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COVID-19 and mobility, conflict and development in the Horn of Africa

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1 Introduction

The World Health Organisation (WHO) declared COVID-19 a pandemic on 11 March 2020 and the first cases in the Horn of Africa (HoA) were confirmed later that month. However, even before the virus reached the region its wider effects were being felt (Lawler 2020). In June 2020 as the crisis expands, and Africa confirms more than 100,000 cases, life in the region is changing significantly in a context of uncertainty.

On the one hand, with 1.5 per cent of global reported COVID-19 cases and 0.1 per cent of deaths, Africa is reported as the 'least affected region globally' (The Lancet 2020). On the other hand, COVID-19 brings to Africa, and specifically for the purposes of this paper to the Horn of Africa, a new set of risks to health, economic dynamics and food security. It also overlaps with the region's existing complex crises and risks, including locust invasions, disruptive and unpredictable climate patterns and events, pre-existing economic vulnerability, youth unemployment, food insecurity, and a high prevalence of underlying health conditions (Regional Desert Locust Alliance 2020; Majid and Hammond 2020). In the absence of an appropriate and robust response, there is a risk that the medical services in African countries will be overwhelmed by the pandemic, the safety nets of the population will be eroded, and livelihoods will be seriously compromised.

COVID-19 risks add to other risks including the forthcoming rainy seasons. During the 'gu rainy season in Somalia, assistance needs for the 2.6 million displaced persons are expected to surge (IOM 2020b). Djibouti faced flash flooding in April – May; UN Djibouti reported that from flooding on 20–21 April 2020 alone 'estimates indicate that some 18,000 households (approximately 110,000 persons) were somewhat affected across Djibouti city and its suburb of Balbala' and that there were at least eight deaths (UN Djibouti 2020a). In South Sudan, COVID-19 places additional strain on the country's delicate peace process and also – as in other parts of the region – raises concerns about increased gender-based violence for displaced women and girls (Mednick 2020). Ethiopia, too, faces political challenges: the National Election Board of Ethiopia postponed the 2020 election indefinitely citing the COVID-19 health emergency, raising tensions, with Tigray Regional State vowing to unilaterally undertake elections as scheduled. Rebel fighting continues in eight of 21 zones in Oromia Regional State, where access to healthcare is already severely limited, particularly in rural areas (Bader 2020). Somalia's 2020–2021 elections may also be affected.

While much has been said about COVID-19 as a leveller – disregarding borders, race, and class – its unfolding in the HoA, as elsewhere, illustrates the way it overlaps with and exacerbates existing political and social inequalities to generate impacts that are felt unevenly.

The purpose of this briefing paper is to bring together emerging information and analyses on COVID-19 in the HoA, with a particular focus on how these relate to mobility, conflict and development. We consider the social and economic dimensions of the pandemic, recognising that these are likely to be as significant, if not more so, in most countries than the virus itself. While the health sector response in each country is important, it is therefore outside of the scope of this briefing paper. Given the rapidly changing situation, and to ensure this briefing remains relevant after the date of publication, we focus on forward-looking analysis and recommend a number of emerging themes that require further research or consideration for policy and programming. This briefing was produced under considerable time pressure and, therefore, while researchers from across the region were invited to contribute, not all were available to participate at short notice and as a result the report's coverage is uneven. Efforts have been made to indicate the date and source of statistics given, but all data precedes 8 June 2020. Because there are many different statistics circulating and due to the challenges of obtaining accurate and complete data, figures of case numbers, deaths, etc. should be taken as low estimates. The table in section 1.1 provides a snapshot of government measures in place in the region at the time of writing; however is not intended to be a comprehensive information source, and given the rapidly changing situation, up to date information should be sought from sources such as the WHO, IOM, UN agencies and government announcements.

Table 1 Snapshot of COVID-19 in the Horn of Africa (as of 8 June 2020)

	First recorded case	Cases reported (WHO 2020)	Borders closed to people entering	Measures in place
Djibouti	18 March	4,169	Yes	Lockdown including closure of schools, places of worship and public transport announced on 23 March. Lockdown measures have been incrementally lifted since 17 May (UN Djibouti 2020b)
Eritrea	21 March	41	Yes	Stay at home guideline effective 2 April for 21 days (since extended), including closure of schools and non-essential businesses, movement between provinces restricted (Eritrea Ministry of Information 2020)
Ethiopia	13 March	2,020	Yes	No lockdown, but restrictions on group gatherings, inter-regional movement, schools closed and elections postponed, state of emergency declared, mandatory facemask, compulsory 14-day quarantine for those coming from abroad, Ethiopian Airlines continuing some flights (Pilling 2020). On 26 May, Minister of Peace Muferiat Kamil declared that the Government of Ethiopia would tighten control measures
Kenya	12 March	2,767	Yes	Air travel suspended, public gatherings banned, nationwide curfew from 9pm to 4am, schools to remain closed until September, mandatory facemasks. On 16 May borders closed with Somalia and Kenya, though informal border crossings continue. Movement into and out of Nairobi, Mombasa and Manderla restricted, but previous restrictions within Eastleigh, Old Town in Mombasa and Kwale and Kilifi lifted in 6 June announcement (Mbewa 2020; BBC 2020a; Government of Kenya 2020)

Somalia/ Somaliland	16 March	2,289	Yes	National preparedness plan launched by the Federal Government of Somalia in March (Federal Government of Somalia 2020), National Committee for Preparedness and Prevention of COVID-19 convened in Somaliland, as well as the Armed Forces Coordination Committee. International flights suspended from 18 March 2020 (Ali 2020) apart from Ethiopian Airlines to Hargeisa, and domestic flights also suspended, compulsory 14-day self-isolation for those arriving from high-risk countries prior to suspension of flights. Mogadishu placed under curfew on 15 April between 8pm and 5am, learning institutions closed, qat import, trade and consumption banned
South Sudan	5 April	1,317	Yes	Initial restrictions included the suspension of international flights, closure of land borders, restrictions on internal movement on local taxis and <i>boda boda</i> (motorcycle taxis), closure of non-essential shops, and a night time curfew, however most of the restrictions were not implemented. In a statement on 7 May, President Salva Kir relaxed most of the restrictions (curfew time shortened, restaurants and bars to re-open, <i>boda boda</i> transport to resume, internal travels to resume) (Wudu and Aurelio 2020)
Sudan	13 March	6,081	Yes	No international or domestic flights (except for humanitarian and cargo planes), national curfew, travel between Khartoum and other states banned (Gallopini 2020). Lockdown in Khartoum State began on 18 April and has been extended to 18 June (Erdem 2020). States with high rates of infection have increased curfew hours and closed borders with other regions. Measures not strongly enforced (Abdelaziz 2020)
Tanzania	16 March	509	No	Ban on public gatherings. Schools and universities have been closed but there are plans to reopen in June (Webb 2020). The public administration and the private sector have reduced staff presence in offices and, as of 11 April, international commercial flights have been stopped. However there has been no lockdown or strict controls at land borders where commercial traffic continues. President Magufuli has emphasised the importance of maintaining economic life, but he has also encouraged citizens into mass prayers. He also put into question the validity of testing kits and results.
Uganda	21 March	745	Yes	Lockdown since 31 March, with educational institutions closed, mass gatherings and public and private transportation suspended. On 2 June, President Yoweri Museveni announced updates to restrictions: public transport operators to resume at half capacity (motorcycle taxis still cannot carry passengers), shopping malls to reopen if able to observe social distancing, government distribution of face masks to begin this month and those without should stay at home. Dusk-to-dawn curfew extended for 3 weeks, and churches, mosques, bars, nightclubs and gyms to remain closed for 21 days (BBC 2020b)

1.1 Methodology and organisation of the report

This report draws on contributions by researchers based in Kenya, Somalia/Somaliland¹ and Ethiopia, and from the Research and Evidence Facility (REF). We have attempted to provide coverage across the region; however, the focus of analysis does reflect the locations of the contributing researchers. Given the nature of lockdowns limiting movement and the feasibility of field work, and the short time frame for preparing this briefing, the authors relied on desk-based research, drawing from online media sources, information from NGOs, governments and international institutions such as the UN and World Bank, as well as academic research and commentary.

The report is organised into sections examining key cross-cutting impacts of COVID-19 in the region over time, including immediate responses such as lockdowns and restrictions on movement; impacts on conflict dynamics and protection challenges; public information and trust; border and periphery sites; remittances and diaspora; and the gendered dynamics of the pandemic. In the final section, we examine priorities for policy and programming, and considerations for future research.

¹ In relevant areas of this report we discuss Somaliland as separate to Somalia given that its health and governance infrastructures are separate from those of Somalia. This is in keeping with general practice by the EU and international community and is not intended to indicate a particular political position with respect to Somaliland's claims to independence.

2 Cross-cutting impacts of COVID-19: emerging areas for analysis

COVID-19 is already having significant impacts in the region and these will be felt unevenly across time and geographies, and for different groups of people. In this section, we examine some of the most pressing socioeconomic impacts emerging from the Horn, particularly as they relate to mobility, conflict and development. It is important to note at the outset that there is significant uncertainty about how the pandemic will play out in the region in the medium to long term (Dahab et al. 2020). We draw on emerging literature but note that at this stage many analyses and predictions are tentative and warrant further investigation over time.

2.1 Economic shocks

The economic shocks resulting from the pandemic are already having a number of work-related outcomes, including the quantity of jobs, both in terms of unemployment and underemployment, and the quality of work, for example wages, working conditions that may render people more vulnerable to contracting the virus and access to social protection. The effects of the pandemic will be worse for specific groups who are more vulnerable to adverse labour market outcomes (ILO 2020). This should be contextualised within the wider economic climate projected in the region. The Sub-Saharan Africa region is expected to see economic growth reverse and plunge to between -2.1% and as low as -5.1% in 2020 as a result of COVID-19 (World Bank 2020a). This equates to between US\$37 and \$79 billion in output losses (World Bank 2020b). The region is expected to fall into its first recession for 25 years, compared with 2.4 per cent growth in 2019, according to the World Bank's economic update (World Bank 2020a). With this in mind, the World Bank is calling for a pause in debt payments for countries in the region (which would free up funds for strengthening health systems to deal with COVID-19), social safety nets to save livelihoods and help workers who lose jobs, support for small and medium-sized enterprises (SMEs), and investment in food security (World Bank 2020a). Similarly, the African Development Bank has said it will provide up to US\$10 billion to African governments and the private sector under a new COVID-19 Response Facility.

In the HoA's largest economy, Kenya, COVID-19 has already disrupted domestic production and supply chains as well as demand from the country's main trading partners (Mpungu 2020). The country's Finance Minister has downgraded the country's economic growth prospects for 2020 from 6.1 per

cent to a conservative 3 per cent as a result of the pandemic. Nearly all sectors of the economy – including tourism and flower and horticultural exports, which are Kenya's key foreign exchange earners – have been negatively affected. The East African Community and Common Market for Eastern and Southern Africa (COMESA) countries, which account for a third of Kenya's exports, have also been disrupted. According to David Ndii (2020), a Kenyan economist:

The economic contraction of the Kenyan economy will shed a lot of jobs. Cities and towns, Nairobi in particular, will be the most badly hit. In another month, a quarter of the Nairobi metropolitan area population—about 1.5 million people—may not have a penny to their name. As the economy convulses, many of the lower income urban workers—who are at any rate temporary migrants—will go back home, as they do during economic downturns and political upheavals. Many will not come back.

Elsewhere in the region, 98 per cent of South Sudan's annual operating budget is reliant on oil revenue, and its 2019–20 budget is now dealing with plummeting oil prices (Anyadike 2020). Livestock markets are facing declines in supply and demand, and Nairobi and Hargeisa have reported a 20 per cent decline in beef and goat prices as a result of decreased demand outweighing reduced supply (Mercy Corps 2020). Urban Ethiopia, however, has reported price spikes for meat, as a result of movement restrictions (Mercy Corps 2020). Anticipated disruptions to agricultural production are also related to shortages of inputs. Ethiopia imports all of its chemical fertilisers, and most of the pesticides, veterinary drugs, herbicides, etc. More widely in the region there are related concerns about additional feed costs and the accessibility of veterinary drugs during lockdowns (Mercy Corps 2020). Further, as rural economies are supported by urban wages, remittances and rural–rural seasonal migration, the impacts on rural communities, on medium-term agriculture and on the overall rural economy should not be understated.

2.2 Lockdowns and restrictions on mobility

As summarised earlier, government responses across the HoA have generally included some form of lockdown or curfew with restrictions on movement, in order to slow the rate of transmission of COVID-19 and buy public health systems as much time as possible to prepare. Although lockdowns are being implemented as part of COVID-19 responses globally, particular demographic characteristics and vulnerabilities in the HoA may limit their success in reducing rates of infection and enabling governments to prepare. Rather, existing vulnerabilities may be exacerbated and lead to significant impacts, aside from the risk of infection – on social cohesion, livelihoods, criminality (reports indicate recruitment into criminal gangs and increase in rural crime, including poaching) as people struggle to meet basic needs, in particular in informal and congested urban settlements (Felbab-Brown 2020). While evidence indicates that refugee and migrant populations have, in general, “a low risk of transmitting communicable diseases to host populations” they “are potentially at increased risk of contracting diseases, including COVID-19, because they typically live in overcrowded conditions without access to basic sanitation” (Kluge et al. 2020, p.1238). We therefore focus our analysis on the impacts of lockdown measures on displaced and migrant groups and on people with informal-sector livelihoods.

Reduced mobility and livelihoods: impacts on displaced populations

The region's large populations of displaced persons may disproportionately bear the burden of pandemic-control measures including restrictions on movement and border closures (Lau et al. 2020). In Ethiopia, most of the country's registered refugees and IDPs are restricted to camps to avoid infection; however, overcrowded conditions and a lack of water, sanitation and hygiene (WASH) facilities mean social distancing is not feasible. In Northern Ethiopia, Eritrean asylum seekers are still arriving and face double challenges: the Ethiopian government's reluctance to register them and fears around contracting COVID-19. After 14 days' forced quarantine, Eritrean asylum seekers either join refugee camps with poor conditions or become undocumented and 'disappear' into Ethiopia without protection or support. Many join the 28,000 registered refugees in Addis Ababa relying on informal work and remittances for survival, both of which have been disrupted as a result of COVID-19 and the lockdown measures. The unregistered population there is likely to be much larger than official statistics indicate. Their housing, subsistence, health and education are therefore likely to be disrupted. In addition, Ethiopia's Administration for Refugees and Returnee Affairs (ARRA) was, in April 2020, committed to closing Hitsats camp and relocating residents to Mai Aini and Adi Harush camps, or to live in towns, despite concerns about the risks of the pandemic (Creta 2020). At the time of writing in June 2020, however, the camp remains open.

In Kenya, while a restrictive encampment policy had already limited refugee movement, this has been tightened further, with movement between Kakuma, Dadaab and Nairobi suspended until further notice and the issuance of movement passes to refugees also on hold (UNHCR Kenya 2020). This further exacerbates the limited mobility of refugees within the country, and it also hampers access and services of humanitarian and development operations (Rodgers 2020). On 20 May 2020 UNHCR reported that the first cases of COVID-19 had been confirmed in the Dadaab refugee camps (UNHCR 2020c). Urban refugees in Kenya's cities, and across the region, also face exacerbated challenges, such as overcrowding in informal settlements without adequate WASH facilities (which make practising social distancing impossible), limited support from UNHCR, and precarious employment prospects.

In Kenya's camps, measures have been taken to bring forward the distribution of rations scheduled for May. However, concerns have been raised that, without the continuance of additional work as incentive workers or in the informal economy to supplement those rations, people will still not have enough (Rodgers 2020). Refugees often face additional impediments to their employment based on their protection needs and legal status. For example, research has revealed that the labour market in Kalobeyei, designed as a settlement to promote self-reliance, is very limited: while a substantial proportion of refugees there would like to work, they are unable to find a job or develop economic activity (Betts et al. 2018). Further, many of the refugee businesses there are small and informal, and in the early stages of development. There is a strong consensus that very few refugees have been able to diversify their incomes to the extent of being able to meet a significant proportion of their basic needs from their own resources. Thus they remain vulnerable and largely dependent on food aid and assistance from the wider community (Manji and De Berry 2019), who now also face restrictions on their ability to work given lockdown measures.

Before the arrival of COVID-19 a pilot survey in Kalobeyei, Kenya, conducted by the World Bank and UNHCR revealed that more than half of refugees fell below the threshold of the international poverty line for extreme poverty of US\$1.90 (2011 PPP) per capita per day, and one-third were found to be 'deprived' or 'severely deprived' with respect to education, health and living standards (World Bank and UNHCR 2019). Given this profile, the economic shocks resulting from lockdown measures are likely to have dire consequences for these populations if they are not supported with relief and the required safety nets. Further, in Kakuma and Dadaab, land and water limitations have always been a constraint, restricting the potential for scaling up agriculture locally to mitigate economic shocks. The disruption of food supply chains is a big concern, and the World Bank is warning that the COVID-19 outbreak has the potential to spark a food security crisis in the region. This threatens an already disadvantaged situation whereby the World Food Programme (WFP) had to further cut in-kind rations for refugees in Kenya because of resource shortfalls. Refugees have been receiving reduced rations since September 2017 as a result of insufficient funding and if no additional funding is received, it will have to further cut rations (WFP 2019).

Shrinking opportunities and disrupted journeys: impacts on migrants

A second area of concern relates to the region's migrants. For many, the immediate impacts of lockdown are already being felt, be it through challenges getting back home, or quickly shrinking opportunities for migrant workers. As countries rush to impose lockdowns and restrict migration, IOM (2020c) reports that migration from the HoA to the Gulf has dramatically decreased: "Arrivals decreased by a quarter between February and March 2020, by the end of the month barely any departures were reported from Djibouti and movements from Somalia has decreased by 25 per cent." Many migrants have been stranded en route in arid environments and in transit cities such as Djibouti. As of 1 June 2020, the Displacement Tracking Matrix reported that 1,598 Ethiopians were stranded in Djibouti after Ethiopia's border closure and strengthened controls in Yemen (IOM 2020d). Many of these returning Ethiopians were exhausted and weakened because of shortages of water and food and extreme temperatures in the border regions of Afar and Somalia. Given Djibouti's high number of confirmed COVID-19 cases, Ethiopian returnees from that country are suspected of being carriers and are taken to forced quarantine stations in Afar Region and Dire Dawa (Ethiopian Reporter 2020).

Since the start of the pandemic, Saudi Arabia has intensified deportations of undocumented Ethiopian migrants. As of 14 April 2020, close to 2,900 returnees had arrived in Ethiopia, with 250 additional returns planned per day for subsequent weeks (IOM 2020e). This led to the UN calling for a temporary suspension of the returns to allow authorities to safely organise repatriations. In spite of the 14 days of quarantine imposed on new arrivals, these deportations and increases in the number of arrivals from abroad more widely, as migrants seek to return home, have posed a serious challenge to Ethiopia's ability to contain the virus.

In Kenya and Ethiopia, vegetable and flower farms have already been severely affected by COVID-19, with tens of thousands of workers being sent home with no pay as demand from European markets drops (Barker 2020). This drop in international demand has also affected industrial parks in Ethiopia,

with Hawassa Industrial Park, the largest in the country, suspending up to 45 per cent of its operations by April 2020 (Deloitte 2020). As part of measures rolled out under Ethiopia's state of emergency, employers have been ordered to pay salaries to employees for up to five months, so some 14,000 workers laid off from Hawassa have so far been provided with paid leave. There are doubts about how long such measures will be sustained in practice. These industries are reliant on migrant workers who live with extremely limited wages and savings to draw down on during times of crisis. Rural–urban migrants across the region whose employment has been disrupted may also experience challenges travelling back home to rely on rural community support networks, and may face stigmatisation even if they do reach rural areas by communities who see them as carriers of COVID-19.

Excluded from COVID-19 responses: impacts on informal sector livelihoods

A third key challenge to the success of lockdowns in the region is that of sustaining the livelihoods of those reliant on the informal sector, many of whom are migrants. Even where governments have announced economic packages and have social protection measures in place, people working in the informal sector tend to rely on day-to-day, cash-based commerce for survival and are ineligible for such support. In Kenya, estimates suggest the informal sector accounts for 83.6 per cent of total employment, although accurate data are difficult to capture (Kinyanjui 2020). And yet, the recently announced tax reliefs there do not apply to informal sector workers. Likewise, in Uganda, estimates show that informal and gig economy employment constitutes 80 per cent of the workforce and contributes 50 per cent to the country's GDP (Anguyo 2020). In South Sudan, COVID-19 restrictions severely constrain the resilience and livelihoods of already vulnerable populations reliant on the informal sector; 60 per cent of households in the country were in a state of food crisis prior to COVID-19.

Lockdowns and restrictions on movement are already severely affecting informal workers' ability to generate income. Evening curfews and limits on public transport are detrimental to workers who rely on evening trade and commutes to and from work during curfew hours. Particularly affected are domestic workers unable to reach their employers in affluent areas, and labourers unable to travel to and from farms or construction sites. Restrictions in and out of the Nairobi suburb of Eastleigh have also had severe impacts on residents who live in the adjacent informal settlement of Mathare and who are prevented from travelling to work in Eastleigh. Reports indicate some have continued to work, using part of their wages to by-pass the police, which in turn impacts their food security.

Current movement restrictions have also severely affected urban–rural and peri-urban movements. For example, travel is restricted into and out of Nairobi, Mombasa and Mandera. Since a substantial number of people working in these areas commute daily from neighbouring counties, such measures have hindered many from accessing their jobs and farms. Such measures have prompted public outcry in certain areas which has led to the adjustment of the spatial coverage of the restricted areas. In spite of restrictions on movement and trade, many people continue to work, and several reports are emerging of resistance to government COVID-19 lockdowns (Donovan and Zhu 2020; Anguyo 2020; Zhu 2020).

Adding to the vulnerabilities exacerbated by lockdowns are those related to the region's age demographics. In Uganda, for example, while only 5 per cent of people are aged over 55, 48 per cent are under 14 (Fairhead and Leach 2020). These different demographics are important given that "mortality rates for coronavirus start to increase for people aged 55 and higher", leading some critics to argue that the downsides of lockdown measures are likely to outweigh benefits in such contexts (Fairhead and Leach 2020). Additional demographic information, such as rates of TB and HIV infection, poverty, and rural–urban population spread, may also shape the impacts of COVID-19 in the region. These different factors all demonstrate that a 'copy and paste' approach to lockdowns may not be the most appropriate for the HoA (Fairhead and Leach 2020).

There are, however, positive community responses supporting those 'left behind' by government economic responses and further excluded by lockdown policies. In March in Ethiopia, district (kebele) administrations in Addis Ababa identified vulnerable households in each district, mobilising support from better-off households. Similarly, in Kenya and Eritrea mutual aid initiatives have collected mobile money to support at-risk households (Zhu 2020). Organisations with an existing presence in informal settlements are also adapting their ways of working to respond to changed needs in their communities, drawing on their existing nuanced knowledge of communities rather than beginning from scratch or applying a blanket approach across contexts. Religious groups are also drawing on their existing networks to respond.

2.3 Conflict dynamics and protection challenges

In addition to the wider socio-economic impacts being felt across the HoA, humanitarian contexts in the region will face specific challenges responding to COVID-19. Lessons from past epidemics have illustrated that resource limitations, and weak health systems and public-health infrastructures in humanitarian contexts further constrain the ability to detect and respond effectively to outbreaks (Lau et al. 2020). In addition, they reveal that restrictions on movement, legal-status concerns, and fears of contagion may also reduce individuals' ability or willingness to access health care (Lau et al. 2020).

Already increasingly restricted internal travel and lockdowns are raising questions as to how humanitarian assistance will be delivered in the region, and how COVID-19 will overlap with existing challenges and needs. The ability of aid workers to reach communities is limited by border closures and the suspension of flights across the region. In Somalia, reaching those in Al Shabaab–controlled areas is a further challenge, as flight suspensions leave implementing partners reliant on road travel. It will be important for implementing partners and governments across the region to draw on existing expertise with regards to delivering aid remotely, and to conflict-sensitive programming. Such measures must also remain cognisant of the power dynamics of remote aid delivery, as well as the challenges of maintaining context-specific nuances to delivery when staff are not on the ground (Jaspars 2020). Response measures must also remain alert to the risks of capital flight and the potential for an influx of humanitarian assistance to increase conflict, dynamics which have been analysed in the context of the 2011 famine with lessons for the current COVID-19 crisis (Elder 2020).

Globally, resettlement was paused by UNHCR and IOM until 18 June 2020, a decision which raised concerns about already waning support for resettlement as a durable solution to displacement for many in the region (UNHCR 2020b; Sandvik and Garnier 2020). In addition, in Kenya, UNHCR has suspended voluntary returns of persons of concern in Kenya wishing to repatriate to their countries of origin. Furthermore, government-led activities such as registration, documentation and refugee status determination (RSD), have also been suspended or significantly scaled down. This exacerbates a situation of processing delays whereby asylum seekers (except those from South Sudan) have not been accorded refugee status on a prima facie basis, and have had to navigate a more extensive RSD process which takes longer and during which time they are accorded documentation certifying that they are asylum-seekers. Before the pandemic, the government had already revoked prima facie refugee status for Somalis and stopped registering new arrivals in Dadaab, amidst a 2016 government announcement to close the camps citing security concerns – a directive which was subsequently found to be unconstitutional, though talks about Dadaab closures resurfaced in 2019.

There may also be medium to long term challenges for new arrivals to camps, as well as for refugees in urban areas in Kenya. Some of the government's processing centres for new arrivals in Nairobi have been earmarked as centres that require heightened surveillance in light of COVID-19. Looking forward, a situation may persist where registration and other protection-related activities and reform of the legal and regulatory environment are put on the back burner by the GoK as they devote their time and resources to combatting the pandemic, and to the recovery phase. However, the pandemic has shown that it is in the interest of governments to ensure that the virus doesn't spread within borders, and this includes among migrant workers and refugees. Thus, while these protection-related activities may be de-prioritised, health and sanitation-related interventions may receive additional support. However, the burden on government resources and systems will probably be an even greater sticking point in the future, and efforts aimed at greater inclusion of refugees into national systems, including education and health, will probably require additional donor support. The initial policy responses around protection illustrates both a speeding up and a slowing down in the governance of protection, that is:

...great regulatory haste on the one hand, and an institutional slowdown of due process mechanisms and bureaucratic processes on the other... The potential consequence is that a growing list of restrictions combined with systems 'going to sleep' may be converted officially to temporary and then permanent halts across a broad swath of migration categories and administrative processes. (Sandvik and Garnier 2020)

In terms of the health response, UNHCR has made several commitments to refugee and IDP assistance across the region (UNHCR 2020). In Kenya, UNHCR is working on procurement of emergency supplies for the health sector, as well as on intensified activities around the provision of water and sanitation, and emergency distributions of food, soap and other items. Isolation wards have been identified, with additional beds added in the country's two refugee camps and an assessment is underway to identify possible new locations for field clinics to provide health care in such camps. Personal protective equipment (PPE) is being given to health workers in clinics in Kenya. Some aspects of UNHCR's response in Kenya, and across the region, has been criticised by INGOs, NGOs and

donors for being too slow. In Somalia, improvements are being made to shelters; provision of relief items has been increased; and high-risk IDP sites are to be upgraded, with UNHCR planning to support 27,600 IDPs in high-density sites. More than 320,000 refugees, IDPs and those in host communities in Sudan have received WASH items; and new refugee arrivals in eastern Sudan are having temperatures recorded upon arrival and being monitored for 14 days. In Tanzania, monthly relief provisions have been doubled; hand-washing stations and supplies have been installed or improved across the country's three camps. Uganda has relied on existing preparedness measures in place from the threat of Ebola, which included temperature and health screenings and hand-washing facilities across transit and reception centres and refugee settlements. It has also increased soap distribution; and additional training on COVID-19 is being rolled out to health workers. In Djibouti, new shelters have been provided to more than 4,500 refugees and asylum-seekers to reduce overcrowding in Ali Addeh and Holl-Holl villages; UNHCR in Ethiopia has increased water and soap supplies and is installing hand-washing stations.

2.4 Public information and trust, attitudinal changes and views of the 'other'

Analysis of Ebola and SARS epidemics has highlighted the importance of trust, transparency and community partnership. As pointed out by Lau et al. (2020, p.648), "Communication and trust are important for displaced populations, which, as a result of previous experiences, may lack trust in the authorities or systems that are supposed to serve their needs". In Somali communities, pervasive narratives have emerged that COVID-19 is a virus of the West, and that it will not affect Muslims – although there are reports that this is changing now that infection is more widespread. In addition, Ethiopians traveling into Somaliland are often seen as threats; this puts Oromo migrant groups at particular risk of being targeted as a threat to public health. In Uganda, researchers are reporting that rural borderland communities may not be receiving contextually appropriate information, and, as a result, misinformation about COVID-19 is spreading (Baluku et al. 2020). In Sudan, reports emerged in March 2020 of Sudanese travellers refusing medical supervision and escaping quarantine centres set up for those returning from abroad (Mohiedeen 2020). In Kenya, there are already concerns of increased harassment of refugees by the Kenyan police, and fear among communities that, if refugees become infected with the virus, it could lead to further stigmatisation and be used to justify stricter policies *vis à vis* refugees. The pandemic has also exposed fears of xenophobic responses. For example, in Kenya there is a long history of stigmatisation of Somalis – including ethnic Somalis who are Kenyan citizens – by the public. Since Somali refugees account for over 53 per cent of the country's refugee population, this pandemic could expose these fault lines further, and could extend further (as has been the practice in the past) to Kenyan nationals who are of Somali ethnicity. Refugees are also among the marginalised groups that may be most distrustful of government authorities, given past experiences and government policy. Thus, the focus needs to be on how they can be reached, and how their rights can be guaranteed.

Information campaigns and public health updates have been launched using a range of media in the region. These include government websites, Twitter and Facebook pages. Civil society organisations are also contributing to public awareness and overcoming misinformation, such as Somaliland's

Shaqodoon, which has established a 24-hour dedicated helpline that assists the Ministry of Health awareness campaigns and public assistance measures.² During its first fortnight of operating, the Centre received 332,852 calls. The Twitter hashtag #COVID19HELPLINE is also now widely used. Hagiga Wahid is another example, providing a platform for reporting, contextualising and mitigating misinformation through a community-led response in Uganda and South Sudan.³ In South Sudan the platform 211 Check also conducts fact-checking and verification.⁴

If communication campaigns are to lead to effective uptake of pandemic control measures at the community level, however, evidence suggests they need to be multi-directional rather than one-way. A similar ‘hotline’ approach used in Sierra Leone during the Ebola crisis, for example, was effective at distributing information from above, but failed to complete the feedback loop and gather responsive information from communities (Richards 2020). Currently, this kind of information is lacking:

Right now, there is a major gap in our collective understanding of the way ordinary people see things. The polls we read are mostly conducted online and ignore the views of people who are not. When they cover low-income and fragile states, they are not representative of the broader population, certainly not those caught up in humanitarian crises. Significantly, they are not linked in a systematic way to decision making in the humanitarian coordination structures. (van Praag 2020)

In Uganda, researchers with the Pandemic Preparedness Project have described community uncertainty and misinformation spreading about the “disease on the radio” thanks to “heavy handed ‘preparedness from above’” that is out of touch with daily life for many living in remote areas near the Uganda–DRC border (Baluku et al. 2020). They illustrate how, as a result of top-down COVID-19 responses, “people feel power has been taken away from them with no ability to make decisions or respond as they feel appropriate” (Baluku et al. 2020). They call instead for pandemic “responses from below, supported by community-led communication, which makes sense to people” (Baluku et al. 2020). Strengthening this call, Richards’ (2020) reflections on the Ebola crisis conclude that “the main lesson... is that shared learning between communities and medical professionals is a key aspect of human adaptive response to emergent diseases”.

2.5 Borders and periphery sites

Governments in the region have announced strict border restrictions, with biosecurity mapping onto mobility so that “with respect to border management, open borders have now been re-constituted as threat-objects” (Sandvik and Garnier 2020). Some closures have led to backlogs and slow processing at crossings. Common guidelines and procedures related to mobility, health and trade that regional institutions such as the East African Community and the Inter-Governmental Authority on Development (IGAD) are able to put in place will be increasingly important in the future; however, to

² See <http://shaqodoon.org/shaqodoon-launched-covid19-helpline-to-support-the-government-containing-corona-virus>.

³ See <https://www.hagigawahid.org/>.

⁴ See <http://211check.org/>.

date responses have primarily been decided at the country level. IGAD has put together a COVID-19 tracker (IGAD 2020a), and convened a meeting on 30 March 2020 for Heads of State to deliberate a regional COVID-19 response. This was followed by a ministerial meeting on health on 8 April 2020, and on finance on 9 April 2020, accompanied by declarations for follow-on action (IGAD 2020b).

COVID-19 has disrupted production among manufacturers in the region as well as the export of major raw materials to countries such as China. Manufacturers and SMEs are currently feeling the heat from restrictions imposed by various countries, including partial and complete freezes on movements and a ban on all public gatherings, which have in turn forced them to temporarily close or operate below capacity. Uganda sealed its borders in a bid to curb the spread of COVID-19 from neighbouring countries and is only allowing goods to enter. In South Sudan the border closure with Uganda is resulting in a reduction of food available for local markets and for food aid distributions. The Government of Kenya has banned the entry of foreigners into the country, but various border points are open to allow for trucks ferrying goods into the country. There are quarantine centres in operation at official border points. IOM in Kenya is currently conducting assessments and collecting data at border crossings with the MoH and the Department of Immigration. They have also been involved in surveillance of quarantine facilities for people who have returned from high-risk countries. Health-check guidelines for drivers and crew of cross-border trucks ferrying goods in the region have been instituted, since Kenya is a key entry point for imports for landlocked neighbours and a number of Kenyan truck drivers have tested positive for COVID-19, including after entering Uganda. However, there are numerous porous entry points along the country's shared boundaries.

There are concerns that the tightening of borders builds on and exacerbates existing tensions in the region. On 25 March 2020, Kenya's Defence Force deployed bulldozers to dig trenches stretching several kilometres from the west of Moyale, on the border with Ethiopia. According to Kenyan officials, this porous part of the border is used by smugglers and informal traders (Abdi 2020). Gun fighting by Ethiopian Somali Region militia prevented the trenches from being extended. Along the Ethiopia–Somalia border, which is more challenging to close, at least five cases of COVID-19 have been reported in Jigjiga, the capital of Somali Regional State, in recent arrivals from Puntland using unofficial routes. This has contributed to the stereotyping of returnees as carriers. While border closures across the HoA, and globally, are widely seen as a “biological necessity” to control the pandemic, “careful attention will be needed to the evolving justification of these closures as well as their popularity” (Sandvik and Garnier 2020).

Further, the pandemic has also shown how mobility restrictions are not always practical, with mobility being crucial for survival. Recent media footage of Kenyans defying abruptly announced movement restrictions into the capital city by crossing a river in order to work and pursue their livelihoods is one such example. In Uganda, initial reporting from border sites further illustrates this. For many working along border towns, closures have disrupted communities' abilities to carry out daily business and other activities. Researchers along the Uganda–DRC border have reported that closures are “being strictly enforced and our local fieldwork has discovered women being beaten with canes, men being fined (and wondering if these are official fines or to line the pockets of the military) and facing extreme threat to their livelihoods due to this action” (Baluku et al. 2020). As many cross-

border communities are reliant on trade in goods imported from Asia and Europe, these challenges to livelihoods are expected to continue even after borders reopen.

Border closures are not enforceable along all stretches of borders in the region, and some cross-border movement and trade continues. However, even in remote pastoralist communities emerging challenges of COVID-19 can begin to be identified. Pastoralists tend to be neglected or excluded from social protection responses and it is expected that COVID-19-related vulnerabilities will be exacerbated for pastoralist communities. “Many already experience food insecurity seasonally and are vulnerable to even slight disruptions to markets” and in addition, those who in recent years have shifted into commercial livestock markets will also face new COVID-19-related vulnerabilities, including export markets in the Arabian Peninsula closing (Devereux et al. 2020). There are also concerns that the vulnerabilities of COVID-19 overlapping with the current locust invasion may lead to conflict, with a Turkana pastoralist and peace-builder for the Northern Rangelands Trust warning: “There will be an increase in resource-based conflict... people will be moving towards areas where there will be grass. We need to prepare for conflict” (Smith and Kayama 2020). However, others have noted that the region and world have much to learn from the resilience and coping strategies of pastoralist communities. Pastoralists have deep knowledge and experience about how to operate in contexts of uncertainty (Scoones 2019). Pastoralist communities are already mobilising locally-relevant collective responses, drawing on expertise around the collectivity that is essential to pastoral production: in labour sharing, pasture surveillance and protecting livestock (PASTRES 2020). This has included setting up voluntary committees to pool expertise for the COVID-19 response in the absence of any reliable public health infrastructure. Mutual aid initiatives, drawing on existing principles of quick assistance - *hirba* (‘heel’) – and *qulaamo* (‘first aid’) that are crucial to living with variability, are being adapted to support community members whose livelihoods have already been disrupted by COVID-19.

2.6 Remittances and diaspora

As diaspora groups globally are affected by the pandemic, the World Bank predicts that remittances will decline sharply worldwide, and by around 23.1 per cent in Sub-Saharan Africa, in 2020 (World Bank 2020c). Remittances are a significant part of daily life, and GDP, across the region, contributing to crucial food imports, household essentials, education and health care, debt repayments, business investments and peace-building activities (Majid and Hammond 2020). Remittances have proven to be an important part of ‘social connectedness’ in crises, such as the 2011 famine and 2017 emergency in the Somali territories (Maxwell et al. 2015) and during conflict in South Sudan (Kim et al. 2020). The COVID-19 pandemic poses new challenges to the functions of remittances as part of coping strategies, because both receiving communities and migrant workers are being affected, either by the disease itself or by wider social and economic impacts: migrant workers are particularly vulnerable during economic downturn; they tend to have restricted or no access to public funds, depending on their visa status; and often continue to work in precarious, risky situations to cope (Guermont and Datta 2020). Because as many as 80 per cent of recipients rely on one member of the diaspora sending money, this is particularly worrying (Majid and Hammond 2020).

Additional research on the challenges, disruptions, and strategies of adapting to remitting during the COVID-19 pandemic is required. This may draw on learning from previous research on support networks, for example findings from research in South Sudan revealed that “while the conflict, displacement, and family separations disrupted households’ support systems, new forms of social connections emerged” (Kim et al. 2020). Despite the challenges, diaspora groups are mobilising. Ethiopian diaspora members have developed apps to support health workers and members of the public fulfil a range of functions including contact tracing and self-reporting (Marks 2020). The founder of WorldRemit has donated over USD 1 million in PPE for Somaliland, and the largest money transfer company, Dahabshiil Group, has donated USD 800,000 (Somaliland Standard 2020b; Somaliland Standard 2020a). The Edna Adan Foundation and Somali InterHealth – UK-based charities – have raised more than GBP 20,000 from diaspora contributions to support hospitals in Somaliland. Eritreans in the diaspora have formed an international task force to coordinate contributions (Bereketeb 2020). A number of virtual events have been organised to share expertise and lessons learned, and to coordinate responses across diaspora, such as by the African Union’s Centres for Disease Control and Prevention, and iDiaspora, a global hub for diaspora knowledge sharing (Africa CDC 2020; iDiaspora 2020).

2.7 Gendered dynamics of COVID-19

Research has demonstrated that responses to outbreaks consistently lack meaningful gender analysis and gender-sensitive policies (Smith 2020; Wenham et al. 2020). Further, a rapid global analysis by CARE and International Rescue Committee has found that decision-making groups responding to COVID-19 do not reflect a gender balance and that there is “a critical dearth of gender and sexual health specialists who can influence key decision-making” (CARE and International Rescue Committee 2020, p.3). However, the impacts of the COVID-19 pandemic will both interact with, and challenge, existing gender dynamics in significant ways.

Emerging data suggests that, while there are an equal number of cases of COVID-19 between men and women, slightly more men are dying with it globally (Wenham et al. 2020). This dynamic may be exacerbated in the HoA by men being more mobile and thereby having more social interactions than women. However, the data are incomplete and health experts have warned against early assumptions. What is clearer is that unequal care burdens are exacerbated by pandemics, with women, who perform more than three times the unpaid care work of men, particularly affected (International Labour Office 2018). During pandemics, this is likely to involve care for sick relatives. School closures further limit carers’ work opportunities (Wenham et al. 2020). The gendered nature of the health care workforce constitutes a “double caregiving burden” for female health workers, who also tend to be paid less than male colleagues, risk stigmatisation for caring for COVID-19 patients and also face greater risks of contracting the virus (CARE and International Rescue Committee 2020, p.2). Given women’s front-line interactions with communities during the pandemic, women should be integrated into health surveillance, detection and prevention approaches:

Women’s socially prescribed care roles typically place them in a prime position to identify trends at the local level that might signal the start of an outbreak and thus improve global health security. Although women should not be further burdened... incorporating women’s

voices and knowledge could be empowering and improve outbreak preparedness and response. (Wenham et al. 2020, p.847)

Access to health care is another factor and “intersectional gender analysis shows that key groups are at direct and indirect risk from COVID-19” including older people, people with disabilities, and ethnic groups stigmatised as carriers (CARE and International Rescue Committee 2020, p.2). In addition, research shows that migrant groups may be unable or unwilling to access health care, with vulnerabilities exacerbated by restrictions on movement, concerns over their legal status and fears of contagion (Lau et al. 2020). Access to health care outside of COVID-19 treatment is also a gendered risk, with maternal and sexual and reproductive health in the HoA already critical issues. Studies of previous epidemics, including Ebola and H1N1 influenza, have found that indirect health effects may exceed the deaths and morbidity caused by the disease itself. Thus paying attention to wider health needs and ensuring service continuity for all is important (Lau et al. 2020).

Gender-based violence (GBV) is also emerging as a critical issue during the pandemic in the HoA and elsewhere, as lockdowns and restrictions on movement force households into close and prolonged contact and are reducing victims’ ability to access support. Kenya’s National Council on Administration of Justice reported a spike in sexual offences during April’s lockdown (Odhiambo 2020). UNHCR warns that displaced and stateless women and girls are at increased risk (UNHCR 2020a) and some refugee camps are already noting increases in GBV (IOM 2020a). Concerns have also been expressed about how LGBT+ protection and support, and protection for sex workers, already extremely limited in the HoA, will be further constrained (Thomson Reuters Foundation 2020).

Health experts warn that if COVID-19 responses are “to be effective and not reproduce or perpetuate gender and health inequities, it is important that gender norms, roles, and relations that influence women’s and men’s differential vulnerability to infection, exposure to pathogens, and treatment received, as well as how these may differ among different groups of women and men, are considered and addressed” (Wenham et al. 2020).

3 Conclusion and recommendations: informing policy and research

This briefing has examined emerging information and analyses on COVID-19 responses in the HoA as they relate to mobility, conflict and development. It makes evident the complex, overlapping crises and risks faced by the region that move beyond the immediate health impacts of COVID-19. Impacts are already being felt unevenly across time, geographies, and population groups. Lockdowns and restrictions on mobility are exacerbating existing vulnerabilities and leading to negative social, political and economic impacts aside from the risk of infection. For displaced populations, those who rely on mobility for their livelihoods, and others working in the informal sector, this is particularly concerning: as well as being marginalised by lockdown policies, these populations are also at increased risk of being 'left behind' by government economic responses such as bailouts and stimulus packages. Humanitarian assistance is increasingly challenging to deliver, with some services rolled back or stopped altogether. Existing expertise and lessons from previous crises in the region with regards to delivering humanitarian assistance remotely are now of particular importance.

Further, lessons and expertise from previous pandemics relating to the importance of trust, transparency and collaboration are also of crucial importance for an effective COVID-19 response. While concerning evidence is emerging of heavy-handed, top-down measures that marginalise communities and may lead to stigmatisation, there are also positive community-led approaches which should be supported to ensure COVID-19 responses are appropriate to local contexts. Any donor contributions to the COVID-19 response should take into account the local cultural context, community initiatives and traditional structures. Moving from the local to the regional level, the initial impacts of border restrictions and trade have also amplified the need for a collaborative approach between governments.

Responses must also be cognisant of the changing dynamics of remittances. While in previous crises remittances have been a crucial part of affected groups' coping strategies and ability to maintain social connections, because both receivers and senders are affected by COVID-19 new challenges are emerging. A final theme analysed in this paper illustrates the importance of a gender-inclusive COVID-19 response. COVID-19 will affect, and be affected by, gender dynamics and this warrants

further attention, including around issues of gender-based violence, caring roles, access to health care, and the potential roles for women at the frontline of responses in ways that empower and transform rather than further marginalise.

The initial analysis presented in this briefing suggest that, while there is significant uncertainty about how COVID-19 will play out in the region, several priorities for future research and programming can be identified. Although COVID-19 represents a pandemic of unprecedented scale, existing evidence and expertise, as well as lessons from previous pandemics and crises in the region, can inform policy and programmes for the future. These can also provide a steer on priorities for future research in the region as the pandemic unfolds. Based on the emerging analysis of COVID-19 in the HoA presented in this briefing paper, we suggest the following priorities for future programming, policy and research.

3.1 Develop inclusive pandemic responses

The analysis presented here demonstrates that policy and programme responses to COVID-19 should be inclusive and consultative from the outset if they are to be taken up by communities and are to be contextually appropriate. Design and implementation processes should engage communities, rather than view them as the problem or blame them for their vulnerabilities (O’Callaghan 2020; Kihato and Landau 2020). Initial lockdown periods “should be used to conduct consultations; to provide the essential epidemiological facts to communities... and to ask communities to propose their own, locally-suitable versions of transmission control, along with how they propose to monitor and enforce them” (DeWaal 2020). Such consultations should be extended to refugee and migrant communities as “there can be no public health without refugee and migrant health” (Kluge et al. 2020, p.1239); extend to those living in informal settlements and at borderlands; and be cognisant of gender dynamics. Through supporting these kinds of ways of working, and building on experiences and expertise from the region in managing previous epidemics, such as HIV/AIDs and Ebola, “a distinctively African doctrine of epidemic mitigation” may emerge (DeWaal 2020).

3.2 Critically re-evaluate lockdowns and movement restrictions

Emerging evidence of the impacts of lockdowns analysed in this briefing paper – particularly impacts on displaced populations, migrant workers, and those dependent on the informal sector – calls into question their effectiveness in the region. While lockdowns may ‘buy time’, health experts warn they can “be very harmful for fragile, export-dependent economies and stretch livelihoods beyond people’s coping ability, in turn dis-incentivising adherence to control measures” (Dahab et al. 2020, p.2). As part of developing inclusive and consultative responses to COVID-19, alternatives and variants to lockdown, isolation and restrictions on movement should be explored (DeWaal 2020).

These may include shielding vulnerable populations and organising monitoring at the local and household level, as has been conducted in previous health emergencies (Dahab et al. 2020). They may also recognise and find ways of supporting mobility as a survival mechanism where appropriate, rather than applying blanket restrictions to movement. Leaving cities to return to rural communities has long been a coping strategy in the region. Kenyan economist Ndi notes that “the extended

family is our informal welfare system” (cited in Zhu 2020). While there are significant risks associated with carrying COVID-19 to more fragile areas outside of cities, exploring ways to enable those who are healthy to travel warrants further attention (Zhu 2020).

3.3 Recognise COVID-19 as a humanitarian emergency

The HoA is facing a number of overlapping risks and crises which are already being affected by COVID-19. Responses must therefore factor in these conflict, environmental, and humanitarian challenges (Peters and El Taraboulsi-McCarthy 2020). Existing networks and experts focused around conflict-sensitive programming, including remote delivery of services; humanitarian protection; and durable solutions have a wealth of context-specific expertise to be drawn on in collaboration with health experts and communities (Bell 2020).

3.4 Plan and research for longer-term challenges

Looking further forward, there are also longer-term challenges and priorities to consider. Governments in the HoA are joining countries globally to implement hasty emergency responses to the pandemic. These responses may bypass established processes, given the rapid pace of the pandemic and its wider socioeconomic impacts. Ongoing attention should be paid to how ‘temporary’ measures continue in the medium to longer term, including around the tracing of citizens, border controls and restrictions on movement, and human rights (Bekaj 2020; Oette 2020). There is a risk that COVID-19 “adds the legitimacy of science” to measures restricting mobility and that this may be exacerbated or given additional legitimacy by external funding (Landau 2020). ‘Discretionary rules’ around migration governance warrant further research and analysis over time (Sandvik and Garnier 2020), and this includes careful planning around which measures are funded.

For many in the region, mobility is key to survival and to a sense of progress in life; the impacts of movement restrictions over the longer term will therefore not be limited to economic precarity, as summarised by Landau (2020):

Where people stop seeing the possibility of predictable futures or progress, forms of rational decision-making and political engagement will take on new meanings... [P]eople who feel robbed of futures are more likely to acquiesce to authoritarianism or support millenarianism that forge enduring, visionary solidarities.

Additional research, as well as programming and funding, will need to remain cognisant of the changing connections between mobility and life-course or sense of progress, both in terms of actual migration behaviours and imagined and perceived futures. How this intersects with the region’s high rates of youth unemployment will also require close attention.

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