

Applying humanitarian standards to the global COVID-19 response

Good Practice Series COVID-19 Number 7

Human mobility and COVID-19: Lessons from South America

Summary

The coronavirus (COVID-19) pandemic is affecting people in many different contexts. While the right to life with dignity is universal, each response to the pandemic must be contextualised to apply the humanitarian standards appropriately for that environment. This case study offers examples of good practice.

Globally, there are more than 25 million refugees, 84% of whom are being hosted by low or middle-income nations with weak health systems.¹ This condition of mobility challenges the way humanitarian agencies work. The fundamental drivers of migration will not disappear anytime soon. Examples from Argentina, Brazil, Colombia and Venezuela point to some of the adjustments that are required.

Key question

How can humanitarian agencies adequately engage with migrant and mobile populations to ensure that support is relevant, appropriate and effective – even under pandemic conditions?

Humanitarian standards

The **Core Humanitarian Standard** commits agencies to engage with affected people in the design of their assistance, based on communication, participation and feedback (Core Humanitarian Standard **Commitment 4**), thereby ensuring that the response is relevant, appropriate and effective (Core Humanitarian Standard **Commitment 1**). Key actions involve the response being adapted according to a systematic and ongoing analysis of the context and an understanding of stakeholders' vulnerabilities and capacities. Agencies are expected to provide information to people affected by a crisis, about how their staff are expected to behave, and to consult them on the programmes they intend to deliver.

South America: Engaging with people on the move

Regionally, South America has experienced extraordinary levels of migration in recent years. Over 5 million people have left Venezuela for sanctuary in countries as far away as Argentina. Migration patterns have been changing and some new receiving countries are unprepared or unable to offer adequate support.

Like many humanitarian agencies, the International Federation of Red Cross and Red Crescent Societies has had to rapidly adapt to these new migrant flows and people's different needs. "If we deliver a food basket, it is not the same for a person from Venezuela as a person from Haiti," says Alvaro Gramajo of Red Cross Brazil. "Providing psychosocial support to Spanish-speaking clients is not the same as with Creole-speaking Haitian migrants."

"Our humanitarian processes are designed for people who are temporarily settled in a geographical place. So, it is challenging to



Venezuelan refugees in Boa Vista, Brazil. Marcelo Camargo/Agência Brasil

¹ UNHCR, « UN Refugee Agency steps up COVID-19 preparedness, prevention and response measures », 16 March 2020

support groups that are in permanent mobility,” observes Ingrid Kuhveldt of HelpAge International. “How to apply the essential principles of humanitarian work so that the support is relevant to the different profiles that we are finding?”

Humanitarian agencies identified three distinct groups of people in need of support: migrants, host communities and relatives left behind. Each group has different needs. “You have to look at the needs of the migrant community and also of the host community – not only to provide quality humanitarian assistance to the population arriving in the country, but to strengthen the local economy. The Sphere standards include a section on the importance of market analysis,” says Elián Giaccharini of ADRA Argentina.

On top of the migration crisis, the COVID-19 pandemic prompted governments to close borders and shelters, stop transport and halt economic activity in order to reduce transmission of the virus. “COVID-19 is an emergency in the middle of another one”, says Luis Francisco Cabezas of Convite, a Venezuelan NGO. “COVID paralysed us in a moment. How could we continue to provide help and services in the face of such a latent health risk? How to protect our staff and volunteers whilst continuing to provide assistance to the migrant population?” (Core Humanitarian Standard **Commitment 8**).

The first challenge was to stabilise the situation, and understand what was happening and which sectors needed a quick and effective response. “The situation seemed more and more complex”, said Luis Francisco Cabezas. “We were finding many older people who had been left behind in Venezuela at particular risk.” Some 85% of COVID-19 deaths were people over 55 years of age. Research found that 55% of medical staff had given up their jobs and migrated from the country, resulting in significant gaps in health services for these most vulnerable, older people. Furthermore, the research revealed how **older people were being impacted differently** by the quarantine measures. Therefore, tailored support plans were required for them, according to their individual needs.

It was very challenging to maintain two-way communication with affected people under COVID-19 isolation measures. The Red Cross reported that their teams constantly reviewed the data and information that came from the territories where they had installed capacity at their branches and sections. These field staff provided information, including consultations at points of service delivery such as health centres. Satisfaction surveys provided opportunities to receive feedback on how primary beneficiaries and host communities perceived services, and what else they needed. Red Cross staff also conducted meetings with local leaders who identified improvements that could be made to services.

Agencies had to find new ways to deliver support – with less travel or direct contact. “It meant having to learn and reinvent ourselves on how to provide the services, but always under the system of dignified, timely, relevant appropriate humanitarian assistance”, said José Félix Rodríguez, Coordinator at the IFRC Regional Office.

Lessons

“In a highly charged political context of Venezuela, the Sphere standards helped us to carve out a humanitarian space and protect access to older people with a differentiated approach”, said Luis Francisco Cabezas. “In many cases, the humanitarian aid tends to homogenise the population. Yet, people are diverse, so the humanitarian response must adapt to their needs. For us, it is fundamental that within the response there is a differentiated approach. I believe that the Sphere standards are fundamental to provision of a differentiated response.”

Resources

- To learn more about applying humanitarian standards in South America, [watch the webinar recording](#)
- Read the [Sphere guidance on COVID-19 response](#)
- [Sphere Handbook](#)
- [Humanitarian inclusion standards for older people and people with disabilities](#)

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