



FULL REPORT

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

1 July 2020

Part of the **SSS II** programme





Part of the **SSS II** programme





1.1 What is IMREF?

This report was written by IMREF. IMREF is the Independent Monitoring, Rapid Research and Evidence Facility of the SSS Phase II programme commissioned by the Department for International Development (DFID). It is delivered by a consortium led by Integrity, which includes Seefar, IMPACT Initiatives, and the Danube University Krems (DUK).

IMREF aims to provide programme stakeholders with a better understanding of results, to improve accountability through monitoring and verification activities, and to identifying gaps and areas where partners could strengthen delivery. IMREF also facilitates adaptation and learning in SSS II by delivering and using evidence from research to inform programmatic and potentially policy decisions to support vulnerable people in mixed-migration flows.

Safety, Support and Solutions Study Phase II (SSS II)

DFID's Safety, Support and Solutions Phase II (SSS II) programme is a migration programme which aims to make migration safer and provide critical humanitarian support, resulting in fewer deaths and less suffering along the Central Mediterranean Route (CMR).



SSS II is implemented by IOM, UNICEF, British Red Cross, and a consortium led by the Danish Refugee Council. SSS II takes a route-based approach to responding to the complex needs of mixed-migrant populations including refugees, asylum seekers, economic migrants and victims of trafficking, in a wide range of countries along the Central Mediterranean Route

Acknowledgments

IMREF would like to thank the Mixed Migration Center for sharing their 4Mi COVID-19 dataset for this study. The Mixed Migration Monitoring Mechanism Initiative (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. More 4Mi analysis and details on methodology can be found at: www.mixedmigration.org/4mi.



Acronyms

4Mi	Mixed Migration Monitoring Mechanism Initiative
AVRR	Assisted Voluntary Return and Reintegration
BRC	British Red Cross
CAR	Central African Republic
CMA	Coordination of Azawad Movements
CMR	Central Mediterranean Route
DTM	Displacement Tracking Matrix
ECOWAS	Economic Community of West African States
ETM	Emergency Transit Mechanism
ETT	Emergency Tracking Tool
FMP	Flow Monitoring Points
IDPs	Internally Displaced Persons
IFRC	International Federation of the Red Cross
ILO	International Labour Organization
IMREF	Independent Monitoring Research and Evidence Facility
IOM	International Organization for Migration
KII	Key Informant Interview
LCG	Libyan Coast Guard
MERF	Migration Emergency Response Fund
MMC	Mixed Migration Centre
NGO	Non-Governmental Organisation
OHCHR	Office of the United Nations High Commissioner for Human Rights
PSS	Psychosocial Support
RQs	Research Questions
SGBV	Sexual and Gender-Based Violence
SSS II	Safety, Support and Solutions Programme for Refugees and Migrants, Phase Two
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNODC	United Nations Office on Drugs and Crime
UNSMIL	United Nations Support Mission in Libya
VHR	Voluntary Humanitarian Return
WFP	World Food Programme
WHO	World Health Organisation

Table of contents

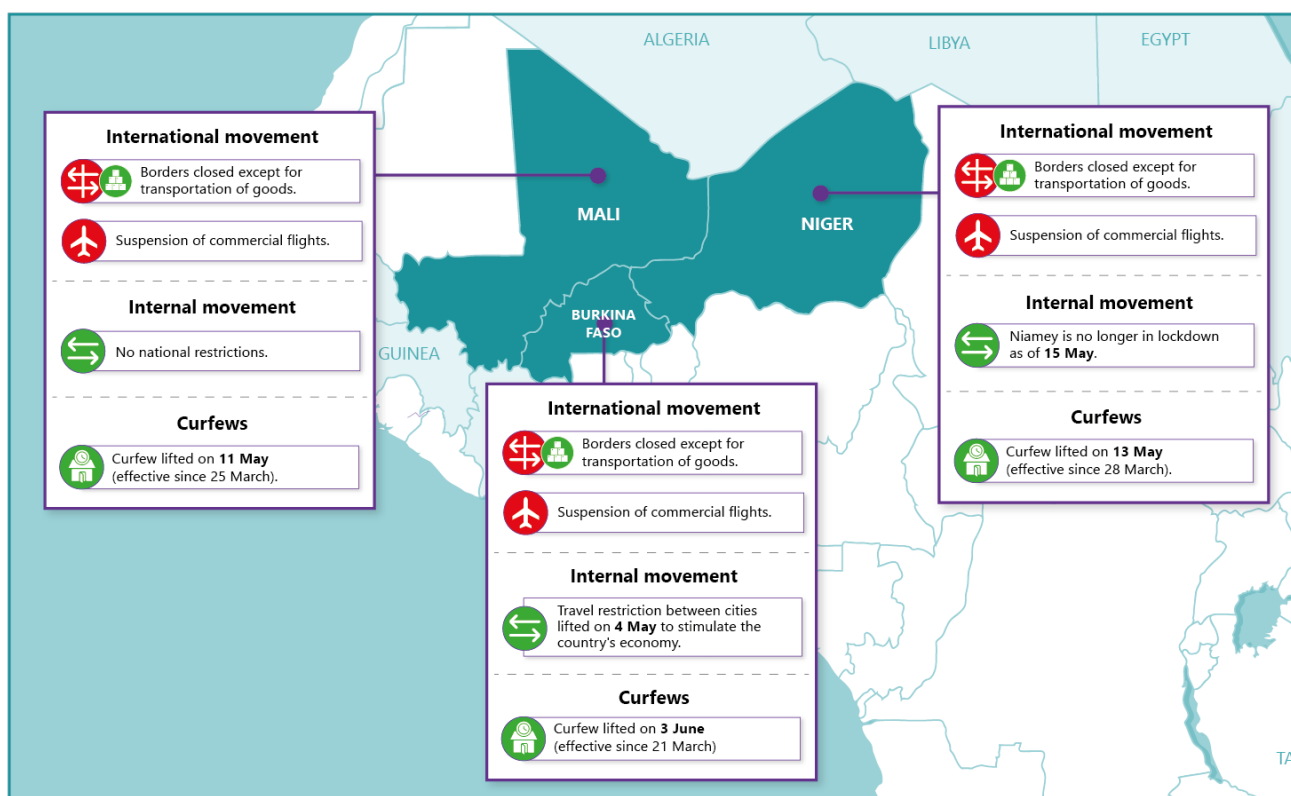
1	Introduction	1
1.1	Background and objectives	1
1.2	Methodology.....	2
1.3	Limitations.....	4
2	Effects of COVID-19 on mobility patterns	4
2.1	Migrants' ability to continue migration journeys	5
2.2	Asylum, resettlement and return.....	6
2.3	Use of smuggling networks	7
3	Effects of COVID-19 and related policy responses on migrants' vulnerabilities	8
3.1	Physical and mental health.....	9
3.2	Access to the labour market and financial resources	11
3.3	Risks of discrimination	12
3.4	Risks of abuse and exploitation.....	12
4	Effects of responses to COVID-19 on migrants' access to health and protection services	13
4.1	Access to health information.....	14
4.2	Access to health and protection services	15
5	Conclusion and recommendations	16
5.1	Recommendations to humanitarian and development organisations	16
5.2	Recommendations to donors.....	18

1 Introduction

1.1 Background and objectives

Humanitarian actors expected COVID-19 to have severe consequences for people migrating on the Central Mediterranean Route (CMR) from Sub-Saharan Africa to Libya, Tunisia and Algeria.¹ They warned that the public health crisis and the socio-economic effects of containment would disrupt migrants' journeys and exacerbate existing risks to their physical and mental well-being. To counter the spread of COVID-19, national governments along the CMR have restricted internal and cross-border mobility (Figure 1).²

Figure 1: Mapping of movement restrictions as of 9 June 2020³



In May 2020, IMREF began a two-part study on the effects of COVID-19 and government responses on migrants' mobility patterns, vulnerabilities and access to health and protection services. The first part, a desk review of 153 emerging sources,⁴ found major knowledge gaps, as most existing literature reviewed was not clearly evidenced. Several structured surveys in Mali, Niger and Burkina Faso were ongoing and were improving insights into movements, vulnerabilities, and access to services in the context of COVID-19. However, insights based on structured quantitative data did not provide the depth and nuance of insight needed to inform programmatic responses.

This report, which is the second part of the study, uses primary data from 3 key migration contexts in West Africa to partially address gaps identified in the desk review. It draws on semi-structured interviews with transit migrants in Gao (Mali), Agadez (Niger) and Ouagadougou (Burkina Faso) as well as researchers and staff from regional humanitarian and development organisations. Table 1 outlines the research questions (RQs) used to guide both parts of the study.

¹ UNSMIL and OHCHR (2018). [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#).

² See [IOM, Mobility Restrictions Mapping](#).

³ Information extracted from [ACAPS, COVID-19 Government Measures Dataset](#).

⁴ IMREF (2020b). Desk Review: Exploring the Impact of COVID-19 on Migrants' Vulnerabilities on the Central Mediterranean Route, May 2020.

Table 1: Research questions

RQs	Lines of enquiry
1. How do responses to COVID-19 affect changes in mobility patterns?	<ul style="list-style-type: none"> • How do they affect migrants' ability to continue their journeys? • How do they affect their ability to seek asylum or access resettlement or return mechanisms?⁵ • How do they affect the use of smuggling networks?
2. How does COVID-19 and responses to COVID-19 affect the vulnerabilities of migrants?	<ul style="list-style-type: none"> • How do they affect migrants' physical and mental health? • How do they affect migrants' financial resources and access to the labour market? • How do they affect migrants' ability to avoid or cope with situations of abuse?
3. How do responses to COVID-19 constrain migrants' access to health and protection services?	<ul style="list-style-type: none"> • How do they affect migrants' ability to access health and protection services? • How do they affect access to information on health? • How do they affect migrants' willingness to access protection services?

1.2 Methodology

The findings in this study are based on data generated through a range of methods and tools. These included:

- **A systematic desk review 172 publicly available sources** published between 1 February and 9 June 2020 (see Annex 1)⁶ that formed the basis of the previous report and additional sources that have emerged since its completion. The desk review included existing literature on all countries of the CMR and helped identify key data gaps. This, in turn, informed the design of data collection tools.
- **Semi-structured interviews with 36 transit migrants in Agadez, Gao and Ouagadougou.** Interviews took place via telephone between 6 and 15 May 2020. IMREF used purposive sampling to identify male and female migrants living in ghettos⁷ or among host communities, who planned to travel towards North Africa or Europe. Migrants in host communities resided either in private accommodation⁸ (16) or were homeless, staying in bus stations or in the street (11). Figure 1 and Annex 3 provide a breakdown of interview respondents.
- **Semi-structured interviews with 24 key informants,** including researchers and humanitarian and development service providers in Dakar, Agadez, Gao and Ouagadougou. Interviews took place between 11 and 29 May. The complete list of key informants can be found in Annex 3.
- **Analysis of quantitative data from ongoing surveys** by the Mixed Migration Monitoring Mechanism (4Mi), the data collection tool of the Mixed Migration Centre (MMC) in Mali, Burkina Faso and Niger between 22 April and 25 May. The 4Mi sample consisted of 186 respondents in total: 90 in the Agadez region, 76 in the Gao and 20 in Ouagadougou. More information about the 4Mi survey can be found in Annex 3.

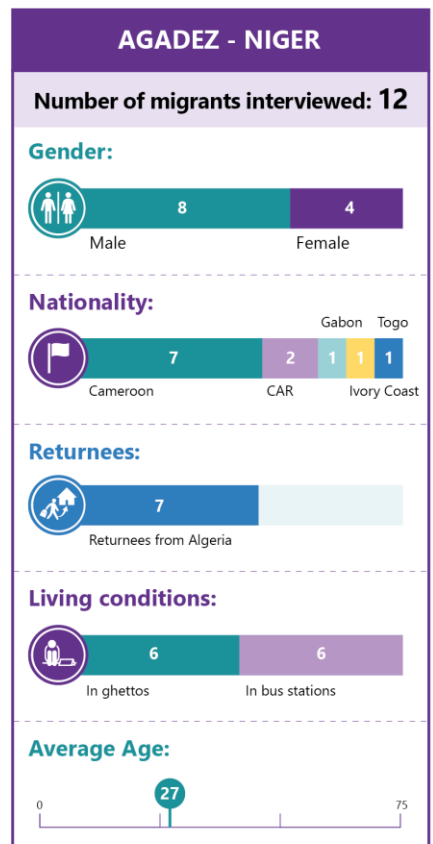
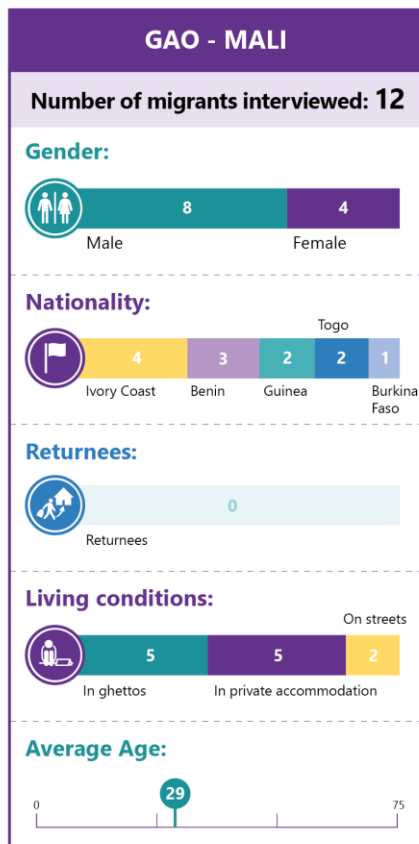
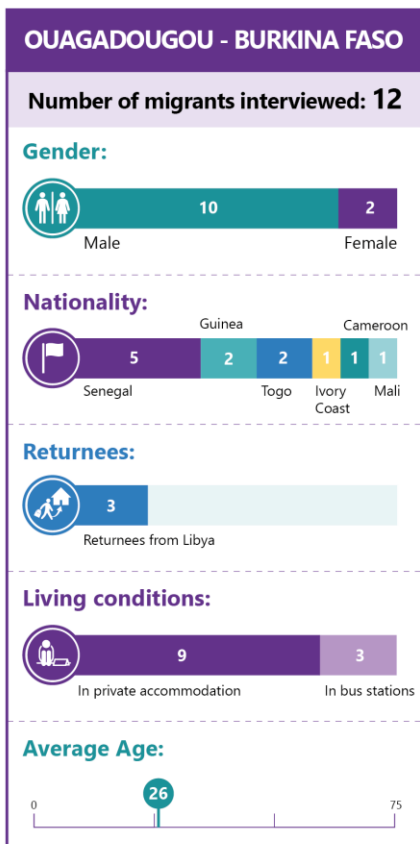
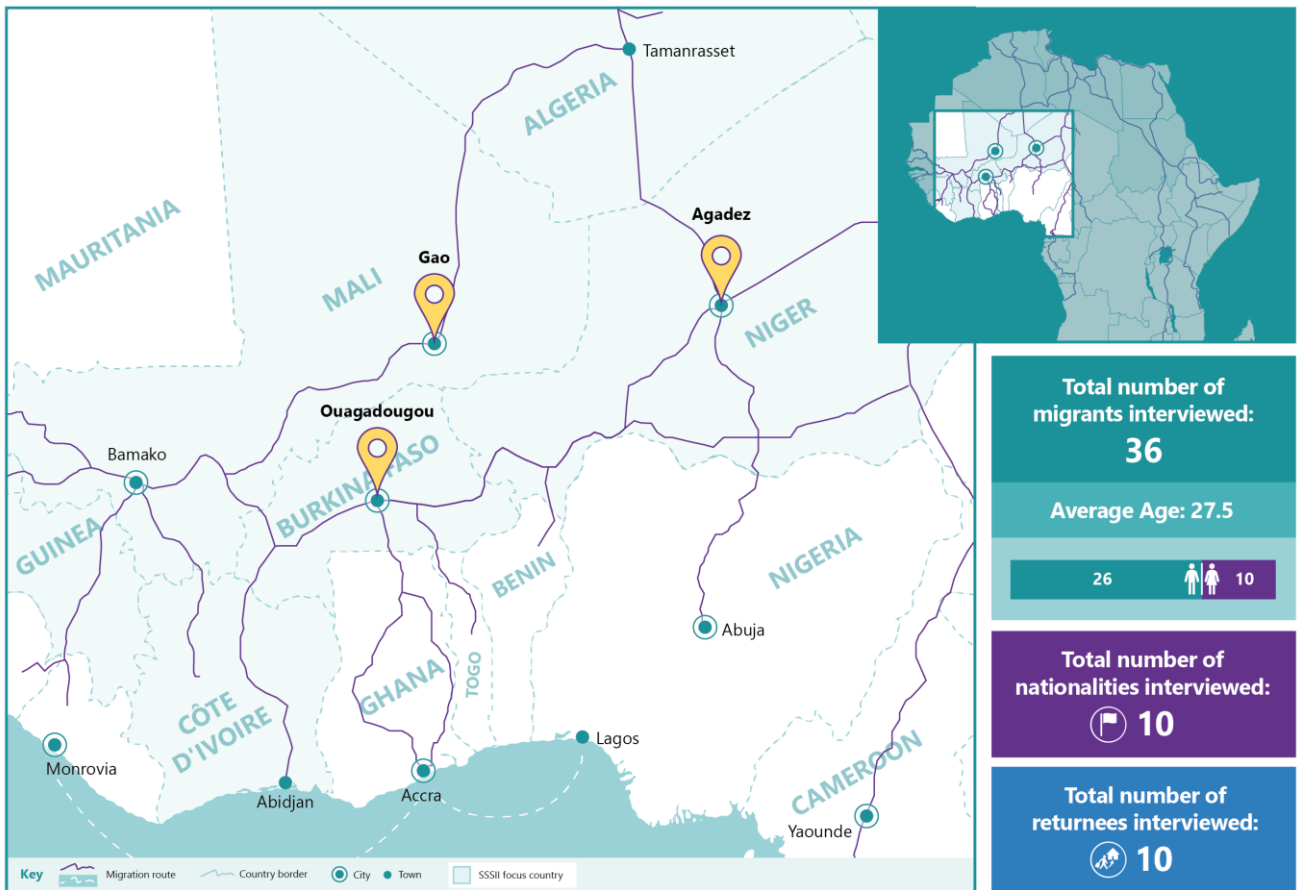
⁵ These included the Emergency Transit Mechanism (ETM), Voluntary Humanitarian Return (VHR) and Assisted Voluntary Return and Reintegration (AVRR).

⁶ Annexes are provided in a separate document, disseminated along the report.

⁷ Ghettos are "compounds controlled by operators involved in the irregular migration industry." See: Clingendael (2018), [A human rights and peace-building approach to migration governance in the Sahel](#).

⁸ In the context of this study, private accommodation refers to cases in which migrants rent their own places or are hosted by friends, relatives, and employers.

Figure 2: Profiles of IMREF respondents



1.3 Limitations

Several methodological and practical limitations affected the findings of this study. They are detailed in Annex 4. Some of the key limitations included:

- The study's findings provide insight into the experiences of study participants and how their vulnerabilities have evolved since the beginning of the COVID-19 outbreak, but are not statistically. Whenever possible, IMREF triangulates qualitative insights with the 4Mi dataset and other sources of primary and secondary evidence.⁹
- IMREF did not engage hard-to-reach groups who are generally assumed to have higher levels of vulnerability, such as children (anyone under 18), older migrants, migrants with disabilities or chronic diseases, migrants in detention and victims of trafficking.¹⁰
- COVID-19 was a new disease in countries along the CMR at the time of this study so evidence generation on its impact on migrants is still at an early stage. Throughout the report, IMREF clearly indicates whether primary or secondary evidence is used to corroborate findings, and the source of primary evidence. The report also references the strength of secondary evidence when formulating conclusions.
- This report provides a snapshot of vulnerabilities at the time of data collection. The situation is evolving rapidly in reaction to border closures and new regulations, with some containment measures lifted between data collection and report writing.
- In several parts of the study, evidence cannot be used to conclusively link trends in the dataset to the effects of COVID-19 and related restrictions. Whenever possible, the study draws from KIIs and testimonies from migrants and relies on their perceptions to understand the role that COVID-19 has played in shaping current dynamics.

2 Effects of COVID-19 on mobility patterns

The desk review found that analysts expected restrictions linked to COVID-19 to disrupt the ability of migrants to continue their journeys, access asylum and assisted return opportunities, and use smuggling facilitators. IMREF interviews with migrants and key informants further suggested that:

- Border closures and increased controls have made it harder for migrants to continue their journeys northward or back home. More migrants have been stranded in Burkina Faso, Mali, and Niger since the start of the pandemic, but some migrants continue to cross borders into Algeria and Libya. Migrants actively seeking to continue journeys described high levels of uncertainty, increased prices for smuggling services and a higher risk of scams.
- Travel restrictions, border closures and the suspension of refugee registration had affected migrants' ability to seek asylum and assisted return. 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. Others were unable to begin the return process, with limited funds for shelter and food.
- Smuggling activities have decreased in the short-term because of increased border controls. Smuggling facilitators who were still offering services were asking for more money, making the onward journey unaffordable for several migrants in the sample. There were some indications that migrants may be increasingly relying on smugglers to circumvent border closures earlier in the route or using facilitation services to return home.

⁹ 4Mi is based on a non-randomised sampling and as such cannot be considered statistically representative of all people transiting through Agadez, Gao and Ouagadougou. Annex 4 details limitations to the MMC methodology.

¹⁰ The research design did not include direct questions on sensitive issues such as sexual and gender-based violence (SGBV) to minimise the risk of harm to the psychosocial well-being of the participants. Enumerators asked informants generic questions about sensitive issues. (e.g. "Have you faced challenges that you think are specific to women?"). IMREF field teams were trained on safeguarding principles, including how to engage vulnerable migrants, how to spot and respond to indicators of distress over the phone, how to report concerns and how they should be dealt with.



Key mobility trends evidenced



Increased difficulties to continue journeys due to travel restrictions and increased controls



High level of uncertainty reported by some migrants who wanted to continue their journeys



Longer stays in transit centres due to the disruption of voluntary return opportunities



Decrease in smuggling activities in the short-term and increase in prices for smuggling facilitation

2.1 Migrants' ability to continue migration journeys

The desk review conducted in May 2020 indicated that border closures had led to a reduction in migrants' cross-border mobility and an increase in the number of stranded migrants along the CMR.¹¹ IOM recorded a 79% decrease in cross-border travel across its flow monitoring points (FMPs) in West and Central Africa during the second half of March when most countries in the region were closing borders and banning travel.¹² IOM recorded a decrease of 48% in flows observed at Flow Monitoring Points (FMPs) between January and April 2020.¹³ Evidence indicated that 25,000 migrants were stranded in the countries where they were when the outbreak began. This included migrants and children who were left stranded while working or studying in a neighbouring country,¹⁴ migrants travelling towards North Africa and Europe, as well as migrants in transit centres awaiting a return process.¹⁵

In the Sahara Desert, sources and informants explained that it was harder for migrants to cross borders irregularly since the start of the outbreak. In Algeria, this was due to increased controls using more "police and military patrols", as well as more "radar installations, ditches and sand mounds."¹⁶ There were reports that Libya had "stepped up counter-smuggling measures" in the desert, and that local communities in Kufra and Sebha had "unilaterally taken steps to close their communities to smuggling, restricting access to the city and closing entry points."¹⁷ As a result, there were an increasing number of pushbacks at the border between Libya and Niger. From 19 March to 18 April 2020, authorities pushed back or expelled a total of 1,302 people¹⁸ who then entered quarantine in Assamaka or Arlit.¹⁹

Most migrants interviewed by 4Mi, Seefar and IMREF intended to remain in their current locations and wait until borders reopened. However, a sizeable minority wanted to continue despite the restrictions. Among 99 prospective migrants interviewed by Seefar in Mali between 10 April and 15 May 2020, most (59 out of 99) said COVID-19 had a major impact on their travel plans, and they did not want to travel irregularly as a result of the pandemic. Similarly, 4Mi found that out of 186 migrants and refugees interviewed, 44% saw themselves as "stuck" in the location where they were interviewed; 30% said their migration plans had not changed; 13% said they had changed their destination or planned route; and 6% said they had decided to return home. Respondents in Agadez were more likely to say they were stuck (63 out of 90), while respondents in Ouagadougou were more likely to say that COVID-19 had no impact on their plans (14 out of 20).²⁰ This suggested that migrants might be more likely to be stranded in later stages of the route (Agadez and Gao)

¹¹ IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020; IOM DTM (2020x). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), May 2020.

¹² IOM (2020c). [West and Central Africa — COVID-19 — Regional Flow Monitoring Report \(January — March 2020\)](#), 10 April 2020.

¹³ IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020.

¹⁴ IOM West Africa (2020). [Situation Report - COVID-19 Response](#), 4 May 2020; IOM DTM (2020n). [COVID-19 — Suivi Des Urgences 2 \(27 Mars — 21 Avril 2020\)](#), May 2020; IOM DTM (2020h). [Mali — COVID-19 — Suivi Des Urgences 1](#), 4 April 2020.

¹⁵ KII IOM, May 2020.

¹⁶ Global Initiative (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020.

¹⁷ Global Initiative (2020a). [Smuggling in the time of Covid-19: The impact of the pandemic on human-smuggling dynamics and migrant-protection risks](#), April 2020.

¹⁸ IOM West Africa (2020). [Situation Report 7 - COVID-19 Response](#), 14 May 2020.

¹⁹ MMC (2020c). [Quarterly Migration Mixed Migration Update: West Africa](#), 22 April 2020.

²⁰ None of the migrants interviewed by MMC in Ouagadougou said they had reached the end of their journey.

rather than in earlier migration hubs such as Ouagadougou. IMREF respondents were similarly trying to find solutions to continue their journeys by reaching out to smuggling facilitators, or reported they had no choice but to wait until borders reopened and controls eased.

IMREF respondents who said they were planning further travel despite restrictions were generally unsure about their next move. For instance, a 40-year-old Cameroonian migrant in Agadez explained that he was negotiating with several guides who could put his group in touch with “smugglers to continue towards Libya.” This contradicted claims that migrants had precise knowledge of alternative routes, as reported by some key informants and sources.²¹

Despite evidence of decreased flows, there were signs that some migrants continued to cross borders on the CMR.²² Evidence collected with migrants and key informants illustrated that while irregular onward travel was made difficult by border closures and increased restrictions, some migrants continued to travel along the CMR.

- **Entering Algeria.** Reports from May 2020 contained some anecdotal evidence that migrants continued to enter Algeria irregularly.²³ Two migrants in Agadez said that one migrant they knew managed to depart for Algeria in early May 2020. Similar testimonies were collected by local staff at the Maison des Migrants in Gao who reported that 2 migrants had managed to cross the border into Algeria.²⁴
- **Entering Libya.** IMREF respondents and key informants reported that migrants continued to travel on minor routes towards Libya, and that it was easier for them to enter Libya than Algeria, due to more porous borders.
- **Across West and Central Africa.** Despite the decrease in cross-border mobility, IOM Displacement Tracking Matrix (DTM) observed migrants crossing from Burkina Faso into Niger. From 13 to 17 April, they reported that 30 individuals (mostly Burkina Faso) crossed the border from Seytenga (Burkina Faso) to Petelkolé (Niger).²⁵ From 4 to 8 May, IOM identified about 8 individuals a day on the same route. This is a significant decrease from May 2019, when 488 travellers per day crossed the border at Seytenga.²⁶

2.2 Asylum, resettlement and return

Border closures, pushbacks and expulsions from Algeria and Libya may have reduced asylum seekers’ ability to move towards a place of safety in parts of the CMR. Mali and Burkina Faso have closed borders but not systematically issued specific exceptions for asylum seekers and refugees. Niger allowed 70,000 refugees from Nigeria to seek protection in the Maradi region in April 2020.²⁷ As of 15 April 2020 UNHCR had not reported instances of refoulement in West and Central Africa,²⁸ but the true number may be underreported. Past research has shown that asylum seekers travel alongside economic migrants in mixed migration flows,²⁹ suggesting that government officials often fail to identify people in need of international protection. Within the IMREF sample, 2 migrants from Central African Republic (CAR) interviewed in Agadez described how they left their country of origin due to civil war, school closures and reduced economic opportunities. They planned to apply for asylum in Europe where they would have “opportunities for a better life” but were unable to continue their journey.

The suspension of registration procedures has also affected migrants’ ability to seek asylum. Key informants in this study confirmed that registration and asylum procedures have been halted, leading to further

²¹ IOM DTM (2020o). [Mali - Rapport Trimestriel Sur Les Flux Migratoires Au Mali \(Janvier-Mars 2020\)](#). May 2020 ; KI, Maison des Migrants Gao, May 2020 ; KII IOM Mali, May 2020.

²² IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020; IOM DTM (2020x). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), May 2020; REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020.

²³ KII GI, May 2020; REACH (2020e). [Brief sur l'Impact du COVID-19 sur les Migrants en Transit et de Retour Au Mali](#), May 2020.

²⁴ KII Maison des Migrants, Gao, May 2020.

²⁵ IOM DTM (2020c). [Burkina Faso COVID-19 - Suivi Des Urgences 3](#), 17 April 2020.

²⁶ IOM DTM (2020v). [Burkina Faso — Rapport Sur Le Suivi Des Flux De Populations 26 \(Mai 2019\)](#), June 2019.

²⁷ UNHCR (2020h). [Flash relocalisation Maradi : semaine 1](#), 31 May 2020.

²⁸ UNHCR (2020e). [West & Central Africa: Impact of Covid-19 on Protection](#), 15 April 2020.

²⁹ MMC (undated). [What is Mixed Migration?](#); Kumin, J. (2014). [The challenge of mixed migration by sea](#). *Forced Migration Review*, 45; Van der Klaauw, J. (2009). [Refugee rights in times of mixed migration: evolving status and protection issues](#). *Refugee Survey Quarterly*.

“unquantified backlogs.”³⁰ Eight per cent of 4Mi respondents mentioned that “reduced access to asylum application” was an impact of COVID-19 on their lives.³¹

The suspension of voluntary return or resettlement programming has stranded migrants in need of assistance. As of 1 April 2020, the number of refugees evacuated from Libya to Niger under the Emergency Transit Mechanism (ETM)³² who had resettled to third countries stood at 2,454 out of 3,208 beneficiaries (77%), with no departures since January 2020.³³ UNHCR reported that 1,110 ETM beneficiaries were in self-isolation in a centre in Hamdallaye, near Niamey, which was set up in March 2019.³⁴ It is unclear how many ETM beneficiaries UNHCR planned to resettle during this period. On 17 March 2020, IOM suspended Assisted Voluntary Return and Reintegration (AVRR) and Voluntary Humanitarian Returns (VHR)³⁵ schemes for migrants in Niger and Libya to West African countries of origin. IOM reported that they were hosting 3,000 people in their AVRR centres, as migrants are spending an extended amount of time waiting for return.³⁶ In Niger and Burkina Faso, IOM reported that they continued to accept migrants who wanted assistance for voluntary return, and that they were hosted in transit centres. In Niger, some sources and key informants reported that conditions in these centres were inadequate as they were designed for short-term stays.³⁷

In Mali, key informants from IOM noted that centres for AVRR beneficiaries were at full capacity, meaning they can only accept highly vulnerable potential returnees. Others were left among the community.³⁸ Two migrants interviewed in Gao said they wanted to return to their country of origin and then reattempt the crossing to Algeria or Libya once borders reopened. Likewise, 9% of 4Mi respondents wanted support to return home.

2.3 Use of smuggling networks

Interviews with migrants and informants corroborated desk review findings, which suggested that smuggling activities had decreased in the short-term because of border closures.³⁹ Most IMREF respondents had decided to wait until borders re-opened to continue their journeys on the advice of smuggling facilitators. A 23-year-old Cameroonian migrant in Agadez explained that “the smuggler told us the border is blocked. We're waiting for the corona situation to calm down a bit first and the border to re-open.” A 21-year-old migrant from the Central African Republic (CAR) interviewed in Agadez said he struggled to identify smuggling facilitators and the ones that he found said it was “impossible to start the journey towards Algeria.” Some migrants noted that smuggling facilitators were struggling to identify new drivers to whom they could refer migrants. For instance, a 27-year-old Ivorian migrant in Gao explained that some drivers had originally continued to take migrants to Algeria but had either been arrested by the Algerian authorities or stopped their activities due to the fear of arrest.

In Agadez and Gao, some smuggling facilitators were reportedly still offering services but for higher prices, making the onward journey increasingly unaffordable. Migrants described various strategies smuggling facilitators were using to circumvent containment measures.⁴⁰ Migrants in Agadez also reported large increases in the amount smugglers were charging for travel to North Africa, which prevented them from using these

³⁰ UNHCR/IOM (2020). [COVID-19 and mixed population movements: emerging dynamics, risks and opportunities](#), 14 May 2020; KI, REACH Mali, May 2020; KI, IRC, May 2020.

³¹ The majority of these respondents were staying in transit centres in Gao.

³² UNHCR established the Emergency Evacuation Transit Mechanism (ETM) in November 2017, “for the evacuation of vulnerable refugees from detention in Libya to Niger. The programme was established in order to facilitate the processing of refugees trapped in detention and to enable access to protection and to durable solutions.” UNHCR (2020g). [Emergency Transit Mechanism Factsheet](#), May 2020.

³³ UNHCR (2020g). [Emergency Transit Mechanism Factsheet](#), May 2020.

³⁴ Ibid.

³⁵ IOM defines AVRR as the “administrative, logistical or financial support, including reintegration assistance, to migrants unable or unwilling to remain in the host country or country of transit and who decide to return to their country of origin.” IOM (2019), [Glossary on Migration](#). VHR is the evacuation assistance that IOM provides to stranded migrants in Libya. IOM (2018). [Assistance to Voluntary and Humanitarian Return 2017/2018](#), July 2018.

³⁶ IOM DTM (2020w). [West and Central Africa, Displacement Tracking Matrix \(DTM\) Monthly Regional Update](#), April 2020.

³⁷ REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020

³⁸ KII DRC Mali; KII IOM Mali; KII IOM Niger, May 2020.

³⁹ Global Initiative (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020.

⁴⁰ For instance, smuggling facilitators were said to be breaking up the journey into small segments, waiting to hear from others on the route or people on the next leg of the journey before moving on.

services, as shown in Figure 3. Two migrants in the research sample fell victim to scammers promising to help them cross the border then disappearing with their money.

Figure 3: Increase in the prices of smuggling services



It appears that COVID-19 restrictions may have increased migrants' reliance on smugglers for segments of the journey they would usually complete independently.⁴¹ Before the outbreak, past research suggested that migrants would typically cross the Burkina Faso and Mali border independently, only contacting smuggling facilitators once they arrived in transit towns before the Sahara Desert.⁴² Migrants said that there were two options available in May 2020: travel independently by walking across the border and taking a moto taxi once in Mali or use smuggling facilitators. IOM explained that migrants are using "smuggling facilitators to help them bypass border points."⁴³ The use of smugglers may suggest that there were additional unobserved crossings where migrants tried to hide from authorities and DTM collectors.⁴⁴

Another emerging trend may be the use of smuggling facilitators to return home and/or to cross ECOWAS borders, although information on this is limited. Key informants in Mali referred to a group of Nigeriens who had been on their way to Sierra Leone and were then stopped in Mali by the authorities. The group was then taken back to Northern Niger with the help of smuggling facilitators.⁴⁵ Given that IOM is not accepting new AVRR applications in Mali but that there is a demand for return, migrants may have no alternative but to use smuggling facilitators.

3 Effects of COVID-19 and related policy responses on migrants' vulnerabilities

All relevant sources reviewed in the first part of this study anticipated that lockdowns, curfews and the economic slowdown were likely to have an impact on migrants' physical wellbeing, mental health, financial resources and ability to avoid or cope with abuse.⁴⁶ Research conducted for this report reflected these conclusions:

- All IMREF respondents said the main challenge they faced at the time of interviews were depleted financial resources, primarily because of longer stays in transit hubs and limited work opportunities. Lack of money significantly affected migrants' well-being, corroborating previous research that found financial resources play a key role in shaping migrants' levels of vulnerability.

⁴¹ Global Initiative (2020). [Smuggling in the time of Covid-19: The impact of the pandemic on human-smuggling dynamics and migrant-protection risks](#), April 2020; Global Initiative (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020.

⁴² IMREF (2020a). [Accessing the Most Vulnerable in Agadez and Ouagadougou](#), March 2020.

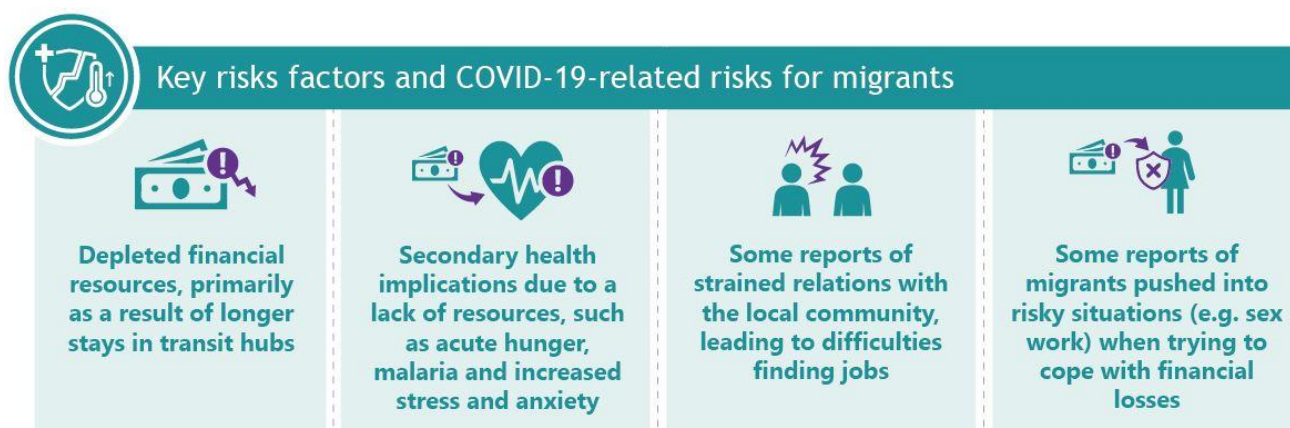
⁴³ IOM DTM (2020u). [Burkina Faso — COVID-19 — Suivi Des Urgences Région Est \(4-7 May 2020\)](#), May 2020.

⁴⁴ This reflects past research on the invisibility of migrants travelling irregularly with the help of smugglers. See for instance: McAuliffe, M., & Laczko, F. (2016). [Migrant Smuggling Data and Research: A global review of the emerging evidence base](#).

⁴⁵ UNHCR/IOM (2020). [COVID-19 and mixed population movements: emerging dynamics, risks and opportunities](#), 14 May 2020.

⁴⁶ See for instance: OHCHR, IOM, UNHCR and WHO joint press release: [the rights and health of refugees, migrants and stateless must be protected in COVID-19 response](#), 31 March 2020.

- There were no identified cases of COVID-19 among migrants on the CMR when this research was conducted. However, the containment measures had secondary health implications. IMREF respondents reported acute hunger, difficulties coping with high temperatures and catching malaria due to depleted resources and a lack of adequate shelter.
- While most IMREF respondents said they had not experienced discrimination from the local community since the start of the outbreak, some migrants across all locations described how COVID-19 had strained their relations with the local community and increased stigma, making it harder for them to find jobs.
- IMREF respondents also explained how a lack of funds forced them to turn to risky situations when trying to cope with financial losses and limited their ability to avoid sexual and gender-based violence (SGBV), in particular those who had nowhere to live or who were staying in ghettos.



3.1 Physical and mental health

The desk review highlighted concerns that living conditions would make migrants and refugees particularly vulnerable to being infected by COVID-19.⁴⁷ Migrants tend to stay in places that are overcrowded, lack water and basic sanitation. In particular, the high concentration of people makes distancing and quarantine measures challenging.

Migrants interviewed said that they were aware of regulations and advisories to socially distance and wash their hands regularly, but were struggling to comply. Key reasons why migrants reported difficulties following measures and public health directives were lack of funds to buy protective gear and precarious living conditions. Interviewed migrants often did not have the financial resources to buy antibacterial gel, soap, masks, and water, with some describing trade-offs between buying soap and food due to limited resources. Migrants in ghettos said they could not respect social distancing due to small, overcrowded living spaces. Many raised concerns over risks of contamination if one person was infected. This echoed 4Mi data collected in Agadez, Gao and Ouagadougou: 66% of 4Mi respondents said that they could not keep the recommended 1.5 metre distance away from people in the place where they live, especially for those in transit centres, in the street and in ghettos.

Despite these concerns, all key informants said that there were no identified COVID-19 cases among migrants on the CMR at the time of interviews, whether in informal settlements, camps, ghettos, or neighbourhoods with a majority of immigrants. Out of 186 migrants and refugees interviewed by 4Mi in Agadez, Gao and Ouagadougou, only 11 had been tested for COVID-19.⁴⁸ Ten said they tested negative, and one refused to answer. According to explanations provided by key informants, this may be linked to a relatively low numbers of cases along the CMR or limited testing capacity, meaning that there are likely unidentified cases.⁴⁹

Migrants interviewed noted other health concerns as secondary effects of containment measures. They explained that they had run out of funds while stranded because of containment measures, resulting in increased

⁴⁷ Liem, A., C. Wang, Y. Wariyanti, C.A. Latkin and B.J. Hall (2020). [The neglected health of international migrant workers in the COVID-19 epidemic](#), The Lancet.

⁴⁸ All these cases were reported in Agadez. This may be linked to the mandatory quarantines in Agadez for migrants expelled from Algeria or pushed back from Libya.

⁴⁹ KII, DRC Tunis, May 2020.

food and shelter needs which affected their well-being. Migrants experienced acute hunger, difficulties coping with high temperatures and malaria infections.⁵⁰ Migrants living in ghettos and in the street also described a lack of clean latrines. Most women interviewed mentioned the lack of sanitary products.

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. According to those interviewed, many sources of stress identified in IMREF interviews and 4Mi data existed before the pandemic but were exacerbated by COVID-19. Figure 4 outlines the key stresses reported by migrants.

Figure 4: Key stresses reported by IMREF respondents



Psychosocial distress appeared to be particularly acute among returnees interviewed by IMREF. Past IMREF research suggested that returnees are particularly vulnerable because they experience forced work, beatings, torture, SGBV, and assaults during border crossings in Libya and Algeria and during the expulsion process into northern Niger and Mali.⁵¹ IMREF interviewed 10 returnees (see breakdown in Annex 3) who all described experiencing or witnessing traumatic events.

⁵⁰ KII, Danish Red Cross Mali, May 2020.

⁵¹ IMREF (2020a). [Accessing the Most Vulnerable in Agadez and Ouagadougou](#), March 2020.

3.2 Access to the labour market and financial resources

All IMREF respondents reported that COVID-19 measures had significantly affected access to sufficient financial resources. Previous research has identified this as a critical factor in shaping vulnerability as migrants generally have limited financial resources when they start their journeys. Some migrants therefore spend time in transit hubs earning money to fund the next leg of their journey. Migrants embarking on this “pay as you go” mode of migration depend on the availability of work in the informal sector, which shrank with the outbreak of COVID-19.⁵² Other migrants said they had saved the exact amount of money needed to get to their destination, which ran out when they were stranded. As a 40-year-old Cameroonian migrant in Agadez explained: “We’ve planned everything before leaving our country, now we have run out of money.”

All migrants who tried finding work described challenges accessing the labour market in informal sectors. Among 4Mi respondents, only 16% said they had “continued to work despite COVID-19 restrictions.” Two IMREF respondents in Gao said they had lost their jobs after the start of the outbreak due to the closures of construction sites. Migrant unemployment was also attributed to the economic slowdown due to COVID-19 and difficulties building trust with employers who were reportedly worried that newcomers posed an infection risk. Migrants who did not have masks said that employers were particularly reluctant to hire them. Existing barriers such as inadequate skills, lack of social networks and language issues remained prevalent.

Some migrants in Gao, Agadez and Ouagadougou had found work but were receiving reduced salaries. Most migrants who were already working before the outbreak said that wages decreased because of the economic slowdown. For instance, a 24-year-old female migrant from Benin interviewed in Gao explained that she was working in a hair salon but her boss cut her monthly wages from 15,000 FCFA (£20) to 5,000 FCFA (£7) due to a lack of business.

Although very few migrants said they received remittances prior to the outbreak, those that did reported that their families had stopped sending money as a result of COVID-19. Those who stopped receiving funds attributed this to the fact that family members were also out of work or trying to save money due to uncertainty over the length of lockdowns.⁵³ A 40-year-old Cameroonian migrant said that “my family told me that we don’t know when it will end so we are forced to postpone things because the fees are really high to send money.”

Most migrants said they had to sell their belongings to cope with the depletion of funds as they struggled to access work. Some migrants explained that they had resorted to negative coping strategies such as selling their clothes, in particular those with no shelter. A 36-year-old Senegalese migrant interviewed in Ouagadougou said: “I sold everything, even my clothes. [I currently own] only the clothes I’m wearing.” Other migrants said they sold their phones or exchanged their smartphones for a cheaper model. All migrants interviewed said that the money earned by selling these low-cost assets was quickly spent. The lack of phones may further negatively affect migrants’ vulnerability, as past MMC research has shown that access to phones increases migrants’ ability to avoid and cope with situations of abuse or exploitation.⁵⁴

Migrants who were expelled or pushed back from Libya and Algeria described particularly acute financial hardships. This was linked to the fact that authorities took the money they had earned during their stay in Libya or Algeria. A 27-year-old Gabonese migrant interviewed in Agadez said: “the Algerian authorities during the refoulement took everything from me, they didn’t even leave me a handkerchief.”

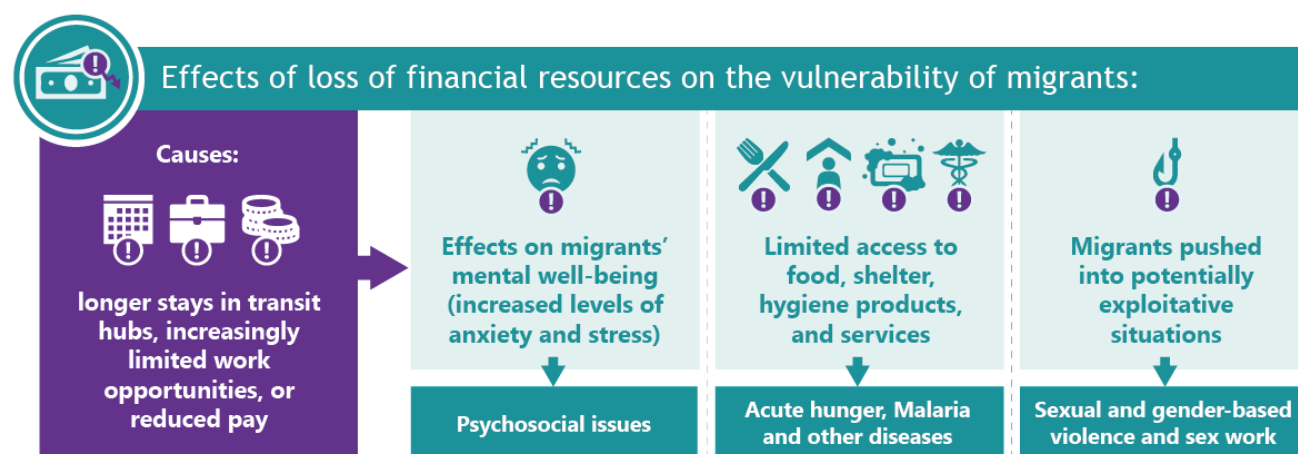
The depletion of funds had direct consequences on migrants’ access to food and shelter. Several migrants interviewed said they had to reduce the number of meals they eat to save money. Several migrants said they had no option but to sleep in bus stations while others were on the street. Some migrants feared eviction because they were unable to pay rent. Two migrants in Agadez explained that they previously stayed in private accommodation, but had to sleep in the bus station at the time of the interview as they were no longer able to afford rent. Several reported that prices for basic goods had increased in Gao and Agadez because of the economic slowdown, which may further affect their ability to purchase food.

⁵² The International Labour Organization (ILO) estimated that 1.6 billion informal economy workers lost their income worldwide, and that the “first month of crisis [March 2020] is estimated to result in a decline in earnings of informal workers of 60% globally.” ILO (2020). [ILO Monitor: COVID-19 and the world of work. Third edition: Updated estimates and analysis](#), 28 April 2020.

⁵³ The World Bank estimated that remittances are expected to decline by 23.1% in 2020 to reach \$37 billion, compared to \$48 billion in 2019 due to the COVID-19 crisis. World Bank (2020). [Migration and Development Brief 32 COVID-19 Crisis Through a Migration Lens](#), Migration and Remittances Team, April 2020.

⁵⁴ MMC (2019g). [North Africa 4Mi Snapshot Access to information of refugees and migrants in Libya](#), July 2019.

Figure 5: Effects of loss of financial resources on the vulnerability of migrants



3.3 Risks of discrimination

The desk review identified emerging primary evidence that supported claims that migrants were facing heightened discrimination from local communities, in particular in Libya and Tunisia. Some news reports suggested that discrimination against migrants, refugees and IDPs had led to abuse and acts of violence from local communities,⁵⁵ but examples were limited.

Most migrants interviewed said they had not experienced discrimination from the local community since the start of the outbreak. This corroborates 4Mi data, where only 17 respondents (9% of the sample) reported increased racism and xenophobia – mostly in Niger (15 out of 17). Migrants staying with families of other nationals who resided in the community said their networks in the local community acted as a “layer of security.”⁵⁶

Across the 3 locations, however, some migrants said that COVID-19 had strained their relations with the local community and increased stigma. Some migrants said that members of local communities perceived them as a source of infection and were avoiding them. Some migrants also reported instances of verbal abuse directly attributable to issues around COVID-19. For instance, a 23-year-old Cameroonian migrant in Agadez said that he was unable to go shopping: “When I was walking to the shop, someone screamed at me that it was strangers who brought the coronavirus with them.” Among those who said they had experienced discrimination, this was generally attributed to a failure or inability to respect virus containment measures. Key informants explained that there were high tensions in transit centres since locals living close to these centres see them as a potential transmission cluster.⁵⁷ Others noted the reluctance of local employers to hire them due to concerns that foreigners posed an infection risk (see [Section 3.2](#)).

Evidence remains inconclusive about whether tensions between migrants and local communities have increased due to COVID-19. Many migrants interviewed had arrived less than 3 months before the time of the interview or were on their first migratory journey and were not aware of the relationship between migrants and the local community before the outbreak. Some migrants in ghettos said they were not exposed to the local community because they rarely went out. As noted in the desk review preceding this study, there is little research on perceptions of migrants among local communities in Burkina Faso, Mali, and Niger to support an analysis of how dynamics may have changed.

3.4 Risks of abuse and exploitation

Key informants and desk review sources anticipated that migrants would be at heightened risk of abuse and exploitation because of COVID-19. The prevailing assumptions were that migrants would be scapegoated and discriminated against by local communities, possibly leading to violence;⁵⁸ suffer abuse by local authorities

⁵⁵ British Red Cross Humanitarian Policy Team, Rapid response insights: Preparing for and responding to risks of COVID-19 in West and Central Africa, April 2020.

⁵⁶ 29-year-old migrant from Burkina Faso, interviewed in Gao.

⁵⁷ KII IOM Mali, May 2020.

⁵⁸ ACAPS (2020b). [Possible global humanitarian developments over the next six months](#), April 2020.

for breaking containment measures; or enter exploitative situations due to increasing desperation making them vulnerable to trafficking.⁵⁹ Women were expected to be particularly vulnerable, as past research has shown they are already at greater risk of sexual assault, physical abuse, robbery and being asked for bribes while journeying on the CMR.⁶⁰

The inability to follow containment measures may have contributed to situations where migrants faced abuse from the authorities. For instance, a 24-year-old migrant from Ivory Coast in Gao explained that he had broken curfew rules to beg and look for work. While begging, he was caught by the police and beaten up. In Agadez, the evidence from migrants interviewed was more mixed: 2 migrants sleeping in the street said the police had threatened them, while 2 women sleeping at the bus station said the police had protected them. No migrants interviewed in Ouagadougou reported abuse from authorities.

Some migrant women interviewed had to turn to sex work as a direct result of loss of income due to COVID-19 restrictions. Past research has shown that some women turn to sex work as a coping mechanism when they lack funds to continue their journeys.⁶¹ Among IMREF respondents, 2 explained that they ran out of money and started engaging in sex work in the weeks before the interview. These women made a clear link with the start of the outbreak of COVID-19, the loss of their income, and the consequent reliance on sex work to make money.⁶²

Two female sex workers in Agadez and Gao reported that sex work had become more precarious due to the closure of bars and brothels. Two other women that already engaged in sex work in Agadez and Gao before the pandemic described that sex work had become more precarious due to closure of bars and brothels. A 29-year-old Cameroonian woman in Agadez said that working outside the bar put her at greater risk of abuse from clients because she no longer had the protection of other sex workers.

COVID-19 measures have affected women's ability to avoid, and cope with, situations of abuse in ghettos and on the street. Some migrants and key informants described instances of SGBV perpetrated by smuggling facilitators which they connected with women being forced to stay longer in the ghettos. Some women explained they were unable to insist on the use of contraceptives, which posed health and pregnancy risks. The lack of shelter has also put women at risk of abuse.⁶³

Box 1: A case of exploitative economic arrangement in Gao

A 25-year-old Togolese woman in Gao described an exploitative economic arrangement that she could not leave because of travel restrictions and the lack of other jobs. She met another Togolese woman after accumulating debt from renting her own place in the city. The woman offered food and a cheaper room (10,000 FCFA [£14] a month) in exchange for help her with her hair braiding business and childcare. The interviewee said she could not leave this arrangement because she could not find another job or move on with her migration journey. Economic hardship caused by COVID-19 may result in what would have been short-term transactional relationships evolving into long-term, exploitative arrangements that may meet definitions of modern slavery.⁶⁴

4 Effects of responses to COVID-19 on migrants' access to health and protection services

One of the prevailing assumptions in the existing literature is that COVID-19 and related containment measures will exacerbate existing barriers migrants face in accessing health and protection services and potentially raise new ones. Key findings included:

- 4Mi respondents and IMREF described a range of sources from which they get information on COVID-19 and related measures. While many migrants said they relied on their phones for information, several

⁵⁹ UNODC (2020b). [How COVID-19 restrictions and the economic consequences are likely to impact migrant smuggling and cross-border trafficking in persons to Europe and North America](#), May 2020.

⁶⁰ See for instance BBC (2014), [Migrant dreams turn into Sahara sex work](#).

⁶¹ KII, DRC Mali, May 2020; IMREF (2020a). [Accessing the Most Vulnerable in Agadez and Ouagadougou](#), March 2020.

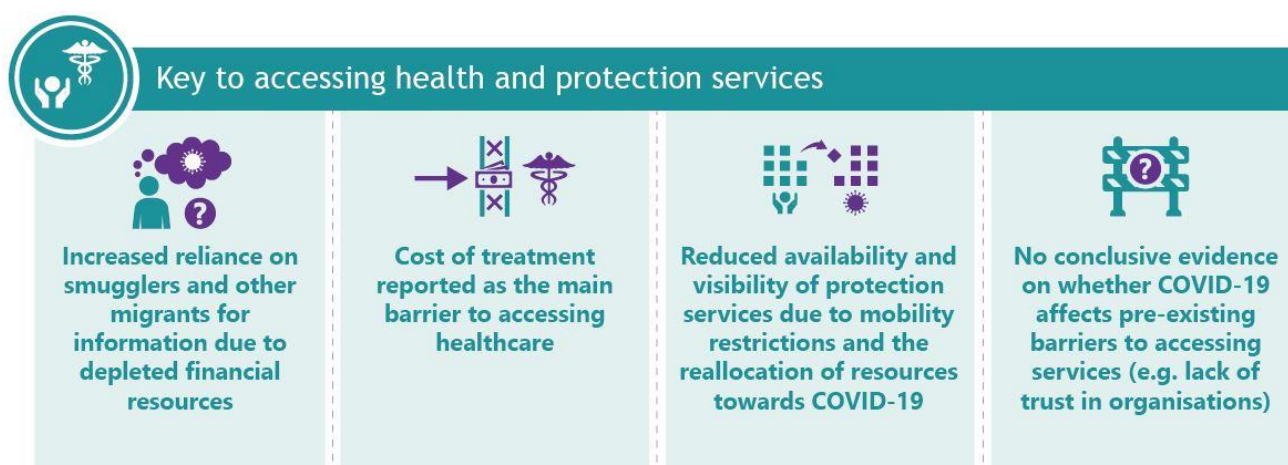
⁶² 25-year-old Togolese woman in Gao.

⁶³ 30-year-old Beninese woman living on the street in Gao

⁶⁴ KII with researcher from MPC, May 2020.

had explained that the lack of funds negatively impacted their ability to access information, as they sold their phones or did not have the means to buy credit.

- According to 4Mi data, the most common barrier to accessing healthcare appeared to be the cost. Reduced financial resources may exacerbate this barrier. While none of the IMREF respondents had attempted to access health services, some across all 3 locations felt that they would not be prioritised if they tried to do so.
- Mobility restrictions and the reallocation of resources towards COVID-19 have reduced the availability and visibility of protection services, affecting migrants' ability to access them.
- There is no conclusive evidence about whether COVID-19 has affected migrants' willingness to access services. Barriers identified in previous research,⁶⁵ including the mistrust of international organisations, remained important, as some migrants feared they would be deported or not provided with services. It was not clear whether these dynamics had evolved since the start of the outbreak.



4.1 Access to health information

All migrants interviewed were aware of the symptoms of COVID-19 and how to protect themselves. This reflected 4Mi data which found that all interviewed migrants in Burkina Faso, Mali and Niger knew about COVID-19.⁶⁶ IMREF respondents said they respected the containment measures and only 2 were sceptical about the risks of COVID-19, saying that the virus did not affect “poor people”⁶⁷ or “Africans.”⁶⁸

Migrants described using a range of sources to get information about COVID-19. They included phones, the radio, smuggling facilitators and other migrants.⁶⁹ 4Mi data showed that many migrants in West Africa said they relied on information from other migrants (61% for Agadez, Gao and Ouagadougou), information from smuggling facilitators (42 out of 90 in Agadez and 38 out of 76 in Gao) and the radio (64%). Many also relied on their phones to get information about the virus, either through social media, notably Facebook, or by calling their families back home or abroad. 4Mi data also indicated that phones were a key means of receiving information, with 68% of respondents using social media or messaging apps and 59% making calls.

In ghettos, migrants without a phone or with increasingly limited resources to pay for credit relied on smuggling facilitators or other migrants for information. Several reported that smugglers told them to stay in the ghetto to respect containment measures, cutting them off from other sources of information.⁷⁰ A 23-year-old Cameroonian migrant in Agadez said: “I’ve been unable to get online for a week now because I lack the

⁶⁵ IMREF (2020a). [Accessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger](#), March 2020.

⁶⁶ MMC (2020f). [COVID-19 Snapshot –Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

⁶⁷ 19-year-old Guinea migrant in Gao.

⁶⁸ 26-year-old CAR migrant in Agadez.

⁶⁹ MMC (2020e). [COVID-19 global update #2: Impact of COVID-19 on refugees and migrants](#), 12 May 2020.

⁷⁰ It is unclear to what extent migrants are being prevented from leaving the ghetto as a result of COVID-19. In Gao and Agadez, past research found that migrants are often told to not leave ghettos during the day to avoid authorities due to the criminalisation of smuggling activities. See: IMREF (2020a). [Accessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger](#), March 2020.

funds. I don't know anything about what's going on. I don't go out. We're locked in.”⁷¹ Three other migrants noted they were no longer able to afford credit and were increasingly reliant on smugglers and other migrants for news.

While migrants were generally aware of the virus, some lacked information on health services available to them should they develop symptoms. 4Mi data showed that 24% of respondents lacked information on available health services.⁷² While several migrants interviewed were aware of hotlines to call when showing symptoms, notably in Ouagadougou, some did not know how to access health providers, where to go and how much it would cost.

Some key informants voiced concerns that information provision was not well adapted to migrants, especially children, due to language barriers and lack of clear messaging around what to do if you develop symptoms.⁷³ In Agadez, Gao and Ouagadougou, less than 6% of 4Mi respondents said that language was a barrier to accessing health services, the majority in Gao.

4.2 Access to health and protection services

4Mi data suggested that the most common barrier to accessing healthcare was the cost of treatment. More than half of migrants surveyed by 4Mi in Agadez, Gao and Ouagadougou (52%) cited this as a barrier.

Interviewed migrants rarely saw direct discrimination as a barrier to accessing healthcare. Although some migrants across all 3 locations felt that they would be a lower priority than locals, instances of discrimination were limited. In Mali, a key informant reported that one hospital stopped accepting referrals for migrants at the start of COVID-19 but later accepted them.⁷⁴ None of the migrants interviewed had been rejected from accessing health services. A few had accessed health services for non-COVID symptoms provided by local hospitals and the Red Cross. In the 3 locations, only 2% of 4Mi respondents said that discrimination against foreigners was a barrier to accessing health care.⁷⁵

While existing access barriers, including fears of deportation and detention as well as a lack of trust in international organisations, continued to deter migrants from seeking assistance, it is not clear from research conducted whether and how these dynamics were affected by COVID-19 related restrictions. 4Mi data showed that fear of deportation and detention deterred migrants from seeking assistance in all locations. In Gao and Agadez, 30 4Mi respondents said the fear of deportation or detention affected their daily lives. In Gao (12 out of 76 respondents) and Agadez (12 out of 90 respondents) this fear was preventing them from accessing healthcare. Mistrust of international organisations, which past IMREF research found severely limited transit migrants' uptake of available services on the CMR,⁷⁶ also remained an issue. Based on the research conducted, it is not clear whether or how these dynamics have changed since the start of the COVID-19 outbreak.⁷⁷

The reallocation of resources towards COVID-19 and mobility restrictions is likely to have reduced the availability and visibility of organisations providing protection services.⁷⁸ Some migrants said they had benefited from health services delivered by the Red Cross in Ouagadougou, and several returnees in Agadez had been rescued by IOM prior to the pandemic. However, several migrants interviewed were not aware of NGOs operating in the field, or how to access them. This was particularly the case for migrants who were on their first journeys and had arrived at the transit hub at the start of the outbreak. Those migrants reported they were not able to identify NGOs in the location where they are stranded. This may have been compounded by the fact that at the time of the interviews, many organisations had suspended the work of community mobilisers and volunteers at bus stations and in ghettos.⁷⁹

⁷¹ 19-year-old Guinean migrant in Gao.

⁷² MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

⁷³ KII UNICEF Regional Office, May 2020.

⁷⁴ KII DRC Mali, May 2020.

⁷⁵ MMC (2020e). [COVID-19 global update #2: Impact of COVID-19 on refugees and migrants](#), 12 May 2020.

⁷⁶ IMREF (2020a). [Accessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger](#), March 2020.

⁷⁷ KII DRC Mali, May 2020.

⁷⁸ For instance, the Red Cross reports that psychosocial support (PSS) activities for returnees and migrants are currently suspended due to government restrictions on gathering, creating a significant gap in protection for migrants. British Red Cross Humanitarian Policy Team, Rapid response insights: Preparing for and responding to risks of COVID-19 in West and Central Africa, April 2020.

⁷⁹ KII IOM Mali, May 2020.

None of the migrants knew about safety nets and new social policies enacted by governments in response to COVID-19 or had tried to access them. Migrants did not appear to be included in new policies issued by Niger, Mali, and Burkina Faso to offset financial and other hardships linked to COVID-19.⁸⁰

5 Conclusion and recommendations

This report was the second in a two-part series that examined the effects of COVID-19 and related responses on migrants in Agadez, Gao and Ouagadougou. The first report, based on an extensive secondary review of sources published since the COVID-19 outbreak, showed that there are varying levels of evidence available to substantiate existing claims. This report drew on in-depth interviews with migrants and experts to corroborate findings and provide further evidence to address some of the gaps in the first report. Annex 7 summarises some of the main findings of the two-part study and where knowledge gaps remain.

5.1 Recommendations to humanitarian and development organisations

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. This is particularly true for migrants who have been expelled or pushed back from Libya and Algeria.
 - a. Scale-up shelter, food, and hygiene assistance in key migration hubs where increasing numbers of migrants are stranded, such as Agadez, Gao and Ouagadougou. Support should include the distribution of goods and personal protective equipment, provision of shelter or small grants to cover basic needs. Implementers should consider potential conflict sensitivity risks in how assistance is delivered to migrants to avoid creating tensions between local communities and migrants.
 - b. In Mali, support migrants unable to start a voluntary return process due to overwhelmed AVRR centres. In Mali, key informants from IOM noted that centres for AVRR beneficiaries are at full capacity, meaning they can only accept highly vulnerable potential returnees. Scale-up programming that provides temporary shelter and basic humanitarian support for migrants outside of shelters.
 - c. Include migrants in humanitarian and development programmes aimed at addressing the secondary effects of COVID-19, including on local employment opportunities.
 - d. Use targeted online and offline messaging to inform migrants about services and facilitate access to services by providing means to cover transportation.
2. **Adapt SGBV services to current restrictions and migrants in different situations in Agadez and Gao.** Some women in Agadez and Gao said that COVID-19 had hindered their ability to avoid SGBV in ghettos or when homeless and had made sex work more dangerous.
 - a. Inform migrants and local community members about available support services, including shelters and health clinics for SGBV survivors, and quickly communicate any changes to activities such as operating hours and access modalities in response to changing COVID-19 restrictions.
 - b. Adapt SGBV provision of services to remote modalities and difficult to reach populations, especially women in ghettos. Options could include having dedicated focal points within communities close to ghettos.
3. **Mobilise remote methods of providing psychosocial support including in hard to access locations such as migrant ghettos.** Psychosocial stress is high among stranded migrants as well as returnees. Social distancing measures and movement restrictions have led to the reduced field presence of humanitarian organisations, making in-person service delivery difficult.
 - a. Scale-up PSS services that can be provided to migrants and other vulnerable groups to address increasing levels of stress and anxiety linked to COVID-19.

⁸⁰ Information on measures were retrieved on 27 April 2020 at: [ACAPS, COVID-19 Government Measures Dataset](#); [International Monetary Fund \(IMF\), Policy Tracker](#)

- b. Train staff on how to provide psychosocial counselling through different modalities, including remote ones that can be used during restrictions (i.e. over phone or internet-based call options).
 - c. Develop strategies to spread the reach of remote PSS in hard to access locations such as migrant ghettos. This can include setting up a hotline number and informing migrants via smugglers (when appropriate), foreign migrant associations, posters, and the radio.
4. **Scale-up social cohesion programming.** Key informants explained that there were high tensions in transit centres since locals living close to these centres see them as a potential transmission cluster.
- a. Increase funding for social cohesion activities to address reported tensions around shelters hosting migrants.
 - b. In the medium-term, social cohesion programming could look to offset potential future tensions as local employment opportunities may decrease.
5. **Improve coordination to increase the visibility of services.** Past IMREF research found that, before the COVID-19 outbreak, there were already significant challenges in accessing the most vulnerable migrants in transit hubs, including lack of awareness of services among migrants, lack of willingness to access services due to perceptions that they could be forced or encouraged to return to their country of origin, and smugglers preventing migrants from accessing services. It is plausible that the inability to send staff and volunteers to the field has made the process of identifying and targeting beneficiaries more challenging.
- a. Develop a shared strategy and coordination plan for accessing different vulnerable groups in key hubs (through existing Protection Working Groups), that accounts for significant changes in the operating environment.
 - b. This strategy should include, at a minimum: i) updated stakeholder mapping and referral pathways available to different groups to identify changes linked to COVID-19, ii) common areas of needs for research and analysis and shared approaches to identifying vulnerabilities, approaching smuggling actors, local government, and local organisations (including migrant associations), and iii) a strategy for building trust with beneficiaries.
6. **Ensure that COVID-19 awareness-raising and information campaigns 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.
- a. Information campaigns should emphasise whether migrants have the right to access health services and under what conditions.
 - b. Implementers could invest in establishing common hotlines where migrants are referred to appropriate service providers based on their needs that all actors can work to disseminate. Hotline numbers and other information campaigns should be shared on the radio, social media, and texts to mobile phones.
 - c. Distribute cell phone credit to all migrants receiving services with phones to enable them to access hotlines and trusted sources of information.
 - d. Work with national government partners to ensure the design of COVID-19 information campaigns are migrant-sensitive and include messages clearly communicating their rights in accessing services.
7. **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. While 4Mi and IMREF data provided an overview of priorities, a more granular, area-based approach is needed to adapt programming.⁸¹

⁸¹ This reflects recommendations from REACH in Agadez, which found that “assessments about the humanitarian needs of vulnerable refugees and migrants are outdated according to KIs” and need to take into account the secondary effects of COVID-19. REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020.

- a. Conduct rapid needs assessments in priority areas that either include or focus on the needs of migrants. These can be jointly funded by members of Protection Working Groups to offset costs.
- b. Convene online workshops or programme reviews focused on scenario planning to plan for the different ways COVID-19 could evolve. Improve preparedness for the pandemic's anticipated long-term impact on the economy, social dynamics, and vulnerabilities.
- c. Consolidate and disseminate lessons from the first phase of the COVID-19 response to plan for a potential second wave of COVID-19 or future pandemics.

5.2 Recommendations to donors

1. **Play a stronger role in helping programme stakeholders adapt targeting and access strategies** to the current situation and coordinate effectively given significant change in the operating environment. Options could include convening working groups with experts and programme stakeholders to create joint strategies or chairing working groups in priority areas.
2. **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. Donors could gather lessons learned from the process of negotiating a humanitarian corridor from Niger, supported by IOM.
3. **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.
4. **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.
5. **Advocate for governments on the CMR to include migrants in national response schemes.** Migrants are not currently included in COVID-19 response policies. Donors should advocate for the inclusion of migrants 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.
6. **Respond to information gaps on specific vulnerable groups by funding research on:**
 - a. Primary data collection with unaccompanied migrant children to assess their unique needs and the effectiveness of responses in light of COVID-19.
 - b. Research on 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.
 - c. The role of trust as a barrier to migrants' access to humanitarian services, and how this barrier is being affected by COVID-19.
7. **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 due to COVID-19.
8. **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 and help implementers adapt the response to the pandemic and its secondary effects as the context changes.