

## COVID-19: SUPPORTING FORCIBLY DISPLACED PEOPLE IN THE MIDDLE EAST AND EAST AFRICA

# HOW DOES COVID-19 EXACERBATE THE VULNERABILITIES OF FORCIBLY DISPLACED PEOPLE?

Across the Middle East and East Africa, COVID-19 is compounding vulnerabilities experienced by populations forcibly displaced by war. In addition to the devastating health threat the pandemic poses, lockdown measures are further entrenching poverty, xenophobia and creating new humanitarian protection issues.

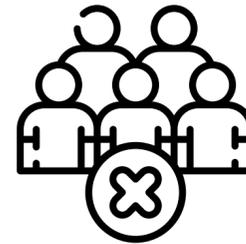
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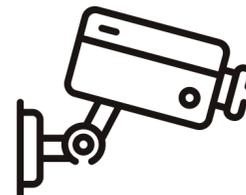
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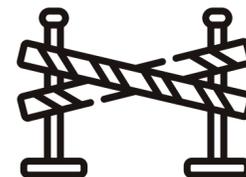
Since forcibly displaced populations often have high levels of untreated chronic diseases, they are at risk of developing severe complications of COVID-19.



People who have sought refuge in overcrowded camps and urban informal settlements are at high risk of transmission. This risk is providing new justification for political calls to 'empty' camps and encourage displaced people to 'go home'.



Surveillance strategies which target camps and borders are exacerbating xenophobia, increasing protection needs and contributing to unequal imposition of measures.



International travel restrictions put in place to stop the spread of the disease can further hinder access to humanitarian assistance – including access to health services.



Despite calls for a ceasefire in ongoing conflicts to enable disease control, most wars in the Middle East and East Africa have not ceased and forced displacement continues.

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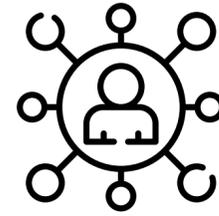
# UNDERSTANDING FORCIBLY DISPLACED PEOPLE'S LIVELIHOOD STRATEGIES

Forcibly displaced people develop multiple economic survival strategies to adjust to unstable and often violent situations, and to rebuild their lives away from home. It is vital to identify and protect these strategies to ensure that COVID-19 responses do not put displaced people in a more precarious situation.

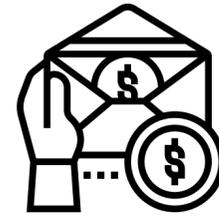
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With the economic insecurity of war, displaced people rely on social networks that share income, aid and access to education and livelihoods. All these relationships and resources are being stressed by lockdown restrictions.



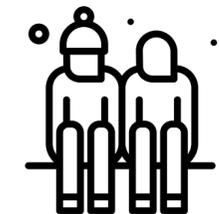
Dependent on daily wages, most displaced people have fewer savings and employment benefits to sustain the shocks of lockdown restrictions on employment.



Displaced people are seeing reductions in aid, remittances, and most cannot access government financial support.



Particularly in East Africa, stay-at-home orders threaten the abilities of displaced people and those in their social networks to farm and provide food for their families.

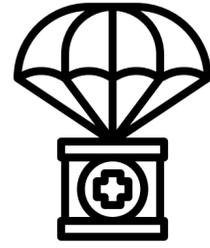


Public health measures which endanger the economic survival strategies that populations turn to in times of crisis can reinforce the marginalisation of the most vulnerable.



Humanitarian and local actors should work with governments hosting displaced people to avoid complete lockdowns. E.g. strategies such as adopting queuing systems and alternating days for individual vendors can help maintain safe distances.

# WHAT HAPPENS WHEN FORCIBLY DISPLACED PEOPLE ARE EXCLUDED FROM THE RESPONSE?



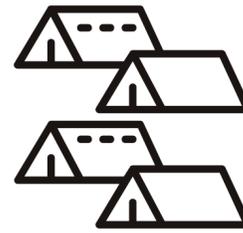
International and national public health responses can reproduce the marginalisation of forcibly displaced populations in decision-making processes.

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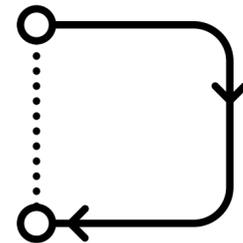
Forcibly displaced populations may have witnessed violence, experienced extreme hardship and already had to rebuild their lives many times, so there are many sensitivities to consider.

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Forcibly displaced people have limited influence on government and humanitarian decision-making processes, despite being highly impacted. For example, lockdown measures tend to be enforced for a longer time where a lot of camps and settlements are based.

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Lockdown measures are also creating difficulties for international responders and actors from capital cities to reach displaced populations with other public health interventions.

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Forcibly displaced people have created and supported initiatives, service adaptations and raised money to protect their communities from COVID-19. Their participation is key to identifying vulnerabilities, creating strategies to address them, and delivering assistance.

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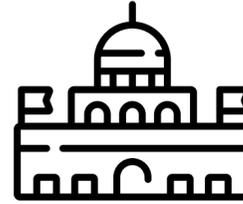
### HOW CAN INCLUSIVE APPROACHES SHAPE A POSITIVE RESPONSE?

By including displaced people in decision-making, public health responses will be more sensitive to their vulnerabilities and be more effective in limiting the impact of COVID-19.

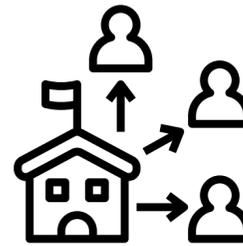
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Knowledge on local provision of care, local structures of governance, local hierarchies and inequalities is key to deliver appropriate responses which can reach the most vulnerable.



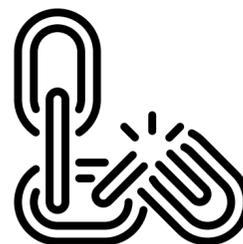
Involving diaspora and refugee-led groups will improve support to displaced people not living in formal settlements.



Initiatives which value the skills and knowledge of displaced healthcare providers to engage with patients can be powerful, where trust and localisation are key to implementing any public health measure.



Strengthening localised responses requires an increase to direct financial support to local organisations to properly compensate humanitarian work done by local actors.



The 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 prevents participation by displaced people in society.