons, including loss of income and its impact on education costs, as well as schools remaining closed and remote learning not being accessible or severely limited.

Education disruptions have also affected nutrition and protection efforts – both issues highlighted within respondents' top three concerns about children – due to school meals not being available and children not getting a protective environment when stress and tensions are high at home, or when childcare is not available and they are left without a safe place to go.

**100% of respondents in the DRC reported that children do not have access to paper-based resources and educational materials.**

**51.5% of all respondents reported that their children are likely to return to schools.**

**33% of all respondents reported schools were still closed.**

**Only 13% of all respondents cited school arrangements that have been put in place for children to continue their studies this year remotely.**

**Only 19% of all respondents' children were reported to have access to Internet for study purposes, whilst just 10% were reported to have access to paper-based school materials**

As COVID-19 continues to spread, causing more harm and deprivation to forcibly displaced children, the immediate and future impacts of the pandemic on those children must be considered a critical vulnerability factor that can only be addressed through the meaningful inclusion of FDP in national vaccination plans and global pandemic prevention efforts.

## Gaps in education widening due to inequality and COVID-19

In Cusco, Peru there is a little boy named César. He is 11 years old and in the sixth grade. He likes to go for runs in the morning before he herds his sheep, feeds his guinea pigs and bunnies, and helps his mother collect firewood.

Due to COVID-19, he now has to take his classes over the radio because his family doesn't have a mobile phone. But he says it's hard for him to understand the lessons, like the one he recently listened to about medicinal plants that can cure diseases, because the teachers speak very quickly. Since it's over the radio, there's no chance for César to ask questions or get them to repeat themselves.


Photo credit: © World Vision / Roy Flores

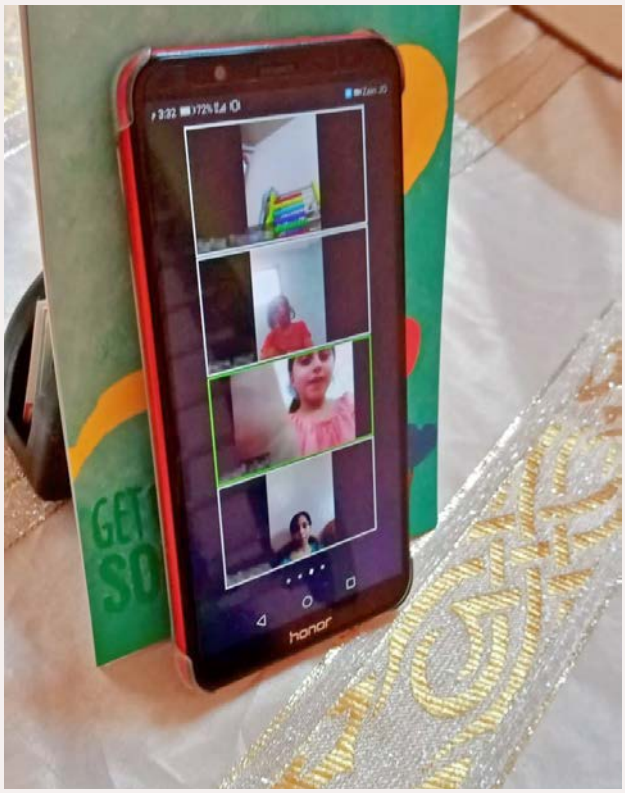
**In Peru, 3 out of 4 respondents said they were either not at all (39%) or only partially (37%) able to meet their education needs.**

World Vision Peru gave César Magic Adventures books to help him read and do his schoolwork. César said that the books help him read and think. "There I have learned of the signs and the points. At the period, you must stop for a little while, and at the tilde, you must raise your voice. Now with books, it is easier to study."

Prior to the pandemic, 258 million children of primary and secondary school age were already failing to access education (UNESCO). World Vision is deeply concerned that the impacts of COVID-19 on education will permanently scar the development of a generation of the world's most vulnerable children. Hundreds of millions of children are out of school jeopardising their education and futures. If governments do not start prioritising support for children's education, including school materials and Internet access for online learning, the most vulnerable children will fall further behind and be even less likely to return to school.

## Learning moves online to support already struggling students to continue their education

Children dropping out of school is a top concern for the survey's respondents, particularly in Jordan, which is why World Vision Jordan's remedial education programme is a welcome opportunity for students who may be struggling after this particularly difficult school year.




Safaa' conducts a Zoom session with her students, using a counter tool and small balls to demonstrate during her lesson on addition. © World Vision

**90%** **of students in the remedial classes are able to improve their academic performance and are reportedly more motivated to learn than before they joined the classes.**

Since 2014, World Vision has been implementing remedial education in Arabic, English, and mathematics and extracurricular recreational activities to enhance students' well-being and resilience at schools in Irbid governorate, in northern Jordan. The project aims to create a sustainable and safe learning environment for all children while supporting 7 to 13-year-old students from the refugee and host communities struggling with low academic performance. Nearly 4,000 children have benefitted from this programme.

With the closure of schools in the wake of the COVID-19 outbreak in Jordan, World Vision shifted this support to virtual classrooms to keep the learning gap between advanced and struggling students from expanding.

Safaa' Tanashat, a remedial education teacher for the programme records her lesson and then uses visual aids to tailor the lesson to her students' level of understanding and help them follow along in this new online format. She says, "Remote learning has been a challenge because I had to think of ways to attract the children's attention. [However,] children told me they were relieved to see me on camera and their parents were very happy with the results."

## The humanitarian funding crisis is intensified by COVID-19

The pandemic is driving record-breaking humanitarian needs. But as needs have grown, so has the gap in funding allocated to humanitarian crises. The original 2020 Global Humanitarian Response Plan for COVID-19 appealed for US$2 billion to respond to urgent needs in 54 countries, but was updated in May 2020 and July 2020 to respond to increasing needs in 63 countries.[94] The updated plan called for US$9.5 billion but only met 39.7% of its funding requirements by the end of the year.[95]

The 2021 Global Humanitarian Response Plan calls for US$35.1 billion to support 160 million people most in need across 56 countries. As of May 2021, the plan had met just 16% of its funding requirements.

| 2021 response plans/ appeals | Required (US$) | Funded (US$) | Coverage (%) | Comment |
|---|---|---|---|---|
| Colombia humanitarian response plan 2021 | 174,010,305 | 17,386,177 | 10.0% | |
| DRC humanitarian response plan 2021 | 1,984,303,303 | 227,643,993 | 11.5% | |
| Venezuela humanitarian response plan 2021 | 762,500,000 | 20,499,751 | 2.7% | |
| DRC regional refugee response plan 2021 | 544,601,391 | 0 | 0.0% | |
| Venezuela refugee and migrant response plan 2021 | 1,439,234,410 | 64,610,582 | 4.5% | Covers Brazil, Colombia, and Peru host countries |
| Syria regional refugee response plan 2021 | 5,841,000,000 | 557,612,483 | 9.5% | Covers Turkey and Jordan host countries |
| South Sudan regional refugee response plan 2021 | 868,677,970 | 5,875,441 | 0.7% | Covers the DRC and Uganda host countries |

Data from OCHA Financial Tracking Service[96]

COVID-19 is causing humanitarian funding diversion and cuts. UNHCR reports that funding cuts have led to a dramatic reduction in the provision of essential and lifesaving services for FDP.[97] Some of the cuts result from UNHCR's funding being redirected to pandemic activities, while others are largely the result of chronic under-funding. World Vision's refugee activities affected by these cuts in 2020 included:

- Child protection and mental health in Uganda: Child protection and psychosocial case management in settlements hosting South Sudanese refugees were scaled down as a direct result of lack of funding, despite increased mental health needs.
- Health-care provision in the DRC: The lack of funding led to the suspension of the provision of specialised equipment and construction of health centres in camps hosting Central African refugees. Capacity-building activities for health workers and other key stakeholders in nutrition and reproductive health were also cancelled. These disruptions drastically increased health risks for refugees, in particular children, including malaria, malnutrition, measles, and diarrhoea.
- Education in Turkey: Education support to Syrian refugees and host communities was reduced, affecting secondary school-aged children who were not able to access e-learning.
- Child-Friendly Spaces in Colombia: Support to Child-Friendly Spaces, which had been running since 2018, was stopped. This affected newly arrived Venezuelan children who were left without supervision while their caregivers went through immigration procedures and orientation, exposing them to significant protection risks due to crowded border crossing spaces.

The United Kingdom (UK) government, one of the largest donors of foreign aid, announced cuts to its Overseas Development Assistance budget from 0.7% of national income to 0.5%[98] for 2021 and 2022 and possibly beyond. This represents UK£400 million (approximately US$567,612,000) less funding available at a time when the most vulnerable need it the most.

# RECOMMENDATIONS

The COVID-19 vaccine race is leaving millions of the most vulnerable to the virus and its direct and indirect impacts behind. The world will only come out of the pandemic if vaccine distribution is inclusive, fair, and equitable, and if diagnostics and medicines are equally accessible for all. Barriers in policy and practice are affecting FDP's ability to protect themselves from COVID-19 and to access vaccines and diagnostics, even when the latter are available.

**When we asked forcibly displaced families and children for their recommendations for addressing the pandemic, and the best ways to provide them with support, they called on decision makers to:**

- ensure a vaccine for all
- provide more information about COVID-19 vaccines, vaccine safety, and how vaccines can be accessed by them
- ensure access to free COVID-19 testing and treatment, and health care more broadly
- provide COVID-19 prevention tools, such as clean water and sanitation, masks, and hand sanitisers
- support children's education, including school materials and access to the Internet for online learning
- provide food assistance and social assistance, including cash transfers and health insurance
- ensure people comply with curfews and social distancing
- take better care of those most in need, including children and older people
- provide job opportunities and decent work.

**World Vision is calling on donor governments to ensure equitable access to vaccines, diagnostics, and medicines between countries by:**

- fully funding COVAX as a matter of urgency
- plugging the US$18.1 billion funding shortfall[99] for the 'Access to COVID-19 Tools Accelerator' (ACT-A)', including a US$2.6 billion funding gap for vaccines to enable COVAX distributions
- sharing 1 billion vaccine doses in 2021, in accordance with the WHO appeal[100]
- providing increased financial, technical, and logistical support to low- and middle-income countries in order to ensure timely and efficient distributions of the COVID-19 vaccine for all vulnerable groups, including FDP, as part of Global Compact for Refugees commitments
- accelerating financing for community engagement, vaccine hesitancy interventions and local distribution in alignment with WHO's 10 Steps for Community Readiness.[101]

**World Vision is calling on governments of refugee host countries to ensure equitable access to vaccines within countries by:**

- explicitly including all FDP, regardless of their legal status, and according to WHO's SAGE Values Framework for the allocation and prioritisation of COVID-19 vaccination recommendations, in COVID-19 vaccination plans and roll-outs, on equal footing with their own citizens. As such:
  - National deployment and vaccination plans should be developed, monitored, and evaluated in partnership with non-governmental organisations, faith leaders, and affected communities, including children and their families, to ensure that the plans are context specific, and address FDP's key barriers to accessing COVID-19 vaccines, testing, and treatment.
  - Disaggregated data should include FDP and should be collected as part of the regular monitoring of the vaccination plan's implementation, including vaccine uptake.
  - Lack of documentation should not act as a barrier to receiving the vaccine.
- producing and increasing access to vaccine information in relevant languages and formats, including facts about vaccines, vaccine safety, eligibility, registration, vaccination sites, and confidentiality of legal or residence status
- ensuring that personal information is stored securely and any information obtained about a person's legal or residence status (when someone is tested for COVID-19 or is receiving the vaccine) is not shared with other government

departments to be used against them or trigger immigration or law enforcement proceedings
- providing COVID-19 vaccine registration through a variety of channels that are accessible to all FDP.

There are also tangible risks associated with excluding FDP from COVID-19 vaccination campaigns, including highly detrimental consequences for their livelihoods and health, and catastrophic outcomes for children.

**World Vision is calling on donor governments to:**

- continue funding ongoing humanitarian responses as a matter of urgency and to maintain or resume essential health care, protection, food, and social protection programmes for FDP
- prioritise strengthening of health and water, sanitation, and hygiene systems beyond emergency vaccine programmes in COVID-19 responses and recovery plans, to better respond to COVID-19 health-related challenges, address the complex health needs of FDP, and ensure poor countries are better prepared for future shocks
- adopt policies and fund COVID-19 responses and recovery plans that holistically address the indirect and disproportionate impacts of the pandemic on FDP, especially children, and particularly with respect to livelihoods, food security and nutrition, health, child protection, and education
- ensure the global economic response to COVID-19 meets the needs of FDP.

**World Vision is calling on governments of refugee host countries to:**

- explicitly include all FDP, including children, regardless of their legal and residence status, in COVID-19 response plans and national health systems, providing equitable access to COVID-19 testing and treatment
- expand social protection schemes to minimise the economic impacts of the pandemic on all families and children living in their country
- implement inclusive and quality formal and non-formal education strategies for continued learning for all children where schools are still closed, and enable children to return to school by providing suitable equipment and school supplies, learning materials, and financial support (e.g. cash transfer to pay for school fees).

Qutaibah, a 5-year-old Syrian refugee, misses going to the regular activities at World Vision's early childhood education centre, in Azraq Refugee Camp, Jordan, now closed due to COVID-19. He excitedly completes his daily assignments so he can continue his learning remotely.

# ANNEXES

## Annex 1. Methodology

This survey was conducted between 25 April and 9 May 2021 in eight countries – Brazil, Colombia, the DRC, Jordan, Peru, Turkey, Uganda, and Venezuela. In Brazil, Colombia, and Peru, World Vision surveyed Venezuelan refugees; in Jordan and Turkey, Syrian refugees; in the DRC, refugees from the Central African Republic; and in Uganda, South Sudanese refugees. In Venezuela, World Vision surveyed internally displaced Venezuelans.

The survey used a mix of sampling methodologies (random, purposive, and convenience sampling) covering 339 households across all eight countries, with the average number of six people per household. Households in Brazil (39), Peru (50), Colombia (43), Venezuela (39), Turkey (49), Jordan (39), Uganda (34), and the DRC (46) were interviewed. Interviews were conducted over the phone or face-to-face, following COVID-19 safety regulations and local mandates.

Consideration was given to the sex, age, legal status, and living situations of the respondents. A detailed breakdown is given for each country in the country data annex. Over 62% of respondents were women, reflecting the high number of female-led households amongst displaced families, with the largest number of women respondents from Colombia, Peru, and Venezuela.

Considerations were given in choosing the locations and type of living situation of refugees and IDPs. Respondents lived in many contexts, including urban, rural, semi-urban, slums, refugee/IDP camps, and low-income housing settings. A detailed breakdown is given for each country in the country data annex.

Limitations: The results are not representative of the whole refugee and IDP population in respective countries and are indicative of the situation faced by surveyed respondents in assessed locations at the time of assessment.

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