This note focuses on the evident and expected socio-economic implications of COVID-19 for mobile populations (these include, economic migrants, refugees, asylum-seekers, Internally Displaced Persons (IDPs), returnees, migrant workers, irregular migrants and border communities) across Africa.

Rapid Social Analysis: COVID-19 and Vulnerable Migrants Across Africa

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Key Takeaways[1]

The following are **key takeaways** that should be considered by governments, other development actors, civil society organizations and humanitarian actors, however, adapted by context-specific knowledge. More comprehensive **recommendations** can be found in **Section IV**.

Refugees, asylum-seekers and irregular migrants

- *Keep the asylum space open and respect migrant rights*. Governments should be supported to screen quarantine and preserve the principle of non-refoulment in line with international refugee law, while also taking account of public health risks.
- *Border closures could heighten exposure, complicate health screenings and contact tracing.* Governments should consider the unintended consequences of measures like border closures on the transnational transmission of the virus.
- *The closure of borders has wider implications beyond health – such as driving migrants into irregular paths*. The reduction of legal options for migration will increase the likelihood of irregular migration, trafficking and smuggling of migrants, and may result in the growth of more complex (transnational and organized) crime networks.

For all vulnerable migrants and host communities

- *Scale-up health and WASH infrastructure in camps/settlements and other densely populated areas to service refugees and host communities.* Refugee camps must urgently be protected and provided with adequate hygiene and health facilities to prevent catastrophic outbreaks. Health systems should be strengthened and access to drinkable water, prioritized.
- *Ensure non-discrimination in access to preventive measures and health services.* Governments should ensure that prevention, testing and treatment is available to all, regardless of nationality or migratory status. Communication campaigns should explicitly include information on non-discrimination of vulnerable communities, including migrants and ethno linguistic minorities. Targets of these campaigns should include health officials, local/municipal or community leaders and others working on the frontlines of the crisis to create a more holistic environment to enable combating of discrimination and antiimmigrant sentiments and actions.
- *Include vulnerable migrants in government response packages.* Government response packages have largely, on paper and in rhetoric, sought to include migrants. However, in many contexts, the requirements for migrants to access relief packages are stringent and often require national identification – documentation that many vulnerable migrants don't have.

- ***Increase social protection to vulnerable migrants and host communities to cover basic needs (*food, water, shelter*).*** Given the detrimental impact, COVID-19 has had on remittances and livelihoods, safety nets such as cash assistance will provide life-saving support.
- ***Development actors should collaborate with organizations that vulnerable migrants trust and with vulnerable migrants themselves.*** Governments should work closely with organizations that migrants trust (such as migrant-led organizations, faith-based organizations etc.), in the dissemination of information and delivery of relief.
- ***Responses should be tailored to consider the most vulnerable among migrants.*** It's critical to identify the most vulnerable groups (e.g. migrants with disabilities) and keep them at the center of response efforts and ensure response efforts consider their specific vulnerabilities and needs.
- ***Risk communication and community engagement should target both host communities and vulnerable migrants.*** Governments and other partners should engage in communication campaigns that not only raise awareness about health measures but also about stigmatization and discrimination of migrant populations and local 'outsiders', such as ethno-linguistic minorities.
- ***Prolonged economic distress has the potential to increase social tensions and has begun to trigger social unrest in some countries. Security challenges and political tensions may be especially challenging in countries with planned elections.*** Governments should prioritize efforts towards maintaining social cohesion, such as working with community leaders among hosts and migrants to monitor and mediate social tensions.

Medium to long term recommendations
- ***Cross-border transmission in East and Southern Africa has been linked to migrant returns and truck drivers engaged in cross-border transportation.*** As such, at a sub-regional and continental level, governments should coordinate the reopening of borders to mitigate against cross-border transmission.
- ***Early planning and financing for equitable distribution of, or access to, any eventual vaccine, should prioritize vulnerable populations, including migrants.***

I. Introduction

1. **A surge in COVID-19 (also referred to here as coronavirus) cases across Africa has raised concerns that the outbreak could exacerbate vulnerabilities and social risks among mobile populations and host communities they may live amongst.** These mobile populations include economic migrants, refugees, asylum-seekers, Internally Displaced Persons (IDPs), returnees, migrant workers and irregular migrants.[2]

2. **This note focuses on the evident and expected socio-economic implications of COVID-19 for mobile populations across Africa.** These populations will be collectively referred to as vulnerable migrants; however, the emphasis will be on refugees and irregular migrants. Further, because vulnerable migrants play a crucial role in providing economic security through remittances for those in origin countries, many of whom are in Africa too (e.g. **Somali** refugees in **Uganda** or **Zimbabwean** economic migrants in **South Africa**), the note will briefly discuss the impact coronavirus has had on them too. Where relevant, the note will also address implications for host communities.

3. **Vulnerable migrants will likely be infected by COVID-19 in similar ways to their host communities, while the economic impacts will affect hosts and migrants differently. Overall, however, many migrants are more vulnerable to the effects of the pandemic.** Firstly, displaced people outside formal refugee camps are perhaps especially vulnerable. This is because these communities tend to be highly transient, poorly resourced and situated away from any source of official support, such as humanitarian aid. Irregular migrants don't have legal documentation hence they often desire 'invisibility' from authorities such as immigration officials and police. Consequently, they are less likely to seek health services when needed. Secondly, due to their economic precarity and trauma, asylum-seekers and irregular migrants, are more likely to have underlying health conditions, that may make them more susceptible to catching coronavirus. Thirdly, vulnerable migrants often reside in high-density conditions, including camps, settlements, urban slums and overcrowded urban housing contexts, and often with multiple families. As such, physical distancing is challenging to comply with. Further, refugee camps, such as in Kigoma, Tanzania, tend to be in remote locations with limited health care and WASH services.[3] Larger camps that may have hospitals are unlikely to have ventilators. Further, vulnerability among these populations is not uniform; the elderly, people living with disabilities (PwDs) and those living with chronic health conditions face socio-economic and health-related challenges that make them more susceptible to coronavirus.[4]

4. **Finally, in Africa, most vulnerable migrants are young; Sub-Saharan Africa hosts the highest proportion of young people among all international migrants. Apart from children, younger women are also being disproportionately affected by COVID-19 in terms of the economic burden and have been shown to have less access to measures or adaptive options that can augment their resilience. On young vulnerable migrants for example – among IDPs in North-East Nigeria 55 per cent are children while only 4 per cent are elderly.[5]** Although this may prove to limit the impact of the pandemic on migrants, in

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[2] Movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination. IOM

[3] World Bank, (2018). *The Impact of Refugee Presence on Host Populations in Tanzania.* Washington DC: World Bank.

[4] Refugees International. (March 30, 2020). *COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies.* Refugees International.

[5] OCHA, 2019. *Nigerian Humanitaria Needs Overview.*

general, these vulnerable populations tend to have underlying health conditions even if young. Studies have shown that due to exposure to armed conflicts, pandemics like cholera, and diseases such as malaria, refugees who flee their countries tend to suffer from health issues. Although youth may be considered an advantage in mitigating the impacts of COVID-19 in Africa, **Southern Africa** has a higher percentage of people, including migrants, living with autoimmune diseases such as HIV/AIDS and Tuberculosis. Although there is no evidence that those living with HIV/Aids or TB will be more vulnerable, those living with HIV/Aids and not on treatment or virally suppressed may be at greater risk. [6]

5. **The initial impacts of COVID-19 and the response measures (such as border closures, travel restrictions, physical distancing, curfews and lockdowns), have thus far resulted in economic distress, while the expected public health emergency remains relatively muted.** As a response to the crisis, many African governments are imposing a range of prevention and containment measures against the spread of the pandemic, including the closure of borders and national lockdowns. The lockdowns in these countries, and globally, have been detrimental to host community as well as migrant livelihood and survival strategies; for migrants, their ability to navigate shocks is heavily reliant on mobility and the maintenance of social networks. The collapse of oil prices in countries like **Nigeria** and **Chad** has severely affected these economies, resulting in adverse effects like loss of jobs and attendant wages, increasing reliance on dwindling remittances,[7] while those receiving some form of aid, have witnessed sharp reductions in food allocations and relief supplies.[8] Women and child migrants, as well as host communities, have become more vulnerable to Gender-Based-Violence (GBV)/Sexual Exploitation and Abuse (SEA), while interpersonal violence (IPV) has risen sharply too.[9]

6. **Furthermore, as diaspora communities - notably in the Global North - are increasingly affected by lockdowns, loss of jobs and illness, the much-needed remittances that for instance sustain more than 40% of Somalis, is rapidly diminishing. Apart from the Global North, Southern Africa has the vast majority of the intra-regional movement. For example, a significant percentage of remittances to Zimbabwe come from neighboring countries.** A World Economic Forum report highlights that in 2019 an estimated 200 million migrants remitted US$715 billion and US$551 billion supported over 800 million households (World Economic Forum, 2020).[10] Some countries that are major recipients of remittances, like **Zimbabwe**, often receive remittances in kind and through informal channels. With closed borders, their access to this social protection has been abruptly cut off.

7. **Moreover, in many contexts, vulnerable migrants already face anti-migrant discrimination and violence, stigmatization, and exclusion from accessing critical services, including food and healthcare.** For instance, in Southern Africa, the IOM (**Zimbabwe**) is supporting deportees from **South Africa** and **Botswana**, who were forced to return shortly before the lockdowns in the respective host countries. Social

[6] All Africa. (March 30, 2020). *South Africa: COVID-19: Police Shut Immigrant-owned Spaza Shops After Minister's Xenophobic Statement.*

[7] Majid, N., Hammond, L., Abdirahman, K., Adan, G., & Kleist, N. (April 7, 2020). *How Will Remittances Affect the Somali COVID-19 Response?* The London School of Economics and Political Science.

[8] The Guardian. (April, 14 2020). *Food rations to 1.4 million refugees cut in Uganda due to funding shortfall.* The Guardian

[9] UNHCR, East and Horn of Africa, and the Great Lakes Region, external Covid-19 Update, April 2020

[10] https://www.weforum.org/agenda/2020/04/how-coronavirus-could-hit-the-billions-migrant-workers-send-home/

unrest in countries such as South Africa has raised concerns that migrants may face anti-migrant backlash and stigmatization, as has been the case historically.[11]

An Overview of Forced Displacement in Africa

Displacement within and from Africa is a major feature of the region. Most refugees and asylum seekers on the continent are hosted in neighboring countries within the region. According to the International Organization for Migration's (IOM) *World Migration Report,* (IOM, 2020) in 2018, the highest number of refugees in Africa (approx. 2.3 million) originated from **South Sudan**, while **Uganda** hosted the most refugees and asylum-seekers in the continent (approx. 1.2 million). Following decades of conflict and environmental disasters, the second highest number of refugees in the region and the fifth highest in the world, with the majority hosted in **Kenya** and **Ethiopia**, were from **Somalia**. Other large refugee populations have originated from **Sudan**, the **Democratic Republic of the Congo**, the **Central African Republic** and **Eritrea**.

Most new **internal displacements** in Africa in 2018 were primarily due to conflict, not environmental disasters. Conflict related displacement within countries was most pronounced in **Ethiopia** and the **D.R.C** by a significant margin and followed by **Somalia** and **Nigeria**, respectively. At the end of 2018, there were 2.9 million new conflict displacements in **Ethiopia**, the largest number globally. In addition to those displaced by conflict, there were more than 290,000 new displacements in Ethiopia as a result of disasters. In 2018, the **D.R.C.** had the second highest number of new conflict displacements both in Africa and globally, with the figure reaching 1.8 million. In the **Central African Republic**, while the scale of displacement was not as acute as in countries such as Ethiopia, it had the highest proportional rate of internal displacement (11%). Notably, several countries with large numbers of internal displacements – such as the D.R.C., Ethiopia and Somalia – are also either hosting or are the origins of significant numbers of refugees and asylum seekers. It is also important to mention that countries such as **Mozambique** and **Zimbabwe**, recently experienced large-scale internal displacement due to cyclones Idai and Kenneth.

In terms of the number of immigrants, **South Africa** remains the most significant destination country in Africa, with over 4 million international migrants residing in the country, representing over 7% of its population.

Source: IOM World Migration Report 2020

Drawing insights from this background, this note is a rapid social analysis that:

1. Outlines some of the **evident and expected socio-economic risks and impacts** emerging from the pandemic and that affect vulnerable migrants and host communities;
2. Provides some **initial recommendations** from emerging or adapted practices and international best practice.

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[11]UN News. (17 April 2020). *PODCAST: 'Entrepreneurs of intolerance' compound COVID-19 racist backlash.* Un News.

II. Health and WASH Context for Vulnerable Migrants and Hosts across Africa

1. **The spread of COVID-19 in densely populated areas like urban slums – where many vulnerable migrants live among host communities - is a major concern, as epidemiological models estimate higher prevalence rates in places with higher population density**. Many refugees, IDPs, irregular migrants (and host communities) live in overcrowded conditions, including informal camps, settlements, or densely populated urban spaces with limited access to clean running water, if at all. Africa has four of the world's six largest refugee camps (in **Uganda**, **Kenya**, **Tanzania** and **Ethiopia**).[12] These camps are ideal spaces for transmission of the coronavirus since they are overcrowded and lack adequate water, sanitation and hygiene facilities. Given that physical distancing is near impossible in such contexts, the risks of infection are especially significant. **Tanzania's** 2015 Cholera outbreak was accelerated by overcrowding and unsanitary conditions in camps. In the refugee-hosting region of Kigoma - near a remote lakeside village with inadequate sanitation and no clean running water - refugees and host communities were left with no choice but to consume lake water.

2. **The state of health infrastructure and access to necessary medical supplies in Africa is varied, however, the continent has far fewer doctors, hospital beds, and ventilators per capita than any other region.**[13] African health systems are ill-prepared for a widespread outbreak. The entire continent may have just 20,000 beds in intensive care units (ICU), equivalent to 1.7 ICU beds per 100,000 people.[14] Further, while there are shortages of ventilators in many parts of the world, that shortage is particularly acute in Africa. There are an estimated 20,000 ventilators across the continent, far too few to manage large numbers of coronavirus cases; excluding North Africa and South Africa, the rest of Sub-Saharan Africa may have as few as 3,500.

3. **Many of the countries where vulnerable migrants are hosted are characterized by weak health systems, severe shortages in medical personnel and equipment, and inadequate access to quality water and sanitation.** Further, refugee camps across the continent are often located in remote areas with limited health care. Often, there aren't any hospitals in refugee camps, although some larger camps do have them, few of them are equipped with ICUs or ventilators. In many contexts, refugees don't have access to host-country hospitals and ICUs. Further, often in contexts where services for that country's national population are under strain, vulnerable migrants face discrimination in accessing these services.

4. **In extreme cases, like the D.R.C. and Zimbabwe, health facilities have been destroyed by conflict, economic decline, violence or environmental disasters in certain regions of the countries.** The ability to address the medical needs of vulnerable migrants is compounded by many factors including, difficulty in accessing remote geographical areas where migrants reside in camps and settlements; recurrent outbreaks of endemic tropic and communicable diseases; ongoing or sporadic conflict and chronic violence; harsh climatic conditions; discrimination; while the physical and mental trauma of violence places significant demand on limited health and psycho-social facilities. In such conditions, women in host communities, but especially women with irregular migratory status have even higher barriers to accessing healthcare, which results in poorer health outcomes.[15]

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[12] Refugee Facts. (2020). *Refugee Camps.* UNHCR.

[13] Jayaram, K., Ooko-Ombaka, A., Sun, Y. S., & Leke, A. (2020). *Finding Africa's path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis.* McKinsey and Company.

[14] Ibid. Jayaram, K., Ooko-Ombaka, A., Sun, Y. S., & Leke, A. (2020)

[15] Migrant women's health issues: addressing barriers to access to health care for migrant women with irregular status. http://www.euro.who.int/__data/assets/pdf_file/0017/330092/6-Migrant-womens-health-issues-irregular-status.pdf?ua=1

5. **For instance, in South Sudan, there are more than 1.3 million IDPs; it often takes people hours, even days, to reach healthcare facilities.**[16] According to the WHO[17] public health infrastructure in north-eastern **Nigeria**, where the Boko Haram insurgency has resulted in the displacement of over 2 million people, is near collapsed as a result of the protracted armed conflict.[18] The WHO reports that more than 12 per cent of health facilities in the affected states of Borno, Adamawa and Yobe are destroyed, while over 21 per cent are either partially functioning or non-functioning. Further, women, both hosts and migrants, face cultural obstacles in accessing reproductive health care and information.

III.   Evident and Expected Social and Economic Risks from the Pandemic

Even in the absence of a pandemic, uprooted people such as refugees, irregular migrants and IDPs – forced to move due to environmental disasters, conflict, persecution or poverty, and in many cases a combination of these factors – face innumerable challenges. The pandemic is already, and likely to further, compound the challenges and social risks they face. Several immediate socio-economic trends and risks are emerging as the virus spreads.

Keeping the Protection Space Open

6. **Closure of international borders and travel restrictions has been a measure that several African countries have used to contain the spread of the virus. These measures have raised concerns about their impact on access to asylum and risks of refoulment.** Across 16 countries in the Southern African region, national efforts to contain the virus range from the suspension of all passenger commercial flights from affected countries, through the closure of borders. The IOM (**Zimbabwe**) has reported that over 800 Zimbabwean irregular migrants were deported from **South Africa** and **Botswana** shortly before the closure of their respective borders. Deportations have also taken place after border closure - with the justification that detention facilities are locations for COVID-19 transmission. Also, Ethiopian asylum seekers – presumably en route to South Africa – are stranded in Zimbabwean cities like Harare and Gwanda, with limited support.[19] In the East, Horn of Africa (HoA) and the Great Lakes Region (GLR), 11 countries have closed their borders. Across the sub-region, UNHCR has appealed for special measures to be put in place, to allow for asylum-seekers to be screened, quarantined and admitted, and for UNHCR to be granted access to areas hosting refugees. For instance, at Yida transit centre in South Sudan, the Commissioner for Refugee Affairs (COR), the state and local authorities, all agreed for the continued registration of new arrivals.[20] Countries in West and Central Africa have officially imposed various levels of restriction on international movements, from complete to partial border closures and mandatory self-quarantine on travellers arriving in-country. In West Africa, risk of refoulment is possible in the region as potential movements of **Malians**, **Nigerians**, **Nigeriens**, **Cameroonians** and **Sudanese** seeking international protection may be hindered by these restrictions (Reliefweb, 06 April 2020).[21]

7. **Border closures, while broadly effective against the pandemic, also carry risks for vulnerable migrants.** Many borders in Africa are notoriously porous. As such, border closures do not necessarily mean migrants will stop crossing them, but rather, they may resort to increasing or changing irregular migration patterns and,

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[16] IDMC, South Sudan. December 2019. https://www.internal-displacement.org/countries/south-sudan
[17]   WHO   Health   Sector   Bulletin,   Northeast   Nigeria   Humanitarian/COVID-19   response.   April   2020, https://reliefweb.int/sites/reliefweb.int/files/resources/health_sector_bulletin4_april_2020.pdf
[18] https://www.unhcr.org/en-us/nigeria-emergency.html
[19] IOM, Zimbabwe Flow Monitoring Report, March
[20] UNHCR, Covid-19 External Update, East, HoA and Great Lakes Region, April 2020
[21] Reliefweb. (06 April 2020). *UNHCR West & Central Africa COVID-19 Response External Update*

in turn, potentially increase transmission and reduce governments' abilities to trace the virus. For instance, as part of a nationwide lockdown, **South Africa** has closed ports with neighboring countries. As many as 23 000 Mozambican mine workers are estimated to have rushed across the main border in the days before the closure.[22] In the same period, **Zimbabweans** living in South Africa were held up at Beitbridge border post with queues stretching for up to 7 km. Concerns remain that the implication of border closures may be driving migrants into irregular paths[23].

8. **Further, based on interviews with the IOM and UNHCR, fear and stigma of returnees transmitting the virus in their countries of origin are also high.** Risks of returning migrants not only spreading the disease in their countries of origin but also in countries/cities on their way back are also high in a context where migrants feel the need to evade authorities and don't have access to healthcare.

Economic Impacts and Emerging Social Risks

9. **Informal cross-border trade has long been a feature of mobility across Africa. The lives of informal traders are highly mobile, with circular migration being key to their multi-sited livelihood strategies.**[24] Cross-border trade has especially been used by border communities to secure food and job security. Today, it accounts for 30-40 per cent of intraregional trade. Notably, trade at the **Zimbabwe-South Africa** border, as is across the continent, is significant (Beitbridge border post is one of the busiest border-posts on the continent), with women dominating trade activities – up to 68 per cent - by some accounts.[25] Research shows that Zimbabwean traders travel relatively frequently to South Africa, with 67 per cent making at least one trip a month and 82 per cent travelling more than four times a year.[26] In West Africa, movement restrictions, border closures and curfews imposed throughout the ECOWAS from mid-March onward have affected millions of vulnerable migrants, including refugee settlements in conflict-affected countries like **Mali**, **Burkina Faso**, **Niger** and the fragile **Lake Chad** basin, to urban refugees in mega-cities such as Lagos and Accra as well as

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An Overview of the Economic Impact in Africa

The COVID-19 pandemic is beginning to have significant negative impacts on African economies due to national lockdowns which have resulted in decreased economic activity and reduced demand for labor. The World Bank's regional economic analysis notes that economies in Sub-Saharan Africa could lose between $37 billion and $79 billion in output losses in 2020 due to coronavirus. Coronavirus has the potential to cause severe food security crisis in the region, with agricultural production contracting between 2.6% and 7% decline in the scenario with trade blockages. Food imports would decline substantially (as much as 25% or as little as 13%) due to a combination of higher transaction costs and reduced domestic demand. Furthermore, the sharp decline in global oil prices has significantly affected oil-exporting countries, like **Nigeria** for which oil accounts for as much as 70 percent in government revenue and 90 percent of export earnings.[1] The ILO (2020) noted that the employment impacts of coronavirus are deep and unprecedented; "employment adjustment typically follows economic contraction with some delay (e.g. global financial crisis in 2009)". In the current crisis, employment has been impacted directly as a result of lockdowns, so vulnerable migrants have been directly and abruptly affected by the economic decline.

Source: Africa Pulse (2020), ILO (2020)

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[22] Reliefweb. (2020). *COVID-19 responses in Africa must include migrants and refugees. https://reliefweb.int/report/world/covid-19-responses-africa-must-include-migrants-and-refugees.* Reliefweb.

[23] Ibid. Reliefweb (2020)

[24] Ogude, et al. *Mixed Migration, Forced Displacement and Job Outcomes in South Africa.* World Bank, 2018.

[25] Chikanda and Tawodzera, 2017

[26] Ibid.

the millions of seasonal rural workers in guesthouses in **Ivory Coast** or **Burkina Faso**.[27] In ECOWAS, many migrants work in the informal sector, which is estimated to serve at least 30 per cent of workers in the region. In the context of border closures, the livelihoods of migrants reliant on cross-border trade have been abruptly disrupted, affecting their access to food and daily wages.

10. **Migrants often face underlying vulnerabilities of poverty which are linked to indecent[28] work, their lack of legal documentation and their reliance on the informal economy.** The suspension of economic activities directly interferes with their access to income. Many migrants work in industries with no safety nets, including domestic work and informal micro-enterprises, while other informal jobs tend to be in industries that require physical contact, such as retail. Migrant workers who remain in foreign countries will increasingly be vulnerable to risks of exploitation, abuse, low or withheld wages and discrimination. Overall, their concentration in the informal economy, along with host communities, makes it financially difficult for them to fulfil quarantine requirements.

11. **Furthermore, the very measures that have largely been used to contain the spread of the pandemic – lockdowns and physical distancing–undermine the very coping mechanisms that vulnerable migrants usually rely on to overcome challenges; mobility and access to social networks.** Under normal circumstances, adaptation of migrants, refugees and IDPs, to health, economic and social stresses and shocks is dependent on their social networks and the ability for ongoing mobility. A disruption in their social networks results in increased vulnerability, especially when their livelihoods are cut off. These social networks could include immediate and extended relations that are formalized in faith-based groups, women's groups, diaspora groups/associations and various other networks, including with the host communities. In an interview with a refugee-led organization in Kampala, Young African Refugees for Integral Development (YARID), it was noted that in the lead up to the national lockdown, many locals rushed to their rural homes as an attempt to shield themselves from the economic impact of the pandemic by relying on their rural familial networks. However, urban refugees did not have this option and further, their ability to tap into their social networks to access financial support was disrupted by their inability to travel and the abrupt halt to their livelihoods.

12. **However, these economic impacts do not only affect migrants but those that are reliant on them, including families in origin countries.** Remittances serve an important purpose in sustaining households in contexts of extraordinary poverty and deprivation.[29] In the diaspora (e.g. Global North high-risk countries like the United States, as well as major host countries in Africa such as **Uganda**, **Kenya** and **South Africa**); funds that may be usually remitted will start to dwindle in the face of prolonged lockdowns and job losses. The loss in remittances revenue is a severe blow to the survival of many households in Africa. For instance, remittances from Somalis abroad are estimated at between US$1.3 – 2 billion annually, where GDP is

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[27] Zandonini, G. (2020). *Covid-19 Is Paralyzing One of West Africa's Main Resources: Migrants.* Italian Institute for International Political Studies

[28] The ILO defines "decent work" as work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.

[29] Bracking, S., & Sachikonye., L. (2006). *Remittances, poverty reduction and the informalization of household wellbeing in Zimbabwe.GPRG-WPS-045.Global Policy Research Group. http://www.gprg.org/pubs/workingpapers/.* Global Policy Research Group.

estimated at US$6 billion.[30] Approximately 40 per cent of households in Somalia are estimated to receive these funds directly.

13. **In Southern Africa, researchers have pointed out the high costs of sending remittances in the SADC region; the average cost of sending USD 200 to SADC countries was 13.04 per cent of the send amount in Q2 2017, compared to the global average cost of 7.32 per cent.** Further, sending money from South Africa to other SADC countries is even more expensive, averaging 16.81 percent in Q2 2017.[31] A chief executive of Mukuru (a fintech firm that operates a remittance service offering customers the opportunity to send money across Southern Africa) was quoted by ILO as saying, "people who would normally send between R500 to R1000 are down to about 50%'.[32] Another chief executive of SFX Money Transfers said, "before the lockdown, an estimated R3 billion was sent out of South Africa every month by **Zimbabweans**, **Malawians**, **Pakistanis**, **Bangladeshis** and other foreign nationals.'' In the same manner, the executive reported that 80% of these transactions are paid in cash at major retailers at about 12,000 locations and although they are still open, lockdown measures and a lack of income, has made it difficult for people to travel to these locations. For **Zimbabwean**, **Mozambican** or **Malawian** migrants hosted in **Botswana** or **South Africa**, the high volumes of remittances often sent through informal and unregulated channels, and in-kind through *hawala* operators, or carried in hand by friends and family, have been cut off. These restrictions have led to a rise in illegal channels for smuggling goods, placing these informal traders and migrants at great risk of exposure to coronavirus. Innovations, like *Malaicha* that allow Zimbabwean migrants in South Africa to buy groceries for their relatives in Zimbabwe through an app, are slowly growing customers.[33] Nonetheless, the longer the domestic and international lockdowns continue to inhibit economic activity, the greater the challenges to send remittances will be.

14. **Coronavirus has the potential to cause severe food security crisis in the region.** Disruption to food supplies and increases in food prices may add to increased levels of unemployment and poverty among both hosts and vulnerable migrants. Shortfalls in humanitarian aid have also forced some organizations to cut food distributions to refugees, especially in camps and settlements. The World Food Programme (WFP) estimates that some 20 million people currently do not have secure provisions of food across nine countries in the region: **Burundi**, **Djibouti, Ethiopia, Eritrea, Kenya, Rwanda, Somalia and Uganda** – all of which are dealing with significant refugee and IDP populations. In Uganda, the WFP announced a 30 per cent reduction to the relief food it distributes to refugees and asylum seekers, mainly from neighboring **South Sudan, the D.R.C and Burundi**.[34] In East Africa, 19.1 million people will fall into food insecurity this year between harvests, compared with 10.8 million last year, given the impact of lockdowns on humanitarian supply chains.[35] Food insecurity among vulnerable migrants may not only increase levels of malnutrition but will likely disproportionately affect women, children and people with disabilities. In some cases, it may lead to an increase in incidents of domestic violence, while some migrants may turn to negative coping mechanisms

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[30] *How will Remittances Affect the Somali COVID-19 Response?* Majid, N. et al. London School of Economics, April 2020. https://blogs.lse.ac.uk/crp/2020/04/07/remittances-affect-the-somali-COVID-19-response/

[31] Ogude, H., et al., Mixed Migration, Forced Displacement and Job Outcomes in South Africa. World Bank, 2018.

[32] ILO. (2020). *ILO Monitor: COVID-19 and the world of work. Second edition. Updated Estimates and Analysis*.

[33] https://www.reuters.com/article/us-health-coronavirus-safrica-malaicha-idUSKBN22V1JH

[34]   https://www.theguardian.com/global-development/2020/apr/14/food-rations-to-14-million-refugees-cut-in-uganda-due-to-funding-shortfall-coronavirus-world-food-programme

[35] Financial Times. (March 2020). *Coronavirus stalks world's refugees as shutdowns disrupt aid.* Financial Times

such as survival sex and young girls may be forced into early marriage or forced to drop out of school to help their families survive.

15. **There is emerging evidence that the significant disruptions related to the COVID-19 pandemic notably the economic distress it's caused, have the potential to increase social tensions and have begun to trigger social unrest, some targeted at migrants.** Across Africa, in the first weeks of the COVID-19 outbreak, there was a spike in social unrest—from street protests to clashes with police and military, discrimination against healthcare and humanitarian workers as well as infected or perceived-to-be-infected populations. Vulnerable migrants were also targeted. In **Ethiopia, Uganda, South Africa and Kenya** – all major refugee-hosting countries – there have been reports of mob violence against migrants suspected of transmitting coronavirus.[36] Security challenges and political tensions may be especially challenging in countries with planned elections; eight presidential elections are due later in 2020, including in countries where political tensions are already high, such as **Burundi and Ethiopia.** In countries with a history of anti-migrant discourse and violence, the risks for vulnerable migrants being targets of violence is even higher.[37] For example, in 2018, UNHCR raised concerns over anti-migrant violence in South Africa. In the initial weeks of the lockdown in South Africa, senior government officials noted that only small businesses owned and run by South Africans would benefit from a government relief package to cushion the effect of the lockdown. Police reportedly responded by shutting down immigrant-owned shops in low-income townships.[38] The practice has since been reversed, however, concerns remain that many immigrant-owned shops, especially in townships, will be targeted as living standards decline and inequality in accessing services mounts. Further, in contexts where communal distrust rises, instances of discrimination and violence could be exacerbated by 'fake news'. Vulnerable migrants may increasingly be among the social groups targeted by politically motivated mis/disinformation campaigns designed to marginalize and scapegoat them.

16. **There may be a higher risk of violence from law-enforcement agencies towards poor or other marginalized hosts and vulnerable migrants.** Where enforcement of lockdown measures are strictly administered by police and military and in cases where migrants are still trying to maintain their livelihoods - irregular migrants and urban migrants will especially be more likely to face daily harassment and assault by state agents; demand for bribes and illegal confiscation of their goods; selective enforcement of by-laws by local authorities; threats, harassment, violence and even death.[39] According to the International Center for Non-Profit Law, "[African] Governments are increasingly cracking down on dissent by using excessive force or by using "fake news" or disinformation charges to suppress public criticism of a particular government's response to the pandemic."[40]

[36]Control Risks. (April 2, 2020). *Sub-Saharan Africa: COVID-19 mitigation measures.* Control Risks. https://www.controlrisks.com/covid-19/covid-19-mitigation-measures-across-sub-saharan-africa

[37] Social cohesion and forced displacement: a desk review to inform programming and project design, World Bank, 2018., http://documents.worldbank.org/curated/en/125521531981681035/Social-cohesion-and-forced-displacement-a-desk-review-to-inform-programming-and-project-design

[38] https://allafrica.com/stories/202003300482.html

[39] Ogude, et, al. Mixed Migration, Forced Displacement and Job Outcomes in South Africa. World Bank, 2018.

[40] ICNPL. (2020). *African Government Responses to COVID-19. https://www.icnl.org/post/analysis/african-government-response-to-covid-19.* International Center for Non-Profit Law.

17. **Identifying the communities among vulnerable migrants facing the greatest level of risk during the pandemic will require taking account of multiple disadvantaged identities that result in a higher risk of discrimination and exclusion.** These groups include women, children, the Sexual Orientation and Gender Identity (SOGI) community, the elderly, people with disabilities and those with underlying chronic health conditions. Pandemics like COVID-19 worsen the already pre-existing inequalities between men and women, as well as non-gender conforming communities.[41] For example, during the 2014-2016 Ebola virus outbreak in West Africa, gendered norms placed women at a higher risk of infection when they were predominantly unpaid caregivers within families and front-line workers in the health sector.[42] Further under such circumstances, households are placed under great strain, which raises the risk of domestic violence and increased risk of child-marriage for poor migrant households. In **South Africa**, whilst general crime rates have significantly dropped during the lockdown, calls to GBV support centers have skyrocketed[43]In contexts where relationships between vulnerable migrants, especially irregular migrants, and authorities are characterized by mistrust and abuse of power, women and child migrants may be dissuaded seeking help from authorities.

18. **Migrants with disabilities are less likely to receive humanitarian assistance due to physical, environmental and societal barriers that limit accessing information and health services.[44]** With a fast-growing pandemic, people with disabilities may be deprived of lifesaving information. People living with disabilities also have more health care needs compared to people without.[45] Similarly, women and children with disabilities are even more at risk of being exposed to violence, including sexual and domestic abuse, exploitation by family members, discrimination and exclusion from access to health services. Notably, isolation measures may drastically affect those who need access to mental health and rehabilitation services that are discontinued during the outbreak.

IV. Government Responses and Recommendations

19. Generally, in many of the national response plans to these pandemics, vulnerable mobile populations are left out of disaster and epidemic preparedness planning. Reports show that where governments have included vulnerable populations in their response plans on paper, in practice citizen status has been found to be essential in accessing aid.[46] Access challenges are also compounded by the ways mobile vulnerable populations hide from authorities for fear of being branded as "outsiders" and possibly detained.

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[41]UNFPA. (2020). *COVID-19: A Gender lense: Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality.* UNFPA. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf
[42]UNFPA, 2020
[43] Human Rights Watch. (2020). *Uganda: Respect Rights in COVID-19 Response. Ensure Security Forces Refrain from Violence, Abuse.* *https://www.hrw.org/news/2020/04/02/uganda-respect-rights-covid-19-response.* Human Rights Watch.

[44]   UNDESA.   (2020).   *Refugees   and   migrants   with   disabilities.* *https://www.un.org/development/desa/disabilities/refugees_migrants_with_disabilities.html.* UNDESA
[45] Ibid. UNDESA (2020)
[46] Ibid. Reliefweb (2020)

V.   Annex I: Interviewees

Name	Tittle	Affiliation
Prof Loren Landau	Scholar of Migration and Development	Oxford University, Department of International Development and Associate Professor with the African Centre for Migration & Society (ACMS) at the University of the Witwatersrand, South Africa.
Prof Fiona C Ross	Scholar of Migration and Reproductive Health Care	University of Cape Town, South Africa
Robert Hakiza	Co-founder of the Young African Refugees for Integral Development (YARID) and Head of Global Refugee Network (Africa Region)	YARID, Uganda
Dr Shannon Morreira	Scholar of Migration and Refugees' Rights	University of Cape Town, South Africa
Ana Medeiros	Head of Programmes	IOM (Zimbabwe)
Karina Campaignoli	Project Developer	IOM (Zimbabwe)
Joan Allison	Chief External Engagement	UNHCR (Southern Africa)
Dr Matlotleng Matlou	Regional Protection Coordinator	UNHCR (Southern Africa)
Lisa Fergusson-Nicol	Head of Office	UN (Zimbabwe)
Kiran Kaur	Operations Coordinator	UNHCR (South Africa)
Jenny Beth Bistoyong	Livelihoods Officer	UNHCR