

OPERATIONAL CONSIDERATIONS: COVID-19 AND FORCED DISPLACEMENT IN THE MIDDLE EAST AND EAST AFRICA

Across the Middle East and East Africa, COVID-19 is compounding vulnerabilities already experienced by populations forcibly displaced by war (refugees, asylum-seekers, internally-displaced and stateless persons). In addition to the devastating health threat the pandemic poses, lockdown measures imposed by governments to reduce transmission are having outsized effects on forcibly displaced populations, further entrenching poverty, xenophobia and creating new humanitarian protection issues.

This summary paper puts forward considerations of the ways in which humanitarian actors, civil society organisations and government departments with specific responsibilities towards displaced people can contribute to lessening vulnerabilities in this pandemic. For further considerations and details on local COVID-19 responses by forcibly displaced populations across the Middle East & East Africa, see our full [Background Paper: COVID-19 and forced displacement in the Middle East & East Africa](#).

Adopt holistic responses

- Entrenched conflicts in Palestine, Lebanon, Iraq and Syria, as well as South Sudan, Somalia and eastern Democratic Republic of Congo profoundly shape patterns of mobility in the Middle East and East Africa over generations, affecting coping strategies of people who decide to leave and those who stay.
- COVID-19 responses should acknowledge the multiple sources of trauma forcibly displaced populations have already experienced and ensure that displaced populations are not pushed into even more precarious situations by public health measures.
- Humanitarian actors, civil society organisations and government departments can lessen vulnerabilities in this pandemic not only by helping health systems respond to COVID-19, but also by i) adapting programmes to maintain essential services, ii) working with governments to prevent inequitable imposition of COVID-19 control measures which disadvantage already vulnerable people, and iii) supporting forcibly

displaced people to overcome structural barriers to inclusion and take a larger role in COVID-19 responses.

Collaborate with local groups

- Humanitarian responders to COVID-19 should consider the specific and varied types of settings forcibly displaced people live in during their migrations, as well as the diverse ways people migrate. Very often, the places where forcibly displaced people settle become sites of plural or hybrid authorities. Humanitarian programmes, religious organisations, elders' committees and customary courts, political and civil society organisations and local financing cooperatives operate alongside each other, offering various opportunities for leadership and participation, including in collaborating with public health interventions.
- Involving diaspora and refugee-led groups may be especially important to improve support to displaced people not living in formal settlements.
- Humanitarian agencies should invest in understanding local social and aid delivery structures, develop links to them, and support people to identify local priorities, monitor problems and help devise solutions.
- Care should also be taken to understand who certain groups represent, whose voices may remain marginalised within these structures and how strategies can be adapted to reflect the diversity of forcibly displaced people within and across borders.

Avoid imposing complete lockdowns that threaten economic security

- Displaced populations tend to be part of transnational social networks that share income, aid and other livelihood opportunities to cope with multiple crises. These social relationships and resources, however, are all being stressed by the COVID-19 restrictions on travel and operating businesses ('lockdowns'):
 - Most displaced people in camps and informal urban settlements are dependent on daily wages and have fewer savings and employment benefits to sustain the shocks of lockdown restrictions on employment.
 - Particularly in East Africa, stay-at-home orders also threaten the abilities of displaced people and those in their social networks to farm and provide food for their families. Most people in camps are experiencing reductions in humanitarian aid because of global financial effects of the pandemic and most outside camps cannot access government financial support.
- Wherever possible, humanitarian and local actors should work with government departments to avoid imposing complete lockdowns that disproportionately impede displaced peoples' livelihoods. For example, less restrictive strategies such as adopting

queuing systems and alternating days for individual vendors can help maintain safe physical distances in outdoor markets that enable some trade.

- Displaced populations should not be categorised or be considered as exclusively 'aid-dependent' or 'self-reliant'. Global donors should continue to give generously to humanitarian funding mechanisms to support displaced people in precarious economic circumstances. Humanitarian and local actors should invest in emergency financial protection systems which can reach self-settled refugees in exceptional circumstances.

Mitigate protection risks of testing and surveillance

- Displaced peoples' rights to cross borders and travel outside of camps is often bureaucratically constrained which puts them at risk of violence and extortion by police and security forces. As highly visible sites inhabited by displaced people, camps and borders have been subjected to medical, security and social surveillance during this pandemic which has exacerbated xenophobia and contributed to unequal imposition of lockdown measures on forcibly displaced populations.
- Governments and humanitarian actors responding to COVID-19 must balance the need to control disease transmission and maintaining displaced peoples' right to asylum and essential services.
- Undocumented refugees should be granted temporary amnesties to access health services without risk of arrest or deportation.
- Protection actors should monitor the emergence and activities of informal patrol groups to reduce the potential for incarceration of illegal migrants in unsafe conditions or mob violence directed towards those seen as putting the safety of camps at risk and publicise safe, alternative opportunities for asylum-seekers to register.
- Since hygiene-related arguments are a common tactic used by warring parties to exacerbate tensions with enemy groups, COVID-19 education programmes should take care not to unintentionally stigmatise displaced populations by exaggerating disease discourses related to travel or to particular groups.

Do not ask people to leave their homes during an epidemic

- Forcibly displaced people tend to live in more precarious situations than surrounding populations. Land loaned to humanitarian responses for camps or available in informal urban settlements may be scarce, necessitating overcrowding and increasing displaced peoples' vulnerability to COVID-19 transmission.

- Camps and informal settlements may also be subject to political disputes, and periodically threatened with closure. During the COVID-19 pandemic, some camp populations in East Africa and the Middle East have been told to 'go home' even when it is not safe to do so.
- Population density should not be used as an excuse to empty camps, especially during a crisis when others in displaced peoples' social networks have fewer resources to assist homeless people. Humanitarian and government actors must protect peoples' existing homes and work to make them safer.

Protect access to routine healthcare

- Displaced people of all ages tend to suffer from poorer health than non-displaced people, including untreated chronic conditions which put them at higher risk of severe complications of COVID-19.
- In some places, travel restrictions are hindering access to health services. Government actors should ensure exemptions for health-seeking are clearly communicated to police and the public.
- Within fragmented or highly privatised health systems, publicly-funded hospitals tend to be most accessible to displaced populations and these types of facilities have also been preferentially targeted for national COVID-19 interventions. When requisitioning health system resources for COVID-19 activities, humanitarian and government authorities should protect displaced peoples' right and ability to access services there. They should avoid giving over health facilities entirely to the response since seeking healthcare for other conditions elsewhere would be unaffordable for most displaced people.
- Humanitarian programmes should consider adopting or expanding community-based models of care to maintain key preventive activities and services for displaced people with chronic conditions to reduce pressure on health facilities.

Maintain peace-building initiatives

- Despite international calls for a unilateral ceasefire in ongoing conflicts to enable COVID-19 disease control, most wars in the Middle East and Africa have not ceased.
- While international travel restrictions are in place, it is important that diplomatic actors adopt mechanisms that will sustain peacebuilding efforts. This includes supporting national and local capacities for peace and supporting global initiatives for ceasefires to prevent new migrations. These actors should also maintain humanitarian corridors to assist in the COVID-19 response and enable conflict-affected people to seek healthcare.

Reduce barriers to inclusion of forcibly displaced people in COVID-19 decision-making

- Many responses to COVID-19 mounted by displaced populations, humanitarian actors and governments have drawn on the reputations and expertise of local actors to navigate political tensions involved in aid provision and overcome health system fragmentation.
- Key legal and normative practices of host community governments, professional societies and humanitarian partners are nevertheless hindering deeper engagement of refugees and IDPs in decision-making at all levels. For instance, refugee organisations have often been excluded from COVID-19 response task forces. This limits the ability of COVID-19 responses to ameliorate vulnerabilities through a 'whole-of-society approach', as called for by the World Health Organisation.
- The exceptionality of the COVID-19 pandemic provides a unique opportunity for government and humanitarian actors to work with advocates to dismantle some of the legal barriers, financial practices and social norms which prevent deeper engagement by displaced people in decision-making which shapes their vulnerability to this pandemic and other humanitarian crises.

CONTACT

If you have a direct request concerning the response to COVID-19, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Annie Lowden (a.lowden@ids.ac.uk) or Olivia Tulloch (oliviattulloch@anthrologica.com). Key Platform liaison points include: UNICEF (nnaqvi@unicef.org); IFRC (ombretta.baggio@ifrc.org); and GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk).



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