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World Food Programme

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Social Protection Learning Facility
Policy Brief #3

SOCIAL PROTECTION AND COVID-19 IN SITUATIONS OF DISPLACEMENT

INTRODUCTION

Covid-19 pandemic, political and social unrest ... natural hazards ... locust infestation. What happens when all these factors collide in one place? **Mass displacement ensues¹.**



At a time when the news is awash with analysis and assessment of the impacts of COVID-19 in what are typically peaceful and stable settings, this brief considers some of the potential impacts and implications of the coronavirus pandemic on vulnerability and social protection responses to displacement in East Africa.

THE CHALLENGE: DISPLACEMENT AND COVID-19 AS COMPOUNDING THREATS

East Africa is one of the world's leading sources and hosts of IDPs, refugees and asylum seekers. UNHCR estimates that the nine countries covered in this regional overview hosted about 8.6 million IDPs and over 4 million refugees and asylum seekers by the end of 2019. That figure has increased substantially in 2020 with violent conflict in recent months in Ethiopia, floods in a number of countries, locusts swarms forcing cropping and pastoralists to be on the move, and COVID-19 causing a wave of reverse (urban to rural) migration.

While many countries in East Africa have adopted a crisis narrative on the pandemic, the fact is that the normal conditions for many in the region is already one of crisis, not one of well-functioning health systems or accessible basic services and social protection or secure livelihoods. Prior to the emergence of COVID-19, armed conflict, intercommunal violence, localised tensions, climate shocks and forced displacement affected the food security and nutrition of millions in East Africa.

In an already difficult situation, COVID-19 intersects with existing vulnerabilities exacerbating the existing challenges of saving lives and protecting livelihoods, especially among displaced people.

A number of features are common in countries with large numbers of internally displaced people and/or refugee populations.

First, there are often **health service and access deficits** that compound COVID-19 impacts. In poorer countries or those experiencing violent conflict, populations may lack access to the basic health services, let alone medical services and technology for cases requiring intensive care due to COVID-19. Most countries in the region fall below the sub-Saharan regional average of 0.2 doctors for every 1,000 people (compared to a global average of 1.6). At the start of the pandemic, South Sudan had 4 ventilators while the health system in Somalia is described as 'mere scaffolding', with fewer than 20 ICU beds in the country at the start of the pandemic. Even in countries with stronger health services – such as Kenya – influxes of refugees from neighbouring conflicts can stretch systems.

For refugees and internally displaced people (IDPs) the situation is highly challenging. Exposure and medical responses to the virus are heavily concentrated on precisely those areas, groups and individuals who are unable to (or are restricted from) access to 'safe' socially-distanced spaces or preventative and curative support. For instance, asylum seekers living in urban containment centres are less able to reduce the risk of infection or remove themselves from that risk. Once infected, their health rights are often not clear.

Second, people who have been displaced – whether internally or across international borders, and whether for short or protracted periods – have **limited livelihood opportunities**, degraded coping mechanisms and are particularly vulnerable to acute food insecurity and malnutrition. Livelihoods and food security related impacts of the pandemic closely intertwine with efforts to limit the spread of the virus. As the number of coronavirus cases among refugees has risen, refugee camps have been placed under lockdown. While the restriction of movement is intended to stop the spread of the virus, it further undermines the livelihoods and food security of displaced population. Moreover, as many observers have noted, social distancing practices and good hygiene are the basis of virus containment but are impossible for many displaced populations, who live in close quarters in camps, or in cramped living quarters on the outskirts of larger towns and cities.

¹ IDMC (2020) Disasters meet political unrest displacing millions in East Africa

The **impacts are compounding** because of mutually reinforcing and interlocking forms of vulnerability that build on and feedback into existing patterns of marginalisation and disadvantage. When people's livelihoods and incomes are decimated, they are less able to cope with other shocks, such as extended hospital stays or the death of family members, which leave them even more exposed and vulnerable. As access to nutritious food declines, so too will their health, leaving them even more at risk of the worst effects of the disease².

IMPLICATIONS FOR SOCIAL PROTECTION

Already, the existence of displacement presents enormous challenges in terms of the ability of governments and organizations to reach those in need with limited resources and this has been compounded in 2020 by the need to adapt existing programmes to make them COVID-19-sensitive. Social protection in the region already has significant gaps in coverage and support, leaving many vulnerable groups without support. Extending social protection to refugees, or internally displaced people is then a challenging proposition when there are significant unmet needs in national populations, particularly in urban areas. COVID-19 adds new obstacles to these existing barriers to the delivery of social protection in displacement settings in the region, and will likely amplify the existing exclusion of refugees and IDPs from national social protection programmes.

States attempting to stop the spread of the disease may view new refugee flows fearfully, and this will play into existing social and political divisions, especially citizenship hierarchies within countries that marginalise particular populations and groups. Changes in distributions of food, basic goods and services in refugee camps may increase tension between refugees and host communities.

Vulnerabilities are associated with limited knowledge of the host institutions, with lack of access to rights and social provision, and, limited recourse to legal support for certain categories of mobile populations.

Similar scenarios exist for those who have been forcibly removed from their land, displaced, and/or fled to other areas where they often experience new forms of marginalisation and powerlessness.

This underscores the need to be alert to exclusions and power relations that influence who can access social protection and how. Groups with the highest levels of vulnerability – in terms of both displacement and

exposure to COVID-19 - are also those who are often the hardest to reach with social protection.

WHAT IS NEEDED AT AN OPERATIONAL LEVEL?

Some of the solutions to these challenges are relatively easy to articulate – especially where they relate to the operations of social protection systems.

Use of digital technologies. Over time, digital technologies have become more important across a range of operational practices such as targeting, verification and payments. COVID-19 has only increased the need for digital tools, and capacities in their use and application. Where feasible and appropriate, the use of electronic cash transfers (ECT) should prevail as it prevents the need for beneficiaries to travel to distribution sites as well as reduce looting or theft of food parcels. While this point applies irrespective of whether beneficiaries are also internally displaced, or refugees, the fact that displaced people are often housed in cramped and crowded conditions, where there may be limitations to water and sanitation, and health services, makes it all the more important. The use of ECTs did increase for some cash transfer operations in the region during COVID-19. Somalia and Rwanda for example, opted for more digital transfers using mobile money. However, electronic solutions also present specific challenges for displaced persons, particularly refugees who often face limitations in access to financial solutions. This can include being unable to meet identification document requirements, or the regulatory environment prohibiting the opening of accounts. Such challenges require further collaboration between humanitarian agencies, private actors and government counterparts to find innovative solutions for displaced populations.

Accountability and monitoring. There is a need to continuously find ways to gather the perspectives of targeted populations, as well as those excluded from social protection programmes, such as through hotlines, and ensuring that refugees, asylum seekers, IDPs and migrants who may be present in collective sites are involved in the design of readiness and response plans, policies and strategies and incentivized to fully participate (IASC guideline). By making traditional approaches to monitoring more challenging, COVID-19 makes this substantially more difficult to achieve, even working as WFP does through local partners on the ground.

Learning from the local. It is important to note that many refugees live outside formal and informal camps where they will seek to tap into a web of support through

² FAO (2020) Addressing the Impacts of COVID-19 in Food Crises

relatives, kinship or clan networks. In the midst of new harm caused by COVID-19, local responses and informal social protection continue to be at the forefront of everyday life in the region's cities, towns and camps. People are working individually and collectively to find ways to keep their families, homes and communities safe, and to care for neighbours and strangers alike. Assessing these responses may take agencies some way to better understanding the gaps in programming and redressing inequalities.

HOW MIGHT THIS BE DONE? EXAMPLES FROM WFP EXPERIENCES

In Uganda ... over 1.4 million refugees are hosted, predominantly, but not exclusively, in 13 rural-based settlements. The region's largest refugee-hosting country closed its international borders to prevent the spread of COVID-19 in 2020. In WFP-supported camps and settlements, limited resources led to the reduction in planned rations. There has been a full lockdown of some refugee settlements, as well as COVID-19 related loss of casual employment opportunities that has negatively affected the refugee situation in country.

To address the negative impact of COVID-19 on vulnerable communities within the refugee and host population, WFP and the Government of Uganda provided emergency cash-transfers to more than 56,000 pregnant and lactating women and children under the age of two in West Nile region. This included cash support to 43,300 women and children who are benefitting from WFP's Mother and Child Health and Nutrition (MCHN) initiative in addition to another 13,200 people assisted through the Development Response to Displacement Impacts Project (DRDIP) and the Third Northern Uganda Social Action Fund 3 (NUSAF 3) public works programmes. DRDIP and NUSAF 3 are Government of Uganda projects implemented under the Office of the Prime Minister

In Djibouti ... the government and UNHCR estimates that there are approximately 30,400 refugees and asylum seekers residing in Djibouti primarily from Somalia, Ethiopia, Yemen and Eritrea. Over 70 percent of refugees are hosted in settlements, while the remaining 30 percent reside in the urban areas of Djibouti.

In urban areas in particular, the Programme National de Solidarite Famille (PNSF) delivers e-vouchers of USD 56 per month to vulnerable Djiboutians. Data collection for the PNSF is managed through WFP's beneficiary and transfer management platform, SCOPE, and integrated with the government's national registry. During COVID-19, WFP expanded the provision of food assistance to 18,500 refugees and cash assistance to 23,000 vulnerable households in Djibouti City for three months – all of these responses drawing on existing WFP data and delivery systems.

In accordance with the Comprehensive Refugee Response Framework (CRRF), the inclusion of refugees in the national social protection system is a key priority for the government and WFP. Efforts to bring refugees closer to the national social protection system raises some challenge for mainstreaming refugees into social protection responses – that the nature and drivers of poverty and vulnerability can be different among refugees compared to host populations. In Djibouti, the national safety net programme uses a proxy means test to identify the poorest households. Indicators included in the test are durable assets – particularly type of wall, roof, source of energy, type of sanitation – which are often not the most appropriate indicators for refugees. WFP is providing technical support to the government in adjusting targeting methodologies and conducting assessment to enable the inclusion of refugees in the Unified Social Registry as the first step to the inclusion of refugees in the social protection systems.

What is perhaps most surprising about the Djibouti experience is the efforts to mainstream refugees into the

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