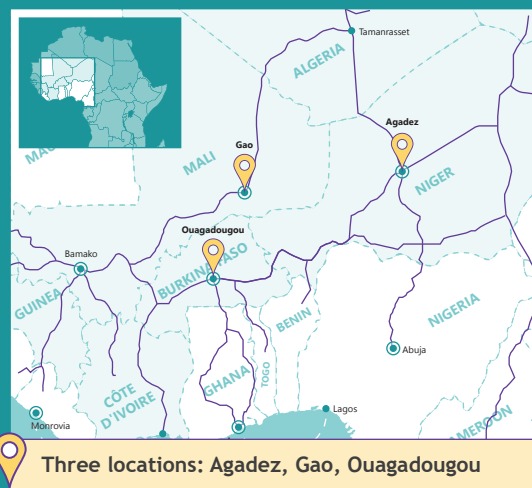


Exploring the Impact of COVID-19 on the Vulnerabilities of Migrants on the Central Mediterranean Route - June 2020

	36 qualitative interviews with stranded migrants (6-15 May 2020)
	24 Key Informant Interviews (KIs) with researchers and implementers
	186 quantitative surveys from the Mixed Migration Center 4Mi
	172 sources reviewed



Key mobility trends evidenced

 Increased difficulties to continue journeys due to travel restrictions and increased controls IOM KIs	 High level of uncertainty reported by some migrants who wanted to continue their journeys IMREF qualitative interviews	 Longer stays in transit centres due to the disruption of voluntary return opportunities IOM KIs	 Decrease in smuggling activities in the short-term and increase in prices for smuggling facilitation Global Initiative Against Transnational Organized Crime IMREF qualitative interviews
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Key risks factors and COVID-19-related risks for migrants

 Depleted financial resources, primarily as a result of longer stays in transit hubs “I ran out of money after three weeks so now I can eat only once a day, it's not easy to deal with this.” 19-year-old Guinean migrant, Gao IMREF qualitative interviews 4Mi data KIs	 Secondary health implications due to a lack of resources, such as acute hunger, malaria and increased stress and anxiety “It is scary to not know how long it will take to get out of this situation.” 28-year-old Guinean migrant, Ouagadougou IMREF qualitative interviews KIs	 Some reports of strained relations with the local community, leading to difficulties finding jobs “People are sometimes scared to approach us because everyone knows that strangers are the ones that bring the disease.” 23-year-old Togolese migrant in Agadez IMREF qualitative interviews KIs	 Some reports of migrants pushed into risky situations (e.g. sex work) when trying to cope with financial losses “The lack of work pushes us to act in this way.” 38-year-old Togolese woman in Agadez, talking about sex work IMREF qualitative interviews
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Key to accessing health and protection services

 Increased reliance on smugglers and other migrants for information due to depleted financial resources IMREF qualitative interviews 4Mi data	 Cost of treatment reported as the main barrier to accessing healthcare 4Mi data	 Reduced availability and visibility of protection services due to mobility restrictions and the reallocation of resources towards COVID-19 IMREF qualitative interviews KIs	 No conclusive evidence on whether COVID-19 affects pre-existing barriers to accessing services (e.g. lack of trust in organisations) IMREF qualitative interviews KIs
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Exploring the Impact of COVID-19 on the Vulnerabilities of Migrants on the Central Mediterranean Route

The Independent Monitoring, Research and Evidence Facility (IMREF) wrote this report as part of the Department for International Development's Safety, Support, and Solutions Phase II (SSS II) programme. IMREF is delivered by a consortium, which is led by Integrity and includes Seefar, IMPACT Initiatives, and Danube University Krems.



Executive Summary

This study looks at the effects of COVID-19 containment measures on migrants' mobility patterns, vulnerabilities and access to health and protection services in Gao (Mali), Agadez (Niger) and Ouagadougou (Burkina Faso). Its findings draw from data and evidence gathered through 172 desk-based sources; 36 remote qualitative interviews with transit migrants; 24 semi-structured interviews with key informants; and 186 quantitative surveys with refugees and migrants collected by the Mixed Migration Centre (MMC) as part of its Mixed Migration Monitoring Mechanism Initiative (4Mi). They provide insight into the experiences of study participants, but are not statistically representative and are subject to change as the pandemic and related containment measures evolve.

Mobility patterns

Travel restrictions and increased border controls had made it harder for migrants to continue journeys northwards and back home. The International Organisation for Migration (IOM) recorded a decrease of 48% in flows observed at Flow Monitoring Points between January and April 2020, and estimated that 25,000 migrants were left stranded while travelling regionally, towards North Africa and Europe, or back home, as of April 2020.¹ Most migrants IMREF interviewed intended to remain in their current locations and wait until borders reopened. A sizeable minority wanted to continue despite restrictions. However, those seeking to continue their journeys were generally unsure of how to do so. Despite evidence of decreased flows, there were signs that some migrants continued to cross borders, including into Libya and Algeria.

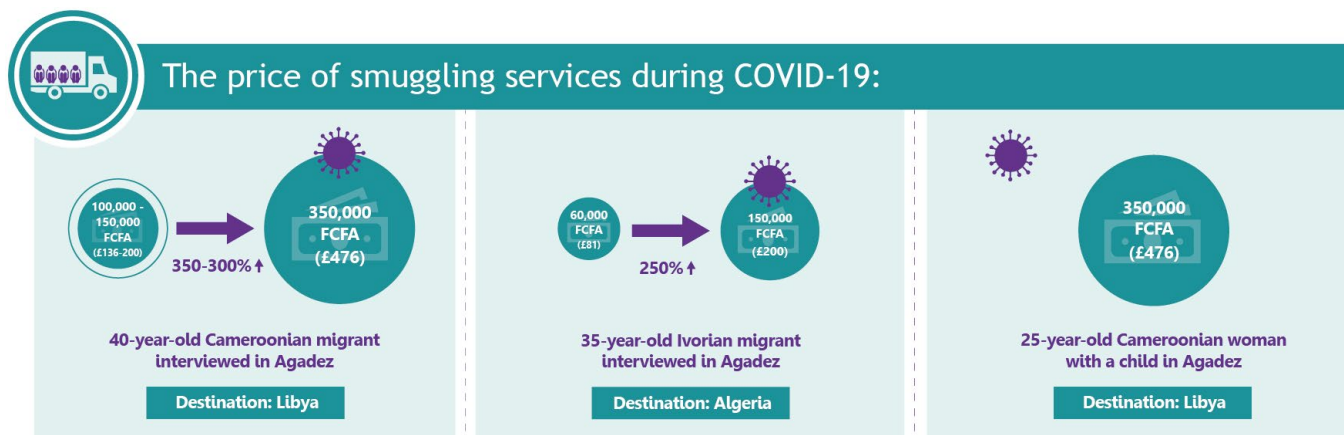
Travel restrictions, border closures and the suspension of refugee registration had affected migrants' ability to seek asylum as well as assisted return programming. From 19 March to 18 April 2020, IOM reported that Libyan and Algerian authorities pushed back or expelled a total of 1,302 people, reflecting increasing barriers on asylum seekers' ability to move towards a place of safety.² Asylum seekers were also affected by suspended registration and asylum procedures, leading to large-scale backlogs. At the time of writing, the disruption of voluntary return opportunities had left 3,000 migrants waiting in ill-equipped transit centres for extended amounts of time.³ Others were unable to begin the return process, with limited funds for shelter and food. Some key informants reported tensions around transit centres, as locals living close to these centres considered these areas potential transmission clusters.

¹ IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020.

² IOM DTM (2020i). [Niger — COVID-19 — Suivi Des Urgences 1 \(19 Mars — 18 April 2020\)](#), 19 April 2020.

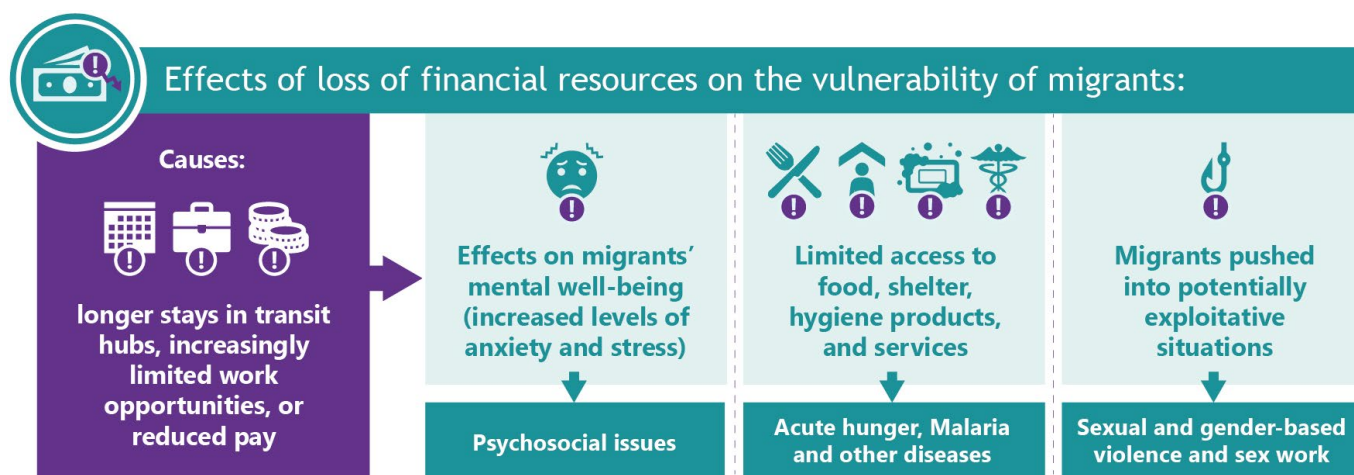
³ IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020.

IMREF interviews with migrants and key informants indicated that smuggling activities had decreased in the short-term because of border closures and increased border controls. Migrants reported that smuggling facilitators were advising them to wait until borders were reopened, struggling to find transporters due to fears of arrest, or using new strategies to circumvent containment measures. Smuggling facilitators who were still offering services asked for higher prices, making the onward journey unaffordable. There were some signs that migrants may be increasingly relying on smugglers to circumvent border closures earlier in the route or using facilitation services to return home.



Vulnerabilities of migrants on the CMR

All migrants IMREF interviewed said the main challenge were facing was depleted financial resources, primarily as a result of longer stays in transit hubs, increasingly limited work opportunities or reduced pay. Previous research had identified access to financial resources as a critical factor in shaping migrants' level of vulnerability. Those interviewed for this study confirmed that the lack of money significantly affected their well-being. Depleted resources were causing increased levels of anxiety and stress, limiting access to food, shelter, hygiene products and services, and in some cases pushing migrants into potentially exploitative situations. In addition, they reported that a lack of funds created difficulties following public health directives and measures as they could not afford to buy protective gear and lived in precarious conditions.

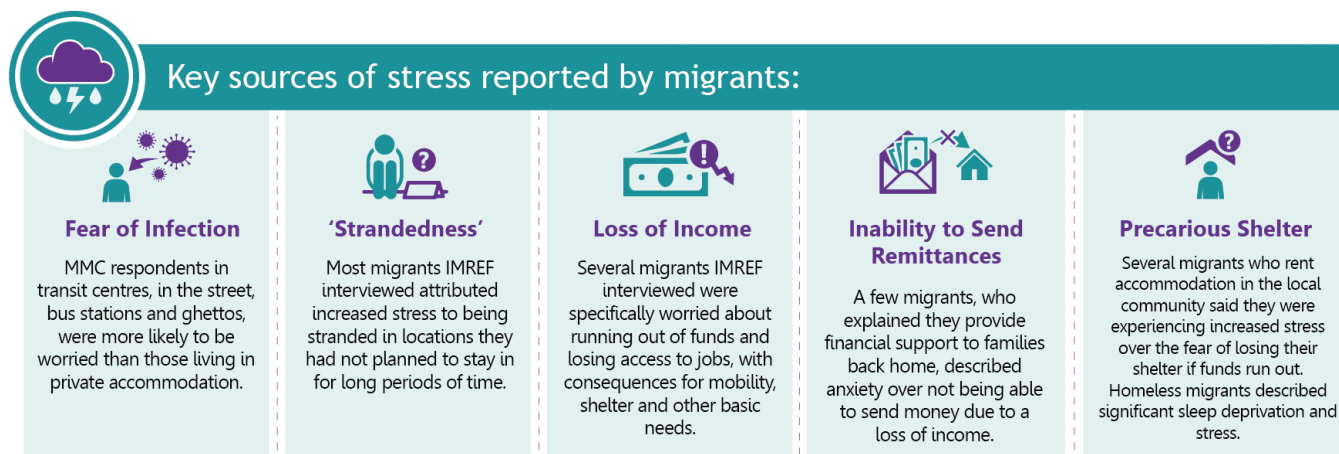


Although there were no known cases of COVID-19 among migrants in the study locations, containment measures had secondary health implications. Migrants in IMREF's research sample reported facing acute hunger, difficulties coping with high temperatures and catching malaria due to depleted resources and a lack of adequate shelter. Many expressed worries over the significant risk of contamination if one person were to become infected with COVID-19 due to overcrowded living conditions. Nearly all migrants of both genders in Agadez, Gao and Ouagadougou described high levels of stress and anxiety due to the fear of unknowns around COVID-19 itself and the containment measures, as described in the figure below.

While most migrants IMREF interviewed said they had not experienced heightened discrimination from the local community, some reported clear instances of discrimination since the start of the outbreak and felt COVID-19 had strained their relations with the local community. Some said that members of local communities

perceived them as a source of infection and were avoiding them, which also affected their ability to gain employment. Others reported instances of verbal abuse directly attributable to COVID-19. Among those who had experienced discrimination, this was generally attributed to a failure or inability to respect virus containment measures.

Migrants explained how a lack of funds forced them to turn to risky situations when trying to cope with financial losses. It also limited their ability to avoid sexual and gender-based violence (SGBV), particularly those without shelter or migrants who were staying in ghettos. Some female migrants said that they had been left with little choice but to turn to sex work due to the loss of their income. Others said current restrictions heightened precarious conditions for sex workers. Homelessness and longer stays were also linked with an increased inability to avoid SGBV.



Access to health and protection services

Migrants interviewed by MMC and IMREF were all aware of COVID-19 and used a range of sources to access information about the disease and related measures. While many migrants said they relied on their phones for information, several explained that they had sold their phones or could not afford credit as their financial resources became increasingly depleted. This made them increasingly reliant on smugglers and other migrants for information.

The most reported barrier to accessing healthcare among 4Mi respondents was cost. While none of the migrants interviewed by IMREF across the three locations had tried to access health services, some felt that they would not be prioritised compared to the local community if they tried to do so. In addition, 4Mi data showed that 24% of respondents lacked information on available health services.

The reallocation of resources towards COVID-19 and mobility restrictions had reduced the availability and visibility of protection services. Several migrants interviewed by IMREF were not aware of NGOs operating in the field, or how to access them. This was particularly so for migrants who were on their first journeys and had arrived at the transit hub at the start of the outbreak. Migrants in the IMREF sample had not tried to access the COVID-19 government financial support available to host communities in Mali, Niger and Burkina Faso and it remained unclear whether they would be able to do so.

Existing access barriers, including fears of deportation and detention as well as a lack of trust in international organisations, continued to limit migrants' willingness to seek services, but there was no conclusive evidence whether or how COVID-19 has affected these dynamics. 4Mi data showed that fear of deportation and detention deterred migrants from seeking assistance in all locations.

Recommendations

Recommendations to implementers

1. **Respond to basic humanitarian needs in Agadez, Gao and Ouagadougou.** The study found that humanitarian needs, including shelter, food, water, sanitation, and hygiene (WASH), are increasingly high among stranded migrants due to depleted financial resources.
2. **Scale up the provision of psychosocial support and SGBV that can be provided remotely, including in hard to access locations such as migrant ghettos.** Research showed that needs for both of these services was increasing among participants in the study due to COVID-19. Social distancing measures and movement restrictions have led to the reduced field presence of humanitarian organisations, making in-person service delivery difficult.
3. **Increase social cohesion programming to reduce tensions in key areas of migration hubs.** Informants noted tensions were high near transit centres since locals living nearby see them as potential transmission clusters. These tensions may increase the longer migrants remain stranded.
4. **Improve coordination to increase the visibility of services and improve access to migrant populations.** There were already significant challenges in accessing the most vulnerable migrants in transit hubs before COVID-19. The inability to send staff and volunteers to the field appears to have made the process of identifying and targeting beneficiaries more challenging. This could be done by developing a shared strategy and coordination plan for accessing different vulnerable groups in key hubs given significant changes in the operating environment.
5. **Design COVID-19 awareness-raising and information campaigns that include information for different groups, including migrants.** Some key informants voiced concerns that information provision was not well adapted to migrants, especially children. This was mostly attributed to a lack of clear messaging around what to do if symptoms develop as well as concerns around the cost of treatment.
6. **Conduct rapid needs assessments in priority areas along the CMR** and use findings to prepare for a potential second wave of COVID-19 or future pandemics. Research shows that needs assessments have not consistently been conducted, with some interviewed informants noting that these are outdated. As COVID-19 dynamics are likely to change rapidly, these should be conducted after major shifts in the context.

Recommendations to donors

1. **Advocate for humanitarian corridors for vulnerable people who want to return voluntarily to their countries of origin.** Migrants have been left stranded in transit hubs, unable to return. This includes migrants who have entered an assisted voluntary return process and migrants who want to return by their own means.
2. **Advocate for governments on the CMR to include migrants in national response schemes.** Donors should advocate for the inclusion of migrants in national responses to COVID-19 who fit the vulnerability criteria, as well as their universal access to public health services. This is also an opportunity to avoid setting up parallel systems for migrants.
3. **Update Political Economy Analyses (PEAs) in priority areas to develop or adapt area-based strategies** that take into account the effects of COVID-19. These can also provide an updated picture on smuggling dynamics and how incentives, interests and needs of actors in smuggling networks have evolved.
4. **Increase support for ensuring effective coordination between delivery partners and helping stakeholders adapt targeting and access strategies.** Options could include convening working groups with experts and programme stakeholders to create joint strategies or chairing working groups in priority areas.
5. **Increase funding to transit centres and organisations providing temporary shelter** and associated services to ensure they can provide basic humanitarian needs to migrants waiting for voluntary return.
6. **Fund communication campaigns that are sensitive to migrants' needs and living circumstances.** This includes messaging in a range of languages and visuals, and clear explanations of how to access services.
7. **Fund periodic research examining how the current situation is evolving** to capture the impact of COVID-19 on migrants' vulnerabilities and access to services. The current situation is evolving rapidly. Longitudinal research and analysis would enable more effective decision-making. Other key information gaps that donors should fund include: the needs of unaccompanied migrant children; the impact of COVID-19 on the duration of migrants' stay in places of transit and, in turn, how this affects the economic and sexual exploitation of transit migrants; and the role of trust as a barrier to migrants' access to humanitarian services and how this is being affected by COVID-19.