



Arnold-  
Bergstraesser-  
Institut

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Effects of the COVID-19 pandemic on refugees and  
their protection in Kenya, Uganda, Ghana, Nigeria,  
South Africa and Zimbabwe

Nadine Segadlo, Ulrike Krause, Franzisca Zanker, Hannah Edler



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## Abstract

How has the COVID-19 pandemic affected refugees and their protection? To respond to this question, we conducted a study using a qualitative questionnaire in six countries in East Africa, Southern Africa and West Africa, namely Ghana, Kenya, Nigeria, South Africa, Uganda and Zimbabwe. In this paper, we explore the information provided by the 90 respondents and focus on three main areas. We first address vulnerable groups and the new, additional and prolonged challenges, as well as potential tensions among refugees and between refugees and host communities due to the pandemic. We then turn to refugee protection by regional, state and humanitarian actors and the influence of donors during the pandemic, showing that aid has been strongly limited. Moreover, we argue in the third part of the paper that refugees represent important actors; refugee-led community-based responses are highly relevant for the people across the six countries for delivering material and immaterial assistance and also mitigating tensions and contributing to peaceful environments.

## 1. Introduction

It is typical for a pandemic that all people can be affected and exposed to risks. Yet those in particularly vulnerable positions may be confronted with even greater dangers. Those who have had to flee their homes and seek safety elsewhere undoubtedly live in precarious conditions in many regions around the world. An ever-growing body of research attests to the challenging conditions of refugees in host regions – even without the pandemic. But in what ways has their situation been influenced by the current pandemic?

This paper discusses findings gathered through a qualitative research design carried out to better understand how the COVID-19 pandemic – in particular during the first year until February 2021 – has affected refugees and their protection in six countries in West Africa, East Africa and Southern Africa, namely in Ghana, Kenya, Nigeria, South Africa, Uganda and Zimbabwe.<sup>1</sup> Though the study primarily focuses on refugees, we take into account that many of the challenges discussed also apply to displaced persons more generally. The aim of the qualitative study is to gain insights into the perspectives of persons of refugee background, scholars, government officials and aid actors working with and for refugees. The questionnaire was conducted online (using SurveyMonkey) in January and February 2021 and shared across various networks, using snowball sampling to obtain participation. The questionnaire is non-representative and consists of 17 open-ended and multiple-choice questions about diverse perspectives on local developments, providing a valuable source of information at a time when on-the-ground research was very difficult and posed a health risk for all involved – participants and researchers alike. Since we carried out the questionnaire prior to the wide availability of vaccinations, we were unable to enquire about vaccine access for refugees.

A total of 90 respondents took part across the six countries, of whom 79 filled in the questionnaire completely and 11 partially. 59 participants identified as male, 28 as female and three did not give a gender identification. The average age of the participants was 41.5 years, with one person not indicating their age. Nine of the respondents noted that they resided in Ghana, 27 in Kenya, 18 in Nigeria, 14 each in South Africa and Uganda, and five in Zimbabwe. One person did not mention their country of residence and two other participants chose “other” for their location. With multiple answers possible, 30 participants identified themselves as academics, 27 as persons of refugee background, 20

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<sup>1</sup> For further information about the connected research projects of this collaborative study, see the annex.

as students, 17 as staff of an international NGO, 10 as either a member of a civil society organisation or as staff of a national NGO, seven as UN officials, four as government officials, five were involved with the media and three gave no identification.

All data provided by respondents was collected anonymously and treated confidentially for security and data protection reasons. In addition to performing a simple descriptive analysis of answers to the multiple-choice questions to consider overall tendencies, we explored the responses to open-ended questions through qualitative content analysis to extract the core issues addressed by participants.

In the following, we first address some of the key characteristics of refugee protection and the COVID-19 situation of the six countries. We then discuss the results of the questionnaire in three main parts; namely the major challenges arising for displaced people, including potential tensions due to the pandemic in host countries; the responses from regional and state actors as well as humanitarian actors and the influence of donors; and finally, the roles and participation of refugees themselves in responses as well as in mitigating tensions and contributing to peaceful interactions.

## 2. Country Insights: Characteristics of Refugee Protection and Pandemic Responses in the Six Countries

The six considered states in East, West and Southern Africa were affected by the pandemic, as Table 1 reflects. We are aware that statistical data have limitations and it has increasingly been argued that the numbers of infected and deaths from COVID-19 are likely to be vastly underreported in many African countries (see Kaneda and Ashford 2021). Note however that much reporting on Africa has problematic postcolonial and racialised undertones (see Pailey 2020).

*Table 1: Overview of recorded and confirmed COVID-19 cases in the six countries*

Country	Total Population (as of 2020)	Total Cases Confirmed		Total Deaths Confirmed	
		28 Feb 2021	30 Sept 2021	28 Feb 2021	30 Sept 2021
Ghana	31,072,940	82,586	127,016	594	1,150
Nigeria	206,139,589	155,417	205,484	1,905	2,702
Kenya	53,771,296	105,648	249,174	1,854	5,119
Uganda	45,741,007	40,335	123,572	334	3,158
South Africa	59,308,690	1,512,225	2,900,994	49,941	87,525
Zimbabwe	14,862,924	35,994	130,485	1,458	4,616

*Source: COVID numbers are from the World Health Organization 2021 (see <https://covid19.who.int/> as per country). The February numbers are in reference to the time the questionnaire was conducted. The population figures are from Worldometer ([www.worldometers.info](http://www.worldometers.info) as per country), a collection of statistical data by United Nations' Department of Economic and Social Affairs, Population Division.*

Focusing on the regions, in West Africa state governments reacted quickly with the imposition of measures to tackle the COVID-19 pandemic, largely because of experience gained from the prior Ebola epidemic. However, as states were quick to close their borders, they actively countered the free movement of persons introduced with the free movement protocols of ECOWAS (Economic

Community of West African States). East African countries also responded quickly; they are known to host many refugees, see Table 2 below, especially from neighbouring countries. In these countries, refugees are primarily located in camps or so-called rural settlements but many also self-settle in urban areas (Jansen 2018; Schmidt, Kimathi, and Owiso 2019; Krause 2021). In Southern Africa, refugees face varying challenges in the region, which was badly hit by the pandemic: refugees in South Africa are self-settled mostly in urban areas and there is a small refugee population in camps in Zimbabwe. Though borders were closed early on, many still continued to cross borders albeit outside formal border points (Takaindisa 2021a).

Table 2: Overview of numbers of refugees and asylum seekers in the six countries, end of 2020

Country	Ghana	Nigeria*	Kenya	Uganda	South Africa	Zimbabwe
Number of Refugees and Asylum Seekers	13,922	68,869	452,941	1,421,133	250,256	21,195

Source: UNHCR (2021)

\*There are also 2,610,278 IDPs in Nigeria.

In the following, we briefly discuss the COVID-19 pandemic and refugee protection situation in the six countries.<sup>2</sup>

As a response to the first two cases of COVID-19 registered in **Ghana** on 12 March 2020, the government introduced a number of measures to curb the spread of the virus and to protect its people. Reactions included the closure of international borders, the suspension of social gatherings of more than 25 people, the closure of all universities and schools and a partial lockdown of major urban areas in the three regions Greater Accra, Ashanti and Central Region. With a new increase of cases during the second wave towards the end of 2020 until March 2021, Ghana reinstated some partial lockdown measures – such as bans on gatherings and sporting events, and the closure of social spaces like restaurants, beaches, pubs, cinemas and nightclubs – and kept borders closed (Coffie 2020; IMF 2021). In July 2021, the country started struggling with the third COVID-19 wave (Akufo-Addo 2021). According to official statistics, 127,016 cases have been confirmed in the country and 1,150 people died by September 2021 (WHO 2021).



As of December 2020, Ghana hosts 13,922 refugees and asylum seekers, with the majority coming from Cote d'Ivoire (UNHCR 2021). The Ghana Refugee Board, in collaboration with UNHCR, is mainly responsible for refugee protection. Refugees live primarily in urban spaces, particularly in the capital, or in rural camps. The imposition of COVID-19 measures has had severe impacts on refugees in Ghana. Living conditions complicate social distancing as well as access to sanitation infrastructure. Livelihoods are lost as the large majority depend on the informal economy or humanitarian aid. As Ghana is characterised by high levels of cross-border mobility and trade, restrictions on movement and border

<sup>2</sup> The maps are developed via <https://mapchart.net>.

closures especially impact migrants as well as refugees and asylum seekers, leaving them stuck at borders or waiting in transit centres (IOM Ghana 2020). In addition, information on the pandemic and measures to curb its spread have mainly been delivered in English or in local languages, excluding the large portion of French- and non-local language speakers amongst the migrant and refugee population (Coffie 2020). Although Ghana was the first African country to receive vaccines from the COVAX initiative at the end of February 2021, access requires a national ID card, which only citizens hold, thus excluding migrants and refugees from vaccination (Coffie 2021). However, the Ghana Refugee Board, with the support of UNHCR, introduced virtual refugee status determination to ensure basic protection services (Folley 2020).



To respond to the outbreak of the COVID-19 pandemic, **Nigeria** reacted with measures such as lockdowns in Abuja, Lagos and Ogun State, the closure of international airports, schools, universities, markets and shops and a ban on public gatherings in March 2020. After 35 days of hard lockdown in the three mentioned states, a gradual reopening took place along with a nationwide night curfew, mainly to ease pressure on the economy (iMMAP 2021: 19; Obiezu 2020). The second wave of infections hit the country in December 2020, doubling the peak of the first wave. As a result, restrictions were reintroduced (IMF 2021). According to the WHO, the country registered 205,484 confirmed cases and 2,702 deaths from COVID-19 as of late September 2021 (WHO 2021).

Protection of displaced people is carried out by the National Commission for Refugees, Migrants and Internally Displaced Persons with the support of UNHCR. In Nigeria roughly half of the displaced refugees live in UNHCR-built settlements in rural locations while the other half remain in urban surroundings. The largest number of displaced persons, however, are not refugees (66,081) or asylum seekers (2,788) but internally displaced persons (IDPs) due to armed conflicts, such as with Boko Haram; 2,610,278 people were displaced by the end of 2020 according to UNHCR (2021). In this context, protection for IDPs and refugees faces immense challenges due to secluded rural settlements, socio-economic hardship, urban spaces without possibilities for social distancing, inadequate or misinformation, and understaffed/under-budgeted regional organisations (UNHCR 2020).

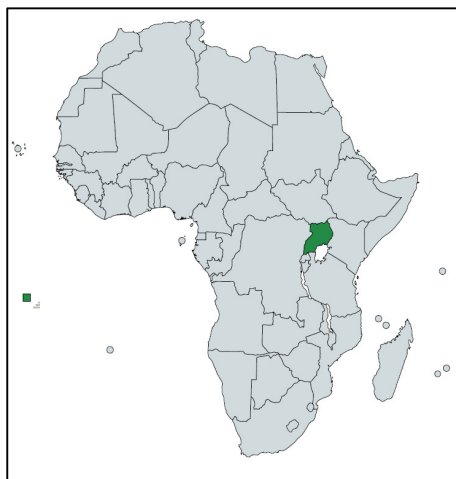
The WHO notes that **Kenya** has experienced the strongest impact from COVID-19 in East Africa. The total number of confirmed cases is at approximately 249,174 and up to 5,119 fatalities were registered by September 2021 (WHO 2021). Even now, the fourth wave is ongoing, and further lives are at risk. The Kenyan Government acknowledged the global pandemic the day after the first official COVID-19 case was registered on 13 March 2020 and introduced regulations for interaction the next day (Ministry of Health Kenya 2020). By the end of May, the government had published the *Transforming Health System Universal Care Project* (THS UCP), a plan outlining testing procedures and future vaccinations. In the following months, the Kenyan government carried out lockdown responses largely





in densely populated areas and avoided total national lockdowns to prevent further economic instability.

Despite the regionally focused responses, the movement of refugees living in camp complexes such as Kakuma and Dadaab were strongly restricted as well. Overall, UNHCR notes that almost half a million refugees (452,941) are in the country (UNHCR 2021). The protection system developed there over the past several decades strongly relies on the camps but the government has repeatedly threatened to close camps. The most recent threat to close camps occurred during the pandemic in 2021 and was stopped by court decisions (Segadlo et al. 2021).



In **Uganda**, the WHO cites 123,572 confirmed cases and 3,158 known fatalities in September 2021 (WHO 2021). The first case was registered on 21 March 2020. Three days' prior, the government had already started closing its national borders primarily for travellers, not for cargo (Aljazeera 2020), and later also introduced a nationwide lockdown (Independent 2020). The spread of the pandemic peaked again in mid-2021, however, and the situation remains critical (September 2021). The government response affected all people in the country, especially refugees; the border closure prevented displaced people from entering the country and thus created additional hardship (Amnesty International 2020). The lockdowns also complicated lives by limiting movement to critical infrastructure like healthcare facilities (Gato 2020).

Yet, Uganda is not only known for hosting many refugees – 1,421,133 at the end of 2020 (UNHCR 2021) – but the country's approach to refugee protection is also often touted as "progressive" (e.g. Akello 2009; Betts et al. 2019). This is due to its new Refugee Act, which grants refugees rights to movement and employment, among others (Uganda 2006), and also due to its development-oriented refugee aid, which focuses on refugees' self-reliance especially through agricultural productivity (e.g. UNHCR and OPM 2004; Uganda 2018). To this end, refugees are located in so-called settlements, where they are granted access to land for agriculture for self-subsistence. These 'settlements' fulfil the features of camps, however (Krause 2021: 9-10). Moreover, for years now, scholars have pointed to limitations in this approach and the living conditions of refugees (see Kaiser 2005; Ilcan, Oliver, and Connoy 2015; Krause 2016, 2021; Krause and Schmidt 2020). The situation has intensified during the pandemic; aid delivery slowed down particularly due to the lockdowns (Moyo, Sebba and Zanker 2021).

**South Africa** has officially experienced the most COVID-19 cases of the six African countries of our questionnaire: at the time of writing this paper in September 2021, more than 2.9 million persons in South Africa have been infected and over 87,000 people have died of the virus (WHO 2021). The government has established an alert system that includes several levels to adjust different dimensions of local as well as nationwide lockdowns. The beginning of the pandemic involved hard national measurements against the pandemic (see also Moyo, Sebba and Zanker 2021), which had eased by late 2020 and early 2021. Recently, the third COVID-19 wave has started to decline, causing the alert levels to go down



again. The pandemic and lockdowns have contributed to increased economic strain, with unemployment figures now amongst the highest in the world, at over 32% (Karombo 2021; Statistics South Africa 2021).

In terms of refugee protection, South Africa has one of the best protection regimes on paper, with refugees having the right to work, study and live where they choose to. The exact number of refugees and asylum seekers in the country is difficult to account for and there is a huge backlog in appeals that is projected to take decades to work through (Moyo and Zanker 2020a). UNHCR estimates that there are 76,754 asylum seekers and 173,502 refugees in the country (UNHCR 2021). In reality there has been dismantling of refugee protection measures in recent years. Problematically, the country has long been linked to xenophobia, including violent attacks against refugees, asylum seekers and other migrants, often linked to times of economic uncertainty (Amusan and Mchunu 2017; Ikuteyijo and Olayiwola 2018; Misago 2017; Isilow 2021). The response from the government towards refugees during the pandemic has at best been delayed, fragmented and partial – in terms of allowing for government aid and extending visas and temporary permits in light of shuttered administrative facilities – and at worst highly securitised and discriminatory, instrumentalising refugees and migrants as causes of the pandemic spread (Moyo and Zanker 2020b; Moyo, Sebba, and Zanker 2021; Vearey 2020; Vearey et al. 2021). Despite inclusive statements from the South African president that all residents, including refugees and asylum seekers, would receive vaccines, there have been massive problems of access for undocumented persons, who are widespread in South Africa due to bureaucratic hurdles (Veary et al. 2021).



In **Zimbabwe**, the current and third COVID-19 wave has brought the most confirmed cases and deaths, though it has just begun to decline. By September 2021, there were 130,485 confirmed cases of COVID-19 with 4,616 deaths (WHO 2021). The mostly national lockdowns were continuously extended, with schools shutting down for six months. As primarily a transit country for refugees, Zimbabwe has faced particular challenges during the pandemic as national borders were closed and prevented refugees in Zimbabwe from reaching their destinations, such as South Africa (though in reality movement has been possible throughout, see Takaindisa 2021a).

According to the latest figures from UNHCR, there are 9,266 refugees and 11,929 asylum seekers in Zimbabwe (UNHCR 2021). The government usually places refugees in camps and provides very limited work permits (see also Takaindisa 2021b). Therefore, refugees have been socially isolated in Zimbabwe since before the pandemic, which has since increased and worsened their living conditions (ADB 2021). Since the Zimbabwean government is economically and politically struggling, it has been greatly dependent on humanitarian support for refugee protection (e.g. WFP News Release 2021).

### 3. Challenges for Refugees and Their Protection during the Pandemic

The pandemic has created a great variety of challenges for refugees. In addition to health risks and worries about being infected, people have been strongly impacted by economic challenges, difficult access to income and livelihoods, limited movement and increasing violence. While all people are potentially exposed to pandemic-related challenges, respondents identified groups that are particularly at risk. Although vulnerabilities and issues are inherently connected, we separate them and first address the vulnerable groups and then the new, additional and/or prolonged challenges from the pandemic as identified by respondents.

#### 3.1. Vulnerable Groups

Even before the pandemic, displaced people and especially refugees were confronted with diverse structural restrictions on access to their rights, political participation or economic opportunities as well as with risks of violence, not least gender-based violence (e.g. Abdi 2008; Campbell and Crush 2015; Kwiringira et al. 2018; Dako-Gyeke and Adu 2017; Akinola 2018; Arhin-Sam 2019; Zack et al. 2019). But who is most affected by the pandemic? In order to adequately capture insights from our respondents, multiple answers for this question were possible.

Many respondents describe how all are affected equally due to the widespread problems arising from the coronavirus, and this also includes host communities. One respondent in Zimbabwe highlights exactly this point, emphasising how “everybody is impacted negatively by this pandemic. All sector, all group[s] of people including humanitarian works have been impacted by COVID-19.”<sup>3</sup>

In spite of such perspectives, many other interlocutors reflect on refugees’ particular difficulties; one in Ghana points out: “Since refugees are dependent on the benevolence of international organisations and the host country, they tend to suffer more psychological challenges.”<sup>4</sup> Moreover, a respondent in Nigeria turns attention to camps and stresses the need to understand “the specific situation and realities in the refugee camp.” She explains that “all categories of people within the camp would be affected one way or the other.”<sup>5</sup> Moreover, one respondent in Kenya explains:

*“There is no doubt that everyone in the camp has been equally affected by COVID-19 because the pandemic affects them the same way as they are subject to limited or no movement outside of the camp, limited access to medication or emergency medical service as well as food scarcity and fear of being caught by the virus as well as not able to provide for one’s family. I am also concerned more about the impact it has on children, elderly people, women and people with disabilities. I guess the children would love to know why they are not able to go back to school and some sort of assurance that things will be fine. Likewise, many refugees worry about the sustainability of the services they receive if things get worse.”<sup>6</sup>*

Resonating with these multiple groups’ challenges, the majority of respondents also find elderly, children, women and people with disabilities to be most affected and exposed to diverse risks, which

<sup>3</sup> United Nations official; person with a refugee background; Zimbabwe; male.

<sup>4</sup> Academic scholar; Ghana; male.

<sup>5</sup> Academic scholar; Nigeria; female.

<sup>6</sup> Person with a refugee background; student; Kenya; male.

are revealed to be similar in the six African countries. Respondents frequently point to children's lack of access to schools and women's increased risks of domestic violence and economic challenges. For example, one respondent in Zimbabwe explains: "Women are disproportionately at risk because of their gendered roles that require interaction in sourcing food, fetching water as well as caring for the sick. Men are at risk because of their socialisation tendencies in groups at public places like bars and soccer fields."<sup>7</sup> Moreover, one respondent in South Africa focuses on children and explains that they "are affected because of impact of COVID on the ability of parents and caregivers to engage in any form of livelihoods. Schools are excluding refugee and asylum seeker children who have expired papers."<sup>8</sup>

The economic and livelihood issues are also described as issues faced by men, referring to their ascribed roles as breadwinner in families. Moreover, people with disabilities and elderly people are noted to be exposed to high risks of mortality and to receive insufficient support from state and aid actors as well as families. Participants in Uganda are more likely to describe members of LGBTQI communities as vulnerable and point out that "their sexual orientation is unacceptable in Uganda",<sup>9</sup> exposing them to violence and discrimination in addition to pandemic-related insecurities.

### 3.2. New, Additional and Prolonged Challenges for Refugees and Their Protection under COVID-19

In addition to indicating particularly vulnerable groups, respondents identify key challenges for refugees and other displaced people as well as their protection due to the pandemic. Across the six African countries, participants most often refer to issues related to livelihoods, health and education, as well as security.

First, a prevailing problem is the lack of livelihoods as a result of the pandemic and political measures taken. Respondents stress that during lockdowns people lost employment, small-scale businesses were shut down, livelihoods were destroyed, and economic activities in informal sectors became more difficult. While income decreased, prices partly increased, and one respondent in Ghana describes how people suffered from the "cost of living as food items rocket (during lockdown) and they lost their already 'shaky' credit worthiness as sellers declined credit suddenly".<sup>10</sup> These problems contribute to worsening living conditions, with people at risk of losing shelter due to increased rents, having limited access to food and clean drinking water, and facing a loss of social interactions due to isolation. A respondent in Kenya emphasises these extremes as follows: "No job, no business, nothing we just survive with hand to mouth meals and bills overloaded on us. We don't get sick no more cause you can't get any assistance. Better pretend to be okay with what life send us through."<sup>11</sup>

Second, many respondents emphasise problematic access to healthcare services. This applies to displaced people in urban and camp settings, as facilities are hard to reach, transportation and treatment there are partly expensive, and basic supplies are insufficient. Moreover, refugees feared accessing services due to expired documents. One respondent in Nigeria notes an additional risk:

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<sup>7</sup> United Nations official; Zimbabwe; male.

<sup>8</sup> Member of civil society; national NGO; South Africa; female.

<sup>9</sup> United Nations official; Uganda; female.

<sup>10</sup> Academic scholar; Ghana; male.

<sup>11</sup> Person with a refugee background; media; student; Kenya; male.

*“susceptibility to infection due to poor hygiene and poor enlightenment on COVID-19 safety and preventive measures. These challenges would be heightened during the lockdown as part of the COVID-19 preventive measures by the Nigeria government.”<sup>12</sup>*

Yet it is not only access to facilities but also the availability of protective gear that complicates the situation, as a respondent in Uganda stressed: “Refugees do not have access to personal protection equipment including masks, hand sanitisers and soaps.”<sup>13</sup> Such limitations weigh heavily, considering the psychosocial constraints noted by respondents, predominantly due to isolation, increased violence and severe concerns about money, health, employment and social exclusion.

Third, limited access to education for children and young people is noted frequently. Respondents in Kenya describe the educational challenges and effects of approximately ten months’ closure of the schools (March 2020 until January 2021; see also Ayub 2020). “Now schools are reopening, but with this long break, students are now facing challenges with materials and some feel left behind ...this is causing [a] shortage of students reporting back to schools.”<sup>14</sup> Some respondents stress gender-focused consequences, such as early pregnancies and marriages amongst girls as well as increased drug abuse by boys.<sup>15</sup> Moreover, while education was partly made available online, it was noted that such access was impossible for many refugees due to the lack of sufficient internet, technological devices and material to keep up.<sup>16</sup>

Fourth, in the course of the pandemic as well as state responses of lockdowns, security risks were noted to have worsened. Many respondents report gender-based violence, particularly sexual and domestic violence, primarily affecting women. Respondents additionally refer to increased arrest and detention mainly during lockdowns, and also challenges of physical and social distancing, particularly in crowded refugee camps, and subsequent infection risks. One interlocutor in Kenya comes to the point: “There is no way to follow social distancing related procedures since we share common resources like drinking water points, utensils, etc.”<sup>17</sup>

Linked with these areas is the overarching problem of limited mobility and movement during lockdowns. While lockdowns are carried out in order to protect people by limiting the spread of the virus, they have pervasive consequences. Respondents explain that respective restrictions complicate “supplementary livelihood activities”<sup>18</sup> and “[m]ovement for students and children learning in institutions away from the camp”;<sup>19</sup> they make it “hard to access services that are not available in the camp”,<sup>20</sup> limit the overall availability and accessibility of services locally due to “movement restrictions both for refugees and aid workers”<sup>21</sup> and generally reduce “movement of goods and services”.<sup>22</sup> We will further discuss below how lockdowns also strongly affected borders.

Respondents also identify country-specific challenges. In South Africa, urban refugees are noted to face greater risk of experiencing structural and systemic xenophobia. Xenophobia is reflected in the

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<sup>12</sup> Academic; Nigeria; female.

<sup>13</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>14</sup> Person with a refugee background; Kenya; female.

<sup>15</sup> Person with a refugee background; Kenya; female.

<sup>16</sup> Member of civil society; national NGO; staff of international NGO; Nigeria; female.

<sup>17</sup> Academic; student; Kenya; male.

<sup>18</sup> United Nations official; Zimbabwe; male.

<sup>19</sup> Staff of international NGO; Kenya; male.

<sup>20</sup> Person with a refugee background; student; Kenya; male.

<sup>21</sup> Staff of international NGO; Uganda; female.

<sup>22</sup> Person with a refugee background; student; Kenya; male.

exclusion of refugees from state support, discrimination in processes to receive or extend documentation, “xenophobic expressions such as attacks on foreign truck drivers”<sup>23</sup> at closed borders, police and army brutality<sup>24</sup> and further human rights violations.<sup>25</sup> A respondent sums up the xenophobic and highly tense situation with these words:

*“Nothing is changed, refugees in South Africa are not welcome. They are always suffering, they do not have good job[s] to sustain themselves. Refugees do not have proper documentations, they are victimised by South Africans accusing them that they are taking their jobs. In this period of COVID-19, many refugees have lost their small jobs, they are struggling to survive with their families.”*<sup>26</sup>

Moreover, respondents in Nigeria largely refer to violence from armed groups, such as Boko Haram.<sup>27</sup> One respondent sheds light on various challenges during the COVID-19 pandemic, including “limited and over-stretched health system, insecurity and inadequate essential facilities (shelter, food, etc.)”<sup>28</sup> and another highlights the risks of border closure limiting fundamental ways to flee as well as possibilities to trade.<sup>29</sup>

### 3.3. Tensions as a Result of the Pandemic

Even before the pandemic, scholars noted that especially in difficult living environments such as camps, tensions can occur among refugees or displaced people more generally, partly triggered by rivalry over resources such as water or disparities concerning social, cultural or religious practices (e.g. Crisp 1999; Jansen 2018: 77–106). Relations between refugees and host communities can also be conflictive, for example due to limited access to aid services, but studies have also shed light on productive social and economic relations (e.g. Ali, Imana, and Ocha 2017; Alix-Garcia et al. 2018; Aukot 2003; Vemuru et al. 2016).

Many respondents acknowledge that the pandemic and the accompanying restrictions have contributed to tensions amongst refugees but the views shared are in no way consistent; out of the 90 respondents, 39 note tensions, 31 are not sure and 10 discount any tensions arising.<sup>30</sup> Moreover, respondents address potential tensions between refugees and host communities due to the pandemic with similar proportions: out of the 90 respondents, 35 acknowledge tensions, whereas 25 are unsure and 19 say tensions do not arise.<sup>31</sup>

Moreover, varying tendencies in the six countries come to light, which are displayed in Figure 1. Whereas respondents in Kenya, Uganda and Nigeria largely notice pandemic-related tensions among refugees, participants in South Africa, Ghana and Zimbabwe do so less strongly or not at all. Respondents in Kenya, Uganda, Nigeria and South Africa to a large extent also acknowledge tensions between refugees and host communities, while those in Zimbabwe and Ghana do so less or not at all.

<sup>23</sup> Academic; South Africa; male.

<sup>24</sup> Member of civil society; national NGO; person with a refugee background; South Africa; female.

<sup>25</sup> Member of civil society; national NGO; person with a refugee background; South Africa; male.

<sup>26</sup> Academic; student; South Africa; male.

<sup>27</sup> E.g. government official; Nigeria; female.

<sup>28</sup> Government official; Nigeria; female.

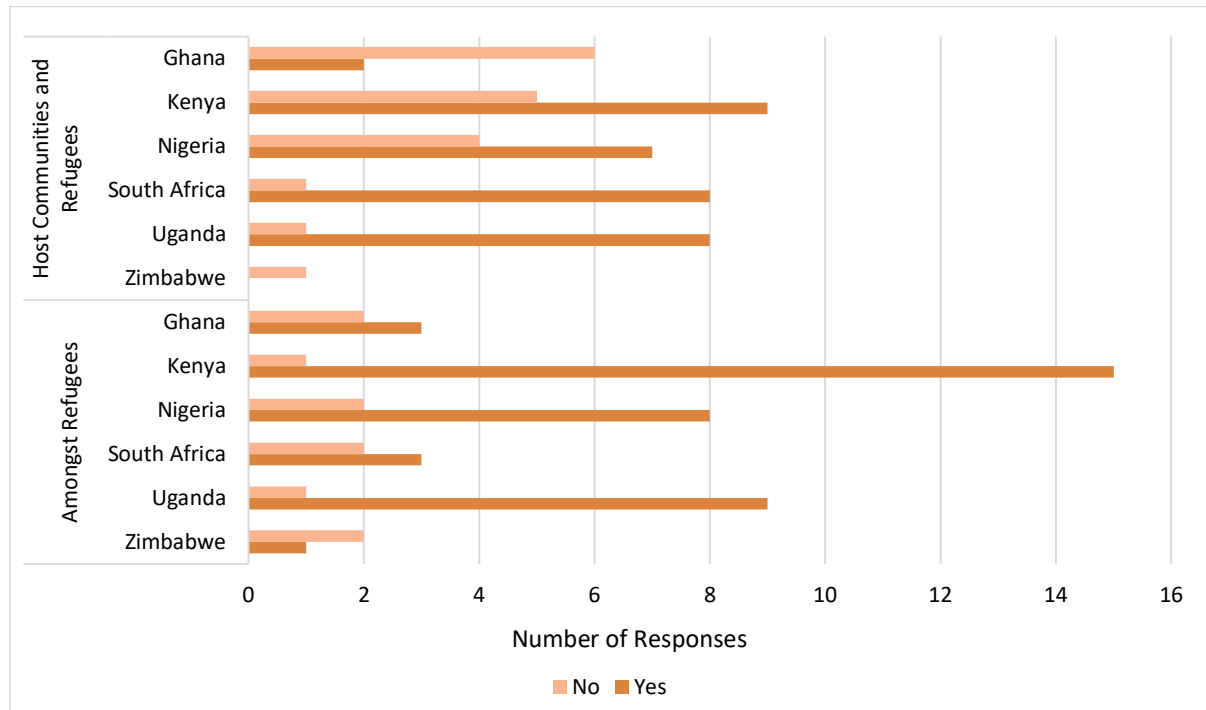
<sup>29</sup> Academic; South Africa; female.

<sup>30</sup> A remaining ten respondents left this question blank.

<sup>31</sup> A remaining eleven respondents left this question blank.

In Zimbabwe, the majority of respondents are unsure about negative impacts of the pandemic on refugee-host relations.

Figure 1: Effects of the pandemic on tensions among refugees and between refugees and host communities



Such varying tendencies are likely the result of local conditions, prior developments and interactions as well as personal experiences; refugees in Uganda and Kenya, for example, are primarily settled in encampment settings, which represent purposefully established and highly limited spaces. Moreover, refugees in South Africa were exposed to racialised violence even before the pandemic, and it has increased in the course of the past months.

The arising tensions during the pandemic are primarily linked to the above discussed livelihood, health, education-related and security issues (see section 3.2). Limited resources such as food, water and health services not only result in worries but can lead to friction among displaced people and with host communities. A person with a refugee background in Kenya explains, for example, that “[t]he reduction in essential services has caused anxiety and frustrations in camps resulting in unfriendly behaviour among residents”.<sup>32</sup> He further notes: “The scaling down of resources and imposed limitations as a result of lockdown have contributed to tensions between refugees and host communities that has also led to insecurity in some refugee camps and elsewhere.”<sup>33</sup> In Zimbabwe, on the other hand, a respondent describes:

*“The refugees have been in the camp for many years and the camp is located in a peripheral region where the refugees are ‘in no one’s way’ except for the local people. Since the pandemic*

<sup>32</sup> Person with a refugee background; Kenya; male.

<sup>33</sup> Person with a refugee background; Kenya; male.



*is prevalent in urban areas rather than in rural areas such as the location of the camp, there has not been direct association of the pandemic with refugees or foreigners in general.”<sup>34</sup>*

The broader economic downturn as a result of the pandemic can potentially raise frustration and even violent tensions between refugees and host communities. A person with a refugee background in South Africa details that “[i]ncreased gender-based violence and other related cases, exclusion and discrimination, closure of borders all these created a lot of tension among refugees.”<sup>35</sup>

As these statements indicate, it is especially respondents who identify as having refugee backgrounds who reflect on such tensions, while participants who identify as members of civil society/national NGOs, scholars, UN and government officials do so less here. Nevertheless, an employee of an aid organisation in Uganda states that “[r]efugees are worried of what will become of them in this pandemic. Their future is not certain given the limited resources received from aid agencies and the limited capacity ... to support [and] sustain their needs.”<sup>36</sup>

The COVID-19 pandemic has further aggravated xenophobic attitudes and attacks against refugees and migrants (Zanker and Moyo 2020; Takaindisa 2021a). According to one respondent: “The COVID pandemic has exposed the fault lines of deep inequalities in South African society.”<sup>37</sup> On the one hand, given that the pandemic has increased social inequalities, some host communities have worried that refugees are benefitting more directly from COVID-related aid distribution. For example, a person with a refugee background in South Africa explains: “Because host communities’ leaders thought local nationals should have been served and supported first before refugees, when aid agencies identified refugees for certain services, local communities cry foul and discrimination.”<sup>38</sup> At the same time, as a respondent explains: “Many host communities developed xenophobic tendencies especially in the distribution of food parcels and social grants. Many host communities blame the refugees for lack of employment and crime.”<sup>39</sup>

According to the respondents, there is also a stigmatisation of refugees as bringing and/or spreading the virus, which can lead to further tensions between refugees and host communities. In the worst case, such tensions can lead to violence. Xenophobic attacks have been observed repeatedly in South Africa with major outbreaks in 2008, but also more recently in 2015 and 2019 (Neocosmos 2008; Mosselson 2010; Landau 2011; Amusan and Mchunu 2017; Mlilo and Misago 2019; Misago 2019; Isilow 2021). Yet, xenophobic sentiments and the stigmatisation of refugees as carriers of the virus is prevalent in all six countries. A respondent in Uganda explains that “[s]ome conflicts arose when some nationals thought COVID was brought to the country by foreigners.”<sup>40</sup> This was similarly observed in Kenya,<sup>41</sup> and hostility against refugees there increased due to assumed movements in and out of camps or across borders that spread the virus.<sup>42</sup>

Moreover, tensions are also discussed as resulting from disputes around the upholding of safety rules and misinformation. “The impossibility of social distancing, the potential impact of lockdown on

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<sup>34</sup> Academic; Zimbabwe; female.

<sup>35</sup> Member of civil society; national NGO; person with a refugee background; South Africa; male.

<sup>36</sup> Staff of international NGO; Uganda; female.

<sup>37</sup> Person with a refugee background; South Africa; female.

<sup>38</sup> Staff of international NGO; person with a refugee background; South Africa; male.

<sup>39</sup> Government official; South Africa; male.

<sup>40</sup> Member of Civil Society; national NGO; person with a refugee background; Uganda; male.

<sup>41</sup> Person with a refugee background; media; Kenya; male.

<sup>42</sup> Staff of international NGO; person with a refugee background; student; Kenya; female.



accessing assistance have created tensions,” as one resident of Kakuma refugee camp in Kenya explains.<sup>43</sup> Rumours and misinformation about the virus lead to additional stresses, as disclosed by a UN employee in Zimbabwe: “There are some who do not believe in the pandemic and may not observe COVID-19 safety protocols in public spaces such as distribution sites. So, a few reports and quarrels are reported.”<sup>44</sup>

Contrary to such observations, some participants emphasise that the pandemic has not led to tensions but instead increased cooperation amongst displaced people as well as with hosts. In line with a scholar in Zimbabwe noting “I would surmise that the pandemic brings people together because no one is immune to it in the metaphorical sense of the word,”<sup>45</sup> a respondent in Ghana states that the pandemic “has rather enabled refugees to be united and more resilient in promoting their collective interests.”<sup>46</sup> Other respondents also emphasise the collaborative effect of COVID-19 given that anyone, no matter to which group they belong, can potentially be affected by the virus, as highlighted by a person with a refugee background in Kenya: “This disease doesn’t discriminate between refugees and host community. So, the pandemic instead boosted a sense of cooperation between the two communities.”<sup>47</sup>

## 4. Refugee Protection during the Pandemic: Regional, State and Humanitarian Responses

While the above challenges signify severe protection and assistance gaps, the respondents provide further insights into the scope and issues of support. Considering actions taken by regional, state and humanitarian (here primarily understood as non-governmental) actors, a great variety of insights come to light.

In terms of actors involved in the pandemic response to refugee protection, government authorities carry the key responsibility for all people within their territory. They often cooperate with humanitarian agencies but the projects are also found to be affected by state reactions such as lockdowns, as well. According to the responses from the questionnaire, the Regional Economic Communities (RECs) have limited influence on the pandemic response, albeit with some interesting variations in terms of regional perceptions.

### 4.1. Mixed Regional Responses

In a regional comparison, we explore the roles played by the RECs. The regional communities have a mixed record in responding to the pandemic and refugee protection.

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<sup>43</sup> Academic; student; Kenya; male.

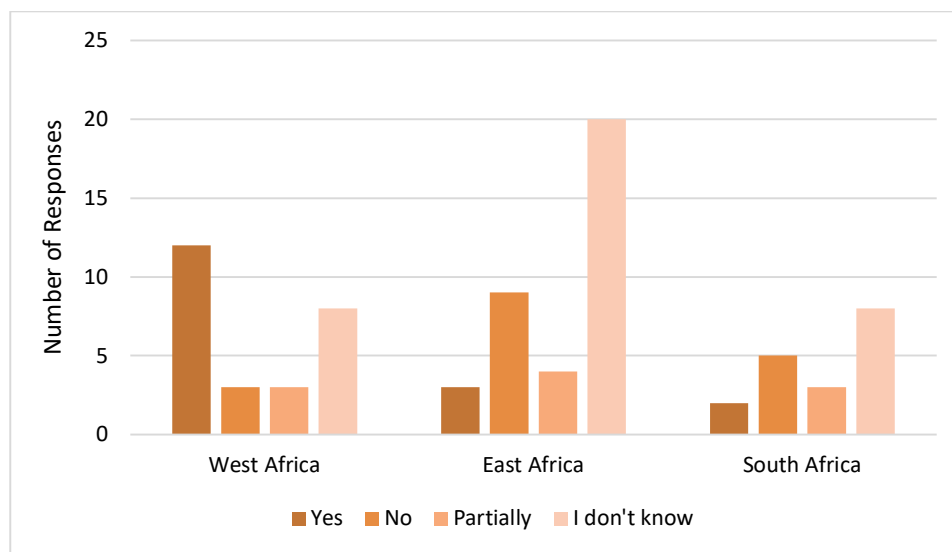
<sup>44</sup> United Nations official; Zimbabwe; male.

<sup>45</sup> Academic; Zimbabwe; female.

<sup>46</sup> Member of civil society; national NGO; media; Ghana; male.

<sup>47</sup> Person with a refugee background; student; Kenya; male.

Figure 2: Regional responses as to whether regional organisations influence the pandemic response



In the early months of the pandemic, the fragility of regional cooperation was brought to the fore when members of the East African Community failed to agree on how to deal with overland lorry drivers and COVID testing (Sebba 2020). Different tendencies came to light with a view to the Intergovernmental Authority on Development (IGAD); during the very first meeting of this regional body at the end of March 2020, the Heads of States agreed that they needed to

*“formulate a comprehensive regional response strategy and task the IGAD secretariat to develop an accompanying implementation plan to address the COVID-19 pandemic in the IGAD region that also incorporates the protection of populations and special groups that face difficulties accessing the national health systems such as Internally Displaced Peoples, refugees and migrants.”* (IGAD 2020)

There was also a ministerial statement on the impact of COVID-19 on people on the move in the IGAD region from September 2020.

In contrast, for Southern Africa, namely the Southern African Development Community (SADC), out of a regional response plan as well as 14 bulletin updates up to the time of writing, none concerns refugees and only two mention migrants – namely that the SADC secretariat is working with the International Labour Organisation to assess how COVID-19 has affected migrant workers (SADC 2020b) and a note in passing that cross-border restrictive measures are still in place (SADC 2020a). In the SADC region in particular, national sovereignty arguments impact attempts at building regional, coordinated responses to migration and health, which have been stark in the lack of coordination during the pandemic (Vearey, de Gruchy and Maple 2021).

In West Africa, ECOWAS was slow to respond to the pandemic in the beginning, with twelve of the fifteen member states quickly closing their borders in March and April 2020. Only Benin, Cote d’Ivoire and Senegal adopted a more pragmatic approach by merely limiting the borders to essential crossings, which included a humanitarian corridor for potential refugees (Hamadou 2020). Overall, ECOWAS implemented several measures, however, which showed a common health response: the regional organisation for example supported member states with funding to purchase test kits, while the West

Africa Health Organisation provided webinars and daily reports on infections, recoveries and deaths (Oloruntoba 2021; Sombié et al. 2020).

In the questionnaire, 40% (N = 36) of the respondents say they do not know if regional organisations have influenced the pandemic response. This includes persons identifying as refugees (10), academic scholars (10) or staff of an international NGO (7), who noted a lack of knowledge of regional organisations altogether. As one says: “it is my first time to understand/hear of those regional organisations.”<sup>48</sup>

Regionally, it was mainly West African respondents that saw ECOWAS as influential, which despite the slow formal response may be due to the more advanced nature of ECOWAS compared to other RECs on the continent (Dick and Schraven 2018; Fioramonti and Nshimbi 2016; Okunade and Ogunnubi 2021; Oloruntoba 2021). “As regional bodies, they are key stakeholders and have held crucial meetings to provide directions on how to fight the pandemic in the region” noted one respondent from Ghana.<sup>49</sup> Respondents based in Southern Africa, with the most limited REC, the SADC, also give the most outright “no” answer. For example, one respondent in South Africa notes “there has been little if any regional voice and leadership. This is because of serious economic imbalances in the region which have negatively impacted on movement of people and migration in particular.”<sup>50</sup> Another states that “SADC did not do anything to support refugees in the southern region.”<sup>51</sup> SADC is accused of lacking a regional strategy to mitigate the pandemic impact more effectively and visibly.<sup>52</sup> Similarly, a person with a refugee background living in Kakuma, in Kenya, and a member of an INGO responds that no “follow up is made in the community [by a REC] to see how the refugees are coping and responding towards the pandemic”.<sup>53</sup>

One respondent is clearer on why this lack of influence may have been the case, noting that “these organisations have minimal influence on the refugees’ affairs”.<sup>54</sup> Relatedly, a number of respondents raise the issue of pandemic nationalism, whereby states have acted alone in their responses (Woods et al. 2020). On this, one scholar in Ghana notes, “states in West Africa have become more inward in their responses and ECOWAS is playing catch [up].”<sup>55</sup> Moreover, an aid worker in Zimbabwe explains that “in this region [Southern Africa], the regional body has not been on a vocal regional strategy, each of the countries practically have their own strategy.”<sup>56</sup>

As such, differences in the capacity of African states to address the pandemic and its economic implications could pose long-term challenges in containing the spread of the virus as well as ensuring economic recovery of the region (Oloruntoba 2021).

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<sup>48</sup> Person with a refugee background; Kenya; male

<sup>49</sup> Academic; Ghana; male.

<sup>50</sup> Member of civil society; person with a refugee background; South Africa; female.

<sup>51</sup> Academic; student; South Africa; male.

<sup>52</sup> Staff of international NGO; person with a refugee background; student; South Africa; male

<sup>53</sup> Staff of international NGO; person with a refugee background; student; Kenya; female.

<sup>54</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>55</sup> Academic; Ghana; female.

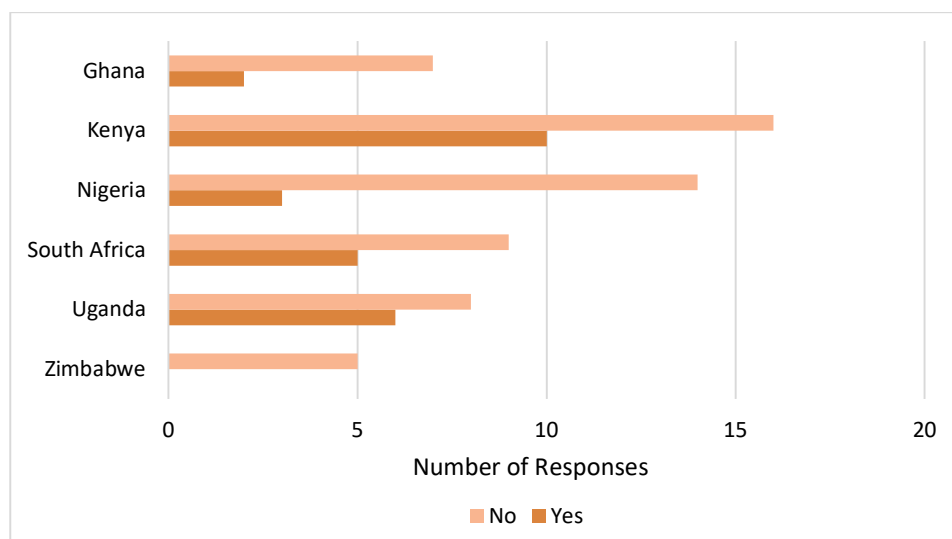
<sup>56</sup> United Nations official; Zimbabwe; male.

## 4.2. State Responses with Severe Limitations

Answers as to how the government has responded to the pandemic varied greatly; respondents make references to lockdowns, financial issues, everyday protection issues, social services, closed borders and reception facilities – or even merely stating that responses had no effect at all.

The most fundamental question arising is whether the willingness of the countries' governments to host refugees has changed since the pandemic. The picture of responses varies depending on the state as well as the positions participants identify with in this questionnaire. Most answers from Ghana (seven out of nine), Zimbabwe (all) and Nigeria (14 out of 18) point to no distinctive changes in their government's willingness to host refugees. One respondent in Ghana describes it as "business as usual."<sup>57</sup> Respondents in Uganda reflect contradictory tendencies: about half indicate that the government is still willing to host refugees, or cite the immobility of refugees at national borders and also the lack of support on all the issues mentioned above.

*Figure 3: National responses as to whether the overall willingness of the respective countries to host refugees has changed since the pandemic*



To better understand these variations, we have to consider the backgrounds of the respondents; staff of UN agencies and international NGOs mostly portray the ongoing willingness of the governments to host refugees despite the pandemic. Most persons identifying as refugees, members of a civil society organisation or staff of national NGOs state opposing arguments. Similar tendencies exist among respondents in Kenya, as reflected in our previous paper on Kenyan refugee protection during the COVID-19 pandemic as a response to the government's threat to close the refugee camps Kakuma and Dadaab (Segadlo et al. 2021).

With governments worldwide having introduced restrictions – above all in the form of lockdowns – for public health protection reasons, these also contributed to problems in the six African countries addressed in the questionnaire. In addition to the above issues, lockdowns extended to cross-border movements, which can lead to refoulement issues as well as affect daily border crossings. Respondents

<sup>57</sup> Academic; Ghana; female.

stress that the border “[c]losure limits the right to seek refuge”<sup>58</sup> and “left many refugees and asylum seekers stranded”.<sup>59</sup> Of the six countries, Uganda was the only country to temporarily open the borders during the pandemic (Moyo, Sebba and Zanker 2021). Moreover, border closures also have “consequences on cross border trade (including informal). This plunged households on the cusps of vulnerability back to a crisis mode.”<sup>60</sup> Asylum-seekers were also noted to require proof of a negative COVID-19 test – like other travellers – before crossing into a neighbouring country. In many cases, such tests were hardly accessible and the people were consequently immobilised at the borders.<sup>61</sup>

The state-imposed lockdowns further complicated ways for refugees to receive health services, food supplies and clean water and contributed to a reduction in the number of humanitarian workers of various aid agencies as well as the closing of local government services such as refugee reception offices.<sup>62</sup> This severely slowed down, and partly even stopped, the processing, registration and status determination of asylum-seekers, family members and even the registration of newborns among refugees.<sup>63</sup>

Moreover, displaced people, particularly refugees and asylum-seekers, are partly said to be insufficiently considered in state measures. A respondent in South Africa even stresses that they “have widely been excluded from state support, including food support during the COVID-19 period.”<sup>64</sup> Indeed, “[a]lthough asylum seekers and refugee permits were extended by operation of law ... many employers, social grants offices [and] hospitals are not aware and have been turning persons away”.<sup>65</sup> A similar report is shared by a respondent in Ghana, highlighting:

*“The government has largely been silent on the refugees. Refugees (both living in camps and outside camps) were not included as beneficiaries in socio-economic interventions. No targeted education ... especially when the majority of the refugees are from French-speaking countries and may have challenges with the use of English and local languages as the only means of public education on the disease.”*<sup>66</sup>

Despite these severe obstacles, some respondents also note support by governments. In Zimbabwe, for example, it is stated that “[t]he government through the District authorities works very closely with UNHCR and other partners to ensure refugee protection during this specific time”;<sup>67</sup> in Nigeria “[s]ome state governments have been helping with food and relief packages in collaboration with NGOs”;<sup>68</sup> in Ghana, the “[g]overnment made available free water and discounted electricity charges to all including refugees”;<sup>69</sup> and in Kenya, state authorities are said to have provided “people affected by disease a free area of staying”<sup>70</sup> and “[t]hrough partnership with UNHCR they provided free masks to refugees

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<sup>58</sup> Staff of international NGO; Uganda; female.

<sup>59</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>60</sup> Staff of international NGO; Nigeria; male.

<sup>61</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>62</sup> Academic; South Africa; male.

<sup>63</sup> Academic; student; South Africa; male.

<sup>64</sup> Academic; South Africa; male.

<sup>65</sup> Member of civil society; South Africa; female.

<sup>66</sup> Academic; Ghana; female.

<sup>67</sup> United Nations official; person with a refugee background; Zimbabwe; male.

<sup>68</sup> Member civil society; national NGO; staff of international NGO; Nigeria; female.

<sup>69</sup> Government official; Ghana; male.

<sup>70</sup> Person with a refugee background; student; Kenya; male.

and other basic needs like soaps.”<sup>71</sup> Most of such responses are shared by aid or state actors, however – and these indicate the relevance of humanitarian agencies and collaborations.

On this note, the questionnaire includes a question on changes to the relationships between the government and aid agencies since the beginning of the pandemic. Some 38% (N=34) of the respondents claimed not to know if the relationship had changed, but 29% (N=26) found it had changed. Though many observed an improved relationship including better communication, a few noted a worsened relationship, as for example in Uganda and South Africa. Regarding the improved relationship, a respondent explains how “both parties have to interact more in order to come up with new strategies for fighting the pandemic and discussing possible ways how to continue supporting the refugees amidst the pandemic,”<sup>72</sup> with a note on how the style of communication has changed to a digital one.

In terms of worsened relationships, increased control mechanisms in Uganda are mentioned, with one respondent stating: “Everyone is fighting for himself.”<sup>73</sup> In fact, 24 out of 90 respondents also think the pandemic had contributed to tensions between aid agencies and the respective government. One reflects: “I think in response to the pandemic, most organisations laid off staffs from host communities. This might bring conflict or tensions between the aid agencies and host government.”<sup>74</sup>

### 4.3. Disrupted and Adapted Humanitarian Aid

A prominent concern in response to several questions is the reduced funding of aid, which has affected the capacity of many humanitarian organisations. In Zimbabwe, one person noted there was a “reduction of humanitarian worker’s footprint in the camp and scale down of all the activities for the refugees even though UNHCR slogan was ‘Stay and Deliver’”.<sup>75</sup> Moreover, one respondent in South Africa notes that “UNHCR has made adjustments to ensure that implementing partners are able to respond to address the dire need of this vulnerable population. But 2021 has seen drastic budget cuts impeding the ability of actors to address growing needs and the resurgence of COVID continues to ravage communities”.<sup>76</sup> Another reflects similarly concerning Kenya:

*“Aid agencies in urban areas have been trying to help urban refugees with food aid and other items which was not the practice before COVID 19. However, aid agencies have scaled down most of their activities due to budgetary cuts from funding organisations. Jesuit Refugee services had to reduce education services due to the pandemic.”<sup>77</sup>*

For some the budget cuts directly related back to the global nature of the pandemic; as a staff member from an international NGO in Uganda summarises: “most aid agencies have priorities in their own countries that have been aggressively hit by the pandemic, leaving the refugees in a dilemma.”<sup>78</sup> The effect of the budget cuts is two-fold according to some respondents, namely increasing the tensions between aid agencies and leading to the loss of local jobs. With regard to tensions, though half of the

<sup>71</sup> Person with a refugee background; student; Kenya; male.

<sup>72</sup> Person with a refugee background; Nigeria; male.

<sup>73</sup> Person with a refugee background; Uganda; female.

<sup>74</sup> Person with a refugee background; Media; Kenya; male.

<sup>75</sup> Staff international organisation; Zimbabwe; male.

<sup>76</sup> Member of civil society; national NGO; person with a refugee background; South Africa; female.

<sup>77</sup> Academic; Kenya; male.

<sup>78</sup> Staff of international NGO; Uganda; female.

respondents say they do not know (49 %, N= 44), 22% think the pandemic has contributed to tensions amongst aid agencies. Primarily, the competition for resources, such as funding to keep workers and offices running, is addressed. We discuss this issue in the following section, 4.4.

In spite of these and other interruptions due to budgetary constraints, respondents shed light on ways in which aid agencies have adapted their work in order to provide ongoing support – despite the restrictions. One respondent summarises that “pre-position of stocks in remote area to anticipate movements lockdown, shift to community-based work for activities that do not demand too much skills, adapt distribution/assistance modalities to COVID-19 prevention measures” are central.<sup>79</sup> Others note the suspension of “highly interactive activities”<sup>80</sup> to avoid crowds. Moreover, many describe how international, non-governmental and also local community-based actors, including displaced people, provided aid by distributing masks, soap and sanitary packs, as well as water and food, partly in cooked meals, offering shelter and healthcare, and finally also promoting awareness about the pandemic.<sup>81</sup> A respondent in Kenya relates how food distribution was changed to twice a month to cater for the needs,<sup>82</sup> while another points out “it is also unfortunate that at the early stage of the pandemic and first lockdown, many of the aid agencies closed their offices in settlements/host communities at a time when their services were most needed and left the refugees mostly in the hands of WFP, UNHCR and government only”<sup>83</sup> – an issue that resonates with other statements.

A key, yet also problematic adaptation many address is the digitisation of parts of the humanitarian work, ways of communication and contact with refugees to maintain social distance and reduce infections. Among others, in Kenya, “refugees’ access to UNHCR field posts for protection and appointments were shifted to email correspondence. Instead of going to locations these services were limited to phone calls and email communication.”<sup>84</sup> However, this is partly seen as creating problems. On the one hand, technologies and reliable internet or phone connections are not available for refugees, especially in rural areas, leaving them with insufficient or no support.<sup>85</sup> On the other hand, the digitisation contributes to slower bureaucratic processes, for example in granting the necessary documentation for refugees and asylum seekers to secure basic protection. A respondent in South Africa indicates that asylum seekers’ and refugees’ permits are in fact extended, yet the information on this decision is not passed on to hospitals, employers or social grants offices fast enough.<sup>86</sup> Therefore, many continue to send refugees and asylum seekers away when their permits still show an expired date.

Moreover, despite aims for providing awareness, respondents in Uganda, Nigeria and Kenya stress the spreading of misinformation on COVID-19. This “poor enlightenment on COVID-19 safety and preventive measures”<sup>87</sup> causes a lack of awareness, particularly in more secluded refugee camps or settlement areas. Language barriers make it very difficult to understand information on COVID-19 as very few languages are represented.<sup>88</sup> The combination of overcrowded spaces, missing or insufficient

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<sup>79</sup> Staff of international NGO; Nigeria; male.

<sup>80</sup> United Nations official; Zimbabwe; male.

<sup>81</sup> Government official; Nigeria; female.

<sup>82</sup> Person with a refugee background; student; Kenya; male.

<sup>83</sup> Person with a refugee background; media; Uganda; female.

<sup>84</sup> Person with a refugee background; student; Kenya; male.

<sup>85</sup> Member of civil society; national NGO; Person with a refugee background; South Africa; female.

<sup>86</sup> Member of civil society; national NGO; South Africa; female.

<sup>87</sup> Academic; Nigeria; female.

<sup>88</sup> Person with a refugee background; media; Uganda; female.

protective equipment, and false, lacking or incomprehensible information on the effects of COVID-19 intensify the already precarious living situations of refugees, internally displaced persons, asylum seekers and undocumented migrants.

#### 4.4. Influence from Afar? Roles of Donors

Research on humanitarian and development aid as well as on refugee protection in particular shows the influence that donors have (Harmer and Cotterrell 2005; Eichenauer and Reinsberg 2017; Graham 2015; Roper and Barria 2010; Whitaker 2008). In our questionnaire, we also ask participants about their perceptions on the role of donors in refugee protection during the pandemic. Corresponding with the above noted challenges of funding cuts that limit humanitarian aid being delivered, respondents elaborate on the consequences on the ground. One explains: “Since many donors and donor countries were affected by the pandemic there was reduced funding, and incentive workers for example were not paid.”<sup>89</sup> Similarly, there is concern that some vulnerable populations were left out of the COVID-19 response. A respondent from South Africa emphasises how donors prioritise documented migrants, refugees and asylum seekers while neglecting undocumented persons, limiting “access [to those undocumented migrants] most in need.”<sup>90</sup>

A contrary perspective is also given as to how governments affect donors. At the level of the national government, a Zimbabwean scholar argues that “donor agencies are forced to dance to government tunes and this causes tensions.”<sup>91</sup> Both ways of influence – governments shaping donor practices or donors shaping government practices – can potentially lead to tensions. There were also a number of respondents who note that there has not been increased tension (N = 16), while one UN official states “not at all”<sup>92</sup> and that the relationship was cordial and worked as well as usual. The responses all generally show that the pandemic has affected the aid agencies and the government and their relationships.

Finally, apart from the international and national agencies, local actors’ responses, including those of refugees, are discussed as highly important. This is also because there is a critique of how donors have affected pandemic responses, namely: “There is great influence across the continent on how we should respond to the pandemic, which in my view is wrong. We don’t need uniform strategy, rather to let each country try their own way of responding based on their context.”<sup>93</sup> In contrast to top-down aid delivery, community-based responses address a variety of areas, which we address in detail in the following section.

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<sup>89</sup> Academic; Kenya; male.

<sup>90</sup> Academic; South Africa; male.

<sup>91</sup> Member of civil society; national NGO; person with a refugee background; South Africa.

<sup>92</sup> Academic; South Africa; female.

<sup>93</sup> Academic; Tanzania; male.



## 5. Refugee-led Responses to the Pandemic

The wide-ranging challenges arising due to the pandemic prompt the questions of whether refugees should receive special protection or whether they ought to be self-reliant, the latter linking up with strong policy debates. In their answers, respondents reflect varying perspectives but especially also highlight the involvement of refugees in responding to the pandemic, providing support and thus embodying key actors. Their activities correspond with but also go beyond state and humanitarian actions. Whether individually or collectively in refugee-led groups, they engage in helping with communication, providing material goods and promoting social (immaterial) support. This is in line with the research in Forced Migration and Refugee Studies, which increasingly counters the widespread image of refugees as “passive victims” and instead stresses their own practices and activities, coping strategies as well as resilience (Krause and Schmidt 2018a; Hutchinson and Dorsett 2012; see also Gladden 2013). Scholars particularly address refugees’ individual and collective ways of coping with everyday struggles (see Thomson 2013; Lyytinen 2017; Erdener 2017; Alfadhli and Drury 2018; Krause and Schmidt 2018b; Schmidt and Krause 2019; Afifi et al. 2019; Refiloe Ogude and Chekero 2020).

### 5.1. Refugees’ Need for Special Protection or Self-Reliance?

In light of the ongoing debates about seeking to foster refugees’ self-reliance and resilience among state and aid actors in recent years (see UNHCR 2005; UNHCR 2011; UNHCR ExCom 2016, 2017; for critical reflections see Ilcan, Oliver and Conroy 2015; Omata 2017; Easton-Calabria and Omata 2018; Krause and Schmidt 2020), the question arises of how respondents perceive this tendency in times of the pandemic. Should refugees receive special protection or should they become self-reliant?

The majority of respondents, about two thirds, reflect that refugees are in need of special protective measures, as their living conditions are shaped by a multitude of risks and obstacles during the pandemic. Moreover, many refer to the past, with refugees often having lost livelihoods and experienced flight, as well as being exposed to risks of insufficient employment, violence and an uncertain future – even before the pandemic. Similarly, 20 out of the 27 persons with a refugee background who took part in the questionnaire thought that refugees should get special protection. In contrast, less than one third of the respondents find that refugees do not require special protection (including six of the refugee respondents; one did not answer the question). Some argue that “refugees should be treated the same way as citizens,”<sup>94</sup> while a few others assume that refugees “are not affected in a special way”<sup>95</sup> or that “[w]hen given special attention they tend to misbehave, misuse the right given to them.”<sup>96</sup>

The question of self-reliance shows similar tendencies, with about two thirds of the respondents noting that refugees should be self-reliant. They mainly refer to opportunities arising from empowerment, the re-building of already established self-reliance before COVID-19 and increased control over one’s life as strong motivations. Yet, about one third reflect that refugees should not need to be self-reliant, arguing that states and aid agencies are responsible for providing aid to refugees in times of the

<sup>94</sup> Academic; South Africa; female.

<sup>95</sup> United Nations official; Zimbabwe; female.

<sup>96</sup> Person with a refugee background; Uganda; female.

pandemic or that they are hardly able to become self-reliant due to the various restrictions and challenges they face in host countries – during the pandemic and before.<sup>97</sup>

Particular perspectives are raised by respondents in South Africa; they discuss questions about refugees' needs for special protection and issues of self-reliance in light of the brutality and racist discrimination in the country. One respondent in South Africa highlights that self-reliance can exclusively be achieved in "the absence of xenophobia and unlawful practices" against refugees, asylum seekers and undocumented persons.<sup>98</sup>

## 5.2. Refugees' Influence on Pandemic Responses

To the question of whether refugees themselves have influenced the pandemic response, there was a lot of agreement. Respondents acknowledge community-based and refugee-led roles in efforts of communication as they "translate the messages of the ministry of health".<sup>99</sup> Participation efforts include sharing information on COVID-19, helping in the digitisation process to increase chances for education, and observing the health and hygiene instructions. Notably, it was displaced people themselves who were in the best position to provide public health information, since there is "trust ...[for]... refugee-led local organisations as compared to the UN Refugee agencies and partners in the processes of thwarting mis/disinformation in refugee camps like Kakuma in Kenya."<sup>100</sup>

Activities further revolve around tackling basic needs such as food, water, healthcare, mask provision and thus delivering aid and assistance to each other. One respondent in Uganda explained that "refugee-led initiatives took over in the settlements, volunteering to educat[e] the refugees on the pandemic when INGOs left the settlements".<sup>101</sup> This highlights their crucial role in the face of major challenges, as outlined above. This includes providing material and immaterial help to each other. As one South African official notes, "refugees are hardworking and always willing to make a contribution towards their care and protection. There have been ethnic organisations that supported their own nationals during the lockdown."<sup>102</sup> Other respondents in Kenya mention soup made by a Burundian refugee for others in the camp<sup>103</sup> and the wide-ranging support delivered:

*"Refugee-led organisations took actions to participate in the COVID-19 responses by offering masks to their fellow refugees, do campaign in the communities for awareness of COVID-19 measures (protection), with some partnerships offered foods and non-foods items to support the most vulnerable, puts local handwashing facilities, digitise educational material so that their learners can still access courses from home (for those having access to smartphones). Like in Kenya, in Kakuma refugee camp, the example of SIR (Solidarity Initiative for Refugees), AIDH2, Inver, RAI (Resilience Action International)."*<sup>104</sup>

In light of such efforts due to and despite the pandemic-related challenges, one respondent even wrote to "applaud the role of community-led initiative that continued to support these people."<sup>105</sup> While

<sup>97</sup> E.g. United Nations official; Zimbabwe; female.

<sup>98</sup> Member of civil society; national NGO; person with a refugee background; South Africa; female.

<sup>99</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>100</sup> Person with a refugee background; Kenya; male.

<sup>101</sup> Member of civil society; national NGO; person with a refugee background; Uganda; male.

<sup>102</sup> Government official; South Africa; male.

<sup>103</sup> Person with a refugee background; student; Kenya; male.

<sup>104</sup> Person with a refugee background; Kenya; female.

<sup>105</sup> Person with a refugee background; student; Kenya; male.

such crucial impacts of refugees and refugee-led organisations have long been insufficiently regarded in research, they now receive more attention – not least during the pandemic (Alio et al. 2020; Boru 2020; Fiddian-Qasmiyeh 2020; Refiloe Ogude and Chekero 2020; McSweeney, Hakiza, and Hakiza 2020; Chandiga Justine 2021). As Alio et al. emphasise:

*“Refugee leaders and refugee-led organisations have mobilised to provide support and essential information in response to the pandemic within their regions. In countries around the world, refugees are providing information and training, food distribution, legal support, online mental health support, and transportation for those in need of medical care, and are filling critical gaps in basic services including in health, education and protection.”* (Alio et al. 2020: 76–77)

Although there is no doubt about the important role of refugee-led organisations and protection efforts even before the pandemic (see also Krause and Schmidt 2019), attention has also been growing among political and humanitarian agencies in recent years – and their desire to cooperate. However, this approach risks an outsourcing of state and humanitarian responsibilities to the refugees and refugee-led organisations.

More generally, none of the respondents mentions the influence of or ability to engage with national-level politics, which is understandable in light of the reactive policy-making needed for a global pandemic as well as the political positions of refugees more generally. Some even reflect that networking and campaigning had become more difficult for refugee advocates during the pandemic. This lack of political participation is seen as an area of concern, which can leave refugees feeling disempowered. According to one person with a refugee background in Kenya, “we are nothing, but refugees.”<sup>106</sup> Equally in Ghana, increasing refugees’ impact by including them would “be the ideal situation but the reality is that they have largely been ignored in the process.”<sup>107</sup> It is also noted that some refugees are outside the remit of political participation and engagement in any case, “those outside the camps ... [are] at the mercy of their own.”<sup>108</sup>

### 5.3. Mitigation and Peace Efforts during the Pandemic

The pandemic is found to potentially contribute to tensions among refugees and between refugees and host communities due to its various effects and evolving difficulties (see section 3.3). However, respondents also shed light on mitigation activities in which refugees themselves actively engage; they cooperate with aid agencies but also work in refugee-led groups to create peaceful environments.

Aid agencies and refugees work together closely to solve arising problems, as emphasised by a respondent in Zimbabwe: “Where there are tensions, both have sought to find amicable solutions as unresolved tensions could degenerate into conflict and complicate the situation for refugees.”<sup>109</sup> The nature of cooperation between refugees and aid agencies is illustratively described by a respondent in Kenya:

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<sup>106</sup> Person with a refugee background; media; student; Kenya; male.

<sup>107</sup> Academic; Ghana; female.

<sup>108</sup> Member of civil society; national NGO; staff of international NGO; Ghana; male.

<sup>109</sup> Academic; Zimbabwe; female.

*“They work hand in hand to share information that assists to find peace and solution to the crises the community finds themselves in ...[and] aid agencies and refugees try to solve the problem, and where necessary they refer the case seek further intervention from the government.”<sup>110</sup>*

Similarly, a respondent from Nigeria notes: “Both aid agents and the refugees work together for a common goal, the aids agency involve refugees in the peace processes by hearing their voices and their suggestions on the way forward.”<sup>111</sup>

Apart from such close collaboration in mitigating tensions, 57 out of 90 respondents stress that refugees themselves seek to mitigate tensions and contribute to peace. This ultimately emphasises their agency and own practices again, which they devise despite and due to the pandemic-related difficulties. In addition to the above-discussed influential roles of displaced people, their organisations and delivery of assistance, some respondents shed light on how actions also revolve around peace. While peace and refugees’ roles in building peace constitute an area that is neglected in the field of Forced Migration Studies thus far (Krause and Segadlo 2021), some studies reflect on refugees’ engagement, the role of the diaspora as well as the importance of local practices (e.g. Endale 2019; Antwi-Boateng 2011; Karbo 2016; Hansen 2016; Bradley, Milner and Peruniak 2019).

Corresponding with such research, a participant in South Africa notes, for example, that many refugees would engage in organisations and “always try to bring peace and reduce the ever existing tension, [and] misconception about refugees at all times.”<sup>112</sup> Moreover, refugee-led organisations are also said to be instrumental for maintaining or improving relations with host communities and local governments to mitigate tensions and foster a peaceful living environment. A participant in Nigeria relates that “refugees and the host communities are still coexisting peacefully” despite the pandemic-related challenges and later explains:

*“Refugees who know the actual problem of the refugees acted as agents of change by forming refugee-led organisations, this has created great understanding among the local population, using the local language to simplify the message for fighting corona so the local people get to know the information well.”<sup>113</sup>*

A respondent in Kenya similarly describes refugee-led organisations’ engagement in the fight against COVID-19 along with their societal roles in the following way: “Rumours can cause tension in refugee camps. Therefore, the collaboration between refugee-led organisations and refugee communities has helped to mitigate tensions by providing accurate and child friendly information about COVID-19, health and safety practices.”<sup>114</sup>

These insights reveal that refugees actively develop own responses to deal with the COVID-19 situation and seek to mitigate tensions.

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<sup>110</sup> Person with a refugee background; student; Kenya; male.

<sup>111</sup> Person with a refugee background; Nigeria; male.

<sup>112</sup> Staff of international NGO; South Africa; male.

<sup>113</sup> Person with a refugee background; Nigeria; male.

<sup>114</sup> Person with a refugee background; Kenya; male.

## 6. Conclusion

The situation in which many refugees and displaced people find themselves in host situations was already challenging prior to the pandemic. This paper aimed to shed light on how COVID-19 impacted conditions for refugees and their protection in six African countries. The data shows that COVID-19 works as an amplifier and intensifies existing challenges, partly also creating new risks. Participants stressed that economic hardship, limited livelihoods, insufficient access to services and health-related and security risks are among the major challenges unfolding due to the pandemic.

Responses by regional, state and humanitarian actors vary depending on geographical region. The responses reveal that states' different reactions to dealing with the virus, such as border closures and the imposition of lockdowns, came with severe impacts on displaced people, especially refugees and asylum seekers – leaving them stranded, making it difficult for them to access health services or to move around for income-seeking purposes. Whereas humanitarian actors adapted a number of their responses to immediate needs, pandemic-related developments such as increased digitisation hindered displaced people's access to services. It should also be noted that border closures did not mean that movement across borders was necessarily stopped: "Refugees despite the closure of borders are still smuggled into the country and the country has received them irregardless of their irregular travel. This reflects a protection environment that is responsive to the needs of asylum," noted one respondent in Zimbabwe.<sup>115</sup>

Results indicate that despite the varying challenges they are confronted with, refugees themselves and their organisations play a very active role in pandemic responses, either as communicators of risks associated with COVID-19, as educators on hygiene and safety measures, as providers of material resources such as face masks or soap or as deliverers of psycho-social support.

On a broader, societal level, the data indicates that the pandemic has reinforced tensions amongst refugees and between refugees and host communities, primarily concerning access to resources. Moreover, refugees are also confronted with xenophobic attitudes in a number of countries as they are blamed for bringing the virus. Nevertheless, respondents also highlight practices surrounding the mitigation of tensions carried out by refugees and aid agencies in times of the pandemic.

Thus, this study showed that COVID-19 responses at all levels must consider vulnerable groups, including displaced people, take adequate care of their needs and ensure their protection. Going forward, with the slow unrolling of vaccines across the African continent, displaced people must also be included in national vaccination plans. A recent IOM study showed that as of May 2021, 56% of 152 countries included refugees in their National Deployment and Vaccination Plans, whereas only 45% of the observed 168 countries actually included them in the roll-out of those campaigns on the ground (Migration Data Portal 2021).

Although the qualitative approach is limited by the research design's brief timeframe as well as the relatively small sampling and is thus not representative, it provides a better understanding of the situation confronting refugees within the six African countries during the pandemic, as well as their specific needs. Furthermore, it brings to the fore how displaced people themselves are contributing in terms of pandemic responses and how constructive cooperation among refugee-led organisations, humanitarian actors and governments could lead to fruitful results. Future research should take such developments into consideration and explore how situations will unfold.

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<sup>115</sup> Staff international organisation; Zimbabwe; female.

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## Further Information about the Research Projects

The qualitative study was carried out as part of two research projects, both independently funded by the DSF: “Forced Migration, Women – and Peace? Peacebuilding practices of women in refugee camps” and “Forced Displacement in Africa: The politics and stakeholders of migration governance”. Due to the pandemic, the respective principal investigators of the projects decided to cooperate and jointly study in comparative perspective the effects of the pandemic on refugees and refugee protection.

“Forced Migration, Women – and Peace?” is led by Ulrike Krause and carried out by Nadine Segadlo at the Institute for Migration Research and Intercultural Studies (IMIS), Osnabrück University. The project draws on the broad academic discourses about the nexus of conflict and displacement, complementing these narratives by placing peace at the core of its investigations. Through empirical research in Kakuma refugee camp, Kenya, the project aims to explore how refugees there – and women especially – understand peace, how they seek to contribute to peaceful conditions on-site and in regions of origin, and what opportunities and limitations they experience in their respective peacebuilding practices. More information about the project is available on the websites of [DSF](#) and [Osnabrück University](#).

“Forced Displacement in Africa” is led by Franzisca Zanker at the Arnold Bergstraesser Institute, and is conducted in close cooperation with co-researchers Khangelani Moyo in South Africa and Ronald Kalyango Sebba in Uganda. The project draws on and contributes to Conflict Studies as well as (Forced) Migration Studies to better understand migration governance in conflict-torn regions. To this end, the research aims to explore the political stakes and societal discourses related to migration governance in and across four cases in sub-Saharan Africa: namely South Africa, South Sudan, Uganda and Zimbabwe. It considers the different types of stakeholders (including both governmental and nongovernmental ones) involved in developing migration-governance policies, their roles and the types of influence they leverage. Thus, the project applies a multi-scalar perspective, differentiating between numerous types of agency (external/internal) and actors (governmental/nongovernmental) respectively. More information about the project is available on the websites of [DSF](#) and of the [Arnold Bergstraesser Institute](#).

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Ulrike Krause, Nadine Segadlo and Hannah Edler work in the Research Section of Forced Migration and Refugee Studies at the Institute for Migration Research and Intercultural Studies (IMIS) and at the Institute for Social Sciences, Osnabrück University. Franzisca Zanker heads the research cluster Patterns of (Forced) Migration at the Arnold Bergstraesser Institute at the University of Freiburg.

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Arnold Bergstraesser Institute  
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