

THE EFFECTS OF COVID-19 ON HUMANITARIAN ACCESS IN ETHIOPIA, MOZAMBIQUE, AND MYANMAR

A collection of country reports under the SIPA/CSIS Capstone Project

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About the Project

Recent years have seen a sharp rise in the denial of humanitarian access in many forms, ranging from burdensome checkpoints along routes of aid delivery, to targeted violence against aid workers and the unintended overcompliance effects of counterterrorism regulations. As the gap between humanitarian need and available resources widens at an alarming global pace, the ability of that aid to reach those in need and of populations in need of assistance to reach aid is also deteriorating.

In 2019, the CSIS Task Force on Humanitarian Access published its report on the various types of challenges to humanitarian access. These included not only those barriers to access weaponized by state and non-state groups in aid-receiving countries, but also those unintentionally created by donor states and aid organizations. In 2020, the global outbreak of COVID-19 seemed poised to transform a humanitarian landscape already increasingly confronted by such access constraints. One year after the onset of the pandemic, there is a need and an opportunity for greater evaluation and analysis to understand the real impacts COVID-19 on humanitarian access.

The CSIS Task Force on Humanitarian Access tasked the SIPA Capstone team to analyze the impact of COVID-19 on humanitarian access in three contexts—Ethiopia, Myanmar, and Mozambique—and to offer tailored recommendations to the humanitarian and policymaking communities on the basis of this analysis.



Acknowledgments

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We also extend our gratitude to Jacob Kurtzer, Director and Senior Fellow with the Humanitarian Agenda at CSIS. While the scope of CSIS's projects expanded to manage COVID-19 work across 2020 and 2021, Jake continued to provide invaluable expertise, enthusiasm, and direction as we compiled our findings.

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HUMANITARIAN ACCESS OBSTRUCTED BY CONSEQUENCE AND BY INTENTION:

The Effects of COVID-19 and Conflict in Ethiopia

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Executive Summary

In March 2020, the COVID-19 pandemic arrived in Ethiopia and added a new layer to the country's existing challenges, among them intercommunal conflict, climate shocks, food insecurity, and displacement. The economic effects of the pandemic led to inflated levels of humanitarian need in the country. At the same time, the COVID-19 response in Ethiopia inhibited humanitarian response, as humanitarian organizations shifted or suspended funding, the federal and regional governments restricted movement of humanitarian personnel, and stigmatization around aid workers as the transmitters of COVID-19 at times prevented safe and effective humanitarian service delivery. In the face of these challenges, the humanitarian community in Ethiopia adapted through remote service provision, double rations and halved distributions of commodity aid, and a greater push toward localization and cash assistance. The result was a low level of reported disruption in humanitarian work. However, while delays, adjustments, and short-term adaptations allowed humanitarian assistance to continue in Ethiopia during the pandemic, these adaptations also compromised the quality of humanitarian relief, with diminished monitoring and accountability, community engagement, and geographic reach. Furthermore, as the pandemic became a protracted crisis, humanitarian organizations exhausted the scale at which they were able to deliver humanitarian aid. The humanitarian community in Ethiopia could not sustain the costs of short-term innovations and of scaling to meet surging levels of need.

On November 4, 2020, the government of Ethiopia launched an offensive against the ruling party in the country's northern Tigray region, instigating a conflict that has devolved into indiscriminate violence, human rights abuses, and humanitarian crisis. And while the government of Ethiopia worked with the humanitarian community to

respond to COVID-19 as a shock affecting humanitarian access, in conflict it has utilized access denial as a deliberate tactic to achieve political and military gains. The result is that many of the access constraints present during COVID-19 became absolute during the Tigray conflict: Mobility challenges turned into immobility for humanitarian personnel and goods; stigmatization and intimidation turned into the killing of aid workers and destruction of humanitarian resources and sites; and misconceptions turned into information and communications blackouts.

While states, multilateral institutions, international organizations, and civil society groups have repeatedly called for unimpeded humanitarian access in Tigray, in action the international community has elected for incremental negotiation with the Ethiopian government, which has achieved slow and inconsistent progress. The African Union has been hesitant to speak or act against the country that hosts their organization and plays a key role in the region. The United Nations Security Council too had been—until April 23, 2021—quiet on the matter. Meanwhile the United States and European Union have become increasingly firm in their bilateral policy towards Ethiopia with cuts in government assistance and diplomatic pressure.

In several ways, the effects of COVID-19 response in Ethiopia created a complicating factor in the Tigray conflict. First and foremost, COVID-19 response by the federal government created a new and heightened source of political tension that eventually escalated into conflict. When the federal government ordered the postponement of elections under COVID-19 precautions, the regional government in Tigray perceived a serious threat to its autonomy and amplified its intransigence in response, defiantly holding elections and later attacking Ethiopia's Northern Command headquarters. The pandemic also meant that

communities and humanitarian organizations were already struggling to cope before the conflict erupted. Needs had already been high and rising for months, while the humanitarian community had depleted its scaling capacity. The result of the added layer of crisis was therefore an exponential degradation in population wellbeing and humanitarian capacity to improve it.

But while COVID-19 complicated humanitarian response to the Tigray conflict, the adaptations developed during COVID-19 also proved useful for conflict-related access constraints. Local actors who were instrumental to humanitarian work due to the pandemic's disproportionate impacts on international personnel also were critical in the earliest response in Tigray, as international workers again faced challenges in receiving clearance to enter the region. Cash programming again provided a modality for emergency response and livelihood support that was quickly deployable. And the large amounts of stockpiled food available in country as part of COVID-19 response allowed for efficiently addressing hunger needs in Tigray as soon as the government granted limited access. Nevertheless, such adaptations cannot completely fend against humanitarian misconduct. For example, the continued shutdown of bank services and telecommunications in Tigray prevents electronic

cash transfers and coordination within humanitarian organizations, and the targeting of humanitarian staff, sites, and resources puts those giving and receiving aid at risk. Adaptation also cannot effectively work around ongoing hostilities, which remain the inexorable access barrier in Tigray.

Based on this analysis of how the pandemic and the Tigray conflict have differentially affected humanitarian access in Ethiopia, this report proposes action in two areas: increasing preparation for and resilience toward future access shocks and applying diplomatic pressure to resolve the remaining access constraints in Tigray preventing effective humanitarian response. To achieve the former, the humanitarian community should **increase the mobilization of national and local NGOs, and invest in innovation around mobility**, including cash-based assistance and remote services. To work towards the latter, the United States as a primary source of leadership and leverage should coordinate with allies to apply pressure on Ethiopia to remove the prevailing bureaucratic constraints to humanitarian access. Meanwhile, as only a stop to the fighting can resolve the most acute access constraints, **the United States should push for enhanced regional and international efforts to return peace to Tigray.**



Drought in Haro Huba Kabele, Fantale Woreda, East Shoa Zone.
Ethiopia/2016/Ayene
UNICEF

Introduction

At the onset of the COVID-19 crisis, humanitarian organizations and analysts anticipated transformation in the functioning of the humanitarian sector and the face of humanitarian aid. It was clear that the economic impacts of COVID-19 would lead to an exponential increase in the amount of people in need of assistance.¹ At the same time, the prevailing model of humanitarian work—premised on regular travel and face-to-face interactions—would need to change. With new

levels of hardship, shifting donor priorities, and novel operational restrictions, predictions for the humanitarian sector's future included a drop in official development assistance, the failure of large aid organizations to adapt and maintain operations, the acceleration of digital solutions, and the nationalization of humanitarian service delivery.² Approximately one year after the onset of the pandemic, the humanitarian community can now take stock of the challenges faced and adaptations

implemented. Both have varied across organizations, sectors, and countries. Moreover, COVID-19 arrived in countries already confronting distinct challenges, and the pandemic's effects continued as new national challenges emerged, leading to complex interaction effects.

In Ethiopia, the pandemic hit a country already plagued by multilayered vulnerabilities, from conflict to climate. And in the ninth month of the virus's spread amidst a newly altered humanitarian landscape, a new conflict broke out in the country's northern Tigray region. This report seeks to understand, in two parts, how the COVID-19 crisis in Ethiopia—and later the Tigray conflict—affected humanitarian access, which the United Nations defines as the ability of humanitarian aid to reach populations in need of assistance and for those in need to reach humanitarian aid.³ Each part of the report examines how a new shock affected humanitarian demand and supply, prompted a response by the humanitarian community, and interacted with pre-existing challenges. The report concludes with learnings for how humanitarian access in Ethiopia can both immediately improve and better withstand future shocks.

The Implications of Humanitarian Access Challenges in Ethiopia

Since August 2020, Ethiopia has had the highest case numbers of COVID-19 in East Africa.^{4,5} Its high case rate makes the country a compelling vantage point from which to examine the impacts of COVID-19 response. Conflict-related humanitarian access questions in Ethiopia also have wider implications due to Ethiopia's standing in the international community, its effects on the Horn of Africa, and a growing global trend of neglect of fundamental humanitarian norms, from violations of the laws of armed conflict to the deliberate obstruction of humanitarian assistance.

First, Ethiopia is strategically and symbolically important in the international community. The country is a development success story, a peacemaking example,⁶ and a partner to U.S. counterterrorism efforts in the region. As such, humanitarian mismanagement or misconduct by the government and its allies is cause for widespread concern. On February 4, 2021, U.S. Secretary of State Anthony Blinken emphasized in a call to Ethiopian Prime Minister Abiy Ahmed the importance of the bilateral U.S-Ethiopian relationship.⁷ Two days later, United Nations Special Adviser on the Prevention of Genocide Alice Wairimu Nderitu responded to reports of extra-judicial killings, sexual violence, and impeded humanitarian access at the hands of parties to the Tigray conflict, warning that “the risk of atrocity crimes in Ethiopia remains high and [is] likely to get worse.”⁸ The Ethiopian state's role in violations of humanitarian norms places a heavy strain on its reputation and on the relationships that depend on it.

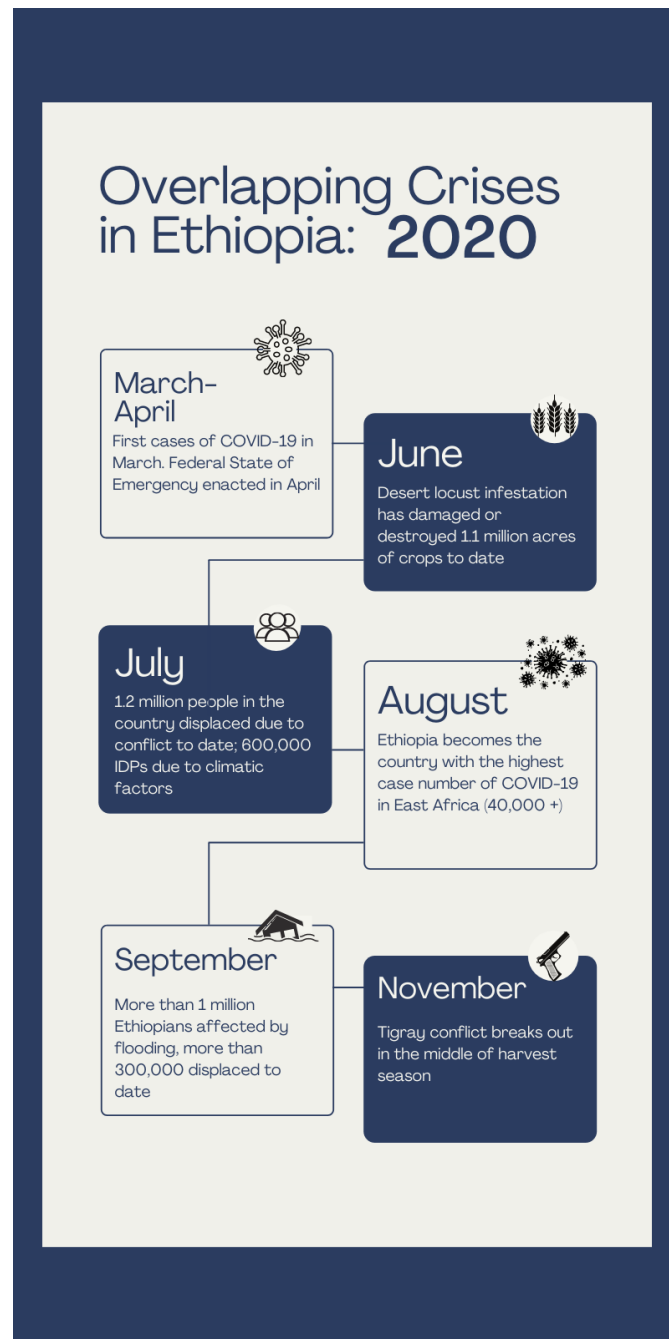
Secondly, Ethiopia protects regional security by helping to stabilize Somalia and South Sudan, supplying diplomatic support to Sudan's transitional government, and providing peacekeepers across the continent. Active diplomacy and rapid economic growth have solidified the strategic importance of Ethiopia as a stabilizing presence in the Horn of Africa, which in turn impacts trade and security throughout the Red Sea and Indian Ocean.⁹ The future of Ethiopia is inextricably tied to the future of the region, and its stability to that of its neighbors. Already a border dispute between Ethiopia and Sudan, where more than 60,000 Tigrayan refugees have fled, has emerged and threatened to escalate.¹⁰ And Ethiopia has pulled more than 3,000 troops from the fight against the Islamist insurgency in Somalia to support its Tigray offensive, compromising the security situation there.¹¹

Finally, the obstruction of humanitarian access is a rising trend in conflict today, contrary to norms defined and long-respected in international law. As CSIS reported in 2019, governments, non-state actors, and the humanitarian community itself are—sometimes subtly, other times blatantly, and in some cases accidentally—impeding aid agencies from reaching those in need of assistance.¹² The choice of response to conflict-related access concerns in Ethiopia by the international community signals to actors around the world what is and is not acceptable. Non-response to the weaponization of access denial will send a message that reverberates far beyond Ethiopia.

The Pre-COVID Access Environment in Ethiopia

Before the arrival of COVID-19 in March 2020, the major factors driving humanitarian need in Ethiopia were food insecurity, internal displacement, and climate conditions, with drought and flooding regularly afflicting different regions of the country. Ethiopia is home to one of the fastest growing internally displaced populations (IDPs) in the world, precisely because of its overlapping conflict and climate emergencies. In addition, the worst locust infestation in a generation struck Ethiopia and neighboring countries in late 2019 and continues to cause damage today, with crop losses resulting in heightened food insecurity, income disruptions, and displacement.¹³

As violence has been a predominant driver of humanitarian need in Ethiopia, it has also been the predominant barrier to effective humanitarian response. In 2019, like in preceding years, most obstructions to access in Ethiopia arose due to armed clashes and intercommunal conflict. And the vast majority of “access incidents” reported by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 2019 occurred in the country’s conflict-affected regions, namely Oromia.¹⁴



The physical environment was the second largest contributing factor to access impediments in 2019, reflecting the poor condition of infrastructure in many areas of the country and its vulnerability to climate shocks. The remaining access constraints reported in the year prior to the onset of the pandemic reflected restricted access of the population to services (most often for IDPs), violence against humanitarian workers, and

operational and logistical interference, including movement restrictions.¹⁵ Humanitarian access for IDPs has been of particular concern in the country. In 2019, the government denied aid to displaced populations as a strategic policy to encourage returns, a clear denial of humanitarian norms that rights groups widely decried.¹⁶

In 2020, the country's northern Tigray region adopted more restrictive COVID-19 response measures than the country as a whole, and by the end of the year the region came to be defined by a lack of humanitarian access. However, prior to the onset of COVID-19 and the Tigray conflict, humanitarian access incidents were much less common in Tigray than in other regions of Ethiopia. Between January and June 2020, only two percent of recorded humanitarian access incidents in Ethiopia occurred in Tigray, and only one percent in 2019.¹⁷



Mekedes Tesfaye, 32, a health extension worker in Addis Ababa.
Ethiopia/2020/NahomTesfaye
UNICEF

The Effects of COVID-19 on Humanitarian Access

Policies enacted by the Ethiopian government, regional governments, the governments of bordering countries, and humanitarian organizations intended to reduce the spread of COVID-19 have served to escalate the level of

need and inhibit humanitarian access in Ethiopia. This chapter outlines the new scope of need and the newly altered humanitarian landscape under COVID-19.

Heightened Level of Humanitarian Need

The COVID-19 pandemic and consequent mitigation policies have had far-reaching effects on Ethiopians due to the economic impacts of job loss, market and income disruption, school closures, and interrupted health services, among other factors. In January 2020, the government of Ethiopia and the humanitarian community established a target to reach 7 million Ethiopians in need of humanitarian assistance with a necessary \$1 billion in humanitarian funding.¹⁸ By May 2020, after about three months of COVID-19 spread and response in Ethiopia—along with desert locust infestations and displacement related to conflict and flooding—the government and humanitarian community revised the plan, calling for \$1.7 billion to respond to the acute needs of 16.5 million people.¹⁹ The mid-year review in August later estimated that, even as humanitarian partners had reached 8.7 million people, 15.1 million people across the country still required humanitarian assistance in 2020, almost triple the 7 million people projected at the start of the year. The United Nations reported that at least half of the increased level of need could be traced to COVID-19 impacts and response, with notable increases in need in the sectors of education, food, and water, sanitation, and hygiene (WASH). In the face of this spike in need, humanitarian funding did not rise in parallel; rather, several countries substantially cut their global aid budgets as they focused inward.^{20,21} Many aid organizations also saw a substantial drop in donations from private individuals and fundraising events.²² As of August 2020, the gap in funding toward the annual United Nations humanitarian response plan for Ethiopia was the highest percentage recorded in a decade and the highest ever, in absolute terms.²³

As the level of humanitarian need skyrocketed and the gap between need and available resources widened in 2020, the ability of already-limited aid to reach the most vulnerable—and of the most vulnerable to reach aid—also deteriorated, due to diverted and weakened operational capacity and direct access constraints.

Food Insecurity and COVID-19

COVID-19 has exacerbated food insecurity in Ethiopia in a context of overlapping threats. The pandemic has forced food distribution to occur over a longer timeframe and imposed geographic limits due to travel restrictions, social distancing protocols, and sanitation requirements. The resulting transportation delays have led to food shortages and price increases. Movement restrictions have also impacted the ability of Ethiopian food producers to access agricultural inputs and labor for harvesting, contributing to low-yield harvests. Moreover, COVID-19-related school closures have prevented one million Ethiopian children from receiving meals at school. The data clearly reveals the burden imposed on Ethiopian families: As of August 2020, 16 percent of urban households reported a decrease in food consumption due to COVID-19, and the number of children admitted for treatment for severe acute malnutrition from January to May 2020 was 10.3 percent higher than during the same period in 2019.²⁴

Diversions and Suspension of Funding

When emergencies arise, the humanitarian actors dedicated to providing relief adapt to prioritize and best serve the most urgent needs in a given country. The onset of the COVID-19 pandemic triggered adaptation, but the scale of diversion and suspension of humanitarian programming over time served as a constraint not only on non-COVID-19 related programming, but on humanitarian response in Ethiopia more broadly. For example, the prioritization of COVID-19 response delayed other essential health services, such as measles and polio immunization campaigns.²⁵ Any activities requiring direct contact with beneficiaries were either delayed, reduced, or suspended. Delays and suspensions hit the education sector the hardest due to closures of schools and bans on gatherings, which made any adaptation of programming near impossible. The United Nations also reported that protection activities in the second half of 2020 were limited to only a few critical zones, thereby neglecting protection needs elsewhere. However, due to adaptations in programming, after about five months of COVID-19, most humanitarian partners reporting to the United Nations estimated that the impact of the pandemic decreased their planned response and activities by a modest 7 percent.²⁶

In addition to a minor decline in planned activities, overall humanitarian capacity to meet needs also declined due to a reduction in the number of United Nations, nongovernmental, and government actors involved in humanitarian response in Ethiopia, from 88 partners in December 2019 down to 67 in May 2020. Beyond a lack of funding and security concerns—standard drivers of withdrawals of humanitarian staff and programs—prioritization of the COVID-19 response over regular programming and COVID-19-related restrictions were the primary reasons for this decline.²⁷

Restricted Mobility of Goods and People

The most significant impacts of COVID-19 response policies on humanitarian access in Ethiopia manifested in the mobility of goods and people, which lies at the core of humanitarian operations—from needs assessment and monitoring missions, to the delivery and distribution of aid supplies. In the early months of pandemic response, humanitarian aid organizations in Ethiopia reported challenges related to the movement of aid workers and supplies into and out of the country. The national state of emergency declared in March 2020 mandated a quarantine period of 14 days for all international travelers entering the country, which was later amended to mandatory quarantine at home upon presentation of a negative COVID-19 test taken prior to arrival.²⁸ Beyond the resulting cost increases and delays in moving humanitarian staff into the country, aid organizations also reported difficulties in obtaining exit visas for their staff and importing telecommunications equipment such as satellite phones.²⁹ And while aid workers faced new challenges in entering Ethiopia, so too did supplies. Although customs authorities allowed the entry of aid supplies without restriction throughout the pandemic at the Moyale border with Kenya and through the main entry corridor for humanitarian supplies across the Djibouti border, other channels such as the Metema border with Sudan and the border with Eritrea were at times closed to all movements, and when open, required clearances and approvals by the relevant national governments.³⁰ The result was uneven disruption of humanitarian delivery across Ethiopia. For example, while the United Nations World Food Programme (WFP) reached 60 percent of its planned beneficiaries in March 2020, it reached only 40 percent of planned beneficiaries in the Somali region due to border closures and transportation hold-ups.³¹ By mid-2020, authorities lifted most access restrictions at borders through humanitarian exemptions.³²

Aid organizations faced more extensive barriers related to the internal movement of their staff and supplies. Beginning in March, humanitarian staff were frequently unable to reach duty stations due to travel restrictions. Regular monitoring and assessment visits were indefinitely postponed or replaced by virtual alternatives, compromising the accountability of the aid community. And between April and June 2020, authorities temporarily detained aid workers for violations of movement restrictions or social distancing measures on at least two occasions.³³

The Tigray region became notorious for the scale of its mobility restrictions during pandemic response. In April 2020, the region issued its own state of emergency directive, including a 14-day mandatory quarantine for any person entering the region, including those who had already undertaken mandatory quarantine in Addis Ababa upon entry into the country. Until July 2020, when the region relaxed this requirement for humanitarian missions, vehicles required special permission from the command post to travel, incoming transport from other regions required a police escort until the off-loading point, and drivers from other regions staying longer than one day had to remain in designated places until their departure. The result was the suspension of critical humanitarian activities, such as water trucking to refugee camps.³⁴

Misconceptions, Misinformation, and Violence

In Ethiopia, as in many countries, pandemic misinformation and misconceptions have targeted foreigners, especially international aid workers. In the same month as Ethiopia's first recorded cases of COVID-19, the country witnessed many reports of assault and harassment against foreigners, often including explicit accusations of being infected with the virus.³⁵ According to a recent study in Ethiopia, about 30.5 percent of participants recorded that it is

“There was no mobility for a long period. People were unable to get to their posts. Others were unable to obtain visas under the umbrella of COVID-19. Moving from a high endemic context, Europe, to a low endemic context, Ethiopia, also led to reluctance for our implementation of emergency response.”

Jens Pedersen
Senior Humanitarian Adviser,
Médecins Sans Frontières (MSF)

unsafe “to receive packages from foreigners.”³⁶ Such misunderstandings have complicated aid distribution by international aid workers, particularly in the health sector, and at times have escalated to intimidation of and even violence against them. In the early months of the pandemic (April-June 2020), United Nations humanitarian partners reported 10 incidents of violence against or intimidation of aid workers specifically linked to COVID-19, usually the result of stigmatization of international aid workers as carriers of the disease. In July 2020, the country reported its first cases of transmission among IDPs, further provoking misconception and fear among the displaced population that health workers are the source of infection. Prior to the confirmation of these first COVID-19 cases in the IDP sites in and around the Qoloji and Gabogabo IDP sites, the local clinics would see more than 100 people per day for testing and treatment; after the cases emerged, the number of outpatients dropped to three people per day. In subsequent months, humanitarian organizations reported serious challenges in efforts to carry out COVID-19 sensitization and awareness.³⁷

Disproportionately Vulnerable, Disproportionately Unreachable: Refugees and Internally Displaced Populations

Due to their living conditions and high incidence of underlying health conditions, IDPs are particularly vulnerable to the spread of COVID-19. The crowded sites that host IDPs are ill-suited for social distancing, and the poorly equipped sanitation and hygiene facilities that are a regular feature of IDP facilities are a serious risk factor in a pandemic. However, the factors that mark IDPs as a priority for programming in the pandemic also mean that COVID-19 mitigation requirements disproportionately disrupt humanitarian services for IDPs. Moreover, the policy of foreign states during the pandemic to forcibly repatriate Ethiopians abroad has contributed to a heightened displaced population in Ethiopia. Since April 2020, Ethiopia has received over 62,000 returnee migrants from countries including Sudan, Djibouti, Somalia, Saudi Arabia, and Kenya. This additional population has required extensive resources for quarantine, food, water, transportation, and medical care.³⁸ Meanwhile, actions by the Ethiopian government, such as the relocation of the population of a refugee camp amidst a reported coronavirus outbreak,³⁹ have exacerbated the fear of contracting the virus among refugees and IDPs.

Response: Short-Term Adaptation by Humanitarian Actors

COVID-19 mitigation measures required humanitarian organizations to innovate around mobility, gathering, and supply chain constraints in order to continuously deliver aid to those in need. In April 2020, several humanitarian aid organizations, including WFP, began providing double rations of food assistance in Ethiopia in order to halve the frequency of large gatherings of humanitarian workers and beneficiaries.⁴⁰ Aid agencies also utilized the frontloading of aid supplies to prepare for potential disruptions in the supply chain of humanitarian goods or of the capacity of aid organizations to deliver them. In May 2020, the Office of the United Nations High Commissioner for Refugees (UNHCR) coordinated with WFP and the government of Ethiopia to stockpile food and WASH supplies in refugee camps.⁴¹ As a byproduct of front loading and larger, less frequent aid deliveries, storage also became an avenue of necessary adaptation. New mobile storage units

increased the shared storage capacity among humanitarian partners.⁴² The government of Ethiopia and WFP also adapted to challenges to the movement of humanitarian goods and personnel by opening a regional humanitarian air hub at the international airport near Addis Ababa on April 14, 2020, providing critical relief to logistical impediments.^{43,44}

While aid organizations adapted in how they distributed humanitarian goods, they also adapted their strategies for the delivery of humanitarian services. In some cases, longer campaign periods, closer proximity to communities, and precautionary physical distancing measures were sufficient for aid actors to provide effective programming, as in the resumption of a previously suspended measles immunization campaign.⁴⁵ In other cases, namely in the education sector, aid actors confronted serious challenges in adaptation. As humanitarian organizations attempted to implement remote learning programming in public education, they faced a high cost of delivery, the difficulty of

addressing households without radio sets (e.g., IDPs), the need for multiple languages of delivery, and weak community engagement. At the end of July 2020, UNICEF had reached more than 6 million children through radio and television broadcasting, but the high cost of remote lessons meant that distance-learning initiatives could not continue.⁴⁶

The COVID-19 crisis also saw the necessary localization of humanitarian activity and increased use of cash-based assistance. Due to COVID-19-related travel restrictions, it was difficult for humanitarian organizations to deploy international staff to Ethiopia. Local partners, conversely, were already on the ground, embedded in communities and willing to work in challenging situations. In refugee camps, localization manifested at an even deeper level, as the support of refugee leaders allowed for avoiding interruptions in some services when aid personnel were unable to visit the camps themselves.⁴⁷ Beyond localizing to adapt to mobility and risk issues for international aid personnel, several humanitarian organizations also began or expanded cash distributions to help participants cope with food insecurity and livelihood shocks.^{48,49} Cash-based interventions not only counteracted the COVID-19-related challenges in delivering in-kind forms of aid, but also provided essential income in a context of severe economic distress.

Behind Continuity in Access: Compromises and Exhaustion

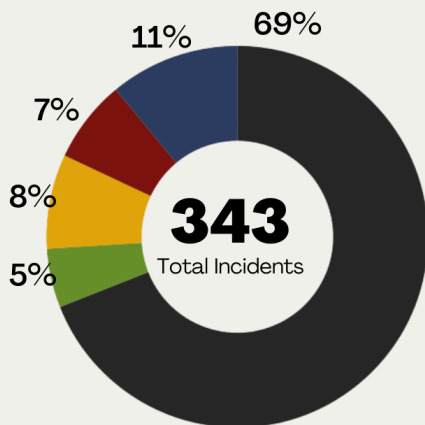
The data on reported access incidents in Ethiopia suggest that COVID-19 and related mitigation efforts did not lead to a quantitative increase in humanitarian access constraints (See next page).^{50,51} The overall increase in access incidents from 2019 to 2020 is almost entirely attributable to active hostility-related constraints. However, the access landscape in Ethiopia qualitatively changed due to

the COVID-19 pandemic, with less mobility and reduced operational capacity. If the disruption caused by COVID-related access constraints seems modest, it is in part because humanitarian access reporting captures the ability of humanitarian actors to fulfill existing assistance plans, and less effectively captures the ability of those actors to provide a high-quality humanitarian response and to scale up to meet increasing needs. While delays, adjustments, and innovations have allowed humanitarian assistance to continue in Ethiopia throughout the duration of the pandemic, these adaptations also forced compromises on the quality of relief, with diminished monitoring and accountability, community engagement, and reach. Furthermore, as the pandemic became a protracted crisis and need levels continued to rise unabated, humanitarian organizations exhausted the scale at which they were able to deliver goods and services to people in need. The inability of the humanitarian community to sustain the costs of innovating around constraints and of scaling to meet surging levels of need suggests that while a fast adaptation humanitarian framework may suit short-term access shocks, it cannot address longer-term disruption.

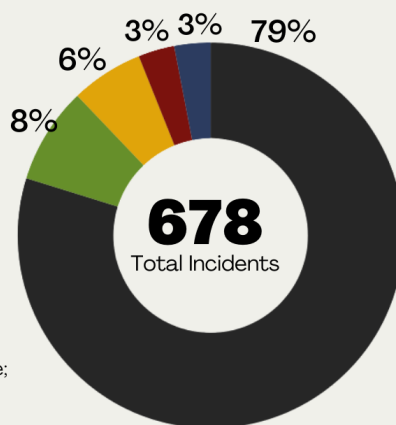
Indeed, according to modeling by Development Alternatives Incorporated (DAI) and High-Quality Technical Assistance for Results (HEART), humanitarian and economic assistance in Ethiopia saved millions of dollars in program costs and avoided losses to households during the pandemic. Yet substantially higher cost savings—for donors, government, and households—would have resulted from greater investment in a proactive response to the COVID-19 crisis. The hypothetical savings increased in the model (by \$871 million) when a timely emergency response was combined with food transfers and cash-based assistance to build the resilience of people to cope with shocks.⁵² In short, adaptive humanitarian and economic assistance in Ethiopia provided critical relief during the COVID-19 crisis, but this relief could have reached deeper and wider if Ethiopia was better prepared to provide rapid emergency and livelihood assistance.

Humanitarian Access Incidents in Ethiopia 2019 - 2020

(January - June 2019)



(January - June 2020)



- Active hostilities
- Violence against humanitarians
- Physical environment
- Restricted access to services
- Movement restrictions; Operational interference; Denial of need

Source: OCHA, "Humanitarian Response Plan Ethiopia: Mid-year Review," UN, August 2020, https://reliefweb.int/sites/reliefweb.int/files/resources/ethiopia_hrp_mid_year_review_2020_-_31_aug_final.pdf. OCHA, "Humanitarian Response Plan Ethiopia: Mid-year Review," UN, October 2019, <https://reliefweb.int/report/ethiopia/ethiopia-humanitarian-response-plan-mid-year-review-october-2019>.



Negesti Mebrahau, a mother of three in Mai Tsebri IDP site who left her house and cattle due to the conflict in Wolkait, Tsegde Woreda
Ethiopia/2021/NahomTesfaye
UNICEF

The Tigray Conflict & Humanitarian Access

COVID-19 has demonstrated that challenges to humanitarian access may arise as an indirect consequence of external shocks. By contrast, the Tigray conflict demonstrates that access denial can emerge as a deliberate internal tactic. When the government of Ethiopia worked with the humanitarian community as a responsible state to meet the challenges of the pandemic, their collaboration helped to temper the effects on

humanitarian access. But when the government is the force denying access and contributing to the violence that precludes it, the effects are unmitigable.

On November 4, 2020, the Ethiopian government initiated a military offensive against the Tigray People's Liberation Front (TPLF), the ruling party in the northern region of Tigray, after an alleged

attack by the group's security forces against a government military base. The military offensive marked a violent escalation of long-held tensions between the federal government and the TPLF, from which Prime Minister Abiy Ahmed has increasingly attempted to wrest regional autonomy and to exclude from federal leadership, a source of frustration for the group that dominated the ruling coalition in the country for nearly 30 years. In the run-up to the outbreak of violence, the TPLF held regional elections in September, disregarding the federal postponement order in response to the COVID-19 crisis. The federal government, in turn, cut funding to the region and declared the election results void.⁵³

The Ethiopian government declared an end to hostilities and a complete lack of civilian casualties in November.⁵⁴ Yet fighting continues to this day among TPLF forces, Ethiopian troops, Amhara militias aligned with the federal government, and Eritrean forces. And credible reports indicate that Eritrean forces fighting on the side of the federal government killed hundreds of thousands of civilians in only days, indicating that the civilian death toll is surely in the thousands, if not tens of thousands.⁵⁵ The reports out of the region, which have multiplied in number and detail as access has improved, detail severe food shortages, sexual violence, extrajudicial killings, and human rights abuses. While crimes have been reported on all sides, most abuses have been traced back to government-aligned forces.⁵⁶ On March 10, 2021, United States Secretary of State Anthony Blinken first used the term "ethnic cleansing" to describe the acts committed in the region.⁵⁷

In Need to In Crisis: Emergency Demand for Humanitarian Response

In January 2020, the United Nations identified 414,000 Tigrayans as in need of humanitarian assistance.⁵⁸ By August 2020, that figure had risen

to 1.1 million in need due to the impacts of Ethiopia's overlapping crises, with about 50 percent of the increase in need traceable to the effects of COVID-19.⁵⁹ Launched during the middle of the COVID-19 pandemic, at the peak of an already debilitated harvest season, and in the midst of simultaneous climate crises, the conflict in Tigray ignited multilayered humanitarian concerns in Ethiopia and created an acute, compounded humanitarian emergency. More than 60,000 people have fled the violence into Sudan since the start of the conflict, and more than 2 million Tigrayans have been internally displaced.⁶⁰ Even among those not directly affected by violence, the conflict has disrupted basic services due to infrastructure damage, ongoing insecurity, non-payment of salaries in the public sector, halted banking services, and lack of supplies.⁶¹ As a result, of Tigray's population of 6 million, the United Nations reports that 4.5 million, or 75 percent, are now in urgent need of humanitarian assistance.⁶²

Immobility as the Rule, Mobility as the Exception

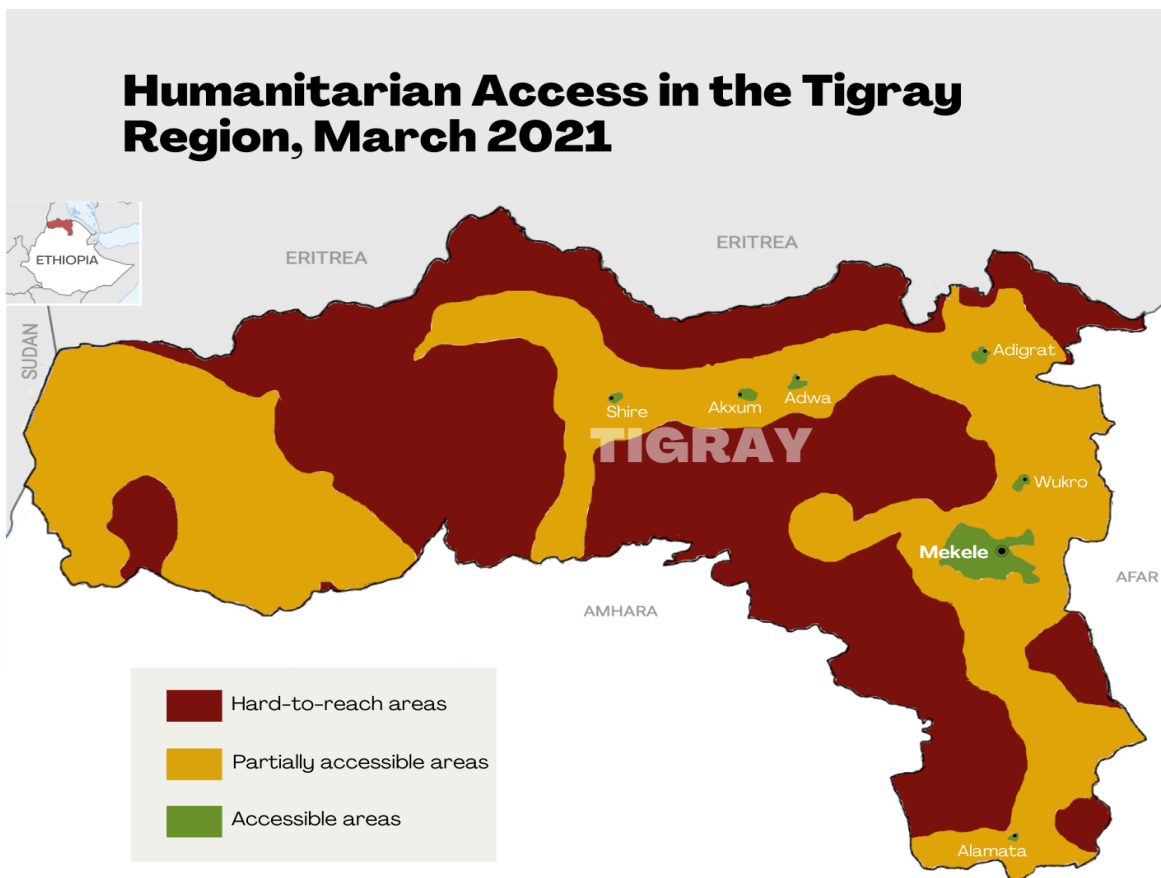
Where COVID-19 response produced partial internal and external mobility constraints for humanitarian goods and personnel, the conflict has produced complete mobility constraints. Through February 2021, aid organizations were entirely unable to reach the central and western parts of the Tigray region, and two Eritrean refugee camps in the region remained completely inaccessible due to security and bureaucratic obstacles. Most areas outside of the regional capital Mekelle were therefore cut off from humanitarian aid for more than three months. As movements of humanitarian cargo were progressively, though slowly, allowed to enter Tigray, progress on the movement of personnel for delivering, scaling up, and monitoring aid resources seriously lagged behind. Through February 2021, federal authorities did not approve one-third of requests made for humanitarian visits or shipments. And approved visits were subject to

paperwork delays and unpredictable layers of local negotiation, as security forces on the ground could obstruct even federally approved visits.⁶³

Since early March, humanitarian access in Tigray has notably improved. The government ended the clearance system and transitioned to a notification system for international staff traveling to Tigray, allowing humanitarian organizations to increase their presence and impact in Tigray. There are currently around 240 United Nations staff in the region, along with hundreds of international and national aid workers. The new notification system for cargo movements is also improving the speed and reach of humanitarian assistance.⁶⁴ Nevertheless, evolving security and logistical

“Longer-term visas for international staff are much needed. Right now, we are able to get one-to-two-month extensions but this is not a given and requires a lot of discussion with multiple government offices. A standard 6-month visa for staff deploying to Tigray would be a big help.”

Interview, Humanitarian Staff



Source: OCHA, “Ethiopia: Access Map - Tigray Region (as of 23 March 2021),” UN, 23 March 2021, <https://reliefweb.int/map/ethiopia/ethiopia-access-map-tigray-region-23-march-2021>.

constraints continue to impede the necessary mobility of humanitarian cargo and personnel. The presence of armed groups, intensifying violence, and continuous changes in territorial control pose critical challenges to humanitarian operations. The United Nations estimates that at least 950,000 people remain inaccessible to humanitarian aid due to insecurity.⁶⁵ Aid agencies have also reported that fuel and truck shortages and the refusal of private truck operators to work in certain areas due to insecurity are posing significant logistical challenges.⁶⁶ Moreover, international humanitarian staff have reported that they are unable to receive long-term visas, preventing the deployment of additional staff that could otherwise join the response.⁶⁷

Aid Personnel, Facilities, and Resources Under Attack

From the onset of the Tigray conflict until today, the humanitarian community has suffered a surge of both targeted and indiscriminate violence against its staff, sites, and assets. In November 2020, six aid workers were killed in the Hitsats and Shimelba refugee camps,⁶⁸ though the details surrounding their deaths remain unclear. More recently, on March 24, 2021, Médecins Sans Frontières (MSF) staff were attacked in the Tigray region after witnessing the execution of at least four civilian men by Ethiopian forces.⁶⁹ Such deliberate attacks on aid workers represent a gross violation of the most fundamental of humanitarian principles.

Attacks on humanitarian food and health facilities have also been widespread. After nearly four months of access denial, the UNHCR gained access to the Shimelba and Hitsats refugee camps in Tigray for the first time on March 26, 2021. Both camps were empty and completely destroyed, and all of the humanitarian facilities within them had been looted and vandalized.⁷⁰ The results of an MSF survey of its health facilities in Tigray were similarly

devastating. Of 106 health facilities in Tigray visited by MSF teams between mid-December 2020 and early March 2021, nearly 70 percent had been looted, more than 30 percent had been damaged, and 20 percent were occupied by soldiers.⁷¹

Manipulation of Connectivity and Information

Hours after the military offensive began in early November 2020, the Ethiopian government severed Internet and phone networks in the region. The communications blackout severely impeded corroboration of human rights abuses, assessment of humanitarian need, and delivery of humanitarian services, allowing false or misleading government assertions—such as the lack of civilian casualties and the non-involvement of Eritrean forces—to be widely doubted, but not easily disproved. In one telling example, government supporters repeatedly referenced the November 9 massacre in Mai Kadra, a town in western Tigray, as an example of TPLF war crimes, muddying the narrative of the government as the main offender of war crimes. Reports by Amnesty International and the Ethiopian Human Rights Commission blamed the killings in Mai Kadra on Tigrayan fighters, but contradictory reporting based on witnesses in Mai Kadra placed blame instead on the Fano, an Amhara militia group, and labeled the majority of victims as Tigrayans.⁷² The communications blackout and absence of journalists and human rights monitors in the region has allowed such competing narratives to survive and sow confusion.

Today, relief agencies in the region still lack access to emergency communications equipment due to import restrictions and confront continued telecommunications service disruptions and blackouts in areas where services had previously resumed.⁷³ This lack of connectivity and information cripples aid organizations' efforts to deepen and expand humanitarian response.

Disproportionately Victimized: Refugees and Internally Displaced Populations in Conflict

Denial of access to refugee camps has been more protracted and complete than to other areas over the course of the conflict in Tigray. Between November 2020 and January 2021, two camps for Eritrean refugee camps in the Tigray region were minimally visible and accessible to the humanitarian community. The camps received one WFP food shipment and one UNHCR visit for needs assessment in over two months.⁷⁴ Meanwhile, until late March 2021, there was no humanitarian access at all to the Shimelba and Hitsats refugee camps. And when the federal government granted access, it was to empty camps. Of approximately 20,000 refugees who lived in the two camps prior to the conflict, more than 7,000 have reached the other two Eritrean refugee camps, Mai Aini and Adi Harush, either on their own or through assistance by Ethiopian authorities. In addition, UNHCR has tracked more than 2,000 refugees from the camps to Shire, Mekelle, Afar, and Addis Ababa. The locations and wellbeing of the remaining more than 10,000 refugees are unknown and a source of serious concern.⁷⁵ Refugees have also been the targets of extreme violence throughout the conflict, with some of the worst abuses committed by Eritrean forces against Eritrean refugees, including abductions and forced returns to the country they previously fled.⁷⁶

Response: Advocacy by the Humanitarian and International Communities

The United Nations, the United States, the European Union, international organizations, and human rights groups have repeatedly issued calls for unimpeded access for aid agencies to assess need in

the Tigray region and deliver critical relief. Yet in the face of reported atrocities and catastrophic levels of humanitarian need, the international community elected for incremental negotiation with the government of Ethiopia, through which it garnered slow and inconsistent progress. In late November 2020, the government pledged to the United Nations to more effectively process requests by aid agencies and coordinate aid operations. But while some limited progress was achieved with cargo requests, access denials persisted for the personnel necessary to monitor, distribute, and scale up operations.⁷⁷ A second agreement in early December to allow humanitarian aid into government-controlled areas of the Tigray region was again met with only partial follow-through of an already limited promise.⁷⁸ The most recent WFP agreement represents a further extension, albeit a more successful one, of this months-long negotiation. On February 6, 2021, WFP announced a deal with the government of Ethiopia through which visa and travel requests by the agency would be expedited and the food agency would deliver emergency food aid for up to one million people in Tigray.⁷⁹

At the regional level, member states of the African Union (AU) have been hesitant to antagonize the country that hosts their organization and anchors the region. At a regional summit to discuss the conflict, leaders were unwilling to propose solutions or even criticize the Ethiopian government.⁸⁰ The chair of the AU Commission even said in a tweet that Abiy had taken “bold steps to preserve the unity and stability” of Ethiopia.⁸¹ The United Nations Security Council too has been, until late April 2021, quiet on the matter. The four discussions of the situation in Tigray by the Council prior to this point were held under “any other business” and led to no consensus or concrete action.⁸² On April 22, the Council issued its first statement on the conflict, expressing concern about allegations of human rights violations and abuses, welcoming the joint Ethiopia-United Nations investigation into reported

abuses, and calling for a larger humanitarian response and unfettered humanitarian access.⁸³

Both the United States and the European Union have also recently become tougher in their bilateral policy towards Ethiopia's transgressions against norms of humanitarian access. The European Union has cut over \$100 million of budget support for the government of Ethiopia contingent upon the grant of full humanitarian access, among other conditions, and has announced plans for targeted sanctions against Eritreans implicated in human rights abuses in Ethiopia.⁸⁴ The Biden administration meanwhile has applied diplomatic pressure through public statements and private outreach, increased humanitarian assistance to the country, extended a pause in security assistance to the government, and most recently, has announced the appointment of a Special Envoy to the Horn of Africa.⁸⁵

The Interaction of COVID-19 and Conflict

The effects of COVID-19 response in Ethiopia have created a complicating factor in the Tigray conflict. First and foremost, the federal government's COVID-19 response policy played an important role in escalating the conflict. In March 2020, the federal government announced the delay of elections justified by COVID-19, and in June 2020, the legislature extended all government terms until the elections. While the federal government argued that the postponement and term extension were constitutional, the TPLF asserted the opposite, accusing Prime Minister Abiy Ahmed's party of undermining the transition to multiparty democracy. The TPLF ultimately held regional elections in September 2020 in defiance of the federal order, which inspired cascading accusations and incendiary tactics. When the federal government initiated a plan to divert funds away from Tigray's regional government, it affirmed the TPLF's belief that the federal government was

determined to undermine it, further feeding the group's resistance, which ultimately manifested in the campaign to wrest control of the military command in Tigray.⁸⁶

Secondly, communities and humanitarian organizations were already struggling to cope before the conflict erupted in November 2020. The outbreak of conflict found a population already pressed to the edge of urgent humanitarian need and a humanitarian community already depleted of the capacity to respond at scale.

The result of the added layer of crisis was an exponential degradation in humanitarian capacity and population wellbeing. For example, schools across Ethiopia closed in March 2020 as part of COVID-19 response. As of late March 2021, at least 1.46 million children in Tigray and the neighboring regions and more than 35,000 refugee children are

“By the time of the conflict in Tigray, the budgetary aspect was quite concerning. There was a reduction in services, closing of test centers, PPEs no longer arriving, and growing protection issues.”

Interview, Humanitarian Staff

now out of school due to the ongoing conflict.⁸⁷ These children have not attended school for one year. Furthermore, even before the conflict, Tigrayans had lost up to half their crops due to the locust infestation, facing increased food insecurity as a result of both climate-related crop loss and other COVID-related impacts. When conflict broke out in the middle of the harvest season, many Tigrayans were unable to harvest their already depleted crops. And as conflict wore on, crops were

looted or burned at the same time as many hard-to-reach or displaced Tigrayans were cut off from basic humanitarian food aid.⁸⁸ The addition of violent conflict to an already stressed humanitarian landscape multiplied the protraction and severity of humanitarian need.

Thirdly, the impacts of COVID-19 on exacerbating food insecurity and disrupting health services provided a powerful weaponization tactic for actors in the conflict. Before March 2021, the government of Ethiopia regularly denied the ability of food and health cargo to enter the Tigray region to relieve starvation and medical needs there. At the same time and until today, government forces and their allies have weaponized hunger and unmet needs for medical care: killing livestock; burning crops and food storage sites; and damaging, looting, and occupying healthcare facilities. The sheer scale of need left in the wake of COVID-19 made starvation and denial a more tempting and more powerful source of punishment for the regime.

However, while COVID-19 provided a new trigger for political contestation that ultimately spiraled into the Tigray conflict, and while the pandemic facilitated an environment of desperation that could be exploited in conflict, COVID-19 adaptation strategies in part prepared the humanitarian community for response in conflict-afflicted Tigray. Early in the conflict and when access was entirely shuttered, the prevailing impacts of COVID-19 were the already heightened level of need and fewer humanitarian staff in the region, which meant harsher impacts of disruptions in humanitarian aid and fewer negotiators in place to press for greater access.⁸⁹ But when access to Tigray began to open, the stockpiling strategy of the humanitarian community to create a buffer during COVID-19 meant a large amount of food supplies were already in the country, helping to more quickly alleviate the massive level of food need.⁹⁰ Meanwhile, localization and cash-based assistance, which had

become important tools in the pandemic, again allowed national aid partners and cash interventions to provide relief where international staff and in-kind transfers lagged behind.⁹¹



IDPs affected by the conflict in Metekel Zone, Benishangul Gumuz region
Ethiopia/2021/Mulugeta Ayene
UNICEF

Policy Recommendations

Responding to Future Access Shocks

In Ethiopia and around the world, access shocks—whether due to pandemics, conflict, climate, or the layering of multiple shocks—will continue to arise and endanger the livelihoods of populations that depend on humanitarian aid. Yet the humanitarian

record in responding to Ethiopia’s overlapping crises over the last year suggests that the Ethiopian government and the international humanitarian community are not adequately prepared for such future shocks. This report therefore recommends the

following proactive policy actions for the humanitarian community and its donors:

1. Increase the mobilization of national and local NGOs.

Only 19 percent of registered partners to the United Nations' humanitarian response plan in Ethiopia are not international aid actors.⁹² Yet throughout the COVID-19 crisis, international aid workers were most affected by external and internal mobility constraints, and international aid organizations therefore heavily relied on national staff and local partners to sustain humanitarian services. In addition to insulating humanitarian response from mobility constraints, humanitarian response through national and local organizations also facilitates a rapid response to crisis that outpaces the speed of international actors in the system. To leverage the disruption of COVID-19 into a sustainable transformation that recognizes localization as an effective permanent reality and not only a necessary emergency adaptation, humanitarian donors and organizations should invest in training and improving the organizational capacities of national and local NGOs in Ethiopia while also elevating discussions around flexible funding and risk-sharing.

2. Invest in resilient innovations around mobility.

To some extent, mobility will likely remain at the heart of the global emergency response model, but Ethiopia's response under COVID-19 and conflict demonstrates that adaptations must be readily available when disinterested or deliberate forces impose immobility on humanitarian actors.

2.1. Cash- and voucher-based assistance represent one way to decrease reliance on in-kind distribution, which is vulnerable to access constraints affecting humanitarian cargo and the staff necessary to distribute it. Moreover, cash assistance is generally more timely than in-kind assistance, which allows for rapid emergency response to prevent negative

coping strategies. Cash assistance has its limits: for example, electronic cash transfers are not possible if electricity, telecommunications services, and/or banking services are not available—as in Tigray, and distribution of physical cash in significant amounts puts staff and project participants at risk. However, cash and other efficient social safety net services will be essential as a tool moving forward for addressing the increasing impacts of both impersonal and conflict-related access constraints while also supporting communities' long-term needs.

2.2. Remote services have emerged in various sectors of humanitarian relief during the pandemic, notably in education programming and the remote risk messaging transmitted in multiple languages into camps and IDP sites when humanitarian workers were unable to be present. However, partly because access was fluctuating and COVID-19 constraints were perceived to be temporary, humanitarian organizations did not implement expensive innovative tools (e.g., telehealth), leading to the exhaustion of resources on short-term adaptive measures. Long-term investment in resilient forms of humanitarian programming, while costly in the short run, will leave humanitarian organizations better prepared for access shocks in the future.

“COVID 19 and the Tigray context present a critical opportunity for localization and cash assistance to effectively meet humanitarian needs and ensure immediate and post conflict, post covid-19 recovery efforts.”

Interview, Humanitarian Staff

Addressing the Access Crisis in Tigray

While the humanitarian community has witnessed dramatic progress on the acute access crisis in Tigray, substantial challenges remain. In order to improve humanitarian reach and scale in Ethiopia, this report recommends the following policy actions to the United States as a key source of leadership and leverage within the international community.

1. Coordinate with allies to apply pressure on the government of Ethiopia to remove the remaining bureaucratic barriers to humanitarian access in Tigray.

The deliberate suspension of communications networks and restricted imports of telecommunications equipment remain an obstacle to effective and principled humanitarian action in the Tigray region, even as physical access has improved. The suspension of banking services and limitations on long-term visas for international humanitarian workers also impede the efficiency and scale of humanitarian response. While the United States and international community should acknowledge the improvements in humanitarian access in Tigray over the last few months, demands for full, unfettered access should be wholesale and continuous, not incremental.

2. Push for enhanced regional and international efforts to return an inclusive peace to Tigray.

While some bureaucratic access constraints remain in Tigray, the most acute challenge confronting humanitarian aid workers is continuing violence and insecurity. Therefore, the most necessary intervention to improve access is to end the fighting.

2.1. The United States Mission to the United Nations should pursue a special session of the Security Council to discuss the overlapping crises in Ethiopia, with emphasis on the conflict in Tigray. The United States assumed the presidency of the Security Council in March 2021 and has the power

to elevate the Council’s attention toward and efforts on the situation. While the Security Council has finally signaled some consensus in its first statement on the conflict, the statement did not mention Eritrean forces, which remain in the region as an obstruction to peace. And continued Council signaling and action will be necessary to urge the acknowledgement of abuses and efforts to halt the violence when the government of Ethiopia insists that life in Tigray is already returning to normal.

2.2. The newly appointed United States Special Envoy to the Horn of Africa should work closely with the United Nations and the AU to apply diplomatic pressure and provide the good offices to stop the fighting in Tigray. This will include leading the armed forces to demobilize, and—in the case of forces from Amhara and Eritrea—to return home. In addition, the Special Envoy should practice oversight and guidance to ensure that the joint Ethiopian Human Rights Commission-Office of the United Nations High Commissioner for Human Rights investigation is timely and principled.

“As access is now granted, the main concern remains the highly volatile security situation. The end of fighting is what will allow humanitarian actors to access those in need and commence the process of rehabilitation.”

Interview, Humanitarian Staff

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& INTO THE FIRE

*COVID-19's Aggravating Effects on Barriers to
Humanitarian Access in Mozambique*

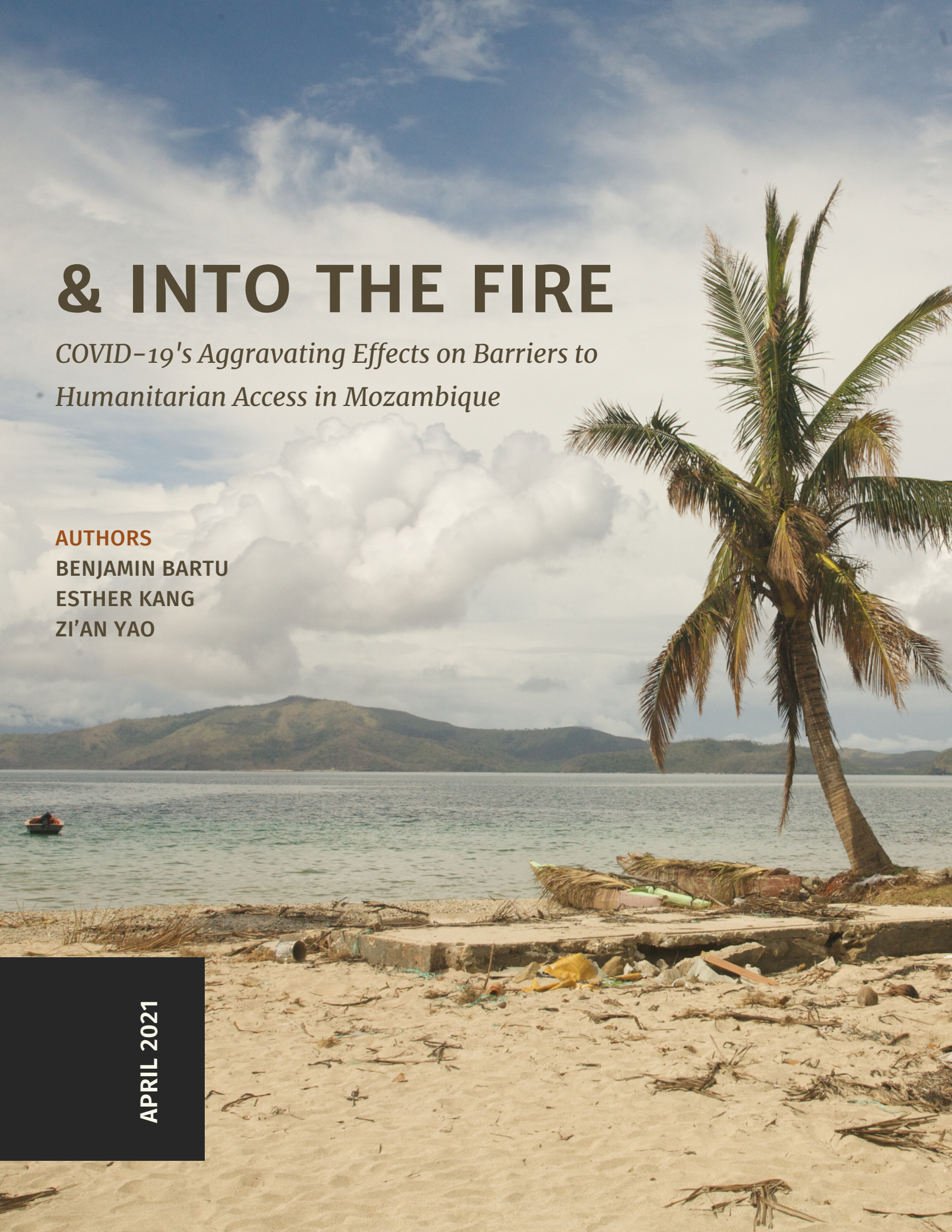
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Executive Summary

In 2019, Mozambique faced an existential triple threat. The country's economic future was uncertain. Unemployment, on the decline for more than half a decade, was beginning to rise once more. In the northernmost province of Cabo Delgado, Ahlu Sunna wal Jammah insurgents were consolidating their power and expanding both their operational and organizational capacities. The country's southern region continued to be afflicted by a longstanding drought, while its northern region was battered by two cyclones in the calendar year. One of these, Cyclone Kenneth, was one of the most severe in the country's recorded history. In this already fragile context, COVID-19 came to Mozambique. A crisis unlike any the humanitarian sector had faced before, COVID-19 brought with it a slew of challenges that affected every country differently. In the case of Mozambique, the pandemic created little in the way of new humanitarian barriers to access, and instead aggravated the country's many pre-existing barriers -- conflict, climate, and economic instability.

Today, in a post-COVID-19 context, Mozambique finds itself beleaguered by a now all-too-familiar set of circumstances: rising levels of economic uncertainty, an increasingly organized militant insurgency, and ever more dire climatic conditions and their devastating impacts. In the face of an uncertain economic future, climate disaster, and growing conflict within the country's borders, it has become more necessary than ever before to ensure timely and effective assistance to the Mozambican people. As an aggravating factor, COVID-19 has made the timely delivery of humanitarian assistance not only all the more urgent but all the more difficult as well, primarily by delaying humanitarian activities which were already enfeebled by existing barriers. The report concludes with five policy recommendations for the United States, Mozambique, and the international humanitarian community, calling for a) **the reevaluation of US strategic interest in the Cabo Delgado conflict**, b) **investing in building localized capacities for emergency crises**, c) **developing local and regional coordination to address bureaucratic and logistical obstacles in Mozambique**, d) **a revised multilateral response that prioritizes revitalizing local economy**, e) **a renewed preventative aid strategy designed to reduce the harm caused by climate disaster in Mozambique**.

Introduction

For most countries, COVID-19 represents more than a national health crisis alone. The virus is a harbinger of complex security, humanitarian, and developmental emergencies, exacerbating the pre-

existing structural vulnerabilities of nation-states. The impact of COVID-19 has been particularly pronounced in the humanitarian space, where it has created a greater need for assistance on the ground

while complicating access challenges. Even before the arrival of COVID-19 in Mozambique, existing barriers to humanitarian access had adverse impacts on the humanitarian community's capacity to assist affected populations. This report identifies the most prominent barriers to humanitarian access in Mozambique prior to the pandemic and assesses the scope of each before and after the arrival of COVID-19. The barriers in question are economic uncertainty, environmental disaster, and the growing insurgency in the Cabo Delgado region.

Even before COVID-19 arrived in Mozambique, the country's economic future was uncertain. Unemployment was on the rise. Democratic and market stability alike were on the decline since the election of President Filipe Nyusi in 2015.¹ Extreme climate conditions had battered the country across all regions, with southern Mozambique enduring several years of drought and cyclones frequently assailing the country's northern region. In 2019, two particularly detrimental cyclones, Kenneth and Idai, struck northern Mozambique. It was within this region that Ahlu Sunna wal Jammah (ASWJ) insurgents, active since 2017, expanding their operational capacities with mounting intensity. It was amidst these overlapping crises that COVID-19 came to Mozambique.

This report finds that COVID-19 did not create previously unseen barriers to access in Mozambique. Rather, the virus aggravated pre-existing vulnerabilities in the country, increasing the need

for humanitarian assistance while reinforcing old barriers. Mozambique continues to suffer from the aftermath of natural disasters and rising economic insecurity alike, which have led to an alarming rate of food insecurity and massive internal displacement. Just before the outbreak of COVID-19, the ongoing armed conflict in Cabo Delgado province increased acutely, raising extreme security concerns. Here conflict-affected communities facing critical, life-threatening risks have continued to be the same populations experiencing significant barriers to humanitarian access the most. In this fraught context, COVID-19 caused major slowdowns in humanitarian activities due to procedural delays, provided a window of opportunity for insurgents, and delayed international funding to Mozambicans who needed critical assistance.

The report concludes with policy recommendations for the United States, Mozambique, and the international humanitarian community writ large. On the subject of Cabo Delgado, it calls for a reevaluation of US strategic interest in the unfolding ASWJ conflict; to promote economic stability, the development of local and regional coordination to limit bureaucratic obstacles and a revised multilateral response to aid are advised. Finally, the report advocates for a renewed preventative aid strategy from the United States and international community, to reduce the damages caused by climate disaster in Mozambique.

Causes of Barriers to Humanitarian Access in Mozambique	2019	2020
Climate Disaster	Damage to infrastructure; Displacement; Physical Barriers (Flooding, Roadblocks)	
Conflict in Cabo Delgado	Damage to infrastructure; Displacement; Physical Barriers (Autonomous and High-Risk Zones)	
Economic Instability	Debt crisis; Limited reach of gov't services	
Covid-19		Visa delays, cancellations; Adverse effects of lockdowns upon accessibility of aid

Damaged infrastructure, displacement, physical barriers, and limited reach of government services; the barriers to humanitarian access that existed in Mozambique were plentiful, and stemmed from three primary causes -- Climate Disaster, Conflict in Cabo Delgado, and Economic Instability. Though COVID-19's arrival would create new barriers to humanitarian access that had not before been seen in Mozambique, harsher still were the ways in which it exacerbated pre-existing problems.

Boom & Bust: The Mozambican Economy

Since the end of the 1992 Civil War, Mozambique has made substantial strides in its economic development, fueled by several large-scale foreign investment projects in the extractives sector, significant donor support, and increased degrees of internal political stability.² Despite the substantial progress made, the country's location has left it prone to destructive natural disasters, including cyclones, floods, and drought. All these disasters, along with other factors, impeded Mozambique's real GDP growth to 2.1 percent in 2000 down from 12 percent in 1998. By the next year, Mozambique's real GDP growth rose back to 12.5 percent and then fell again to 8.5 percent by 2002.³ These oscillating figures in the country's growth rate since then contributed to creating an unstable economic situation. Consequently, the unstable economy led to an unreliable job market and an unemployment

rate that has grown almost annually for the last three decades, from 2.59 percent in 1991 to 3.39 percent in 2020.⁴ These rising rates have particularly affected the female workforce in Mozambique, rising in this same timespan from 1.57 percent to 3.5 percent.⁵

More recently, in 2016, the discovery of an illicit government debt of USD \$2 billion led to the retraction of foreign aid, as the International Monetary Fund (IMF) canceled its financial aid program with the country and donors suspended over \$250 million in direct budget support.⁶ On the heels of this hidden-debt disclosure came not only a severe drought in the country's southern region but also two cyclones in 2019, Kenneth and Idai, the former of which is the worst the country has faced in recorded history. The ASWJ insurgent group also

began its activities around this time, launching its first attacks in 2017.

Throughout this period, Mozambique's economic trajectory has been southbound - external debt levels remained high and the country's economy depended on a small number of exports.⁷ These include aluminum (USD \$1 Bn), coke fuel (USD \$.95 Bn), other types of coal (USD \$.63 Bn), and electrical energy (USD \$.4 Bn).⁸ Though the discovery of liquified natural gas (LNG) reserves and foreign investments on this front offer a solution to the country's economic instability, the twinned factors of debt and low export revenue have worked in tandem to led Mozambique one of the poorest countries in the world today, with 46.1 percent of the population living at or below the poverty line.⁹

USAID & Mozambique

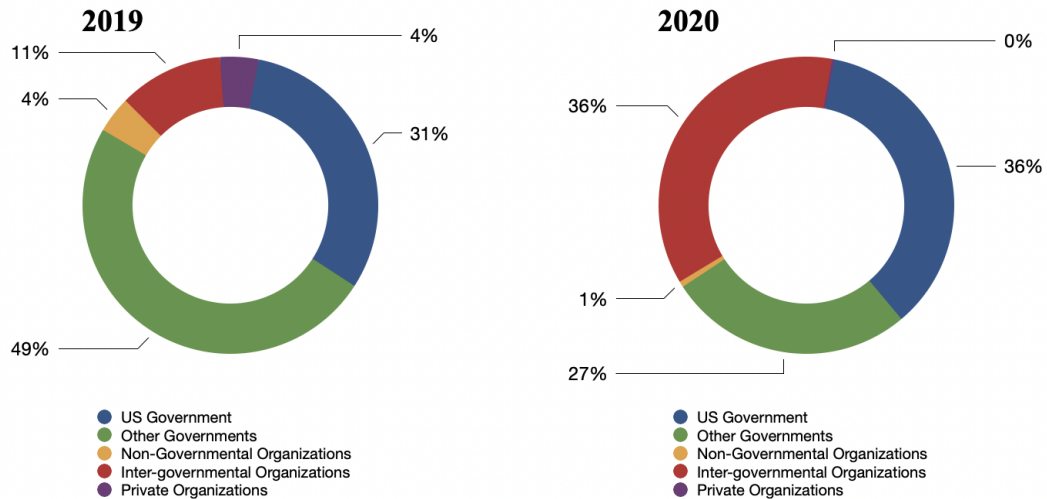
Over the course of the past decade, US foreign aid to Mozambique has ranged wildly on an annual basis, responding by turn to crises of climate disaster and food insecurity while providing baseline aid for economic development and improvement of health services, infrastructure, and education services. Years in which substantially higher rates of aid have been sent to the country are indicative of the peak inflection points of these crises. For instance, in 2011, \$145 million total was given to Mozambique on behalf of USAID, though in a single year this number jumped to \$245 million given in 2012.¹⁰ This sudden jump in foreign aid assistance was in large part due to damages to infrastructure and livelihoods caused by Cyclone

Funso of the same year, as well as associated food insecurity. From this point on, the United States and international organizations have poured rising amounts of foreign aid into Mozambique, just as its democratic institutions have begun to erode and economic instability has begun to increase. In 2015, USAID provided \$208 million to Mozambique, and \$210 million by 2018, with only a relatively small variance in rates in between.

By May 17, 2019, however, just under a year before COVID-19 reached Mozambique, USAID pledged some \$288 million to Mozambique for the calendar year, a substantial increase in the size of funding.¹¹ The majority of funds were directed toward developing health services (\$81.5 million), and smaller amounts toward improving the overall quality of education (\$13.6 million) and general economic growth (\$14 million). By year's end, due in large part to cyclones Kenneth and Idai, the United States pledged over \$351 million to Mozambique in aid.¹² This jump from a mere \$145 million less than a decade ago is an indicator not only of Mozambique's increased need, but, in turn, the need for greater levels of attention to be paid to the humanitarian crises unfolding in the region. It also illustrates the large degree of unpredictability in Mozambique, not only as relates to climate and the rising conflict in Cabo Delgado, but the economic needs of the country as well.

International Aid to Mozambique 2019-2020

Data Compiled from OCHA Financial Tracking Services (FTS)



US Government	\$117,056,218
Other Governments	\$185,817,529
Non-Governmental Organizations	\$14,977,919
Inter-governmental Organizations	\$43,024,053
Private Organizations	\$15,820,293
Total Incoming Aid	\$376,696,012

US Government	\$62,250,106
Other Governments	\$46,697,209
Non-Governmental Organizations	\$1,105,551
Inter-governmental Organizations	\$63,255,248
Private Organizations	\$486,950
Total Incoming Aid	\$173,795,064

As the above figure illustrates, despite a swift response to cyclones Kenneth and Idai in 2019, the international community, the United States government, and NGOs alike failed to muster the same kind of quick relief for Mozambicans in 2020, in response to COVID-19 and the various impacts it has had. It may be largely as a result of the unprecedented levels of need COVID-19 has spurred globally that this sea change occurred -- a reduction of incoming aid by over 50 percent -- but it is telling in what it reveals about the amount of aid that is dispensed not in anticipation of, but on the heels of, disaster. Making permanent positive headway in Mozambique's development may require a restructuring of this aid ethic. Also worth noting is the rise of contributions made by IGOs, largely motivated by the Cabo Delgado crisis.

COVID-19's Impact on the Economy

COVID-19 struck Mozambique's economy as it tried to rebound from the downward spiral, impeding its already slow development progress

and heightening demand for external assistance. Government-enacted lockdown policies, a drop in global and domestic demand, and delays in LNG investments have collectively led to the contraction of real GDP by 1.3 percent, compared to a pre-COVID forecast of 4.3 percent.¹³

These figures provide a window into some of Mozambique's most pressing needs today: the need for access to healthcare services intensified by the emergence of COVID-19, education, poverty eradication, job creation, and a stabler economic infrastructure. Even before COVID-19's arrival in Mozambique, the trajectory toward financial stability of the country was still very much a work in progress.¹⁴

COVID-19 has not brought the United States' aid activities in Mozambique to a total halt, though there has been a substantial decline. USAID reports a total of some \$358 million donated in 2020, as compared to some \$466 million for 2019, when accounting for aid delivered across all US agencies. Some \$57 million in aid has been reported thus far for 2021.¹⁵ Top donation activities continue to include the President's Emergency Plan for Aid Relief, Mozambican cyclone response, and Clinical HIV/AIDS Services Strengthening (CHASS).

USAID has yet to respond, on the other hand, to the unique challenge COVID-19 poses in Mozambique. Though the effects of the virus upon the country's economy may not hamper the abilities of humanitarian actors to reach those who need help, it will surely exacerbate difficulties for those who have been economically marginalized from being able to seek out help for themselves, in particular under the context of fearing the virus' spread.

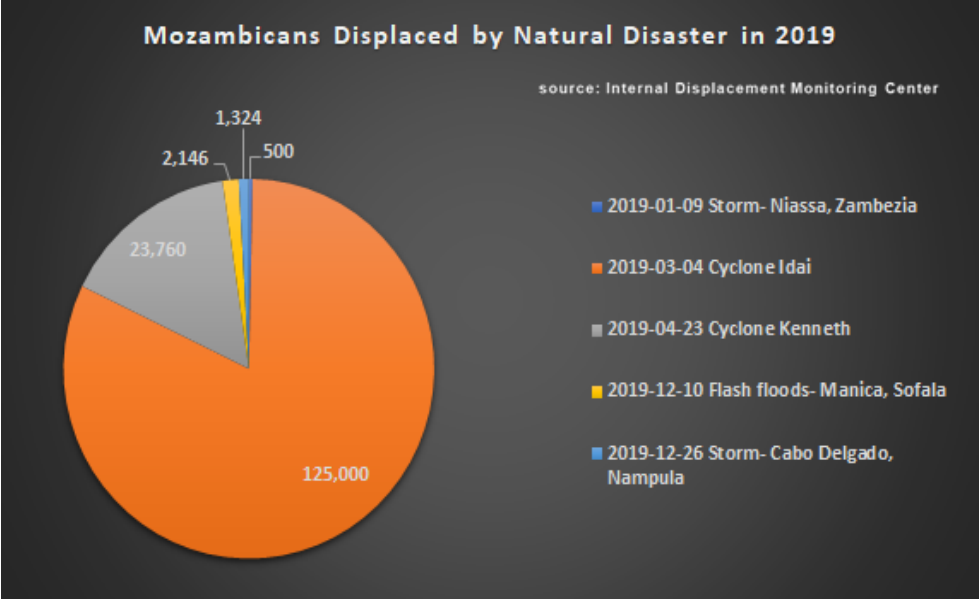
Beyond COVID-19's immediate impacts upon the economy of Mozambique, there have been wide-ranging impacts upon the world economy which have affected Mozambique's international agreements. Just as systems such as USAID may still have changes to make to help Mozambicans weather COVID-19, old agreements that were dropped under the pretext of the virus should be revisited. Among these has been Mozambique's request to the IMF, in February of 2020, for an Extended Credit Facility (ECF), that it may work towards building a more stable macroeconomic environment. These talks were promptly postponed due to travel restrictions imposed by COVID-19.¹⁶

Though at first expected to resume later in the year, they have continued to be put off to the present and, as of a recent press conference with IMF director Gerry Rice, they show no sign of resuming anytime soon.¹⁷

Mozambique's gradual shift from dependence upon the funding of other countries to self-reliance is likely to be fueled in large part by the bounteous LNGs recently found within the country's borders. Ensuring access to these resources will require ample infrastructure to mitigate Mozambique's increasingly intense climate conditions and adequately addressing the armed conflict in Cabo Delgado.

Though the international economic backslide caused by COVID-19 has not given rise to any new barriers in humanitarian access in Mozambique, it has stopped projects in their tracks and not been given much due attention by other countries which are, in many cases, dealing with their own urgent affairs during the pandemic. Though there is hope for recovery in the longer term if aggregate demand improves and LNG investments and extractive output gain traction. This will come farther down the road, with recovery projected to begin slowly in the coming years. This opportunity increasingly hinges upon the capacity of the Mozambican government to respond to the crisis situation in Cabo Delgado.

Cyclone, Drought, & Flood: Mozambique’s Environmental Triple Threat



In early 2019, two tropical cyclones hit Mozambique - cyclones Idai and Kenneth - in the same season for the first time in history, which affected over 2 million people. Cyclone Idai made landfall in the port city of Beira and Sofala province, striking the central region. Only after six weeks, cyclone

A series of climate factors had an impact on Mozambique’s economic growth and development. Mozambique is exposed to extreme climate conditions and natural disasters, as it has experienced 46 cyclones and floods in the past 30 years. The susceptibility of the country to these climate and disaster shocks affects its economy and Mozambicans directly. Drought has taken a toll on crops in the southern region of the country and has threatened the agriculture sector, which consists of roughly 75 percent of Mozambique’s population representing the most important economic sector in terms of GDP. The provinces cyclically most affected by disasters suffer from higher levels of poverty compared to those least affected, showing the direct impact of climatic conditions to the country’s economy. For instance, the World Bank estimated that floods alone in Mozambique affect 122,000 inhabitants and inflict damages of \$ 440 million per year.

Kenneth, the strongest recorded cyclone to hit the country, mostly affected Cabo Delgado province already battling violence. As a result of these consecutive events, Mozambique has been experiencing increased humanitarian needs with rising numbers of internally displaced people and worsened level of food insecurity across the country. Both cyclones caused serious damage to housing and public buildings leading to mass displacement and the disruption of key public sector services, including health facilities, damaging the already fragile health system. Moreover, they, along with other climatic factors, have damaged or destroyed core infrastructure - mainly roads and bridges - critical for humanitarian access.

Having experienced the two cyclones and subsequent flooding, the full capacity of Mozambique’s infrastructure has been put to the test, and in many cases been destroyed, damaged, or frayed. The poor and newly ruined infrastructures have created direct operational constraints for

humanitarian actors to access areas that often need the most assistance. Cyclone Idai brought destruction of an estimated 29 percent of the national road network and 20 bridges, critically disrupting accessibility of some areas. In Cabo Delgado, cyclone Kenneth resulted in 14 cut-off roads and the collapse of 5 bridges. The geographical disconnection caused by the damaged infrastructure created a major barrier to humanitarian access.

Governmental Openness to International Cooperation

In response to the crises brought by cyclones Idai and Kenneth, the GoM swiftly turned to its international and regional partners for assistance. According to a Post Disaster Needs Assessment (PDNA) conducted by the Mozambican government and supported by its partners, the country needed \$3.2 billion for post-cyclone recovery and reconstruction.¹⁸ In May 2019, the government convened a two-day international pledging Conference to secure financial and technical support for reconstructing the massive destruction inflicted by the cyclones.¹⁹ About 700 participants, including multilateral and bilateral partners like UN agencies, the European Union, the African Development Bank, and others, attended the conference. As a result, the international community pledged a total of \$1.2 billion.²⁰

Despite the government's openness and the allocation of \$24 million from the UN Central Emergency Response Fund, Mozambique has continued to encounter a gap in funding needed to recover from the devastating aftermath of climatic shocks.²¹ Although the UN launched an emergency humanitarian appeal of \$282 million in efforts to build back the communities affected by cyclones, it remains deeply underfunded.²²

It is critical for Mozambique to shore up infrastructure to make buildings, supply chains, and

travel routes capable of responding to the very climate crises which might otherwise render areas inaccessible or extremely difficult to get to. Therefore, reconstruction efforts need to come with risk-informed, sustainable designs to avoid recurrence of similar damage, especially since it is highly likely that Mozambique will be exposed to environmental disasters in the future.

COVID-19 Aggravating the Aftermath of Natural Disasters

Though COVID-19 has not had an effect upon the climate of Mozambique, it has had noticeable impacts on the systems which Mozambicans rely upon to be buttressed from the worst of these events. Two years after the two cyclones, a series of natural disasters continued to hit the already-affected areas, most recently cyclone Eloise at the start of 2021, signifying that these environmental challenges will persist in the future.²³

Drought and COVID-19 alike have also posed great difficulties to farmers in the region, who have suffered from the same nationwide bouts of food insecurity as a direct result of the confluence.²⁴ Farmers have had more trouble getting their crops to market, leading to more difficulty connecting with consumers, and as a result, humanitarian actors have had to step in especially in the area of food security. This was true in Mozambique even before COVID-19, but is only more so now — what was bad has gotten worse.

In part in response to these drop-in wages, not just for farmers but all Mozambicans, the government of Mozambique partnered with the World Bank to implement a Post Emergency Direct Cash Transfer Program (PASD-PE Covid).²⁵ This program plans to be extended to a total of just under one million beneficiaries in Mozambique, roughly 40 percent of the country's poor urban population. The transfers amount to about US \$21 a month and will take place over the course of six months. The GoM has succeeded in securing funding for the first phase,

which targets a total of ~300,000 families in prioritized area.

Disease & the Drought: Food Insecurity & COVID-19

An estimated 2.7 million people living in Mozambique today face what the Integrated Food Security Phase Classification (IPC) has described as “acute” food insecurity. Though the drivers of this insecurity include both the persistent drought in the southern part of the country and the evolving conflict in the North, COVID-19 has also exacerbated over the past year food insecurity. Many in both rural and urban areas are now newly food-insecure, with urban areas having experienced more than 250 percent higher rates of food insecurity as compared to rural areas, in part because of higher rates of COVID-19, and because a far lower portion of the urban population have access to food they produce themselves.¹ Approximately 4 million people—more than 10 percent of the population—across the country are experiencing food insecurity; of these, 2.5 million people have become food insecure since the onset of the country’s COVID-19 outbreak in March, according to the UN.

According to the Displacement Tracking Matrix’s (DTM) COVID-19 impact assessment in the central region of Mozambique, 74 percent of postos surveyed reported ongoing shortages of food items.¹ The COVID-19 pandemic, has, in brief, produced observable and

considerable impacts upon food insecurity across Mozambique. Most notable are the regions of Manica, Sofala, Tete, and Zambezia, where although 71 percent of those interviewed by DTM reported both price increases and product shortages of food, 76 percent of participants to the survey also reported receiving some form of government or humanitarian assistance. Of these, 44 percent are receiving assistance that is specifically food related.

Risk in refugee camps is often significantly higher as well, as a result of combined exposures to the environment as well as near constant interaction with camp staffers, family members, and other people residing in the camp; it is a fertile place for a virus like COVID-19 to spread. Those refugees who find themselves there also often find themselves there as a direct result of the climate disasters of 2019 and now, with cyclone Eloise, early 2021. If Mozambique’s infrastructure remains incapable of weathering climate disaster, this does not bode well for the country’s future — and as COVID-19 cases rise in the country, ensuring access to treatment and other forms of assistance will be key, but impossible without the infrastructure for access. Nowhere is this problem more apparent in Mozambique than in the northernmost region of Cabo Delgado.

Refugees, IDPs, & the Unseen Impacts of COVID-19

According to the UNHCR, 2019 saw a drastic 371 percent increase in the number of refugees and IDPs currently living in Mozambique, from less than 50,000 in 2018 to over 200,000.²⁶ Many factors contributed to this sudden jump, which has yet to be rectified -- the effects of cyclones Kenneth and Idai as well as the aggravation of violence in Cabo Delgado worked together to create the perfect storm that led to this sharp incline.

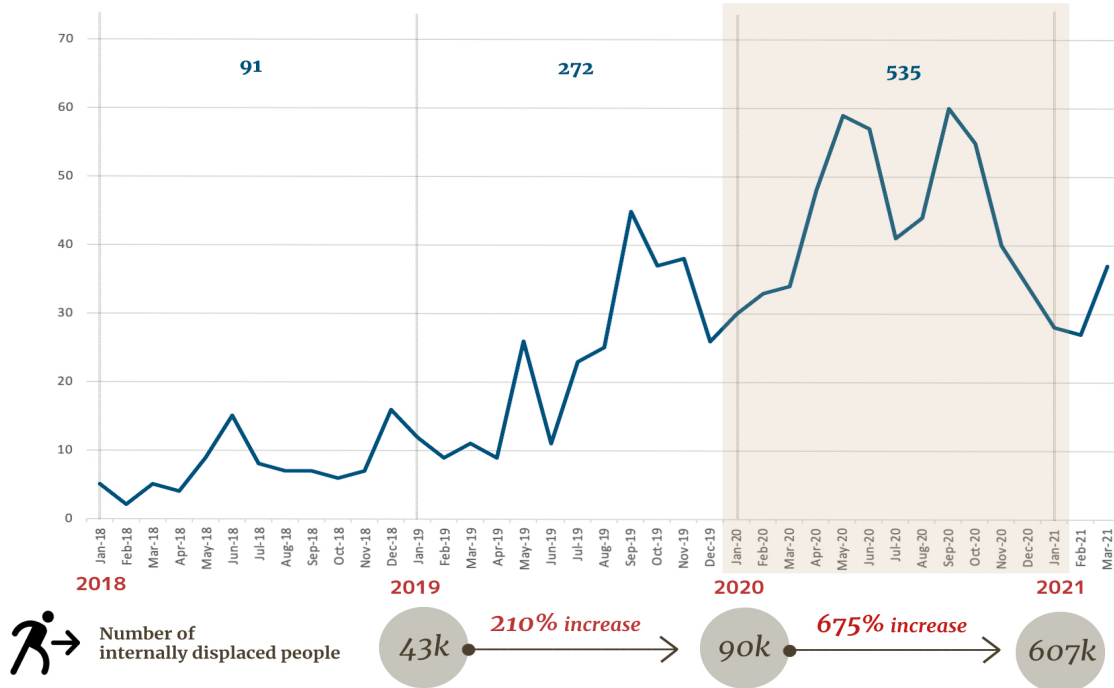
Now that COVID-19 has been in Mozambique for over a year, the effects that it has had upon the country's swollen Refugee & IDP population have become impossible to ignore. As of February 2021, there are over half a million refugees and IDPs living in Mozambique.²⁷ As UNHCR has noted, COVID-19 represents a serious threat to the population, who are already facing the risks of waterborne diseases such as cholera and the many risks associated with refugee camps. UNHCR has additionally noted the upcoming threat of the rainy season, as well as the hindrances caused to humanitarian aid workers by the limits placed on travel within Mozambique by COVID-19.

The Cabo Delgado Conflict: The Rise of ASWJ

The World Bank classified Mozambique in a “fragile situation” due to the ongoing situation in the country’s northernmost province. With rich reserves of liquefied natural gas (LNG), Cabo Delgado has become host to a large presence of foreign energy companies, which have invested in a \$60 billion LNG project. In 2017, the Ahlu Sunna wa Jama (ASWJ) insurgents, members of whom in 2018 pledged allegiance to the Islamic State, began developing increasingly complex networks. Despite the imminent risks of the violence inflicting massive

humanitarian crisis, the Cabo Delgado conflict only gained international attention when ASWJ captured the northeastern port city of Mocimboa da Praia in August 2020, about three years after its outbreak. From the onset of the violence to the beginning of 2021, there have been more than 750 organized violence events and consequently, more than 2,500 people were killed.²⁸ The conflict had consequently led to internal displacement of more than 600,000 people by the end of 2020.²⁹

Reported Security Incidents in Cabo Delgado (Jan 2018 – March 2021)



Violence, Inadequate Response, and Fragility

In response to the organized violence, the Mozambican government opted for a heavily militarized approach in an attempt to suppress the growing insurgency, hiring foreign private military

contractors (PMCs), which had brought limited outcomes. The Russian Wagner Group, the first PMC tasked to intervene, quickly withdrew from the operation after losing its members. The government’s reliance on the PMCs out of their depth has created additional security concerns beyond the challenge of countering the uprising.

Amnesty International reported indiscriminate attacks carried out by Duck Advisory Group, a South African PMC, and the violation of international humanitarian law by all armed actors involved in the conflict.³⁰ Moreover, the mercenary security forces hired by foreign investors in the region to provide security to the gas project sites have compounded the already complex security landscape. The result of the multi-actor involvement without accountability has led to greater humanitarian suffering, with the people of Cabo Delgado caught in between these forces.

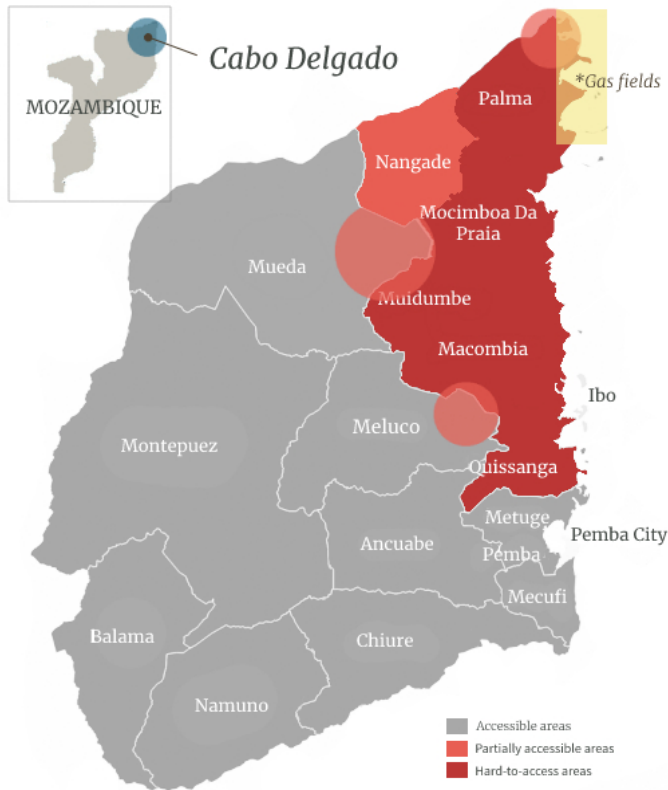
Despite the apparent escalation of violence in the beginning of 2020, President Nyusi in April denied that militants controlled any areas of Cabo Delgado.³¹ The Mozambican government soon after called out the conflict as “external aggression” by Islamic State (ISIS), seeking international support.³² However, the militant insurgency cannot be viewed solely external, as experts suggest that ASWJ insurgency is also a result of aggravated local grievances. Decades of the government’s neglect, the marginalization of its majority Muslim population, high unemployment rate, and poverty laid the groundwork for the insurgents’ extremist ideology to find support within the local youth. Early insurgent recruits included disenfranchised youth in the region, who remain the most susceptible targets for radicalization. The insurgents have been using the government’s corruption to their advantage, spreading messages that the government “humiliate[s] the poor and gives the profit to the bosses,” as was propagated in a video covered by BBC.³³ This type of narrative used by ASWJ is designed to reinforce feelings of disenfranchisement and frustration felt by many in Cabo Delgado, aggravated by the fact that the foreign investment has not provided any economic benefits nor job opportunities to the locals.³⁴

Destabilizing Factors Affecting Humanitarian Access

In response to the rising conflict, the humanitarian community has scaled up its response to the deteriorating situation in Cabo Delgado. The UN launched a \$250 million appeal to provide vital assistance and protection to 1.1 million people affected by the conflict in Cabo Delgado.³⁵ However, humanitarian access in the northern region has been extremely limited due to multiple destabilizing factors. Security threats from the ongoing conflict, coupled with poor infrastructure and administrative obstacles, have negatively impacted the humanitarian community’s capacity to respond to the growing need for assistance in the region.

Movement restrictions due to insecurity

Security issues have been the major constraint to delivering humanitarian aid in the region. The violence had led many humanitarian actors to temporarily relocate from hub locations into the periphery of the sites where the fightings are ongoing, reducing their ability to assess and respond. At least 72 percent of those displaced in Cabo Delgado are hosted in the province’s southern and western districts.³⁶ The increased attacks and threat of violence have also deterred humanitarian activities in the northern region, dissuading aid workers from entering those districts most in need of assistance. Districts of Mocimboa da Praia and Muidumbe and parts of Palma and Macomia remain inaccessible to humanitarian actors. According to a report by OCHA, there are an estimated 493,000 people in accessible areas, 56,000 people in partially accessible areas, and 59,000 people in hard-to-reach areas. Furthermore, the violence damaged or destroyed 36 percent of health facilities across the province. By the end of 2020, there were no functional clinics in Mocimboa da Praia, Macomia, Muidumbe, and Quissanga, the districts hardest-hit by conflict.



Damaged infrastructure and geographic disconnection

The government’s lack of capacity to restore the destroyed infrastructure from previous cyclones exacerbated the access challenges in places affected by the conflict. Cabo Delgado was seriously affected by cyclone Kenneth, which caused massive destruction of homes and infrastructure in the districts of Ibo, Macombia, and Quissang. The cyclone moved south towards Pemba, affecting populations along its way and leading to massive internal displacement. The rise of attacks significantly affected the damaged and poor infrastructure. Overall, 14 roads were cut off and 5 bridges collapsed in the province.³⁷ This geographic disconnection created an extreme challenge for humanitarian organizations to reach the affected communities in the central zone - Macombia and Quissanga - and the northern zone - Mocimboa da Praia - which was inaccessible by land.

Logistical complications

Heavy rainfall also exacerbated already limited humanitarian access by restricting road transport options. Limited road transportation led sea and air to be the only means of transport from Pemba to some districts, including Mocimboa da Praia, Macomia, Quissanga, and Ibo.³⁸ However, the airport and seaport administrative procedures for handling humanitarian cargo have been complex and often costly. In addition, excessive bureaucracy in customs clearance has been an issue. The humanitarian community has been dealing with constraints on the import and taxation of emergency supplies. A clearance process has taken longer than 2 months in some instances and several payments during the clearance process, driving up the total costs of the emergency supplies up to 15 percent. Access to information regarding locally available logistics services has also compounded logistical complexities faced by humanitarian aid implementers.

COVID-19’s Arrival Amidst Rising Conflict

COVID-19 arrived in Cabo Delgado at a time when humanitarian needs were rising due to the dramatic escalation of conflict at the beginning of 2020. In recent months, the scope and intensity of the attacks by ASWJ and the following security incidents increased, creating concerns of it evolving into a regional threat for Mozambique’s neighboring countries.³⁹ In consequence, humanitarian workers have been unable to access large swaths of Cabo Delgado for security reasons. This lack of access has increased the need for that access to be granted so aid can be administered in the region. Moreover, the prospect of improving access challenges is slim as in all likelihood the conflict with ASWJ will be protracted, possibly lasting well beyond the current economic and pandemic crises within which Mozambique and the world find themselves.

Without the ability to travel into Cabo Delgado, humanitarian actors have no capacity to obtain detailed information on the lived circumstances for people on the ground. This led to an utter limitation of humanitarian actors' capacities to be as effective as the people of Cabo Delgado needed them to be in this time especially. Thus, the physical barrier caused by violence is the utmost barrier to reaching people who have been affected by often a range of challenges compounding one another.

The impact of COVID-19 in the region lies not in the access constraint itself but in the derailing humanitarian situation in conjunction with growing economic instability and unemployment rate. The government has not always succeeded in evenly distributing aid to its citizens, generally favoring those in the central and southern parts of the country. With future intense climate disasters liable to return at any time as well, and the movement toward economic stability likely to be a slow one in sovereign Mozambique, let alone a region under the control of a terrorist faction, humanitarian access and actors are more necessary than ever within the country and region; and for this exact reason, they are having far too much trouble getting in — not because of new barriers the pandemic has created, but the same old ones it has made so much worse.

Humanitarian Implications of Conflict in the Region

The insecurity due to the conflict has immediate and future consequences, which could exacerbate the economic situation. Foreign companies working on a \$60 billion natural gas project have stalled progress for the most part due to the ongoing insurgency in Cabo Delgado. By the end of 2020, insurgents have moved closer to the far north,

towards the Afungi peninsula where the LNG project is located. In January 2021, the insurgents targeted the LNG site, which led to intense fighting, which reportedly involved the company and the government's Joint Task Force protecting the project site.⁴⁰ As a result of growing insecurity, ExxonMobil has delayed its final decision about investing in the region.⁴¹ Although the natural gas industry has prepared for potential instability, delays in projects and revenues can adversely impact their investment decision. As international investment has been a major potential to revitalize the country's economy, the exploitation of gas project sites diminishes the country's potential for economic growth.

If Mozambique is unable to recover itself from the economic turmoil - which has been one of the domestic factors that have been driving the insurgency, there will be greater humanitarian cost. Likewise, it will be important for Mozambique to create necessary conditions to bring stability to the region and reduce the worsening humanitarian crisis. Moreover, the growing scale and sophistication of attacks in the region has greater implications to the neighboring countries - Tanzania, Malawi, and Zambia - as well as the whole Sub-Saharan Africa. A lack of concrete action and regional coordination can have far reaching consequences, as the inadequate response to Boko Haram has led the violence to extend into the whole region. Likewise, extremist movements that grow out of a region have a potential to spread transnationally and destabilize the entire region.



COVID-19: Creating Greater Needs, Complicating Access Challenges

Though the COVID-19 pandemic arrived in Mozambique in March of 2020, it did not begin to pose any considerable threat to the country's population until June. As risk of the virus spreading increased, the Government of Mozambique (GoM) declared itself first in a state of national emergency, only to by September 2020 announce a state of public calamity. For a context of scale, the state of public calamity had never before been declared in

the history of Mozambique, not during the civil war, nor in response to cyclones Kenneth & Idai, nor in response to the mounting grip of insurgents on the Cabo Delgado region.⁴²

On March 23, 2020, in response to the confirmation of several COVID-19 cases in Mozambique, President Nyusi took a series of steps to slow the spread of the virus in-country. Many visas which

had already been issued to these workers were cancelled in this process.⁴³ This cancellation of worker visas is representative of perhaps one of the sole instances in which the government of Mozambique, responding to the COVID-19 pandemic, enforced policy which created overt barriers to humanitarian aid amidst growing needs.

As a result of the COVID-19 pandemic, and in part exacerbated by the delaying and denial of the visas of humanitarian actors, rendering them incapable of dispensing aid, infrastructure in Cabo Delgado has been damaged by those acting in the name of ASWJ, lockdown measures in Mozambique have made it much more difficult for commercial farmers to earn a livelihood, and living conditions both in urban and rural households and refugee camps have deteriorated.

Delays in Humanitarian Activities

The onset of COVID-19 has created an additional set of challenges to Mozambique's fragile health system, amid already extremely limited access to critical supplies. The pandemic, coupled with other crisis including the cholera outbreak, exacerbated the existing vulnerabilities in Mozambique's most affected province of Cabo Delgado. COVID-19 has contributed to these pre-existing access constraints, mostly compounding bureaucratic challenges and leading to significant slowdowns in humanitarian activities. COVID-19 also aggravated the bureaucratic barriers to prompt access by causing procedural and operational delays.

For instance, delays in visa issuance have had a major impact on humanitarian operations in Mozambique. Over 65 visas for international staff - coming from UN agencies and NGOs alike - have been pending for 12.5 weeks on average.⁴⁴ Amidst the COVID-19 pandemic, the UN has reported to work with the government to simplify visa approval processes and support the deployment of humanitarian personnel to the country.⁴⁵ Additionally, the government-enacted measures to contain the spread of COVID-19 have impacted the ability to deliver aid in a timely manner.

COVID-19 has created a new context within which aid may be administered. The United Nations Population Fund (UNFPA) program in Mozambique has had to make many adjustments in the way they administer aid as a result of the virus. These include training service providers and hotline operators to respond to victims of GBV within the context of COVID-19, the obtaining of materials to meet COVID-19 safety measures for staff and those treated, making dignity kits adapted to COVID-19 prevention, etc. All of this has a cost, which is reflected in UNFPA Mozambique's intervention flash appeal -- among the requests the organization makes, totaling USD \$12 million, are a request of \$1.2 million to respond directly to COVID-19, and an additional \$1.7 million to procure COVID-19 response commodities and personal protective equipment, all of which, as of the time of this writing, is still waiting to be granted.⁴⁶

Policy Recommendations

In the case of Mozambique, COVID-19 has created few new barriers to humanitarian access. Instead it is those barriers which existed in the country beforehand which the pandemic has aggravated. The turnaround time on visas for humanitarian aid workers has gotten significantly worse since the onset of the virus. The consequences of climate disaster, and the dangers posed to the lives of survivors of climate disaster, have become more dire. In Cabo Delgado, the conflict raging since 2017 has reached a fevered pitch, and Mozambique's economic future (in no small part due to what is at risk in this conflict) is uncertain.

This report has found that barriers to humanitarian access in Mozambique were well established before the arrival of COVID-19. From March 2020 - March 2021 these barriers each became more pronounced in Mozambique, all aggravated by COVID-19. The pandemic has brought into sharp relief the structural vulnerabilities which exist in Mozambique today, and in so doing clarified those issues in most urgent need of attention by the Mozambican government and the international community alike. In keeping with this need for change, this report now seeks to make several policy recommendations on the subject of how the United States, Humanitarian Partners, and the wider International Community alike may each adjust policy and practice towards Mozambique, given the context of COVID-19.

Building local capacities is more important than ever before, and the country's strategic importance in the region has sharply increased in the past few years. Multilateral response to non-climate disasters in Mozambique has been sorely lacking and may be shored up, while the lessons learned from COVID-19's impact on the humanitarian sector internationally may be brought to bear upon Mozambique to help deliver timely and effective humanitarian assistance, a resource that has existed, this past year, in all too short a supply.

1. Reevaluate U.S. strategic interest in addressing the conflict Cabo Delgado.

The U.S. government must recognize not only the potential of the conflict turning into a regional crisis, but also the urgency of the derailing humanitarian situation. The U.S. government's recent designation of ASWJ as Foreign Terrorist Organization (FTO) shrouds the multilayered complexity of the conflict by viewing it as part of transnational terrorist activity. With risks of hurting humanitarian efforts, this approach disregards local grievances related to high poverty and unemployment rate, stripped benefits from the natural resources, and the government's inadequate response.

2. Target investments in building localized capacity for emergency crises, especially in infrastructures.

The lack of paved roads and maintenance of infrastructure due to insecurity and climatic factors in Cabo Delgado has contributed to access challenges in the region. There has been a lack of government's response to rebuild the damaged or affected infrastructures, leaving several districts completely cut off. In 2019, the World Bank approved the \$110 million grant in additional financing for Mozambique's post-disaster recovery needs in the roads by increasing the scope of the 2018 Integrated Feeder Road Project, which included reconstruction of rural roads and bridges in the northern provinces.⁴⁷ This project aimed to

reestablish connectivity by building resilient roads and bridges, to restore livelihood, and improve access to medical facilities and educational opportunities. Similarly, mitigate access challenges by garnering infrastructure investments in affected areas and consequently enhancing connectivity economic growth.

3. Develop local and regional coordination to address bureaucratic and logistical obstacles complicated by COVID-19.

The COVID-19 pandemic highlighted the importance of timely and effective humanitarian assistance. The U.S. needs to work with its humanitarian partners to develop a more streamlined information-sharing mechanism, for example, regarding locally available logistics services and consider integration options that include different transportation methods. The U.S. should consider humanitarian exceptions for all restrictions related to COVID-19 that are causing delays that impede timely and effective humanitarian responses. The pandemic should be seen as an opportunity to optimize the humanitarian aid process in Mozambique.

4. Strengthen multilateral response that prioritizes revitalizing the local economy.

Mozambique is experiencing not only the direct impact of COVID-19 but also its secondary effects on political, economic, and security environments. Mobilizing a coordinated plan, to address the long-term effects of COVID-19 is pivotal, as well as initiating and implementing social and economic programs that will foster greater development and stability.

5. Revise preventative aid strategy for reducing harm caused by climate disaster

The international community, World Bank, and IMF have proven themselves to be more than capable of showing up for Mozambique in its hours of need. This has particularly been true in the case of climate disaster, when aid to abet the severity of

such crises has come from NGOs, IGOs, the United States, and other countries alike. The drought may abate, but there is little to no chance Mozambique will cease to be affected by frequent cyclones and, as we continue to face the ramifications of climate change, that these will become more intense as well. Adopting a preventative approach through providing additional aid to Mozambique to strengthen infrastructure and disaster response capabilities in country will curb the costs of natural disaster in the long term not only for Mozambique, but for the international community as well.

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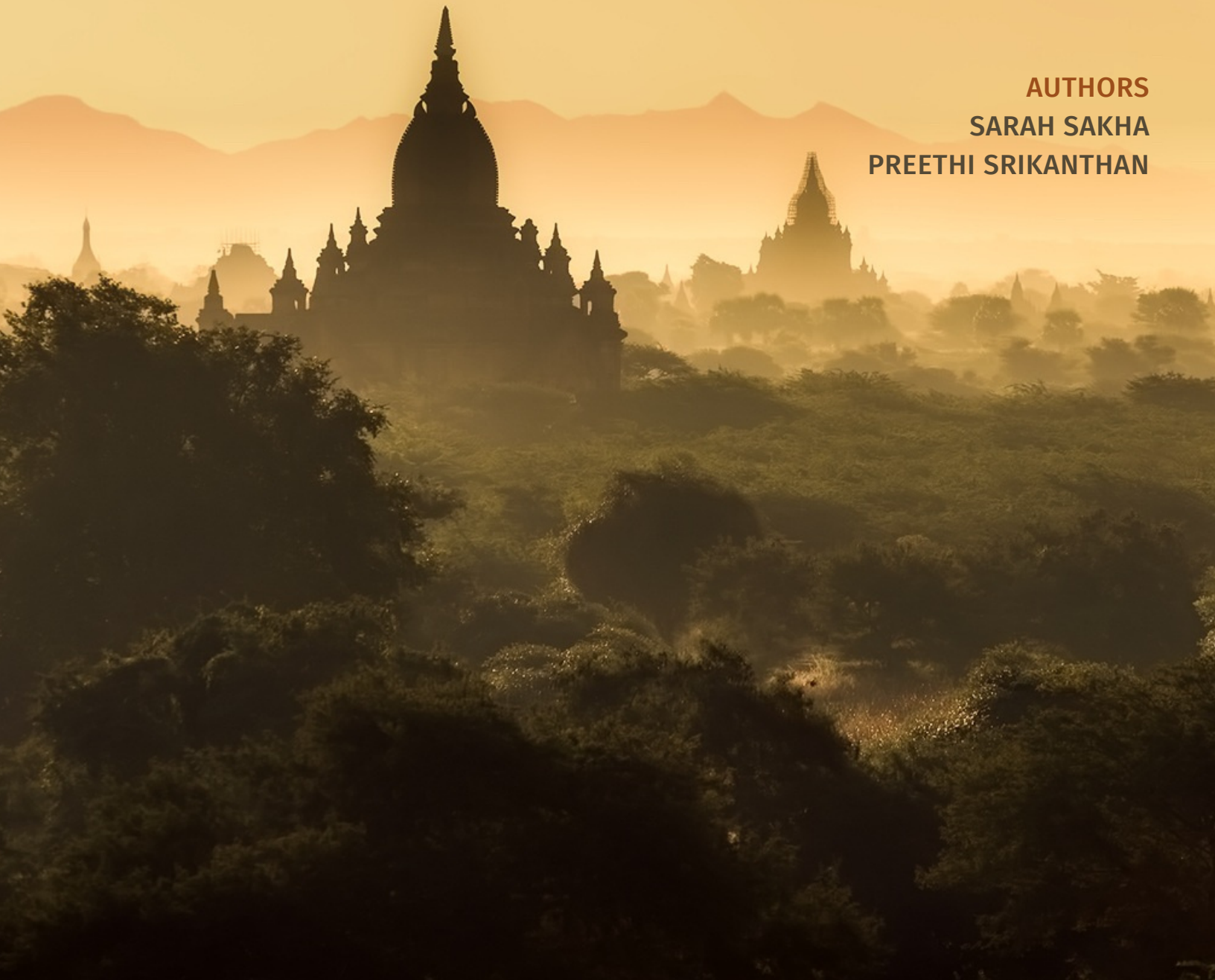
CRISIS, CONFLICT, CONNECTIVITY

*COVID-19's Impact on Humanitarian
Access and Aid to Rohingya*

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Executive Summary

COVID-19 forced the humanitarian aid sector to adapt, respond, and change rapidly, as humanitarian need has escalated, while humanitarian access has sharply declined. In many cases, the pandemic engendered “shadow pandemics,” such as a widespread spike in domestic and Gender-Based Violence (GBV) as a result of lockdown orders, but in some of these cases, sources of insecurity, fragility, and conflict existed far before COVID-19 struck countries. Now, approximately one year since the onset of the pandemic, this report examines how the COVID-19 crisis affected humanitarian access and aid to Rohingya communities in Myanmar and Bangladesh - two contexts with histories of displacement, discrimination against ethnic minorities, and discord that persist to the present day. The identification and analysis of access barriers prior to and during the pandemic, specifically in Rakhine State and Cox’s Bazar - where Rohingya are concentrated informs an understanding of how COVID-19 did not create new barriers to humanitarian access. Rather, the pandemic exacerbated pre-existing challenges, as well as conflict and human rights abuses, given the two countries’ use of the pandemic to enact stringent measures that only further isolated Rohingya populations and curbed the accessibility of aid. The relationship between the COVID-19 crisis and humanitarian access constraints can best be described as cyclical, with each exacerbating the other.

Introduction

As of February 2021, Myanmar has once again gone entirely dark, and today the country remains isolated from the outside. The military gave orders in February and again in April 2021 to shut down the Internet in the aftermath of the coup. The coup instigated violent unrest in Myanmar, and widespread peaceful protests continue in the face of government repression and military-perpetrated brutality against civilians. However, crisis conditions are not new in the country. Prior to the pandemic, armed conflict, government repression, and mass displacement plagued the Burmese people, disproportionately affecting the Rohingya. Although they have been facing discrimination and fleeing violence in Myanmar since 1977, they have been the target of genocide and mass displacement at the hands of the government since 2017.¹ The

COVID-19 pandemic has increased their humanitarian need, while decreasing the accessibility of communities such as theirs in need and support services.

The COVID-19 crisis has forced a re-envisioning of the face of humanitarian aid, as the humanitarian sector has undergone deep change in response to a drop in official development assistance, the inability of large aid organizations to adapt and maintain operations, and the growing salience of digital, data-driven approaches. Approximately one year since the onset of the pandemic, this report seeks to understand how the COVID-19 crisis actually affected humanitarian access to the Rohingya community in Myanmar and Bangladesh. This report aims to determine whether the pandemic

created new humanitarian access barriers, exacerbated pre-existing ones, or had little to no effect on them whatsoever. This examination of access and aid barriers prior to and during the pandemic, as well as of humanitarian actors' responses and adaptations, builds on a 2019 CSIS task force and report on humanitarian access barriers at large.² This report analyzes and compares the barriers to humanitarian access and aid particularly in Rakhine State and Cox's Bazar in Bangladesh because of the disproportionate impacts of the pandemic - and government response measures - in these two regions, as well as the concentration of Rohingya in these two regions. Rohingya communities in these two regions felt the consequences more acutely, in large part because of the political conditions and challenges to aid delivery prior to the onset of the pandemic, which will be discussed in the next section. Among the barriers to access, this report will highlight in particular the consequences of Internet blackouts, both prior to and during the pandemic.

This report adopts an all-encompassing lens to humanitarian aid, which includes both normal relief operations and COVID-19 services, though the two are not mutually exclusive. Humanitarian access entails physical, remote, and digital access to communities in need, defined as the ability of humanitarian actors to reach affected communities and the ability of those communities to access aid.³

Given the timing of this research, access to interviews with local NGOs, CSOs, and INGOs in Myanmar and Bangladesh was limited, barring remote interviews with individuals from the UN International Organization for Migration (IOM), Doctors Without Borders (MSF), the UN Refugee Agency (UNHCR), *The New Humanitarian*, and CSIS. The research itself was conducted remotely, given barriers to travel during the pandemic, as well as to data collection by NGOs and researchers.

Moreover, the political situation continues to rapidly evolve in Myanmar due to its volatility. Findings highlight the fact that the pandemic has not created new barriers to access, though in some cases, the pandemic has exacerbated pre-existing challenges. COVID-19 has also exacerbated conflict and human rights abuses, as the two countries' governments have utilized the pandemic as a pretext for perpetuating human rights violations. In fact, the relationship between the pandemic and humanitarian access constraints can best be defined as cyclical, with each intensifying the other. To analyze the current crisis in regard to both the pandemic and aftermath of the military coup, we must first contextualize the situation in Myanmar independently of the pandemic.

Barriers to Humanitarian Access Independent of COVID-19

Given the history of the Burmese government and military and ongoing conflict and insecurity, large parts of Myanmar have long relied on international aid.⁴ Yet for largely political reasons, the government has repeatedly tried to curtail outside access by humanitarian organizations, creating bureaucratic challenges to aid delivery that have in turn created strain on communities and aid organizations alike far before the onset of the pandemic.⁵ This section will review some of the primary sources of conflict and instability in Myanmar as drivers of humanitarian need and in some cases, humanitarian aid and access challenges.

One Region Mired in Violence: Ethnic Conflict in Rakhine State

Intermittent conflict plays a direct role in humanitarian access challenges. People in remote, rural parts of Myanmar have been trapped and isolated because of armed conflict.⁶ The Myanmar army (the Tatmadaw) remains in armed conflict with the Arakan army, which seeks greater autonomy and the right of sovereignty for the local ethnic Arakanese population in Rakhine State. While conflict has been ongoing for the past several years, fighting has escalated since early 2019.⁷ While the Tatmadaw extended a ceasefire to other armed ethnic groups with which it was in conflict, it did not do so with the Arakanese.⁸ The ongoing fighting is exacting a rising toll on civilians, and movement restrictions in the conflict zone - even prior to the onset of the pandemic - have made Myanmar's already lacking health facilities and infrastructure harder to access. The military does not always properly deactivate landmines, and armed forces often use schools as headquarters, limiting options for emergency facilities. Additionally, active conflict sometimes disrupts

transport on the Yangon-Sittwe main road, which is regularly used by humanitarian agencies.⁹

Myanmar's government has frequently used movement restrictions - from the visa approval process to checkpoints - to deny aid to ethnic minorities and IDPs.¹⁰ The government and military have blocked the delivery of critical aid by NGOs and UN agencies since 2016,^{11,12} though reports of access obstruction date back as early as 2008, particularly into Rakhine State, where Rohingya are concentrated.^{13,14} The government continually shifts and tightens travel authorization requirements for aid workers, granting them access only for short periods of time. However, bureaucratic control mechanisms are unclear, and policies and laws regulating humanitarian operations are arbitrary. Reporting requirements are also frequently subject to change, and Myanmar authorities can arbitrarily and indefinitely withhold visas, prohibiting aid workers from reaching Rohingya communities, as well as subject aid workers to ad hoc checkpoints.^{15,16}

As of February 2021, ongoing conflict between the Arakan Army and Myanmar has rendered at least 54 out of 155 displacement sites inaccessible to humanitarian agencies.¹⁷ The interminable status of Rakhine State as a conflict zone has demonstrably increased humanitarian need, which inevitably has detracted from humanitarian organizations' capacity to provide pandemic relief, and has increased the security risk for aid workers in the region.¹⁸ Rakhine State interminably remains a high-risk region, given the interaction of ongoing conflict, the consequent pre-existing humanitarian crisis, and later on, the onset of COVID-19. These overlapping sources of fragility have made the humanitarian crisis more fragile and dire, as it makes the populations living in regions affected by armed conflict and in IDP camps more vulnerable

to the effects of COVID-19.¹⁹ But those trapped in IDP camps - and even many outside of the camps but trapped in Rakhine state nonetheless - are stateless Rohingya, who are stuck not only because of the fighting, but because of their status, or lack thereof.

No Official Status, No Official Aid: Statelessness of the Rohingya in Their Own Land

Rohingya are trapped inside Myanmar as stateless persons, namely in Rakhine State where 600,000 remain after the state began a genocidal campaign in August 2017, 120,000 of whom remain confined to camps, cannot move freely, and have limited access to basic health and education services.^{20,21} Unregistered IDPs cannot receive much of government or international aid. The statelessness of the Rohingya and the refusal of the Myanmar government to recognize the Rohingya has long precluded them from accessing official aid.²² As Rohingya are not considered citizens under the Myanmar Citizenship Law of 1982, they are not allowed to receive official identification documents, which would in turn allow them to travel.²³ Rohingya are confined to the camps and those who try to travel between townships or even outside of Rakhine State, to escape conflict and often seek out assistance, are typically prosecuted and arrested.²⁴ These policies obstruct Rohingya's freedom of movement. Furthermore, the approximately 600,000 Rohingya who live as refugees in Myanmar have few opportunities for education or employment. Rohingya children were denied access to formal education prior to the Burmese government shutting down educational programs due to COVID-19. But even if state education programs were fully funded and reopened, Rohingya refugee children would still likely be denied access, which remains a key part of Myanmar's targeted persecution of Rohingya.²⁵

IDP camps remain entirely dependent on external support, and that dependence creates a unique barrier, given the sheer scale of displacement and consequent need.²⁶ As of January 1, 2021, there was an estimated 92,000 person increase in IDPs in 190 displacement sites across Rakhine State.²⁷ Funding gaps, cramped conditions with little access to water and sanitation services, and government-sanctioned discrimination against Rohingya - amidst ongoing conflict and instability in Rakhine State and other parts of Myanmar - make Rohingya populations, as well as the communities that host them, particularly vulnerable to not only the impacts of fighting and monsoon season, but to the pandemic.²⁸ And yet, Myanmar's nationwide "Action Plan for the Control of COVID-19 Outbreak at IDP Camps" does not include any actionable plans for IDPs.²⁹ The government's only response has been to further displace them to Bangladesh, which has only increased their vulnerability while decreasing their accessibility to external humanitarian actors.

Twice-Displaced: Mass Displacement to Cox's Bazar and Bhasan Char

More than 742,000 Rohingya have had to flee to Bangladesh since 2017, when the violence in Rakhine State displaced thousands.³⁰ The ongoing fighting in parts of Myanmar The United Nations Joint Response Plan is currently targeting 860,000 Rohingya refugees, out of a total 1.8 million people in need of aid in Cox's Bazar, otherwise known as an "open prison without end."^{31,32} Cox's Bazar in Bangladesh is home to a majority of Rohingya refugees who fled ethnic cleansing by the Myanmar government. Surrounded by barbed and razor wire fences, Cox's Bazar is the world's largest refugee camp.³³ Refugees in the camp cannot legally work or access formal education.³⁴ Rohingya refugees are stuck in cramped, squalid conditions, with no possibility of practicing social distancing or even handwashing. Many are also higher-risk

individuals, given the prevalence of respiratory tract diseases.³⁵ While the governments of Myanmar and Bangladesh have made repatriation efforts, the future of Rohingya inside the camp remains bleak, with repatriation and integration prospects now in the hands of the military.³⁶

Bangladesh is currently undergoing the process of relocating refugees from Cox's Bazar to Bhasan Char, a remote island in the Bay of Bengal prone to flooding and often referred to as the "Rohingya Alcatraz."^{37,38} Bhasan Char is around 60 kilometers away from the mainland, and travel to and from this island is restricted to the movements of military shuttles.³⁹ Although the Bangladeshi government claims refugees are voluntarily moving to the island, the first group of relocated refugees claims that they were coerced into moving.⁴⁰ While mass relocation does address the issue of overcrowding in Cox's Bazar,⁴¹ it also presents a humanitarian access challenge by creating a new venue for aid response,

while increasing vulnerability to climate shocks. Around 20 local NGOs have been contracted to provide aid on Bhasan Char, but as these organizations are underfunded, there is a strong possibility that they will be unable to fulfill their contracts.⁴² In addition, secondary and specialized health services have not been provided on the island and there is little information on how these services would be implemented; emergency medical services appear somewhat unsustainable, given that it takes around three hours to reach the mainland.⁴³ Should a Covid-19 outbreak occur on Bhasan Char, it is clear that sufficient medical care is not available and pre-existing medical care on the mainland will be further spread thin. On top of the physical inaccessibility of Cox's Bazar and Bhasan Char, the Bangladeshi government - and Burmese officials - have successfully isolated these populations digitally as well through telecommunications restrictions and suspensions, further compounding humanitarian access challenges.

Examining the Disproportionate Impact of Aid Barriers on Refugees, Stateless Persons, and IDPs

The United Nations International Organization for Migration (IOM) has noted that migrants are "the most impacted" by the coup and its violent aftermath. The military's use of force against protestors and civilians led to thousands of migrants seeking to return to their homes, though return for many remains impossible, even internally.⁴⁴

Refugees, IDPs, and non-displaced stateless persons in remote areas of Rakhine State are also more vulnerable to the impacts of COVID-19, due to crowded, cramped camp conditions with little access to sanitation, clean running water, and often food and medical aid. Many Rohingya not in the camps live in remote, isolated regions cut off by the military and fighting; they are also effectively stateless, with limited formal access to resources or aid.⁴⁵ Moreover, there are severe data gaps and **misinformation** regarding IDPs in Rakhine State, due to access constraints, different estimations from the Myanmar government, the UN, and the Rakhine Ethnic Congress, and government-imposed Internet shutdowns.⁴⁶ As such, they are disproportionately impacted by barriers in delivering humanitarian aid.

Shut Down and Shut Out: Internet Blackouts Targeting Rohingya

While government-imposed Internet blackouts have remained a prominent issue during the pandemic, the Burmese government repeatedly cut off the Internet prior to the onset of the pandemic. Internet blackouts are not a new strategy in Myanmar, where repressive tactics for isolation and censorship have been utilized for years. The first Internet blackout was instigated in 2007 by the military to maintain control of the country. The government shut down ethnic news sites that provided critical information to the Rohingya population and reported on human rights violations perpetrated by the Myanmar military. The government ordered telecommunications providers to suspend services on June 21, 2019, namely in Rakhine State amidst the ongoing conflict, per Article 77 of the 2013 Telecommunications Law, which permits restrictions on communications and mandates telecommunications service providers to temporarily suspend their services when it is in the public interest during an ‘emergency situation.’ However, the government has not been transparent about their rationale for the shutdown. The International Court of Justice (ICJ) previously warned about the ambiguity of the Telecommunications Law and the potential of officials to abuse their power and enact the law arbitrarily, and Article 19 has repeatedly recommended the Myanmar government amend the law to align it with tenets of international human rights law.^{47,48}

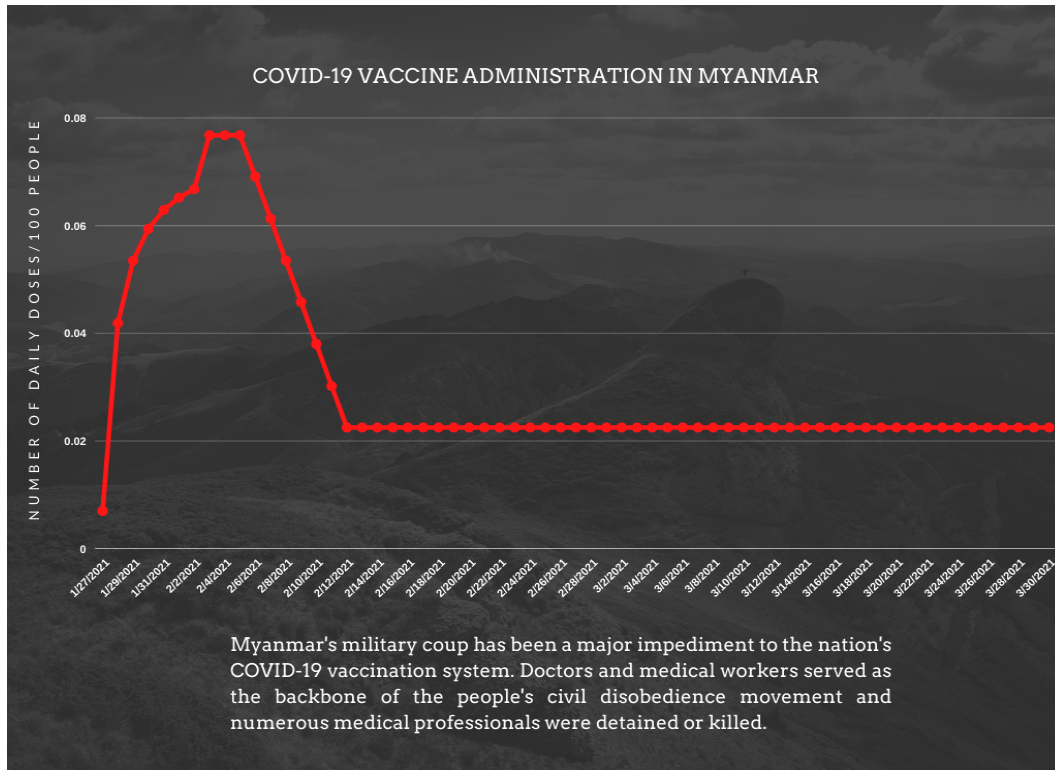
In Bangladesh, too, the Telecommunication Regulatory Commission ordered telecommunications service providers to shut down 3G and 4G service in the camps on September 9, 2019, after the Internet was restricted for particular hours of the day the week prior.⁴⁹ The shutdown came in direct response to the Rohingya protests on August 25, 2019, marking the government-led

genocide against Rohingya in Myanmar. The government also banned the sale of mobile phones and SIM cards to refugees from mobile phone companies under the pretext of national security, namely unconfirmed reports of drug smuggling among refugees in the camps.⁵⁰ The government required individuals to show official legal documentation to purchase a SIM card, demonstrating yet again the exploitation of their deliberate denial of citizenship to Rohingya.

1.4 million people in Myanmar experienced the world’s longest government-enforced Internet shutdown from June 2019, with intermittent restoration and re-suspension of services, through February 2021, at which point connectivity was reinstated in the aftermath of the military coup.^{51,52} 2G internet was only restored in August of 2020. For almost 600 days, more than 1.4 million people in parts of Myanmar had gone without access to the Internet, meaning they could not locate and access relief, communicate with loved ones to share life-saving information, or organize to protest against human rights abuses.⁵³ The junta then reinstated an order for telecommunications service providers to shut off service on April 1, 2021.⁵⁴ Internet access remains severely limited across Rakhine and Chin states, substantially restricting the free flow of information, which is dangerous for already isolated Rohingya communities in the aftermath of the coup.⁵⁵ However, the coup’s impacts reach far beyond disruptions in Internet connectivity, given particularly the reliance of certain types of humanitarian aid on the ability of individuals to access the Internet.

What Lies Ahead: The Coup’s Uncertain Future for Humanitarian Aid

Given the volatility of the current situation, it is difficult to definitively predict what the coup will mean for humanitarian access, given the 330,00-



plus IDPs who rely on external aid to survive.⁵⁶ Already, some INGOs, namely the International Rescue Committee (IRC), Norwegian Refugee Council (NRC), and CARE have suspended their operations, and many consider the potential for the military to impose further bureaucratic challenges to aid delivery, as well as changes incurred to Memorandums of Understanding (MoUs) that aid groups negotiated with the government since 2015.^{57,58} One immediately discernible consequence of the coup is the shutdown of the banking sector, which has made money transferal in Myanmar very difficult. Money transfers are currently limited to mobile and online transactions and ATMs, which is further complicated by Internet blackouts that cut access to emergency online money transfer services, disproportionately impacting IDPs who rely on those transfers.^{59,60} No funds have entered Myanmar since the beginning of February 2021 since the coup, which is spiraling into a severe issue for international humanitarian aid organizations, as they are unable to pay employees' salaries or will be unable to do so in the near future.⁶¹ This could also affect the future of cash transfers in humanitarian

response, upon which humanitarian workers often rely, given their higher effectiveness compared to in-kind aid. Granted, this was an issue prior to the pandemic and the coup, given for example the Bangladeshi government's order to cut cash aid.⁶²

The coup continues to cripple the COVID-19 response, namely testing, tracing, and vaccinations. The military has also arrested at least 85 medical professionals, and doctors across Myanmar are being dismissed, detained, or going into hiding.⁶³ The week before the coup, an average of 17,000 tests were conducted a day, the week of February 1, 9000 tests a day, and on February 8, 1987 tests. In turn, this led to a sharp drop in the identification of new cases.

The need for aid is grave. But for international humanitarian actors, the coup highlights a longstanding question of the perception and positionality of organizations in Myanmar and Bangladesh, and how aid - and cooperation to any degree with local authorities - could imply complicity.

Unpacking the Coup's Far-Reaching Impacts

While the coup has already created severe ramifications for humanitarian actors, the military government has the potential to further alter the humanitarian aid landscape in the coming days. Civil society organizations (CSO's) in Rakhine state will face increased scrutiny from the Tatmadaw which may reduce the quality and quantity of services provided. In the worst case scenario, CSO's may be considered as activists rather than neutral humanitarian aid providers and will be treated accordingly.⁶⁴ In addition, nationwide internet blackouts are likely to become the long-term status quo which will impact the nature of humanitarian information gathering in this context. The impact of the military coup on armed conflict in Rakhine state is still unclear yet armed conflict between the Arakan army and the Tatmadaw shows no sign of decline.⁶⁵

Helping or Hurting: The Ethical and Political Implications of Humanitarian Aid

Humanitarian aid organizations have been grappling with how to interact with authoritarian governments while avoiding the appearance of implicitly supporting the regimes in both nations. In Myanmar, INGOs are worried about public perception of continuing aid programs - particularly in the camps - when the international community is largely distancing themselves from the Myanmar government.^{66,67,68} However, this trade-off between abiding by a humanitarian responsibility through aid delivery and abiding by an ethical commitment through advocacy for political change is not new. In fact, international actors have debated this since the

1990s in Myanmar specifically, when many donors and humanitarian aid organizations strictly followed a non-engagement policy with the Myanmar government; however, in many cases they were denied access to conflict-affected regions. On the other hand, others chose to negotiate with the government in the hopes of securing greater humanitarian access; however, then they risked lending greater legitimacy to a repressive government and its treatment of ethnic minorities.⁶⁹

These internal discussions and debates continue; so far, international aid organizations have by and large maintained minimal, necessary interaction with the government, for example to obtain travel authorizations in Myanmar. And in the case of travel authorizations, INGOs try to interact only with low-level government officials.⁷⁰ In Bangladesh, as the move to Bhasan Char has drawn heavy criticism from the international community, humanitarian agencies struggle with the implication that providing aid implies support for the Bangladeshi government's decision.⁷¹ As such, organizations are wary of the implications of their presence and positionality, and their operations - and whether they may decide to scale them back - remain contingent upon how the political situation and human rights abuses escalate.

Pre-existing barriers to access in Rakhine and Cox's Bazar are deeply entrenched in the landscape and will likely continue to complicate humanitarian aid environments. The military coup is a new dominant factor that will continue to intensify and alter these barriers as repressive legal systems, the people's civil disobedience movement, and ethnic tensions persist. While COVID-19's effect on humanitarian access is limited, the pandemic has served as a significant complicating factor for these pre-existing barriers. The next section delves into the principal barriers to access during the pandemic and underscores the role of COVID-19 in exacerbating humanitarian access constraints.

Effects of COVID-19 on Barriers to Humanitarian Access

The Burmese and Bangladeshi governments used COVID-19 and the need for more stringent public health measures as a pretense for enacting more control measures.⁷² This next section will briefly discuss the scale of COVID-19, then analyze and compare the primary barriers to access in Rakhine State and Cox's Bazar. The principal challenges in the two contexts are largely the same, and the result of policies imposed by the government during the pandemic: movement restrictions and Internet blackouts, though of course the scale and history of restrictions in Rakhine State are much greater. Rakhine State faces one additional barrier - escalating conflict - which as discussed earlier in this report, although occurred for years prior to the onset of COVID-19, has grown worse during the pandemic.

COVID-19 in Rakhine State and Cox's Bazar

According to the WHO, there have been a total of 142,596 confirmed cases of COVID-19 and 3,206 deaths from January 3, 2020 to April 13, 2021.⁷³ Although COVID-19 did not affect Myanmar on a large scale in terms of transmission and the country only hit its peak relatively later on, from October to November 2020, communities remain at risk, particularly in remote, conflict-affected areas. Rakhine State had the fastest growth in the rate of COVID-19 transmission in 2020.⁷⁴ As of January 2021, Rakhine State reported 4,247 cases, including 35 fatalities, in all 17 townships since March 23, 2020. As of November 30, 2020, there have been 356 confirmed cases of COVID-19 in the Rohingya refugee camps (20 new cases in November) with 10 deaths and 5,180 COVID-19 cases in the Cox's Bazar district.⁷⁵

Immobility of Aid Workers and Clients, Immobilization of Aid

Rakhine State

Movement restrictions on both aid workers and Burmese civilians have hampered humanitarian access. Beginning from mid-August 2020, the Burmese government has restricted the movement of humanitarian personnel into the country, and often completely denies aid workers entry into camps in Rakhine State, even to drop off supplies at the camp's entrance.⁷⁶ The government prohibited domestic air travel in April 2020. Travel authorizations for humanitarian agencies require approval from the Myanmar government. As pointed out by MSF, conditions for approval frequently shift.⁷⁷ Officials continue to restrict access by local and international NGOs, as well as UN agencies, to conflict-affected areas, as the Myanmar government has cited conflict - and COVID-19 - to justify access restrictions to northern and central Rakhine State.⁷⁸ As of April 30, 2021, movement restrictions on IDP camps still remain in place, with authorities likely prohibiting NGOs from having any contact with IDPs.⁷⁹ Government enforced lockdowns and curfews have only served to further cut off populations from aid.⁸⁰ Other aid restrictions include confusion around navigating the bureaucratic processes and restrictions on border crossings.⁸¹

In March 2020, Myanmar's government diminished the scope of humanitarian services to "essential services," which was limited to food, health, water, and sanitation. Obligatory testing for humanitarian staff also served as an operational constraint. Multiple humanitarian organizations in Rakhine State were forced to temporarily pause their services by the state, despite being prepared to deliver aid.⁸² In October, the Rakhine State government imposed a new regulation stating that staff conducting essential services must provide negative COVID-19

tests. Due to the limited testing and administrative capacity of Rakhine State, there were extensive delays in granting travel authorizations to humanitarian aid providers.⁸³

Cox's Bazar

The Bangladeshi government imposed a nationwide lockdown, which suspended all water, rail, and air travel from March to May 2020. This lockdown led to many INGOs recalling their staff, as they discouraged remote work to preemptively reduce strain on the Bangladesh health care system, given its already strained capacity and resources.⁸⁴ In April 2020, police and soldiers imposed roadblocks which stopped around 80 percent of aid workers from entering and leaving the area.⁸⁵ Aid workers also reported harassment by police at these checkpoints.⁸⁶

As a result of the movement restrictions the government imposed through lockdown-related measures, all humanitarian actors had to cut their presence and services in Cox's Bazar by 80 percent, leaving only four to five thousand aid workers remaining in the camps.^{87,88} This created strain on the food security, emergency shelter repair, and monsoon preparation sectors.⁸⁹ In addition, some humanitarian organizations were prohibited from working in the camps.⁹⁰ Between March and August 2020, humanitarian operations in the camps moved to "essential services."⁹¹ In April 2020, Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) further reduced the scope of humanitarian services to "critical services," which were defined as "health, nutrition, water, food, gas, hygiene, sanitation, waste treatment, identification of new arrivals, and quarantine."^{92,93} Aid workers on the ground felt that the limited operational capacity of staff impeded the delivery of critical services. Regular humanitarian operations resumed in late August 2020 under COVID-19 mitigation measures. New refugees were quarantined in transit locations and site management staff were reduced by 50 percent of original capacity. During the

pandemic, the lack of PPE forced some aid workers to postpone providing critical services to the refugees as well.⁹⁴ To reduce contact, humanitarian actors had to scale back food aid distribution from twice a month to once a month.⁹⁵ Consequently, NGOs that work inside the camps have been unable to reach the Rohingya regularly and on time.⁹⁶ The government's policies around movement restrictions disproportionately impacted the Rohingya in the years prior to the pandemic, but COVID-19 only made these restrictions more austere, under a pretext of public health and containment. Government-imposed Internet blackouts only further complicated access to these communities, which the next section will discuss.

Disruptions of Information Flows, Disruptions in Aid Flow

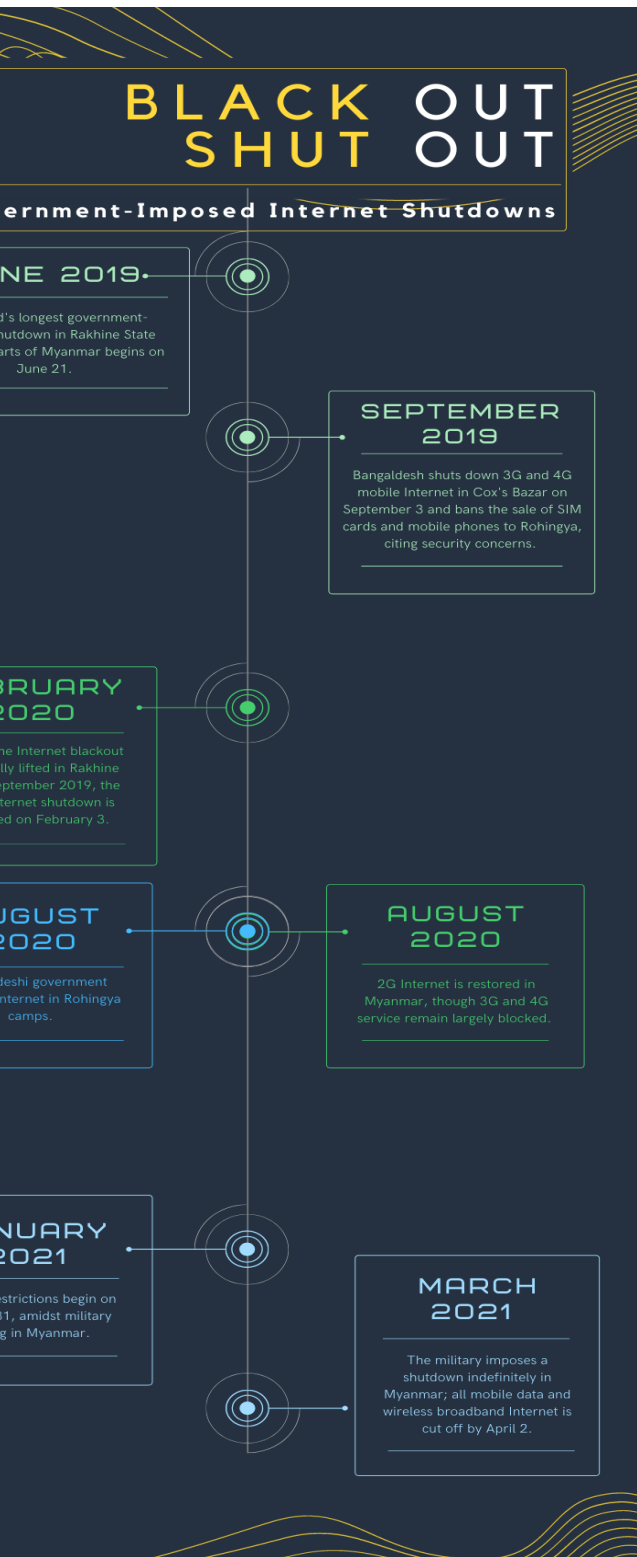
Although Internet shutdowns were a barrier to humanitarian aid prior to and separately from COVID-19, the Burmese and Bangladeshi government continued to impose - and in some cases, newly imposed - telecommunications restrictions during the pandemic. This section highlights how the pandemic exacerbated the impacts of these restrictions, as they relate to service provision and access to aid.

Rakhine State

Government-imposed Internet shutdowns impeded critical information sharing and mobilization during the pandemic. The Internet shutdown that remained in place throughout 2020, in addition to the deactivation of millions of SIM cards, affected information flows to such an extent that populations in remote areas of Rakhine - primarily ethnic minorities - were unaware of the COVID-19 pandemic,⁹⁷ or if they were aware, they either did not grasp the severity of the risks, or believed that if they were infected, they would immediately die.^{98,99} Consequently, the shutdown impeded basic education on protocols and best practices and

blocked effective coordination between humanitarian agencies and health workers. In reality, Internet shutdowns have not been necessary for national security reasons, and the ICJ has repeatedly concluded that Internet and media restrictions violate individuals' rights, including access to critical health information for vulnerable communities.¹⁰⁰ These communities rely in particular on ethnic media outlets, including Rohingya news sites, 221 of which Myanmar's Ministry of Transport and Communications blocked access to in March 2020 - right at the onset of the pandemic. Similarly to previous directives, the government cited an "emergency situation" and the need to curb the dissemination of "fake news," claims which remain unsupported.¹⁰¹

The Internet shutdown has also stifled the ability of humanitarian agencies to accurately assess needs and effectively share information on the latest changes on the ground. Data collection has become an increasingly critical part of humanitarian assistance, and with obstructions in physical access - namely government-imposed Internet blackouts and physical movement restrictions - it has become nearly impossible to gather real time data on the needs of the most vulnerable populations. Most fundamentally, Internet shutdowns hinder the ability of aid workers to communicate - both with each other and with the communities they are trying to reach.¹⁰² As a result, protecting staff became more difficult,¹⁰³ and food and water shortages went under-reported, especially in conflict areas.¹⁰⁴ For example, the lack of Internet



access had a direct impact on humanitarian need assessments and aid distribution in Rakhine State, obstructing the distribution of aid in the food, water, medical goods, and sanitation sectors.¹⁰⁵ In Rakhine

State, lack of Internet access also created an environment where civilians living in such an active conflict zone have not been able to access real-time updates on the ongoing conflict. This has made many unable to flee to safer areas or receive humanitarian assistance. Given the intensity of both the conflict and the human rights violations committed by Myanmar's government, "timely information [could] literally make the difference between life and death."¹⁰⁶

However, while larger international aid organizations were able to maintain their regular services, with entities like the MSF adopting strategies such as satellite data to circumvent sporadic Internet availability,¹⁰⁷ disruptions in Internet connectivity hit smaller local civil society groups harder, as they generally already lack the capacity of larger INGOs. Local groups cannot meet the shifting needs of the IDPs without Internet connectivity. They used to post updates on the situation of IDPs to Facebook, largely to reach donors - and in some cases, IDPs - but now they have no choice but to call them, which is much less effective.¹⁰⁸

According to data from Athan, a local organization that focuses on protecting freedom of expression, the start of Internet shutdowns, there has been an increase in conflict and human rights violations in Rakhine State, as the lack of internet connectivity makes it easier for violence to take place due to a lack of accountability mechanisms.¹⁰⁹ The UN reported a spike in violence after the Internet shutdown, as of February 2020, coupled with restrictions in movement and humanitarian access.¹¹⁰ After all, the Internet blackouts were imposed in large part to cover up human rights violations and prevent internal and external communication and reporting on the conflict.^{111,112,113} In many cases, local organizations can no longer obtain photos, videos, and personal accounts from refugees, and Myanmar officials

continued to harass local ethnic Rakhine journalists through September 2020, in a clear targeting of information flows in areas where Rohingya are concentrated.^{114,115}

Cox's Bazar

The blackout and ban imposed in 2019, which lasted through August 2020, disrupted communication between camps and consequently impeded safe and effective aid coordination and delivery as well as contact tracing, led to a lack of awareness of best sanitation practices surrounding COVID-19, and disallowed up-to-date reporting of humanitarian need. Furthermore, Internet and phone restrictions only exacerbated the spread of misinformation around COVID-19 in the camps of Cox's Bazar.¹¹⁶ The blackout impeded efforts to dispel rumors in the camp, or even to provide basic information on COVID-19 symptoms.¹¹⁷ Aid workers and community leaders rely on WhatsApp and similar platforms to coordinate emergency services and share information; the shutdown obstructed the effective dissemination of COVID-19 related information and impeded humanitarian organizations' ability to conduct contact tracing.¹¹⁸ Rumors that refugees who reported pandemic symptoms would be killed were rampant, leading to a sharp decline in patients who visited clinics for treatment.¹¹⁹ Additionally, some Rohingya communities were not even made aware of the virus in the first place, due to disruptions in information flows and the inability of local groups and journalists to share up-to-date information.^{120,121} Obstructions in communication pathways in both geographic contexts have far-reaching implications, but specifically in Myanmar, where violence has escalated in the aftermath of the coup, the combination of these access barriers presents a security threat for aid workers, which the next section will briefly discuss.

Accounting for the GBV Survivors Left Out of - and Behind - in Pandemic Response

In Myanmar and Bangladesh, government-imposed COVID-19 measures isolated survivors of Gender-Based Violence (GBV) further, and cut off their access to critical services. The Bangladeshi government's directive to scale back humanitarian services only to "critical services" resulted in communities losing access to GBV resources, as well as woman- and child-friendly spaces. Due to a combination of lockdown measures and reduced physical access of aid workers, local organizations noted a spike in GBV incidence. As a result of telecommunications bans, though, it also became more difficult for women to report GBV. While the Internet blackout has made it hard to come by accurate data about Rakhine State, local women's organizations, such as Akhaya Women and Karenni National Women's Organization, have reported rises in GBV under lockdown.^{123,124} According to the Rakhaing Women's Initiative Organization, the lack of Internet access has made the reporting and tracking of GBV significantly harder in Rakhine State, and CSOs cannot receive timely information and reports from victims.¹²⁵ CSOs continue to provide prevention and protection services to women in Rakhine, but they struggle to circumvent movement restrictions, as they lack permission to travel to/within conflict areas.

Aid Workers as Collateral Damage of Conflict

Separately from the February coup, local NGOs reported that the government has acted violently toward civilians with increased impunity - which, once again, was occurring prior to the onset of the pandemic.¹²⁶ However, instead of resulting in at least a hiatus in the conflict, the pandemic only exacerbated conflict-related access constraints. As a result of the continuing conflict during the pandemic, specifically in Rakhine State, there has been a substantial increase in the IDP population¹²⁷ as well as increased security risk for frontline aid workers. In fact, the Arakan Army and Tatmadaw have targeted World Food Program, World Health Organization, and International Committee of the Red Cross vessels delivering food aid and COVID-19 test swabs, resulting in a few casualties, although both entities deny any responsibility or connection.¹²⁸ In turn, the Myanmar government has exploited the situation in Rakhine to further restrict Internet access in parts of the region, citing security concerns.¹²⁹ This demonstrates the cyclical nature of these overlapping crises and consequent humanitarian access barriers - of how the physical conflict drives the blackout and thus impedes COVID-19 response. Escalation of the conflict during the pandemic has forced civil society organizations, local government agencies, and humanitarian organizations to focus on the direct consequences of conflict, including new IDP populations and civilian casualties, which have diverted focus and resources away from the pandemic response.

Two Governments, One Mindset

A comparative analysis of barriers to aid and access in Rakhine and Cox's Bazar points to the fact that ultimately, the two countries' governments deployed the same tools to systematically isolate and disenfranchise the Rohingya. These tools included the denial of official status and integration

into the general population, physical movement restrictions on aid workers and on aid shipments to the region, and Internet and ethnic news media shutdowns. Both governments exploited the pandemic as a pretext for further violence, conflict, and human rights violations - just as the Burmese government used the conflict in Rakhine State to cut Internet connectivity - citing the necessity of emergency measures for public health and national security. These policies and measures deployed prior to and during the pandemic had largely the same impacts on targeted communities as well: Internet shutdowns created barriers to communication and data collection for humanitarian aid agencies and COVID-19 containment measures created additional barriers to accessing humanitarian aid. This challenges the assumption that Bangladesh continues to be a safe haven for the Rohingya population after they fled ethnically motivated violence in 2017. The Rohingya remain second-class citizens in both countries, and continue to face discrimination and denial of their inherent human rights. The next section explores ways in which actors within the international community must reexamine traditional approaches to mitigate current and continuing harms to the Rohingya, while preventing future and overlapping crises of such scale.

Best Practices and Policy Recommendations

The UN Special Rapporteur for Myanmar, Tom Andrews, warned about “deteriorating” conditions in Myanmar, which will only “get much worse without an immediate robust, international response.”¹³⁰ While the pandemic has not created new humanitarian access constraints, it has exacerbated pre-existing constraints in grave ways, such as disruptions in information flows and communication, and has made clear the need to design and implement policy and technical solutions to overcome such barriers. Some of this report’s most salient recommendations center on the need to move toward localization of humanitarian aid. Given reduced international access to particular geographic contexts, localization could have prevented the scale of unmet need, and can mitigate and prevent the exacerbation of the humanitarian crisis. A Humanitarian Advisory Group report defines localization as “a process of recognizing, respecting and strengthening the independence of leadership and decision-making by national actors in humanitarian action, in order to better address the needs of affected populations.” Localization must entail both more short-term solutions, such as exploring new approaches to delivering aid, as well as longer-term thinking, given the protracted nature of the overlapping crises facing the Rohingya, and the need to shift focus from evaluating the success of implemented programs to envisioning long-term outcomes for refugees.

With regard to the U.S. and its arguably limited leverage and capacity to effect change in Myanmar, while a Biden administration has the opportunity to redefine its diplomatic, humanitarian, and security priorities and practices, Myanmar remains insulated from the outside, and its military ostensibly untouchable despite their continued impunity.¹³¹ Nonetheless, the U.S. should be vocal in standing against the Rohingya genocide, and should provide humanitarian aid to the organizations working to support Rohingya populations in Myanmar and Bangladesh. Meanwhile, international and local humanitarian actors will have to be ready to welcome potential greater military involvement and oversight in operations and service provision, additional logistical barriers to physical access, and the persistent question of cooperating to secure humanitarian access versus suspending operations, unless Rohingya communities are able to regain their rights through other means.

With this in mind, our policy recommendations to the international community are as follows:

1. Research and utilize applications of data and technology to circumvent physical access barriers and mitigate their impacts.

Data and technology have played and can play a critical role in increasing humanitarian access in terms of remote delivery of aid, situational monitoring and data collection, crisis response and intervention, and even fighting mis/disinformation in a pandemic. For example, in a partnership with Internews and the International Organization for Migration (IOM), humanitarian field staff collect “rumors” among Rohingya refugees, Internews and BBC media correspondents fact check them, and they then broadcast this information via WhatsApp

and Bluetooth to the community. Several NGOs, international humanitarian organizations (e.g., IOM), and government entities employ Internews’ “rumor tracking methodology” to combat misinformation in humanitarian contexts,¹³² such as in Bangladesh with the “Flying News” bulletin,¹³³ which helps bridge the information gap between humanitarian agencies and refugees. Another example is the IOM’s deployment of Interactive Voice Response (IVR) to collect data from Rohingya communities through a needs assessment survey, but to also obtain and incorporate feedback from participants in designing these tools.¹³⁴ Partnerships and projects such as these should be

scaled across Rohingya communities, as well as geographic contexts beyond Myanmar and Bangladesh where vulnerable populations are particularly disadvantaged as a result of mis/disinformation flows. However, tapping into the benefits of data and technology first requires an in-depth understanding of the target communities, and actively seeking their input and engagement to overcome trust and communication barriers, which has been a consistent issue in Rohingya response.¹³⁵

2. Move toward capacity sharing - over capacity building - for a more localized approach with local civil society that would afford greater flexibility and efficiency in responding to rapidly changing contexts.^{136,137}

Capacity sharing on the part of large humanitarian organizations and entities entails two parts, which this recommendation will address: Training communities on the ground in tools and methods that usually capacity builders - international organizations - would use to collect data and gauge needs (2.1), and offering more financial resources and consequently leverage for local NGOs who otherwise have the capacity, to respond to their communities' needs. The key difference is that capacity building maintains traditional power dynamics, while capacity sharing would work toward equalizing the dynamic and decreasing disparities in funding and thus power.

The January 2021 Humanitarian Response Plan recommended INGOs to strengthen partnerships and increase collaboration with national NGOs and local civil society actors.¹³⁸ However, the definition of local actors does not currently include actors at the community level, and should therefore be expanded to do so. In Rakhine State and Cox's Bazar, local community volunteers and ethnic and community-based health organizations were often able to play a larger role than national aid workers - let alone the government - during the pandemic.^{139,140}

It is worth noting that smaller local NGOs may not always have the capacity to respond at scale, as was the case at the onset of the pandemic, or more recently given the military's internal crackdown. As such, international organizations may be better equipped to provide support to marginalized populations in certain contexts, but should shift with time to sharing their resources with local organizations so that progressively they may be able to provide support. After all, when international organizations are denied access in times of crisis, local organizations may have critical access to affected communities. And given Myanmar's historical reliance on international aid - and the Rohingya's almost complete dependence on external support - a progressive model like this one would allow them to develop agency over time.

2.1. Solutions design and implementation can use innovative ways to integrate affected communities, such as working with Rohingya in Cox's Bazar to collect and self-report data and training them in qualitative data collection methods to ensure the most up-to-date, accurate information.¹⁴¹ The IOM was able to continue face-to-face data collection during the pandemic by working with trained Rohingya researchers, who could also communicate with their communities in their native language and thus avoid aforementioned trust and communication challenges that external actors would otherwise encounter.¹⁴² Additionally, even prior to the pandemic, MSF has been training members of the local community to address basic health needs and inform others of best health practices, e.g., handwashing and other hygiene practices. MSF are training community members to recognize signs of minor trauma and wounds, pregnancy, and sexual violence.¹⁴³ During the pandemic, Doctors Worldwide has been providing specialized training and mentorship programs to local healthcare workers in Cox's Bazar to improve local quality of care.¹⁴⁴ In this way, aid actors can begin to actively include the voices of Rohingya and Arakanese in Myanmar and Rohingya in Bangladesh in the

delivery of humanitarian aid and external actors' policy decisions.

2.2. Across geographic contexts, financing channels for pandemic response have proven unwieldy and inefficient, as funds often have to first go through international organizations before reaching local entities. COVID-19 has resulted in an international push toward localization, and with it has come more funding going toward local and national NGOs.¹⁴⁵

3. Expand the definition of “critical” or “essential” services during crises and/or pandemics.

To ensure vulnerable populations do not get left behind, donor governments should expand their definitions of what humanitarian aid and services entail, specifically formal education for children, given that the majority of Rohingya children in both Rakhine State and camps in Bangladesh are currently denied access on the basis of their ethnic identity. The definition of critical services should also include GBV services for survivors of sexual and domestic violence and the provision of women- and child-friendly spaces. For example, the United Nations Population Fund (UNPFA) and the Office of the UN High Commissioner for Refugees (UNHCR) set up 19 Women-Friendly Spaces (WFS) to provide healthcare and counseling for thousands of Rohingya women and girls, many of whom are survivors of sexual violence.¹⁴⁶

4. Push for greater data collection and research to examine the disproportionate impact of the COVID-19 crisis on women, children, and other vulnerable populations.

There is a notable lack of up-to-date data to inform policy interventions, but governments' and NGOs'

pandemic responses must continue to prioritize GBV. Given access constraints, local women's organizations may be best-suited for service provision, but require more funding to do so, demonstrating the importance of a progressive capacity sharing model (Recommendations 2.1 and 2.2). This data can help fill data gaps for large international development entities, such as the World Bank, which can then support research and policy advocacy on a macro level. In addition, as increased GBV is likely to occur in future international crises, it should be prioritized accordingly.

5. Advocate for access to the Internet and access to information as a human right, as stated by the UN.

International telecommunications organizations operating in Myanmar should commit to transparency and restitution mechanisms for affected populations, and telecommunications organizations in Myanmar should delay executing Internet blackout orders. Per the ICJ, Internet shutdowns and media restrictions violate international humanitarian and human rights law - the rights to health, safety, security, freedom of expression, and information - and are not necessary for national security reasons and in fact are detrimental for the public interest, particularly during a pandemic.^{147,148} Furthermore, the ICJ pointed out how the Internet shutdowns disproportionately impact the rights of ethnic minorities, when the International Covenant on Economic, Social and Cultural Rights (ICESCR) requires governments to observe non-discrimination when taking action in the public interest.¹⁴⁹

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