

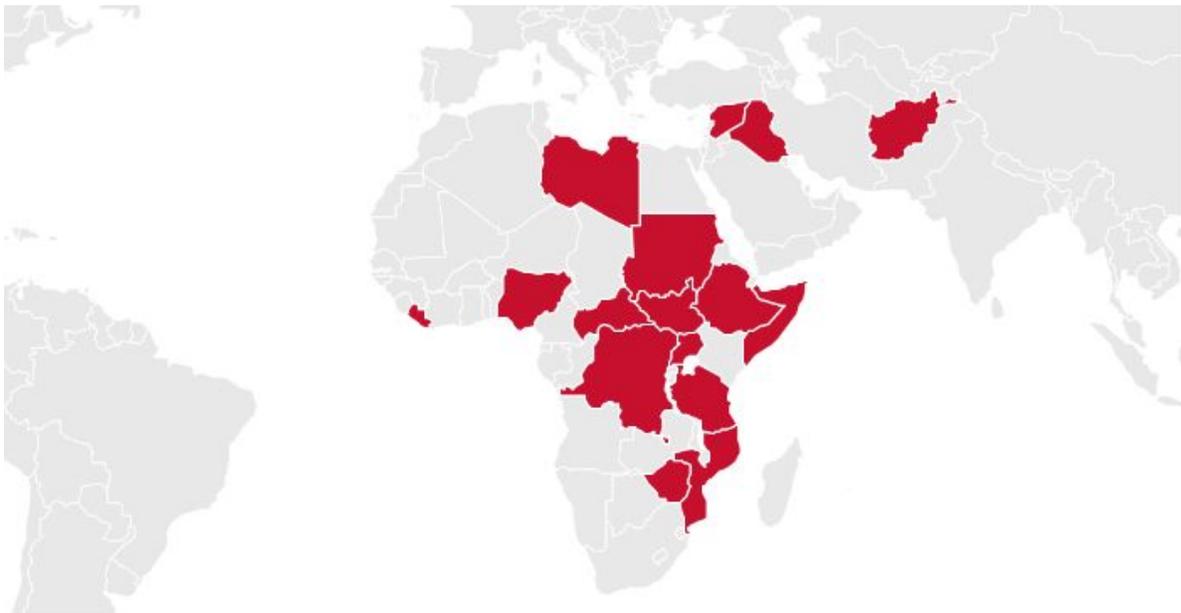
COVID-19 SECONDARY IMPACT ANALYSIS

March 31 2020

Acute conflicts and humanitarian crises are often the result of the complex interactions of many factors. The majority of these factors will be altered, and likely amplified, by the spread of COVID-19.

Mercy Corps has an internal analytical capacity used to support our access and programming in complex and high risk environments. For the foreseeable future this capacity will support our COVID-19 response.

This product will provide field-driven analysis to identify emerging trends relevant to operational decision-making. It will be updated on a weekly basis.



Current primary data coverage

Notes on use

- This product may be shared for non-commercial use with attribution to Mercy Corps
- Where reference is made to *more information available*, please contact analysis@mercy Corps.org
- All figures on infection rates and deaths are drawn from the European Centre for Disease Control (<https://www.ecdc.europa.eu/en/covid-19-pandemic>) on March 31
- Forecasts and opinions do not necessarily reflect the position of Mercy Corps or its donors
- If you wish to be added to the distribution list, please contact analysis@mercy Corps.org

Introduction

This first cycle of the report has been compiled under the rapidly changing conditions faced by all. We have already gained useful insights from the field, and have sought to establish some pre-outbreak context to better convey the vulnerabilities different communities are faced with. Far more data is being collected than we are able to summarise here.

This report will be released weekly.

Expectations for subsequent cycles include:

- Wider coverage for primary data collection
 - We hope to include Central and South Asia for the second cycle. Inputs are already being received from Afghanistan
 - Addition of Occupied Palestinian Territories, and the refugee camps of Lebanon and Jordan
- Consistent tracking of prices of staple commodities
- African analysis being broken down into sub-regions
- The perception and rumour tracker used by our teams covering Ebola in DRC to be adapted for application across all regions
- The ability of aid workers to navigate movement restrictions

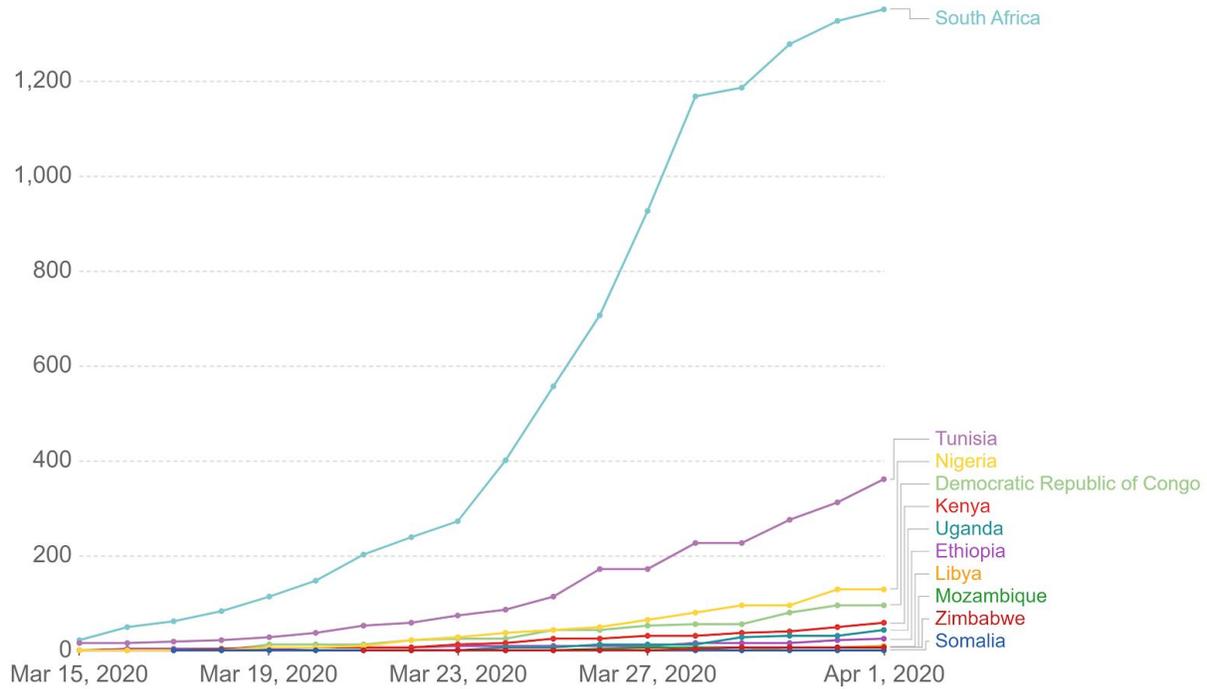
This product is expected to evolve over each reporting cycle. We are taking a “fail fast” philosophy to make iterative improvements. Feedback to analysis@mercycorps.org is welcomed.

Africa

Across the African continent are more than 22 million refugees and internally displaced people according to the United Nations Economic Commission for Africa (UNECA). Future cycles of this report will track the impact on formal and informal settlements for these populations. It is widely accepted that these groups are particularly vulnerable to rapid transmission, with a high rate of aggravating co-morbidities.

Total confirmed COVID-19 cases

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 1st April, 12:30 (London time) OurWorldInData.org/coronavirus • CC BY
 Note: The large increase in the number of cases globally and in China on Feb 13 is the result of a change in reporting methodology.

As of March 31	DRC	Ethiopia	Kenya	Libya	Mozambique	Nigeria
Reported Cases	98	23	50	8	8	131
Deaths	8	0	1	0	0	2
	Somalia	South Africa	Tunisia	Uganda	Zimbabwe	
Reported Cases	3	1,326	312	33	7	
Deaths	0	3	8	0	1	

Humanitarian Need

Acute humanitarian need has not been aggravated by COVID-19 at scale yet. Pre-outbreak issues are extensive in Africa—most recently the locust swarms in East Africa in January. Mid-April to May is when wheat crops are due to be sown. Limitations placed on this by movement restrictions will compound food security issues. In southern Africa, 12 million people were already at increased risk of hunger due to extended periods of below-average rainfall.

There is a major discrepancy between rural and urban access to medical and testing facilities in most countries. Access constraints, described below, and overwhelmed central governments suggest it is highly unlikely this will be addressed over the coming month. Rural communities comprise 60%¹ of sub-Saharan Africa's population. Some countries have negligible reported capacity to respond—Somalia is sending tests for analysis to Kenya and South Africa. Libyan medical centres are being populated by casualties from the recent upswing of the conflict, interrupting COVID-19 preparations. Again, preparations are occurring in select cities only. Some communities have themselves shutdown medical facilities to avoid attracting COVID-19 patients.

London's Imperial College has estimated the transmission rate of COVID-19 in normal communities to be between 1.5 and 3.5. On cruise ships with an outbreak, this rose to around 15. There are serious concerns around what this number could rise to in densely populated urban areas (Lagos, Nairobi), slums, and camps for refugees and internally displaced persons (IDPs). Close proximity is further complicated by considering that up to 75 per cent of people in least developed countries lack access to soap and water².

Security

Fear and economic pressures are driving what is (at the moment) an anecdotal increase in criminality (theft) and violence. Humanitarians and westerners have been targeted in the Democratic Republic of

the Congo (DRC), and vehicles transporting commercial goods in Uganda have been looted.

Economic pressures progressing into civil unrest is a possibility in countries with underlying social issues. This is particularly true in Tunisia's central and southern governorates, and has been mentioned as a risk in DRC and Kenya.

Access

Authorities in Nigeria have been hesitant to allow entry of aid workers, but for now have been assuaged by commitments by non-governmental organisations (NGOs) to quarantine staff for 14 days upon arrival in the country. Local and provincial governments in DRC have attempted to halt NGO operations and distributions—possibly prudent, but on balance given the needs being met by those distributions, this could have a net increase in harm to communities.

Some provinces within DRC are instituting 14-day quarantines for people moving into their territory from another part of DRC, severely hampering life-saving assistance with cash and food distributions.

There are possible access limitations due to closure of airports to domestic and international travel in Somalia, Nigeria, Uganda and Zimbabwe; there is also a ban on international flights to Kenya. In northeast Nigeria, domestic airlines ceased operations; the United Nations Humanitarian Air Service (UNHAS) is currently the only humanitarian access link between Maiduguri and the rest of the country. Zimbabwe's borders remain closed except for returning residents and cargo, and Uganda's borders are open only for cargo flights.

Road travel has been impacted in Ethiopia and Tunisia. In Ethiopia, public transport has been suspended in Oromiya and SNNP states, which will impact humanitarian aid deliveries. In Tunisia, a ban on inter-city travel and travel between regions have impacted access to field locations from/to Gafsa, Medenine and Jמדdoubא.

¹ World Bank

² UNDP

Full or partial lockdowns have been implemented in Uganda, parts of Nigeria, Kenya, and Zimbabwe. There are nationwide curfews in Kenya (dusk to dawn), Uganda (for one month), and Zimbabwe (for 3 weeks). Uganda and Zimbabwe have exemptions for some essential services and vendors.

In Nigeria, there is a lockdown in Lagos, Orgun and Federal Capital Territory (for 14 days) although efforts will be made to keep essential services running. Adamawa state will impose lockdown on March 31 with similar exemptions. Humanitarians can continue to access Internally Displaced Person (IDP) camps, although only for short periods at a time. It is unclear how the ban on interstate travel will affect UNHAS—in Borno, there will be exceptions for humanitarian goods, but this has not yet been clarified for the other states.

Narrative Tracker

Experience with the Ebola response in Africa suggests that frustration and fear could be directed towards foreign nationals, including response workers. Narrative tracking is important to manage risk and access.

Africa as a whole is further behind on the curve of the outbreak than Europe and South-East Asia. There is still confusion amongst communities as many governments only brought in the first major containment measures over the past week. In DRC, COVID-19 is being seen as a disease brought by foreigners; an international non-governmental organisation (INGO) employee was the first confirmed case in Goma, news of which spread quickly. Rumours are emerging in DRC that an eventual vaccine may cause harm to Africans. Non-violent targeting of foreigners in Ethiopia has been reported.

Libya and Somalia's governing authorities are receiving blame for insufficient action.

Conflict

Government forces engaged in counter-insurgency (COIN) operations are being stretched by a requirement to enforce curfews and lockdowns, including in north east Nigeria and Kenya. The DRC

military's supply lines are considered at risk, and their ability to hold territory will be affected (particularly regarding armed opposition groups (AOGs) Masisi and Rutshuru). The closure of the Ugandan/DRC border may precede an increase in Allied Democratic Forces (ADF) violence in northeast DRC. Interruptions in local trade are expected to increase inter-ethnic tensions (*more information available*).

Government forces are all being required to comply with quarantine measures not followed by AOGs—an African Union Mission in Somalia (AMISOM) base has been put in quarantine for 30 days after a confirmed COVID-19 case in a foreign contractor.

There is a strong likelihood that AOGs will take advantage of the distraction of COVID-19 to launch new campaigns or increase existing efforts. Warring African parties have not endorsed United Nations (UN) Secretary-General Guterres' call for a global ceasefire, despite initial statements by parties in Libya.

High levels of violence are being seen in Somalia, Libya and Mozambique. Al-Shabaab has made a number of assassination attempts, and conducted direct attacks on AMISOM and Somalian military convoys and bases. In Mozambique, a two year old disputed insurgency in northern Mozambique emerged on March 23 as a fully-fledged Islamic State (ISIS) operation, occupying two key towns in three days as Maputo was distracted by COVID-19. The Libyan civil war intensified in the final week of March (*more information available*).

Human Rights

The principle observation to date surrounds the implementation of Kenya's curfew. At least one confirmed death and a number of incidents of excessive policing have been recorded.

Markets and Economy

Price rises for basic commodities have been seen in a number of countries (DRC, Libya, Ethiopia, Kenya; NE Nigeria also saw a brief spike in prices which have since normalised). Overall these have been due to demand-side pressures, rather than supply

limitations. Northeast Nigeria, already having limited physical access from the rest of the country, has noted scarcity of goods and food sourced from outside the area. Localised price rises are possible due to profiteering. Some governments (Ethiopia) are arresting profiteers.

Travel and tourism represents just under 9% of Africa's combined GDP, with some particularly reliant (Tunisia, 10% GDP; Tanzania, 14% GDP). Income from this sector can be assumed to have dropped to zero, where it will remain for the immediate future.

Some governments (such as Ethiopia, Kenya and Tunisia) are enacting policies, such as tax relief, to

limit the economic impact on individuals and companies. The International Monetary Fund (IMF) estimates that the informal economy comprises around 40% of sub-Saharan Africa's gross domestic product (GDP), meaning that the most economically vulnerable households will not benefit from these measures.

Migratory Pressures

New or expanded conflict, narratives and rumours, economic pressure, and government responses are being tracked for their influence as push and pull factors on migration.

Forecast

Preparations across Africa are disjointed. African governments need to take care not to implement mitigation measures designed to be effective in wealthier countries, but which may cause a net increase in harm to their populations.

Most countries are predicted to move to curfews, and then to lockdowns. Curfews and lockdowns are difficult to enforce outside of major cities without overstretched government forces resorting to violence against the population, at a time when there are already a number of factors working in the favour of AOGs. Comparatively low economic resilience across much of Africa's population makes lockdowns, as seen in Europe, impractical. As described earlier, the risk/benefit calculation for virus containment measures differs in less developed countries compared with major western economies, and government responses should also differ. Regional leadership is required to this end.

Violence by AOGs will grow over the coming months, and are likely to become intermixed with increasing inter-ethnic tensions over resources as economic hardship increases. Stabilisation programming by donors must continue, if not expand. If AOG's are given a window of a handful of months with minimal government and international opposition, at a time of community dissatisfaction with central governments COVID-19 response and few economic opportunities, these insurgencies could become entrenched for much of the coming decade.

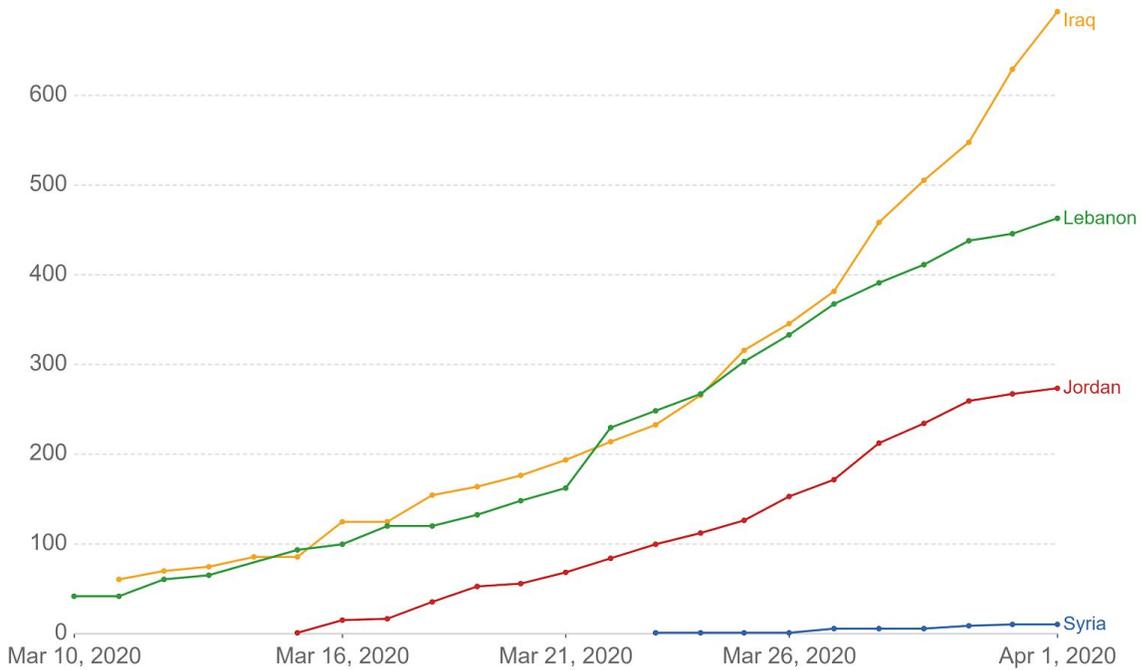
Pre-outbreak needs have not abated. If restrictions on the delivery of lifesaving aid last far into April, the risk to life threatened by COVID-19 will be surpassed. Governments and donors will need to consider how to maintain the movement of cash through Africa's vast shadow economy.

Middle East

Mercy Corps' country programmes have provided information on Yemen, Jordan, Lebanon, Iraq and Syria. Secondary data will be collected on Iran and integrated further in future reports. Impacts felt in the Gulf will not be covered by this product, however their governments' actions' influence on the region will be integrated.

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Country	Iraq	Iran	Lebanon	Syria	Jordan	Yemen ⁴
Reported Cases	630	41,495	446	10	268	-
Deaths	46	2,757	11	2	5	-

³ Iran excluded to allow presentation of other countries' data

⁴ There is currently no published data from the European CDC for COVID-19 cases in Yemen.

Humanitarian Need

Acute humanitarian need has not been measurably aggravated by COVID-19 yet. The pre-existing level of need in Yemen and north west Syria is immense and acute. Throughout these countries, and neighbouring Iraq, Turkey, Lebanon and Jordan, are large camps for displaced people. The effect of a COVID-19 outbreak on these camps is the biggest issue facing the region.

Food security in northeast Syria has been damaged by supply-driven price rises of basic goods. Some humanitarian organisations have ceased operations in northeast Syria's Al Hole Camp, with a population of around 70,000, due to fears related to COVID-19. Across the whole of Syria, COVID-19's broader impact is yet another downward pressure on the value of the Syrian pound, reducing the buying power of the population and increasing the numbers of people in need.

Merchants in Yemen are stockpiling basic goods, leading to shortages and price increases. Pre-outbreak, around 24 million people in Yemen were in need of humanitarian aid. Anecdotal reporting in communities suggests large numbers of Yemeni migrant workers sending remittances back to Yemen have lost work overseas due to COVID-19 measures implemented by foreign governments, and the effect of the oil price collapse on neighbouring Saudi Arabia. Remittances are the primary source of foreign currency in Yemen, and vital to importing basic goods.

The global COVID-19 outbreak coincides with a long-expected draw-down in foreign donor support to the north of Yemen. Severe flooding damaged road and power infrastructure in Aden on 25 March, killing two people. Stagnant water is expected to contribute to an increase in mosquito-borne disease.

Parts of Syria under the control of the Damascus-based government are better prepared for managing the health response. These parts are receiving direct support from the United Nations, as the recognised government of Syria. In northwest

Syria, the Damascus government's joint offensive with Russia has destroyed all major health centres.

The WHO is working with both governing authorities in Yemen. Two testing facilities have been set up, in Sana'a and in Aden, with four more planned. There are around 500 testing kits in the country. Quarantine facilities have been set up across the country though there are concerns about the standards within them. Treatments for COVID-19 have been smuggled for profit from Yemen to neighbouring countries.

Security

Lockdowns and curfews have limited the scope of protests, such as in Lebanon, where anti-government protests have been running since October 2019.

Certain areas of Lebanon (Tripoli and Akkar) are not abiding by "stay at home" requests from the central government.

Civil unrest in parts of Syria south of Damascus has been building over the last six months, with access to medical services a recurrent theme pre-outbreak. The added strain of COVID-19 will increase the likelihood of violence in these areas previously considered 'stabilised'.

Access

Various restrictions on travel have been imposed within and between Syria, Jordan and Lebanon, and full or partial curfews are in place in Syria and Jordan.

Syrian authorities closed border crossings with Lebanon and Jordan, and Damascus International Airport is closed to commercial traffic. Public transport has been halted in Damascus. Preventative measures including curfews and bans on public gatherings have been put in place across Syria. In northeast Syria, a curfew has been implemented across all governorates from 16:00 to 06:00, and in south and central Syria a curfew is in place but not fully enforced outside of major cities.

In northeast Syria, all external border crossings to northwest Syria have been closed to human traffic until further notice. Inter-governorate travel has been restricted, and while NGOs are exempt from this it is unclear how this will be enforced. There is high level engagement to ensure maintained humanitarian access for NGOs, and the Department of Foreign Affairs have verbally agreed to allow for international NGO staff to cross into the Kurdistan Region of Iraq with predetermined conditions including a 14 day quarantine period.

In Lebanon, commercial flight service from Rafic Hariri International Airport is suspended until the airport reopens. All land border crossings into Syria have been closed indefinitely as of 12 March.

Yemen's Sana'a Airport is closed for a period of two weeks from 23 March, reported to include United Nations and INGO flights. However, the Republic of Yemen Government (ROYG) has stated that flight suspensions would not apply to aid workers.

In Jordan, all airports, seaport and border crossings are closed. All flights arriving or departing Jordanian civil airports are suspended with exemptions on cargo flights. A curfew has been in place in Jordan since 21 March, most recently a partial curfew with some limited movement permitted and some essential services open. The government has now announced another 14 days of quarantine from 1 to 15 April.

Narrative Tracker

Narrative tracking is important to manage risk and access for aid workers, and affects the efficacy of public health messaging.

It remains to be seen whether the experience in African countries with rumours around Ebola is replicated within communities in the Middle East.

In Yemen, Saudi Arabia is being accused in local media of distributing face masks infected with COVID-19. Foreign nationals are being blamed for bringing the disease to Yemen. This has traction as

there is limited international travel by nationals residing in Yemen.

With varying levels of popular legitimacy, it is likely that even well-intended measures implemented by governing authorities will be viewed with scepticism by communities. This will hamper containment strategies and public health messaging.

Social stigmas in Iraq are contributing to suspected under-reporting of COVID-19 cases.

Conflict

The 5 March agreement between Turkey and Russia regarding northwest Syria continues to hold.

There is an uptick in activity by the Islamic State in northern Iraq and the Deir-ez-Zor governorate of Syria. This preceded the outbreak but shows no sign of slowing. ISIS activity may potentially increase in the short-to-medium term in the Baghdad Commuter Belt as Iraqi Security Forces are diverted to enforcing the COVID-19 curfew.

Tensions between the US and Iran continue to rise. On 23 March and 27 March respectively, the US and Kata'ib Hezbollah (a Shi'ia militia in Iraq) each conducted military exercises. On 26 March the US Treasury placed more sanctions on affiliates of Iran's Revolutionary Guard. A new prime minister in Iraq has until 17 April to form a new government—this is considered unlikely to succeed, hampering a coordinated COVID-19 response. On 26 March the US announced a 30-day waiver extension for the import of Iranian energy products. This is the shortest waiver granted and signals the US's continuing frustration and desire for Iraq to demonstrate its ability to meet its own short-term energy needs and reduce its dependence on Iranian imports.

In Yemen, despite an announcement of a major ceasefire by Saudi Arabia, ROYG and Ansarallah over COVID-19 fears, Ansarallah has continued its offensive in Marib as well as launching missiles into Saudi Arabia on the 28 March, possibly taking advantage of a Saudi Arabia perceived to be suffering with the drop of oil prices and COVID-19

shutdowns, as well as a distracted international community. On 30 March Ansarallah took over a major ROYG military base near the SAFER oil fields.

Human Rights

In Yemen, there are concerns that COVID-19 is being used by political actors to justify arbitrary detentions and other punitive actions. Concerns that holding and quarantine areas have extremely poor facilities and infrastructure. Notable has been the major crossing point from ROYG to Ansarallah areas in al-Bayda.

Markets and Economy

Russia temporarily halted the export of cereal until 30 March, and has since capped exports at 7 million tonnes from April through June to preserve domestic supplies. Egypt and parts of Syria are major receivers of Russian cereals. In Yemen, they are also expecting the import of wheat, sugar and rice from multiple markets to be affected. The above mentioned cutting of remittances is reducing Yemen's ability to keep pace with the global market and secure commodities for importation.

In Lebanon, the economic crisis that began in late 2019 has only worsened. Political instability, coupled

with low spending capacity, has made it difficult for the government to come up with any firm plans of action to address COVID-19. Household economic resilience has also been significantly reduced as citizens are being asked to stay at home to prevent the spread of the virus, leading to a further contraction of the economy.

Syria has seen price increases in personal protective equipment. In both Syrian Interim Government (SIG) controlled areas of the northern Aleppo countryside, as well as Syrian Salvation Government (SSG) controlled areas of Idleb and western Aleppo, face masks, hand sanitisers and hand gloves have all doubled in price. There are no reports to suggest any mitigation by either authority on this issue. There are also reports of additional strain on the SSG due to the lack of basic medical equipment to test for COVID-19.

Migratory Pressures

New or expanded conflict, narratives and rumours, economic pressure, and government responses are being tracked for their influence as push and pull factors on migration.

Forecast

COVID-19 is not expected to cause humanitarian needs to significantly increase over the next two weeks- though the pre-outbreak baseline of need was already acute, especially in Yemen and northwest Syria. A gradual decline in conditions will commence though, as the access of humanitarian organisations is increasingly limited, and the economic impacts of job losses and price rises begin to impact populations.

The expectation is that virus spread is occurring in numbers vastly greater than those being reported, particularly in areas outside the direct control of central governments, such as in Lebanon, Iraq and Syria. Other governments and governing authorities do not have either the capacity or the inclination to report. When the true scale of the outbreak is revealed, governments already struggling with popular legitimacy could face major civil unrest. This would further exacerbate the range of issues facing communities, and feed into the narratives of the various AOGs active in the region.

INGOs in the Middle East have in recent years become adept at implementing programmes remotely using local implementing partners. Within the framework of a national lockdown, the low visibility of local partners that has made them so effective in recent years could work against them, meaning they struggle to gain exemptions from movement restrictions.

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