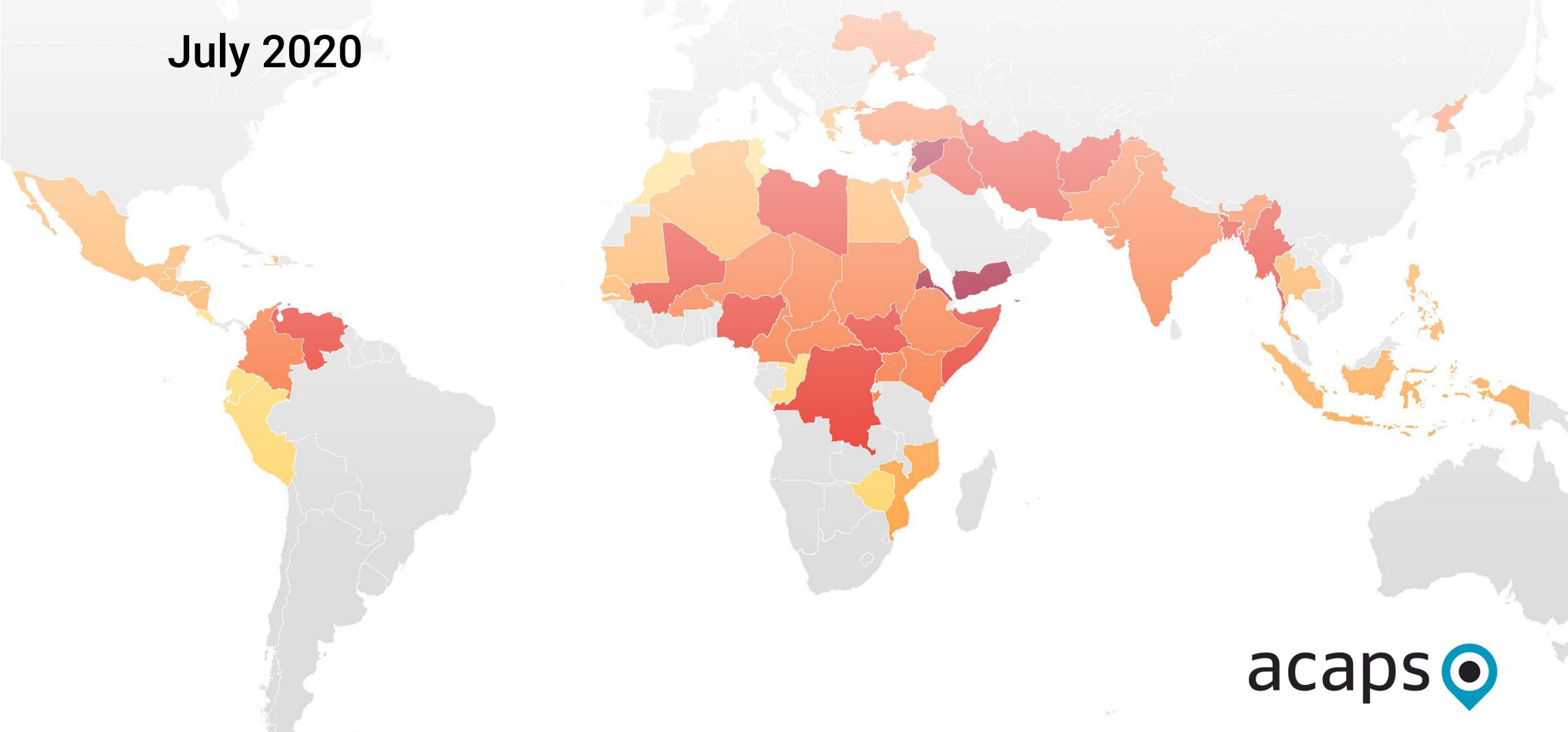


CRISISINSIGHT

HUMANITARIAN ACCESS OVERVIEW

July 2020



INTRODUCTION

ACAPS Humanitarian Access Overview provides a snapshot of the most challenging contexts worldwide.

This report centers upon countries in which ACAPS had identified humanitarian crises. The analysis includes focused narrative and analysis on the impact of the COVID-19 outbreak on the different aspects of humanitarian access.

In response to the pandemic, governments and civilians around the world have implemented measures aiming to contain the spread of the virus. In addition to humanitarian access constraints, these measures have presented challenges both for crisis-affected populations to access aid and for humanitarian organisations to operate.

ACAPS tracks the implementation of government measures in response to COVID-19 (ACAPS 2020). While many measures, such as lockdowns, border closures, or social distancing, challenged humanitarian access, in some contexts humanitarian exemptions were granted by authorities to ensure aid delivery (ACAPS 26/05/2020).

Key findings

- Crisis-affected populations **in more than 50 countries** are not getting the humanitarian assistance they need due to access constraints.
- **Five new countries (Costa Rica, Iran, Jordan, Mexico, Vanuatu) were included in the ranking** since the last ACAPS Humanitarian Access report released in October 2019.
- **“Restriction of movement within the country”** and **“Physical environment** (obstacles related to terrain, climate, lack of infrastructure)” were the most common challenges identified.
- Over the past months, **Access of People in Need to Aid is the condition that deteriorated the most** worldwide.
- **COVID-19 pandemic** mainly influenced people’s access to services and assistance, humanitarian actors’ access to the country and their capacity to move within territories of a country.

EXTREME CONSTRAINTS

ERITREA
SYRIA
YEMEN

VERY HIGH CONSTRAINTS

AFGHANISTAN
BANGLADESH
DRC
IRAQ
IRAN
LIBYA
MALI
MYANMAR
NIGERIA
STATE OF PALESTINE
SOMALIA
SOUTH SUDAN
VENEZUELA

HIGH CONSTRAINTS

BURKINA FASO
BURUNDI
CAMEROON
CAR
CHAD
COLOMBIA
DPRK
ETHIOPIA
INDIA
KENYA
LEBANON
NIGER
PAKISTAN
SUDAN
TURKEY
UGANDA
UKRAINE

In compiling the report, ACAPS analysts considered nine variables to rank and compare humanitarian access levels worldwide. You can now access the full [Humanitarian Access dataset here](#).

Please send us your feedback at info@acaps.org

INTRODUCTION

Trends

Since the publication of the last ACAPS Humanitarian Access Overview in October 2019, the following changes have occurred:

Humanitarian access has deteriorated



ALGERIA	IRAQ	SENEGAL
BANGLADESH	IRAN	THAILAND
BURKINA FASO	JORDAN	TUNISIA
COSTA RICA	KENYA	TURKEY
GREECE	LEBANON	
INDIA	MAURITANIA	

Humanitarian access remains stable



AFGHANISTAN	HAITI	PAKISTAN
BURUNDI	HONDURAS	PERU
CHAD	INDONESIA	SOMALIA
COLOMBIA	LIBYA	SOUTH SUDAN
DRC	MALI	STATE OF PALESTINE
ECUADOR	MOROCCO	SYRIA
EGYPT	MYANMAR	TRINIDAD & TOBAGO
EL SALVADOR	MOZAMBIQUE	UKRAINE
ERITREA	NICARAGUA	VENEZUELA
ETHIOPIA	NIGER	YEMEN
GUATEMALA	NIGERIA	ZIMBABWE

Humanitarian access has improved



CAMEROON
CAR
DPRK
SUDAN

Methodology

Data collection for this report was adapted to enable the analysis to capture the potential impact of COVID-19 restrictions on access. The core methodology remains unchanged, to ensure comparability with previous access reports. However, in order to assess the scope of COVID-19 impacts, the data collection process was adapted, utilising a binary system: “Is this indicator influenced by COVID-19? Yes / No”. “Yes” was selected in case of clear and stated relation with the pandemic. A selection of “yes” for a sub-indicator does not provide an explanation of severity or extent of the impact.

Our methodology groups nine indicators under three dimensions:

Access of people in need to humanitarian aid:

1. Denial of existence of humanitarian needs or entitlements to assistance
2. Restriction and obstruction of access to services and assistance

Access of humanitarian actors to affected population:

3. Impediments to enter the country (bureaucratic and administrative)
4. Restriction of movement within the country (impediments to freedom of movement and/or administrative restrictions)
5. Interference into implementation of humanitarian activities
6. Violence against humanitarian personnel, facilities and assets

Physical, environmental and security constraints:

7. Ongoing insecurity or hostilities affecting humanitarian assistance
8. Presence of landmines, IEDs, ERW and UXOs
9. Physical constraints in the environment (obstacles related to terrain, climate, lack of infrastructure, etc)

Each indicator is given a score from 0 to 3. The overall access score by country is ranked according to the following scale:

- 5 - Extreme access constraints
- 4 - Very high access constraints
- 3 - High access constraints
- 2 - Moderate access constraints
- 1 - Low access constraints
- 0 - No significant access constraints

(countries scored as 0 are not included in this report)

INTRODUCTION

Sources

The Humanitarian Access methodology uses a range of qualitative information sources together with relevant datasets. It collates these in a structured way in order to quantify the level of humanitarian access.

ACAPS analysts collect information from a range of credible, publicly available sources, including UN agencies, governments, international and local NGOs, international and local media, and data collected from humanitarians in the field.

Some of the most relied upon sources are:

- **Aid Worker Security Database by Humanitarian Outcomes**
- **Aid in Danger project by Insecurity Insight**
- **Armed Conflict Location & Event Data Project (ACLED)**
- **OCHA's Humanitarian Needs Overviews (HNOs) and situation reports**
- **Landmine Monitor**

Indicators were cross checked with ACAPS #COVID19 Government Measures Dataset and ACAPS #COVID19 Humanitarian Exemptions to Government Measures Dataset.

[Read more about our methodology here.](#)

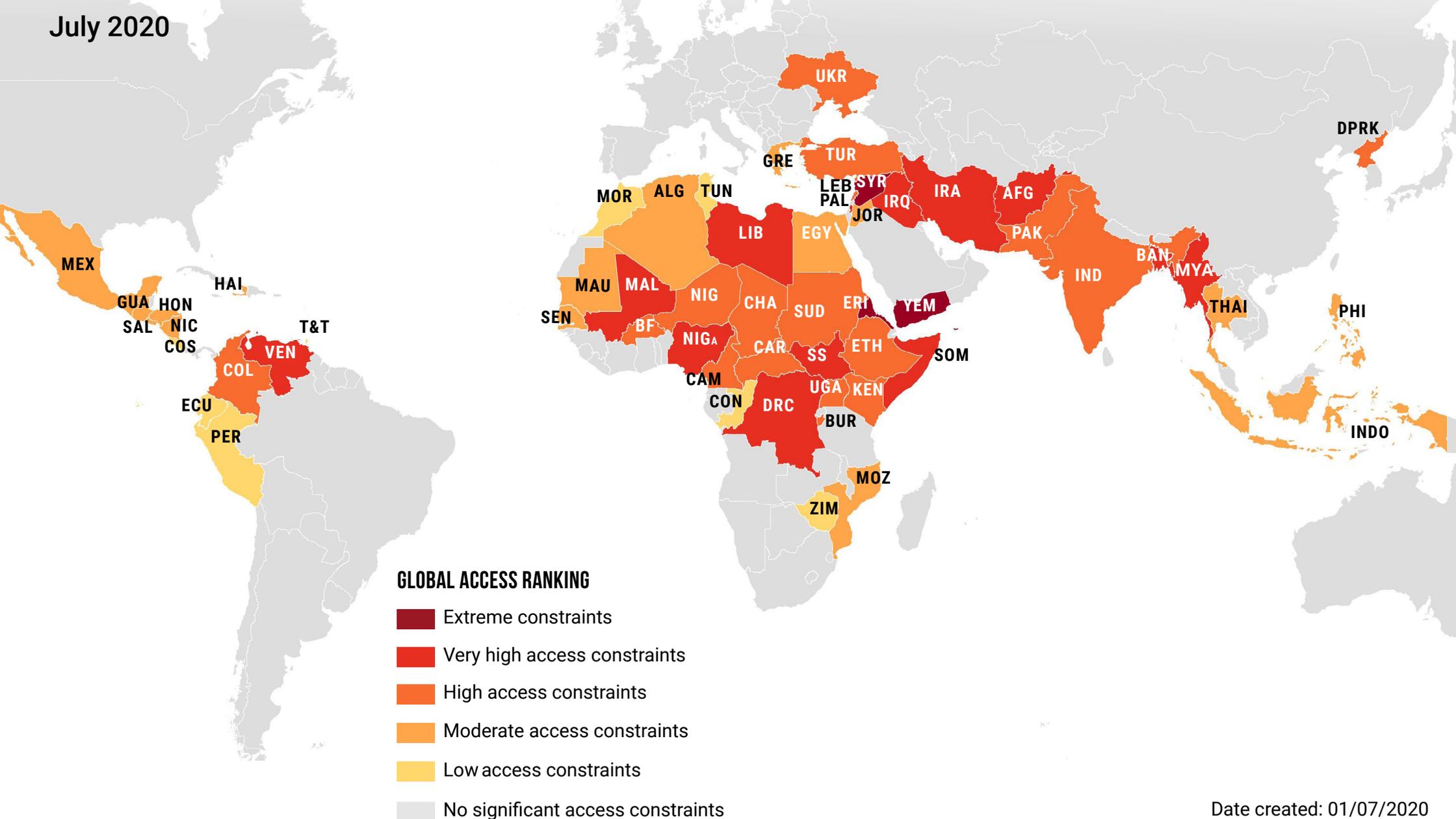
Limitations

COVID-19 poses an unprecedented global challenge for humanitarian response, including for collecting adequate data on humanitarian access. The COVID-19 pandemic has challenged the ability to gather relevant and reliable information:

- A particular challenge in the data collection for access arises as restrictions due to nationwide containment measures are reported primarily at a country level. Therefore, data collection does not necessarily reflect the situation at the crisis level, where humanitarian exemptions granted by national or local authorities mitigate constraints.
- Information on special permissions for humanitarian actors is not always publicly available, especially when these are only applied temporarily or on a case-by-case manner.
- Authorities' containment measures are dynamic. Particularly movement restrictions such as border closures and lockdowns have often been introduced rapidly and ad-hoc. This results in access constraints that can change significantly from one week to another, and some may be no longer relevant at time of publication.
- COVID-19 challenges the conventional understanding of humanitarian access. Access for humanitarian actors and the access of people in need have been typically framed by impediments posed by conflict, insecurity, or physical access constraints. The pandemic has added a new element and has confronted humanitarian actors and the communities they serve with unfamiliar access constraints. COVID-19 has particularly affected people's access to non-essential aid and services due to containment measures such as country-wide lockdowns, border closures and social distancing measures. Conventional reporting does not necessarily capture constraints for access to non-essential services and are thus likely not fully reflected in this report. Overall, the level of reporting and available information on access constraints differs among countries and indicators.

HUMANITARIAN ACCESS OVERVIEW

July 2020



ACCESS INDICATORS

	Afghanistan	Algeria	Bangladesh	Burkina Faso	Burundi	Cameroon	CAR	Chad	Colombia	Congo	Costa Rica	DPRK	DRC	Ecuador	Egypt	El Salvador	Eritrea	Ethiopia	Greece	Guatemala	Haiti	Honduras	India (Kashmir)	Indonesia	Iran	Iraq	Jordan	Kenya	Lebanon
Overall humanitarian access ranking	4	2	4	3	3	3	3	3	3	1	1	3	4	1	2	2	5	3	2	2	2	2	3	2	4	4	2	3	3
Denial of existence of humanitarian needs	0	0	2	1	3	1	0	0	0	0	0	3	1	0	2	0	2	2	0	0	0	1	0	2	2	2	2	0	2
Restriction of access to services and assistance	3	2	3	2	0	2	2	2	2	0	2	2	2	1	0	2	0	2	2	2	0	2	2	2	3	3	2	2	3
Impediments to entry into country	1	1	2	1	0	0	1	1	0	0	0	1	1	0	1	0	3	2	0	0	1	0	1	0	2	1	1	1	1
Restriction of movement within the country	3	0	2	3	1	2	3	3	2	0	0	2	3	0	1	2	0	1	0	2	1	2	1	1	1	3	0	1	2
Interference with humanitarian activities	2	1	2	1	2	3	2	2	0	0	0	2	2	0	2	0	0	2	1	0	0	1	1	2	2	2	0	0	2
Violence against personnel, facilities and assets	3	0	0	0	0	1	3	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Ongoing insecurity / hostilities	3	0	3	3	1	3	3	3	1	0	0	0	3	0	0	1	0	1	0	0	2	3	1	0	1	1	0	1	0
Presence of landmines, IEDs, ERW and UXOs	3	1	1	0	0	1	0	2	2	0	0	0	1	0	1	0	2	3	0	0	0	0	1	0	1	3	2	1	3
Physical constraints in the environment	3	0	3	3	2	2	3	3	2	3	0	2	3	2	2	0	2	2	0	2	3	1	2	2	3	2	0	3	1
Information gap	12%	11%	8%	19%	5%	8%	13%	6%	8%	0%	0%	3%	1%	1%	14%	3%	83%	0%	0%	6%	8%	7%	18%	3%	8%	1%	0%	8%	0%
	Libya	Mali	Mauritania	Mexico	Morocco	Mozambique	Myanmar	Nicaragua	Niger	Nigeria	Pakistan	Palestine	Peru	Philippines	Senegal	Somalia	South Sudan	Sudan	Syria	Thailand	Trinidad and Tobago	Tunisia	Turkey	Uganda	Ukraine	Vanuatu	Venezuela	Yemen	Zimbabwe
Overall humanitarian access ranking	4	4	2	2	1	2	4	2	3	4	3	4	1	2	2	4	4	3	5	2	1	1	3	3	3	1	4	5	1
Denial of existence of humanitarian needs	2	2	0	0	0	2	3	2	0	2	0	3	0	0	0	2	0	0	3	0	0	0	2	2	0	0	2	2	0
Restriction of access to services and assistance	3	2	2	2	1	1	3	2	2	2	2	3	1	2	2	3	2	3	2	1	2	2	1	2	2	0	2	3	0
Impediments to entry into country	1	0	0	0	1	1	2	2	0	1	2	2	0	0	1	1	2	2	2	0	0	1	0	0	2	1	2	2	0
Restriction of movement within the country	3	2	0	2	0	0	3	0	2	3	1	3	0	0	1	3	3	2	3	0	0	0	1	0	3	0	2	3	0
Interference with humanitarian activities	3	2	0	2	1	0	2	2	1	2	2	3	0	0	0	3	3	0	3	0	0	0	2	1	2	0	3	3	1
Violence against personnel, facilities and assets	0	3	0	0	0	0	0	0	0	3	0	0	0	0	0	0	3	0	3	0	0	0	0	0	0	0	0	3	0
Ongoing insecurity / hostilities	3	3	0	1	0	3	2	0	3	2	3	1	0	2	0	3	3	3	3	1	0	0	0	0	2	0	2	3	0
Presence of landmines, IEDs, ERW and UXOs	1	1	1	0	1	1	1	0	1	1	1	2	1	1	1	2	3	1	2	3	0	1	3	0	3	0	0	1	2
Physical constraints in the environment	3	2	2	0	0	0	2	1	3	2	3	2	1	2	0	3	3	3	3	2	1	0	0	3	2	3	3	3	0
Information gap	14%	10%	19%	6%	11%	8%	12%	7%	4%	8%	12%	3%	0%	8%	0%	3%	14%	7%	11%	4%	0%	8%	8%	0%	0%	0%	6%	14%	0%

COVID-19 IMPACT

0 – indicator flagged as “not impacted by COVID19”

1 – indicator flagged as “impacted by COVID19”

	Afghanistan	Algeria	Bangladesh	Burkina Faso	Burundi	Cameroon	CAR	Chad	Colombia	Congo	Costa Rica	DPRK	DRC	Ecuador	Egypt	El Salvador	Eritrea	Ethiopia	Greece	Guatemala	Haiti	Honduras	India (Kashmir)	Indonesia	Iran	Iraq	Jordan	Kenya	Lebanon
Overall humanitarian access ranking	4	2	4	3	3	3	3	3	3	1	1	3	4	1	2	2	5	3	2	2	2	2	3	2	4	4	2	3	3
Denial of existence of humanitarian needs	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Restriction of access to services and assistance	1	0	1	1	0	1	0	1	1	0	1	0	0	0	0	1	0	1	1	1	0	1	1	1	1	1	1	1	1
Impediments to entry into country	1	1	1	1	0	0	1	1	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	1	1	1	1	1
Restriction of movement within the country	1	0	1	1	1	0	0	1	1	0	0	0	1	0	0	0	0	1	0	0	1	0	1	0	1	1	1	1	0
Interference with humanitarian activities	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	0	0	1
Violence against personnel, facilities and assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ongoing insecurity / hostilities	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Presence of landmines, IEDs, ERW and UXOs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical constraints in the environment	1	0	1	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0
Information gap	12%	11%	8%	19%	5%	8%	13%	6%	8%	0%	0%	3%	1%	1%	14%	3%	83%	0%	0%	6%	8%	7%	18%	3%	8%	1%	0%	8%	0%
	Libya	Mali	Mauritania	Mexico	Morocco	Mozambique	Myanmar	Nicaragua	Niger	Nigeria	Pakistan	Palestine	Peru	Philippines	Senegal	Somalia	South Sudan	Sudan	Syria	Thailand	Trinidad and Tobago	Tunisia	Turkey	Uganda	Ukraine	Vanuatu	Venezuela	Yemen	Zimbabwe
Overall humanitarian access ranking	4	4	2	2	1	2	4	2	3	4	3	4	1	2	2	4	4	3	5	2	1	1	3	3	3	1	4	5	1
Denial of existence of humanitarian needs	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0
Restriction of access to services and assistance	1	0	1	1	0	0	1	1	1	0	1	1	0	1	1	1	1	1	1	0	0	1	0	1	1	0	1	1	0
Impediments to entry into country	1	0	1	0	1	0	0	0	1	0	0	1	0	0	1	1	1	1	1	0	0	1	0	0	0	1	0	1	0
Restriction of movement within the country	1	0	0	0	0	0	1	0	0	0	1	1	0	0	1	1	1	1	1	0	0	0	0	0	0	1	1	1	0
Interference with humanitarian activities	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0
Violence against personnel, facilities and assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Ongoing insecurity / hostilities	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
Presence of landmines, IEDs, ERW and UXOs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical constraints in the environment	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0	1	1	1	1	0
Information gap	14%	10%	19%	6%	11%	8%	12%	7%	4%	8%	12%	3%	0%	8%	0%	3%	14%	7%	11%	4%	0%	8%	8%	0%	0%	0%	6%	14%	0%

COVID-19 AND DIMENSIONS OF HUMANITARIAN ACCESS

According to our data collection, access challenges related specifically to COVID-19 mainly fell within two dimensions: *Access of People in Need to Aid* and *Access of Humanitarian Actors to Affected Populations*.

Access of People in Need to Aid

Access of People in Need to Aid is the most affected dimension, with Restriction and obstruction of access to services and assistance highlighted as the indicator most impacted by COVID-19. This indicator seeks to capture whether affected populations face barriers in accessing assistance or services. It assesses impediments such as targeted obstructions in movements (including crossing borders to seek refuge), bureaucratic and administrative requirements to access assistance, and the forced displacement of people in need away from services.

In order to contain the COVID-19 outbreak, many governments around the world implemented restrictions aimed at reducing movement and contact between people, thus containing virus spread. Measures such as international and domestic travel restrictions, closure of non-essential services, or limiting public gatherings seems to have had an impact on the capacity of people in need to access services and assistance. If in general these provisions apply to all citizens of a country, there have been reports of worse consequences for populations already affected by humanitarian crises.

Travel restrictions, including border closures and lockdowns, have had a tangible impact on the ability of people in need to access services and aid. For example, in eastern Ukraine, between 21 March and 10 June, border closures due to COVID-19 between non-government controlled areas and government controlled areas restricted the movement of people who typically cross in order to access essential services (UN Ukraine 26/06/2020; OCHA 11/05/2020). Prior to the introduction of the COVID-19 restrictions there were 900,000 crossings monthly, but between 21 March and 31 May only 570 crossings were permitted (OCHA 03/06/2020). The closures, at five border points in the east, restricted access to essential services, impacted livelihoods, and separated families (OCHA 03/06/2020; UNHCR 30/04/2020; Radio Free Europe 24/03/2020). Other COVID-19 related limitations on the utilisation of public transportation had an impact, since it is frequently used by crisis-

affected populations to access basic services and assistance. In Ukraine, usage of public transportation throughout April was limited in more than 70 localities, including 31 localities where it was completely not allowed (UNHCR 19/05/2020; UNHCR 28/04/2020).

Closure of non-essential services led to suspension of humanitarian programmes, including educational activities. From April–June 2020, education programmes were suspended in at least 160 countries worldwide, including those experiencing humanitarian crises, in order to promote social distancing and reduce the spread of COVID-19. In Bangladesh, many non-essential programmes were suspended until further notice, including those in education and learning centres. Rohingya children are continuing to learn from home, but the reduced learning support they receive translated into a short-term decrease in education and skills development (UNICEF 02/06/2020; ISCG 04/2020). In the Northwest and Southwest regions of Cameroon, more than 10,000 schools and community learning facilities have been shut in response to the pandemic (OCHA 24/06/2020). While education continues online in a large number of crisis contexts, lack of access to technology and internet connection poses a barrier to online learning. In the case of Cameroon, only 30% of the population has adequate access to information and communications technology. This means that school closure is probably preventing the crisis-affected population from accessing education (OCHA 24/06/2020).

Social distancing in order to contain the risk of infection seems to have disrupted access to basic health services. In some countries including the Philippines, Chad, and Cameroon, vaccination campaigns have been disrupted as a possible consequence of social distancing (UNICEF 24/04/2020; OCHA 24/06/2020; The New Humanitarian 11/06/2020; WHO 24/04/2020). The Rohingya response in Bangladesh reports a drop in routine immunisation coverage across the camps in Cox's Bazar, due to the risk of COVID-19 transmission. Suspensions or reductions in immunisation campaigns might lead to potential outbreak of vaccine preventable diseases.

COVID-19 AND DIMENSIONS OF HUMANITARIAN ACCESS

Access of Humanitarian Actors to Affected Populations

Access of Humanitarian Actors to Affected Populations is the second most affected dimension. Indicators showing the most COVID-19 impact are Restrictions of movement within the country and Impediments to entry into the country. Relevant COVID-19 related access challenges picked up by these indicators are typically related to domestic movement restrictions implemented in response to the pandemic, such as lockdowns or an increase in the number of checkpoints. Moreover, challenges to enter countries commonly picked up relate to entry bans, visa restrictions and flight suspension.

Lockdowns, curfews, and checkpoints have been implemented in response to the pandemic in different areas of the world. Lockdowns across the Middle East, for instance, have posed severe challenges to humanitarian responders' access to people in need. During the phase of initial lockdowns, at least 30,000 people across the region could not be reached due to restrictions (NRC 25/03/2020). In Libya, humanitarian workers needed to obtain special passes to allow movement during curfews, which lasted up to 24 hours a day. The process to obtain the passes was lengthy and affected operations (OCHA 30/04/2020). In El Salvador, special quarantine restrictions have led to delays in food aid deliveries, particularly in rural areas (OCHA 23/06/2020).

In Cameroon, the presence of checkpoints – flagged in past access reports – was reinforced by COVID-19 restrictions. These checkpoints are controlled by Cameroon security forces and separatist groups in the Northwest and Southwest regions. They impede the smooth passage of humanitarian aid and personnel around these areas, and sometimes demand illegal payments, causing unnecessary delays in aid delivery (Al Jazeera 11/03/2020). In Afghanistan, while exemptions to COVID-19 movement restrictions were in place for humanitarians, many NGOs were unable to pass checkpoints despite presenting the correct documentation (OCHA 07/04/2020).

Other containment measures had an impact on the capacity of humanitarian workers to enter countries. For instance, measures such as quarantine and testing requirements upon entry into countries or specific regions has, in some circumstances, hindered the ability of humanitarian personnel to easily travel between countries or regions, hampering humanitarian operational capacity, as was reported from South Sudan (UNHCR 06/06/2020).

In Vanuatu, the humanitarian response to Cyclone Harold, a Category 5 storm that hit the country in April, was delayed by COVID-19 restrictions on international aid workers and imported cargo. The Government of Vanuatu announced that restrictions on the entry of foreigners, put in place in March, would not be lifted for humanitarian workers; all humanitarian response was to be conducted by organisations already present in the country (TIME 17/04/2020). Cargo, including humanitarian supplies, was reported to require a three-day quarantine before distribution (The Guardian 14/04/2020).

Although not commonly flagged as “influenced by COVID-19”, it is worth flagging episodes concerning Ongoing insecurity/ hostilities affecting humanitarian assistance. Since the beginning of the pandemic, violent incidents related to COVID-19 are reported worldwide (InsecurityInsight 06/2020). Many of them are either related to community protests against containment measures or to the methods used by security forces in enforcing such measures (HDX 01/06/2020). Of particular concern are assaults to healthcare workers and facilities targeted because of their role in the COVID-19 response. In Yemen, guards of an isolation centre were attacked in April (OCHA/ASG 14/05/2020). In Mexico, there has been a marked increase in violence against health workers, perceived as sources of infection. Since April, 27 targeted attacks have been reported (ICRC 08/05/2020).

HUMANITARIAN ACCESS & COVID-19: CROSS-SECTORAL ISSUES

Displaced populations and migrants

Migrants, refugees and IDPs have been particularly vulnerable to COVID-19 movement restrictions. For example, border closures in the Sahel area left hundreds of Malian migrants stranded in Niger for three months until both governments opened a humanitarian corridor allowing Malians to return (VOA 07/06/2020; IOM 26/06/2020). Some repatriation and resettlement programs were suspended due to the pandemic, such as the repatriation of refugees from Cameroon to Central African Republic (UNHCR 17/03/2020; OCHA 24/06/2020).

Of particular concern are contexts in which authorities impose special restrictions for migrants or refugees, especially in case of forcibly displaced persons living in camps or camp-like situations. For example, access to healthcare for migrants and asylum seekers in Greece was restricted during the national lockdown. Citing COVID-19 quarantine policies, authorities in Greece held around 2,000 newly arrived migrants and asylum seekers in detention sites with limited access to health services as well as asylum, sometimes for longer than 14 days (HRW 31/03/2020). In Lebanon, curfews particularly restricting the freedom of movement of Syrian refugees were in place before the COVID-19 outbreak. With the start of the pandemic, virus containment measures further limited Syrian refugees' right to movement in specific municipalities, where Syrian refugees specifically were required to observe a longer curfew. In some municipalities Syrian refugees were to send only one person per community or settlement to go out for basic necessities (US State Department 02/03/2020; HRW 02/04/2020; ACAPS HEN 20/04/2020).

Mobility restrictions and service closures due to COVID-19 pose an additional challenge for migrants and refugees who often had only limited access to basic services prior to the pandemic (IOM 04/2020). Even if essential services such as food distributions continued in most camps, access to services and aid continued to be disrupted.

The closure of school and child centres have raised protection concerns for refugee children. For example, camps in South Sudan reported an increase in child labour and child marriage following the closure of education facilities (UNHCR 06/06/2020). In several countries across West and Central Africa, such as Benin and Nigeria, the registration of asylum seekers was halted while in others, such as Burkina Faso or Gabon, there has been

limited registration for critical cases only (UNHCR 15/04/2020). Other services impacted by COVID-19 include reintegration programmes. In Afghanistan, returnees fear losing their source of income as employment opportunities provided through reintegration projects have suffered from the economic impact of lockdown (IOM 06/2020).

Quarantine policies have also had a specific impact on refugees or returnees crossing borders. Since mid-March, an estimated 80,000 Venezuelans returned to Venezuela (OCHA 22/05/2020). Some 68,000 returned via the land border with Colombia (R4V 24/06/2020). Returnees who are obligated to go into quarantine upon arrival in Venezuelan border states reportedly have limited access to humanitarian assistance, including adequate temporary accommodation and food (Efecto Cocuyo 26/06/2020; OCHA 10/04/2020; TNH 12/05/2020).

Disaster response

Movement restrictions and social distancing measures in place to limit the transmission of COVID-19 have posed special challenges for the humanitarian response to disasters. In South Asia, preparation and response to Cyclone Amphan was hindered by the COVID-19 pandemic. Emergency shelters in India had reportedly been converted to COVID-19 isolation centres, decreasing the capacity for evacuation shelters in affected areas (AA 20/05/2020). Additionally, the emergency shelters open to cyclone evacuees hosted only 50% of their capacity to comply with social distancing measures (NYT 19/05/2020). In East Africa, government restrictions have hampered the ability of organisations to respond to the ongoing locust outbreak. In particular, domestic travel restrictions arising from COVID-19 containment measures have hindered ground-control operations (part of the locust response) in Ethiopia and Uganda (DW 11/05/2020; The East African 18/04/2020)

Humanitarian exemptions

Humanitarian organisations may be permitted to operate despite COVID-19 containment measures, if authorities have granted exemptions to ensure the provision of essential aid. In these situations humanitarian operations may have been limited to essential services and slowed down, but not come to a complete stop. This is the case for the Rohingya response in Bangladesh, where only critical services and assistance are

HUMANITARIAN ACCESS & COVID-19: CROSS-SECTORAL ISSUES

permitted, and site management staff reduced to 20% of pre-COVID-19 presence (RRRC 08/04/2020). In Iraq, food distributions in refugee and IDP camps continued during March despite a nation-wide lockdown as the government exempted humanitarian workers from the movement restrictions, allowing them to travel to and from the camps (WFP 03/2020). In other cases, exemptions to flight suspensions and entry bans were granted. Governments of EU member states and several African states set up a humanitarian air bridge enabling the transport of humanitarian workers and relief items despite flight suspensions (EC 10/06/2020). However, humanitarian exemptions are not always applied consistently. In Iraq, there are reports of exemptions from movement restrictions being applied inconsistently, hampering humanitarian operations (USAID 08/05/2020).

The ACAPS team will keep monitoring the impact of COVID-19 on access. You can find an overview of all ACAPS resources on COVID-19 [here](#).

SEE THE CRISIS CHANGE THE OUTCOME

ACAPS
Avenue de France 23
5th floor
CH 1202 Geneva
+41 22 338 15 90
info@acaps.org

