



Desk Review

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

27/05/2020

Part of the **SSS II** programme





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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 Global, 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 will also facilitate 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 when 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

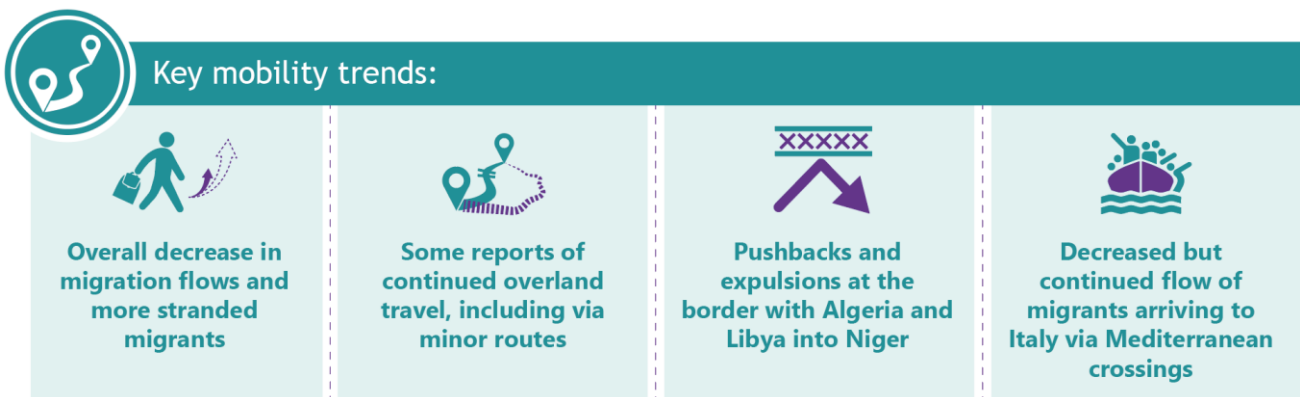
Executive Summary

COVID-19 is anticipated to have significant implications for people in mixed-migration flows on the Central Mediterranean Route (CMR). As governments have put in place measures to curb the spread of the virus, analysts have warned that migrants will be disproportionately affected by the public health crisis and its related socio-economic effects. While numerous publications on the impact of COVID-19 on migrants have emerged, many are not clearly evidenced or applicable to the CMR context. A systematic review of available literature is therefore needed to understand what evidence exists about the emerging impact of COVID-19 on migrants on the CMR and what areas require further research.

This report provides an analysis of emerging findings on the impact of COVID-19 – and corresponding policy responses – on migrants' mobility patterns, vulnerabilities and access to health and protection services. In particular, it looks at the effect of the current crisis on vulnerabilities such as physical and mental well-being, financial resources and access to labour, and abuse and exploitation. Findings are based on a review of 146 sources published between 1 February and 14 May 2020 and five interviews with researchers.

Evidence on the impact of COVID-19 remains at an early stage, leading to significant knowledge gaps on how the pandemic affects migrants and refugees in different contexts along the CMR. A number of these gaps will directly inform a follow-on study drawing on primary data collection with migrants to better understand the topics examined in this review. As the situation and evidence base are evolving rapidly, some findings on evidence gaps highlighted in this report may quickly become outdated.

Changes in mobility patterns



- There is reliable evidence that restrictions to freedom of movement due to COVID-19 have reduced migration flows and left an increasing number of refugees and migrants stranded on the CMR.¹ Although movement has decreased, there are signs it has not stopped entirely as some migrants continue overland journeys² and Mediterranean crossings.³
- Border closures and the absence of special exemptions for refugees and asylum seekers suggest that channels for seeking protection have been restricted. Very few governments have enacted provisions to allow continued registration for asylum seekers.⁴ Opportunities for voluntary return and resettlement have also been disrupted, leaving many migrants unable to move on to the next step of their journey, or to return to their country of origin.⁵
- Most sources point to a temporary slowdown in smuggling activities.⁶ However, evidence suggests that there is a continued demand for smuggling facilitation at key points on the CMR with little indication that

¹ IOM. [DTM IOM Displacement Tracking Matrix: West and Central Africa - COVID-19 - Flow Monitoring Registry: Evolution of Mobility Flows from January to March 2020](#). 10 April 2020; IOM DTM (2020m). [March Monthly Regional Update West & Central Africa](#), 11 May 2020.

² REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020; Zandonini, G. (2020b). [Hundreds of migrants stuck in Niger amid coronavirus pandemic](#), Al-Jazeera, 9 April 2020; IOM West Africa (2020). [Situation Report - COVID-19 Response](#), 4 May 2020.

³ UNHCR (2020c). [Italy weekly snapshot](#), 26 April 2020; UNHCR (2020b). [Spain Weekly snapshot - Week 16 \(13 - 19 April 2020\)](#), 20 April 2020; Alarm Phone (2020). [The COVID-19 Excuse](#), 11 April 2020.

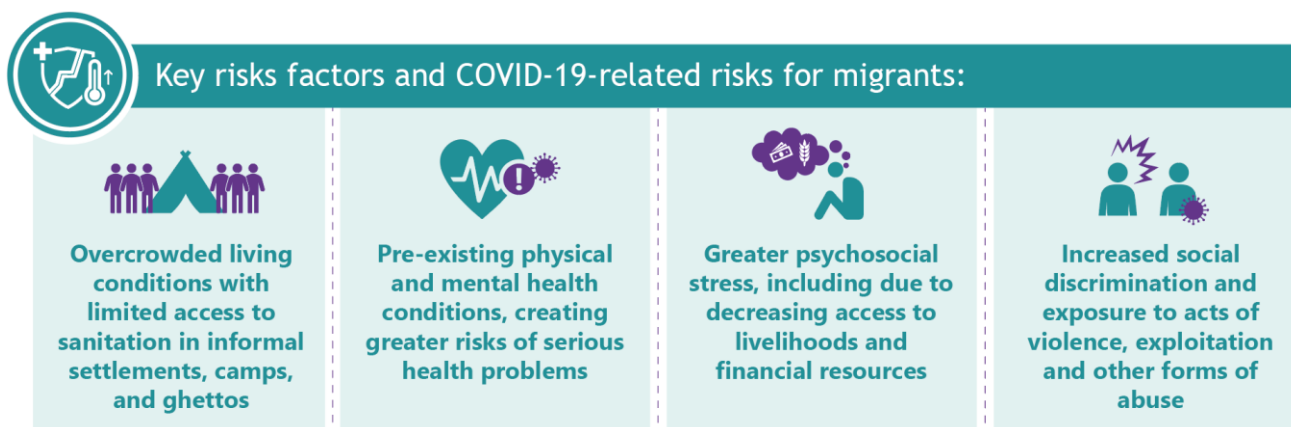
⁴ UNHCR (2020f). [Impact of COVID-19 on the protection of displaced and stateless populations West and Central Africa](#), 15 April 2020.

⁵ UN News (2020). [COVID-19: Agencies temporarily suspend refugee resettlement travel](#), 17 March 2020.

⁶ Global Initiative Against Transnational Organized Crime (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020.

movement restrictions have deterred intentions to migrate.⁷ Analysts agree that continued journeys, which may increasingly rely on the services of smugglers and use of clandestine routes to cross borders, are now likely to be riskier and more dangerous.⁸ There are divergent views with regards to whether migrants are likely to be exposed to increasing abuse at the hands of smugglers in response to mobility restrictions and increased controls. While the majority of sources raise significant concerns over risks of economic and sexual exploitation, data is not yet available.

Vulnerabilities of migrants on the CMR



- A large number of sources discuss the impact of COVID-19 on migrants' vulnerabilities and agree that the overall risks to migrants' physical and mental wellbeing have increased. Key risk factors including living conditions, a lack of access to water and basic sanitation, pre-existing health conditions or psychosocial stress make migrants and refugees particularly vulnerable to becoming infected with COVID-19 and having the current situation disproportionately affect their wellbeing.⁹ Emerging data from Libya and West Africa provides preliminary indications that the current situation is negatively affecting migrants' mental well-being by generating additional stress and anxiety.¹⁰
- Several surveys have confirmed that large-scale economic changes linked to COVID-19 responses are affecting migrants in some contexts along the CMR.¹¹ These surveys indicate that migrants struggle to access work opportunities in the informal sector due to the economic impact of COVID-19-related restrictions. Surveys in Libya suggest that migrants are suffering from additional financial stress due to difficulties in receiving remittances and the increase of prices for goods and accommodation.¹² None of the new provisions and social protections issued by national government on the CMR mention migrants or refugees, suggesting they do not have access to safety nets to cope with increased financial hardships.
- There is emerging primary evidence to support assumptions that migrants will face heightened discrimination from local communities.¹³ Some news reports suggest that discrimination against migrants, refugees and IDPs has led to abuse and acts of violence from local communities,¹⁴ but examples are limited. The lack of available research on perceptions of migrants among local communities on the

⁷ 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; 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.

⁸ 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; KII with researcher from MPC, 11/05/2020.

⁹ 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; Grünewald, F. & Maury, H. (2020). [Pandemics and Humanitarian Challenges: Lessons from a number of health crises](#), Groupe URD, 29 March 2020; Elias, C. J., Alexander, B. H., & Sokly, T. (1990). [Infectious disease control in a long-term refugee camp: the role of epidemiologic surveillance and investigation](#). American Journal of Public Health; Ranva, S. (2020). [Amid Coronavirus Spread, Host Countries Ignore Refugee Health at Their Own Peril](#), Foreign Policy, 27 March.

¹⁰ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

¹¹ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

¹² IOM DTM (2020k). [Migrant Emergency Food Security Assessment Preliminary Findings](#), May 2020.

¹³ MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020; UN OCHA. Libya: [COVID 19 Situation Report No 3](#), 27th April 2020.

¹⁴ 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.

CMR prior to COVID-19 makes it difficult to assess changes in the level of discrimination migrants are facing, including what can be attributed to COVID-19.

Access to health and protection services



- Primary data collected with migrants in North and West Africa suggests that migrants face barriers in accessing COVID-19 health services due to a lack of information on how to access those services, language barriers and discrimination from the local governments and authorities. Many existing barriers to access appear likely to increase due to the implications of COVID-19, as migrants have fewer financial resources to meet the costs of treatment, face increasing levels of discrimination, and may become more fearful of deportation.¹⁵
- There is evidence that the reallocation of humanitarian resources towards the COVID-19 response and new restrictions have reduced the availability of protection services.¹⁶ However, there is limited evidence about how COVID-19 may exacerbate other barriers flagged in previous research that may affect their willingness to access services, including levels of trust in humanitarian actors and other service providers.

Looking forward: upcoming IMREF research on the impact of COVID-19 on migrants

- Quantitative data on movements, vulnerabilities and access to services is emerging in Mali, Niger, Burkina Faso, Libya and Tunisia, but a more detailed qualitative understanding is missing. Without triangulation of quantitative findings, corroborated claims and an overall stronger evidence base, effective responses to migrants' needs will be limited.
- To fill this gap, IMREF is conducting a follow-up study that draws on remote primary data collection with 34 transit migrants in Gao (Mali), Agadez (Niger) and Ouagadougou (Burkina Faso) and 20 key informant interviews with researchers and humanitarian and development organisations. The study will be published in July 2020.

¹⁵ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020d). [Refugees' and Migrant's Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020; MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.; Kluge, H. H. P., Jakab, Z., Bartovic, J., D'Anna, V., & Severoni, S. (2020). [Refugee and migrant health in the COVID-19 response](#), The Lancet, 31 March 2020; Ghani, F. (2020). [Libya: Coronavirus outbreak could be 'catastrophic' for migrants](#), Al Jazeera.

¹⁶ ACAPS (2020a). [COVID-19: Impact on humanitarian operations](#), April 2020; 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; Beaumont, P. (2020). [Coronavirus threatens to turn aid crises into 'humanitarian catastrophes'](#), The Guardian, 25 March 2020; Refugees International (2020). [COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies](#), March 2020; OCHA (2020a). [Libya COVID-19 Situation Report No.2](#), 20 April 2020.

Acronyms

4Mi	Mixed Migration Monitoring Mechanism Initiative
ACAPS	Assessment Capacities Project
ALNAP	Active Learning Network for Accountability and Performance
AVRR	Assisted Voluntary Return and Reintegration
BRC	British Red Cross
CDAC	Communicating with Disaster Affected Communities
CGD	Center for Global Development
CMA	Coordination of Azawad Movements
CMR	Central Mediterranean Route
DTM	Displacement Tracking Matrix
DUK	Danube University Krems
ECOWAS	Economic Community of West African States
ETM	Emergency Transit Mechanism
ETT	Emergency Tracking Tool
GI	Global Initiative Against Transnational Organized Crime
HDE	Humanitarian Data Exchange
ICMPD	International Centre for Migration Policy Development
IDPs	Internally Displaced Persons
IFRC	International Federation of the Red Cross
ILO	International Labour Organization
IMF	International Monetary Fund
IMREF	Independent Monitoring Research and Evidence Facility
IOM	International Organization for Migration
IPSI	Institute for International Political Studies
KII	Key Informant Interview
LCG	Libyan Coast Guard
MERF	Migration Emergency Response Fund
MMC	Mixed Migration Center
MPC	Migration Policy Center
MPI	Migration Policy Institute
NGO	Non-Governmental Organisation
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OxCGRT	Oxford COVID-19 Government Response Tracker
PSS	Psychosocial Support
RQs	Research Questions

SDA	Secondary Data Analysis
SGBV	Sexual and Gender-Based Violence
SSS II	Safety, Support and Solutions Programme for Refugees and Migrants, Phase Two
TIP	Trafficking in Persons
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UN OCHA	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

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1 Introduction

1.1 Background and methodology

On 11 March 2020, the World Health Organization (WHO) officially declared COVID-19 a pandemic. On the Central Mediterranean Route (CMR), analysts warned that the further spread of COVID-19 would likely overwhelm national healthcare systems.¹⁷ Infrastructure and available services are already severely limited, and in some countries have been further affected by conflict.¹⁸ Governments along the CMR have imposed measures such as border closures and curfews to avoid overwhelming health systems and to curb the spread of COVID-19.¹⁹ Resulting changes in human mobility, migrant vulnerabilities and access to services require mixed migration programmes to quickly adapt to support targeted beneficiaries.

This report explores emerging findings on the impact of COVID-19 on migrants' mobility patterns, vulnerabilities and access to health and protection services along the CMR. It provides an analysis of key emerging findings based on an extensive desk review, as well as a small number of key informant interviews (KIIs). This analysis will be used to inform a second phase of the study, which will draw on remote primary data collection with transit migrants and KIIs with researchers and staff from United Nations (UN) agencies and international non-governmental organisations (INGOs), as well as new emerging literature. Table 1 below outlines the research questions (RQs) used to guide the two-part study.

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?²⁰• 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?

To answer these RQs, IMREF conducted an extensive desk review between 14 April and 12 May 2020. Findings are drawn from 146 sources and five interviews with researchers with expertise on migration in North and West Africa. The detailed methodology used for this study can be found in [Annex 2](#).

¹⁷ Sandnes, M. (2020). [COVID-19 in Conflict-Torn Mali](#), Peace Research Institute Oslo (PRIO), 2 April 2020; Peters, K. & El Taraboulsi-McCarthy, S. (2020). [Dealing with COVID-19 in conflict zones needs a different approach](#), Overseas Development Institute (ODI), 30 March 2020.

¹⁸ For instance, Mednick (2020) reports that, in Burkina Faso, 1.5 million people have had "their access to healthcare cut since 2019" and that the country only has three facilities that can test patients for COVID-19. Mednick, S. (2020) [Coronavirus in crisis-hit Burkina Faso: Healthcare centres close as cases rise](#), The New Humanitarian, 30 March 2020.

¹⁹ See [IOM, Mobility Restrictions Mapping](#).

²⁰ These include the Emergency Transit Mechanism (ETM), Voluntary Humanitarian Return (VHR) and Assisted Voluntary Return and Reintegration (AVRR).

1.2 Limitations: strength of evidence

Reflecting the recent outbreak of COVID-19 in countries along the CMR, evidence on its impact on migrants and refugees is still at an early stage. There are significant variations in the quantity and quality of evidence relevant to the topics examined in the topic, limiting the extent to which firm conclusions can be drawn. Key limitations include:

- **Limited primary research on the impact of COVID-19 on migrants and refugees is available.** Most organisations have suspended or reduced the scope of their data collection because of government-issued restrictions including lockdowns and curfews. Since February 2020, few organisations have collected data directly with migrants and refugees in countries of the CMR. Preliminary analysis of comparable data sources shows that the effects of COVID-19 on migrants vary in different contexts along the CMR and highlights the importance of country-specific primary data and secondary analysis.²¹
- **Available primary research on the impact of COVID-19 often has significant methodological limitations.** All ongoing surveys use observational methods but do not triangulate their results with findings from past studies, with data collected before the virus outbreak, or with qualitative data insights from a range of qualitative tools such as focus group discussions (FGDs). Some draw on limited sample sizes and few consider potential sources of bias. In some cases, it is unclear whether findings can be clearly linked to the impact of COVID-19. Moreover, available empirical evidence is not clearly disaggregated by type of migrant (e.g. refugees, asylum seekers, economic migrants and victims of trafficking) and age. As a result, findings do not systematically shed light on the challenges faced by different types of people travelling in mixed-migration flows or their needs. Methodological limitations such as risks of bias and lack of triangulation are likely to remain, but sample sizes will increase in Libya, Tunisia, Mali, Niger and Burkina Faso ([Annex 3](#)).²²
- **Given these limitations, this report often draws on country-specific anecdotal data provided in policy briefs, announcements and media articles.** Here, anecdotal data refers to testimonies from migrants, smugglers and practitioners that were not collected using a structured research protocol. The report clearly references the type and strength of evidence when formulating conclusions.
- **There are no systematic secondary data analyses on the impact of COVID-19 on migrants on the CMR.** Lessons from past disease outbreaks provide limited insights into primary and secondary effects on migrants.²³ The majority of available papers that take stock of lessons learned focus on health risks to refugees in camps,²⁴ or wider lessons on how to address the secondary effects of outbreaks in low-income countries.²⁵
- **Most available literature on the effects of COVID-19 on migrants consists of projections that are not clearly evidenced.** Many sources, including policy briefs and blog posts written by academics, think tanks, and international organisations, are based on assumptions derived from previous research. While some engage with available secondary evidence and draw on migration theories, they rarely cite primary and secondary sources to support their claims. They also tend to provide general speculative analysis at a global or sub-Saharan Africa level rather than country-specific analysis.
- **Findings are also limited by the fluid nature of the current situation and evidence base.** Changes may occur spontaneously and rapidly in reaction to new developments. New regulations and secondary impacts may emerge. More data collection (see [Annex 3](#)) is also planned over the next few months and is likely to strengthen the available evidence base. This report therefore provides a snapshot of evidence and analysis recorded and shared publicly from February to 14 May 2020.

²¹ S MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020d). [Refugees' and Migrant's Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020.

²² In particular, the Mixed Migration Center (MMC) will interview more migrants with a standard questionnaire.

²³ IMREF identified one paper that explored systematically the health risks and secondary effects of disease outbreaks for migrants globally, but the paper acknowledges that it relies primarily on anecdotal data. Guadano, L. (2020). [Migrants and the COVID-19 pandemic: An initial analysis](#), IOM, April 2020.

²⁴ See for instance: Grünewald, F. & Maury, H. (2020). [Pandemics and Humanitarian Challenges: Lessons from a number of health crises](#), Groupe URD, 29 March 2020; Elias, C. J., Alexander, B. H., & Sokly, T. (1990). [Infectious disease control in a long-term refugee camp: the role of epidemiologic surveillance and investigation](#). American Journal of Public Health.

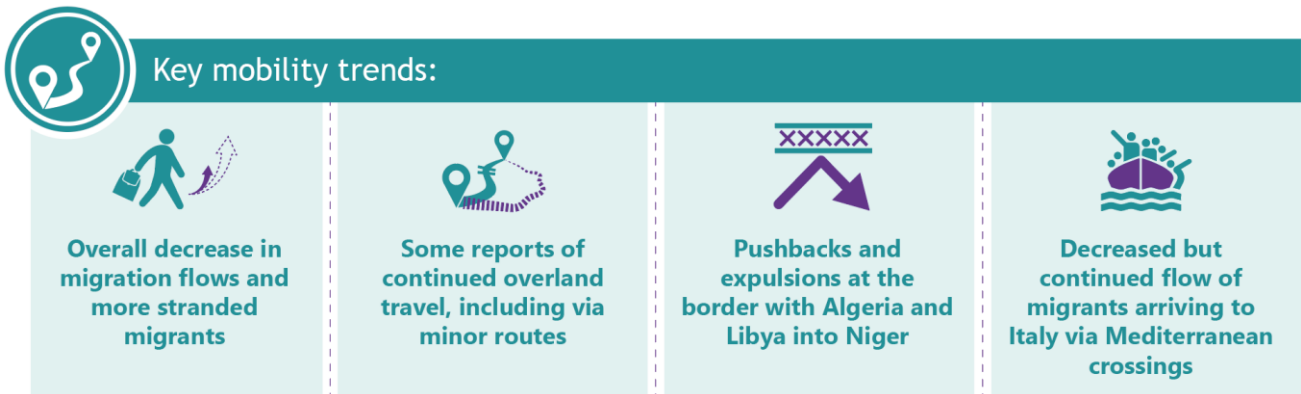
²⁵ See for instance: Start Network (2020). [COVID-19: What can we learn from previous lessons in responding to disease outbreaks in low-income countries?](#) 17 April 2020; Rohwerder, B. (2020). [Secondary impacts of major disease outbreaks in low and middle income countries](#), Institute of Development Studies, 21 February 2020.

2 Effects of COVID-19 on mobility patterns

To stop the spread of COVID-19, all national governments along the CMR have imposed mobility restrictions. Platforms mapping government containment measures²⁶ show that all countries on the CMR have closed their borders and suspended international commercial flights, with exceptions for the transportation of goods. Moreover, all countries have imposed restrictions to internal movements, either by closing cities for entry and exit (e.g. Burkina Faso, Niger, Guinea), implementing penalties for unnecessary travel (e.g. Tunisia, Senegal), or suspending domestic flights, rail links and other types of intercity public transportation (e.g. Algeria, Morocco).

These mobility restrictions are anticipated to have significant implications for migrants and refugees. Available evidence analysed for this study suggests that:

- There is a reliable body of evidence that restrictions to freedom of movement due to COVID-19 have reduced migration flows and left a greater number of refugees and migrants stranded on the CMR. Although movement has decreased significantly, there are signs it has not stopped entirely as some migrants continue overland journeys and Mediterranean crossings.
- Border closures and the absence of special exemptions for refugees and asylum seekers suggest that channels for accessing asylum are increasingly limited. Long-term solutions, including resettlement and return programming, have also been paused.
- There is limited primary research on how COVID-19 and the responses to COVID-19 are affecting the organisation and use of smuggling networks. KIs with smugglers conducted by the Global Initiative Against Transnational Organized Crime (GI) report a temporary slowdown in smuggling activities. Cross-border flows suggest that some migrants continue to rely on smugglers to facilitate journeys through the desert and across the Mediterranean. Many sources hypothesise that mobility restrictions are likely to make continued journeys more dangerous as migrants or smugglers may take greater risks to avoid increasing restrictions and border controls. However, analysis on whether this will lead to increasing risks of abuse within smuggling networks diverges. While the majority of existing sources raise significant concerns over risks of economic and sexual exploitation, data is not yet available.



2.1 Ability to continue journeys

There is reliable evidence that restrictions to freedom of movement reduced mobility along the CMR in the short term and have left more refugees and migrants stranded.²⁷ Following border closures, IOM Displacement Tracking Matrix (DTM) recorded a large decrease (79%) in cross-border travel in West Africa in the

²⁶ See: ACAPS (2020d) [Burkina Faso, Mali and Niger: Vulnerability to Covid-19 Containment Measures](#), 29 April 2020; [IOM, Mobility Restrictions Mapping: ACAPS, COVID-19 Government Measures Dataset](#).

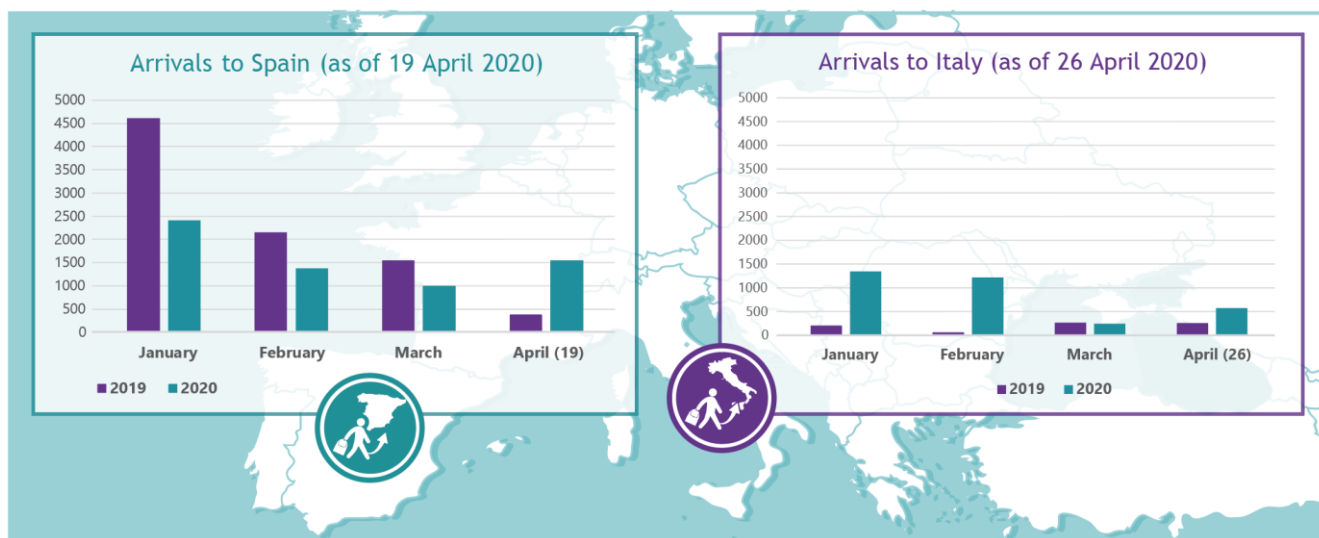
²⁷ IOM DTM (2020i). [Niger — COVID-19 — Suivi Des Urgences 1 \(19 March — 18 April 2020\)](#), 19 April 2020; UNICEF (2020a). [Coronavirus \(COVID-19\) Situation Report n°1](#), 12 April 2020; REACH (2020). [Evaluation de la situation humanitaire dans la zone frontalière entre le Niger, le Mali et le Burkina Faso](#), 29 February 2020; Zandonini, G. (2020b). [Hundreds of migrants stuck in Niger amid coronavirus pandemic](#), Al-Jazeera, 9 April 2020; Jacques Deveaux (2020). [Coronavirus : au Niger, les camps de migrants sont des bombes sanitaires](#), France TV Info, 4 April 2020 ; Zandonini, G. (2020a). [Covid-19 Is Paralyzing One of West Africa's Main Resources: Migrants](#), Institute for International Political Studies (IPSI), 9 April 2020; UN News (2020b). [IOM steps up response for migrants stranded in Niger amidst COVID-19 lockdown](#), 2 April 2020.

second half of March.²⁸ IOM DTM Situation Reports describe multiple incidents of migrants being left stranded by travel restrictions.²⁹ In April 2020, IOM estimated that 24,000 migrants had been stranded in West and Central Africa while attempting to cross borders from one country to another, or were being quarantined after entering a country.³⁰ This estimate includes migrants left stranded while working or studying in a neighbouring country,³¹ migrants travelling towards North Africa and Europe, as well as migrants in transit centres.³² Literature reviewed did not provide country-by-country estimates of how many migrants are stranded on the CMR due to recent government restrictions, making it difficult to understand the overall scale of these trends.

Although movement has decreased significantly, emerging evidence indicates that it has not stopped entirely. Despite a decrease in overall flows, news outlets, IOM and UN OCHA report that some migrants continued overland journeys in April 2020, despite COVID-19 restrictions. In Niger, some news articles note that migrants were travelling on minor routes towards Libya to avoid border controls and/or being quarantined.³³ In Burkina Faso, IOM reports that, from 13 to 17 April, there were 30 individuals a day, most of them Burkinabé, who crossed the border from Seytenga (Burkina Faso) to Petelkolé (Niger).³⁴ This is a decrease from April 2019, when 364 travellers per day crossed the border at Seytenga on average.³⁵ In Mali, UN OCHA identified 53 migrants who “travelled via clandestine routes” in the Timbuktu region in late April 2020.³⁶ It is unclear whether these reports are relevant to migrants engaged in regional or Europe-bound journeys.³⁷

A decrease in migration flows is also corroborated by figures on the number of arrivals in Italy. While there was a notable decrease in arrivals in March, attempted or successful boat crossings did not stop and increased again slightly in April.³⁸ The same pattern was recorded for arrivals in Spain.³⁹ As shown in Figure 1 below, arrivals recorded in both Italy and Spain in March and April were in fact higher than the same period in 2019. The NGO Alarm Phone estimated that over 20 boats carrying about 1,000 migrants had departed from Libya on the week from 5 to 11 April 2020.⁴⁰

Figure 1: Arrivals to Spain and Italy (comparison between 2019 and 2020)



²⁸ IOM. [DTM IOM Displacement Tracking Matrix: West and Central Africa - COVID-19 - Flow Monitoring Registry: Evolution of Mobility Flows from January to March 2020](#). 10 April 2020.

²⁹ For instance, in April 2020, 75 seasonal migrants of Nigerien nationality were stranded in the buffer zone along the border between Mali and Burkina Faso. IOM DTM (2020h). [Mali — COVID-19 — Suivi Des Urgences 1](#), 4 April 2020.

³⁰ IOM West Africa (2020). [Situation Report - COVID-19 Response](#), 4 May 2020.

³¹ For instance, in April 2020, “almost 1,400 Nigerien gold miners were stranded outside Ouagadougou with no means to reach Niamey”. IOM also reports that herders were stranded in the region. IOM West Africa (2020). [Situation Report - COVID-19 Response](#), 4 May 2020.

³² Interview with representative from IOM, 13/05/2020.

³³ REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020; Zandonini, G. (2020b). [Hundreds of migrants stuck in Niger amid coronavirus pandemic](#), Al-Jazeera, 9 April 2020.

³⁴ IOM DTM (2020c). [Burkina Faso COVID-19 - Suivi Des Urgences 3](#), 17 April 2020.

³⁵ IOM DTM (2020o). [Burkina Faso — Rapport Sur Le Suivi Des Flux De Populations 25 \(Avril 2019\)](#), May 2019.

³⁶ OCHA (2020e). UN OCHA (2020e). [Mali : COVID-19 Rapport de situation #5](#), 2 May 2020.

³⁷ IOM (2020c). [West And Central Africa — COVID-19 — Regional Flow Monitoring Report \(January — March 2020\)](#), 10 April 2020; IOM West Africa (2020). [Situation Report - COVID-19 Response](#), 4 May 2020.

³⁸ UNHCR (2020c). [Italy weekly snapshot](#), 26 April 2020

³⁹ UNHCR (2020b). [Spain Weekly snapshot - Week 16 \(13 - 19 April 2020\)](#), 20 April 2020.

⁴⁰ Alarm Phone (2020). [The COVID-19 Excuse](#), 11 April 2020.

This comparative increase in 2020 may be due to the decrease in livelihood opportunities and insecurity in Libya. A paper by UNHCR/IOM (2020) suggests that likely reasons are “reduced livelihood opportunities for migrants and refugees in north African countries”, lack of solutions in countries of origin and, in the case of Libya, insecurity and the new military situation to the West of Tripoli enabling “human traffickers to resume their business”.⁴¹ It is however unclear whether those who crossed the Mediterranean since March 2020 were already in North Africa before borders closed.

In Niger, IOM and media outlets report pushbacks at the border and expulsions from Algeria and Libya.⁴² The entry points of Assamaka (border with Algeria) and Madama (border with Libya) have been officially closed since 19 March 2020.⁴³ From 19 March to 18 April 2020, a total of 1,302 people expelled or pushed back from Algeria and Libya⁴⁴ were placed under quarantine in Assamaka or in the southern city of Arlit.⁴⁵ These groups included pregnant women, minors and injured persons who were subsequently housed in quarantine locations (reception and transit centres).⁴⁶ There are also reports that some migrants are travelling by their own means from Libya into Niger to escape violence and insecurity, and are at risk of getting lost in the desert.⁴⁷ It is less clear whether migrants are being forcibly expelled to Mali from Libya or Algeria, and being left stranded in Timbuktu and Gao. The desk review only identified one report of this, which noted that Malian NGO Direy Bey in Gao is hosting 17 migrants who were expelled from Algeria in early April 2020 and are unable to travel back to their country of origin.⁴⁸

2.2 Ability to access protection

Border closures make it harder for asylum seekers to access international protection. On the CMR, most countries have not issued specific exceptions or regulations for asylum seekers and refugees in their border closure measures. According to the United Nations High Commissioner for Refugees (UNHCR), there are two exceptions in West Africa: the Ivory Coast has stipulated the creation of “humanitarian corridors to provide support to individuals or communities in urgent need of assistance” and Guinea referred to humanitarian flights as an exception to the suspension of air travel.⁴⁹ In the Mediterranean Sea, decisions to close ports in Italy and Malta and the disruption of NGO search-and-rescue operations have also left migrants stranded on boats.⁵⁰ Moreover, most countries have also halted the registration of asylum seekers, except for “critical cases” in Burkina Faso and Senegal.⁵¹

Pushbacks and expulsions from Algeria and Libya reflect increasing barriers on asylum seekers’ ability to move towards a place of safety. In West and Central Africa, UNHCR has no reports of refoulement due to restrictions imposed by governments as of 15 April 2020.⁵² However, this may reflect a range of challenges associated with identifying cases of refoulement, which would require a granular understanding of which individuals intend to seek asylum. Past research found that asylum seekers travel alongside economic migrants in mixed migration flows,⁵³ suggesting that asylum seekers may have been forcibly expelled or pushed back from Algeria and Libya.

The suspension of voluntary return or resettlement programming has left more migrants in need of protection assistance stranded. IOM has suspended Assisted Voluntary Return and Reintegration (AVRR) and Voluntary Humanitarian Returns (VHR) schemes for migrants in Niger and Libya to other countries of origin in

⁴¹ UNHCR/IOM (2020). [COVID-19 and mixed population movements: emerging dynamics, risks and opportunities](#), 14 May 2020.

⁴² Zandonini, G. (2020a). [Covid-19 Is Paralyzing One of West Africa’s Main Resources: Migrants](#), IPSI, 9 April 2020.

⁴³ IOM DTM (2020i). [Niger — COVID-19 — Suivi Des Urgences 1 \(19 Mars — 18 April 2020\)](#), 19 April 2020.

⁴⁴ Ibid.

⁴⁵ MMC (2020c). [Quarterly Migration Mixed Migration Update: West Africa](#), 22 April 2020.

⁴⁶ Zandonini, G. (2020b). [Hundreds of migrants stuck in Niger amid coronavirus pandemic](#), Al-Jazeera, 9 April 2020; France 24 (2020). [Migrants in Niger protest seemingly endless quarantine](#), 28 April 2020.

⁴⁷ REACH (2020d) reports that, in April 2020, “256 people who returned from Libya were rescued in the desert close to Madama”. REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020

⁴⁸ Cochez, P. (2020). [Des migrants piégés par le coronavirus](#), 3 May 2020.

⁴⁹ UNHCR (2020f). [Impact of COVID-19 on the protection of displaced and stateless populations West and Central Africa](#), 15 April 2020.

⁵⁰ Ellis, I. (2020). [In the news: COVID-19 port closures leave migrants stranded at sea](#), The New Humanitarian, 13 April 2020; Reidy, E. (2020b). [The COVID-19 excuse? How migration policies are hardening around the globe](#), The New Humanitarian 17 April 2020.

⁵¹ Ibid.

⁵² UNHCR (2020e). [West & Central Africa: Impact of Covid-19 on Protection](#), 15 April 2020.

⁵³ 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*.

West Africa. UNHCR has also suspended resettlement schemes and travel for refugees.⁵⁴ The disruption of these return and resettlement opportunities is likely to result in greater numbers of vulnerable people left stranded, or spending extended time in transit centres.⁵⁵ However, there are no publicly available estimates of how many people are affected by the temporary closure of return and resettlement opportunities, where they are stranded, and the specific challenges that they face and what support is available.

2.3 Use of smuggling networks

Emerging evidence on the impact of new restrictions on smuggling suggests activities have decreased in the short-term. A GI report, which draws on a small number of interviews with smugglers, suggests that some smugglers may have stopped their activities or been forced to suspend them by local communities or armed groups due to fears of infection.⁵⁶ In Kufra and Sebha, two key smuggling hubs in Libya, local communities have “unilaterally taken steps to close their communities to smuggling, restricting access to the city and closing entry points”.⁵⁷ In northern Mali, GI also reports that a coalition of armed groups, the Coordination of Azawad Movements (CMA), has imposed movement restrictions across the areas it controls, prompting some smugglers to suspend operations.⁵⁸

At the same time, reports indicate there is likely to be continued demand for smuggling facilitation on the CMR, leading to potentially riskier journeys.⁵⁹ A briefing note on the situation of migrants in Agadez reports that in March 2020, the Regional Council of Agadez found that 81% of nearly 4,000 migrants did not want to return to their home countries or home towns.⁶⁰ The note also references key informants who report that migrants are still making their way towards Libya and Algeria. As there is some evidence of continued cross-border movement and migrants have little alternative but to rely on smugglers to cross the desert into Algeria or Libya,⁶¹ this suggests that many migrants may be awaiting the re-opening of borders to engage smugglers or still trying (whether successfully or not) to access their services. Other potential consequences of travel restrictions are that there is an increasing demand for smuggling services, reliance on smugglers for new segments of the journey, or increasing dependence on less experienced smugglers who are willing to take risks to bypass authorities and increased controls.⁶² Most analysts agree that this will likely make continued journeys more costly and dangerous due to greater controls and risks taken by migrants and smugglers to avoid them (see [Section 3.3](#)).⁶³

The literature reviewed found diverging analysis about whether restrictions and potential increased reliance on smugglers may lead to increasing risks of abuse. IOM notes growing fears that “increasingly desperate people may turn to smugglers and some may even fall into the hands of human traffickers.”⁶⁴ Other

⁵⁴ UN News (2020). [COVID-19: Agencies temporarily suspend refugee resettlement travel](#), 17 March 2020.

⁵⁵ For instance, as of 29 March 2020, the ETM centre in Hamdallaye is a confined space with movement in or out. Partners who provide services are also confined in the centre. See: UNHCR (2020d). [Emergency Transit Mechanism Factsheet](#), April 2020.

⁵⁶ GI (2020b) reports one unconfirmed case of “Libyan people smugglers attacking Egyptian people smugglers trying to bring migrants across the border with Egypt, after they had said that no one was to cross due to COVID-19. See Global Initiative Against Transnational Organized Crime (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020. (2020f) reports that some migrants feel that “even smugglers are avoiding [them] because they are worried about being contaminated.” MMC (2020f). [COVID-19 Snapshot –Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

⁵⁷ Global Initiative Against Transnational Organized Crime (2020a). [Smuggling in the time of Covid-19: The impact of the pandemic on human-smuggling dynamics and migrant-protection risks](#), April 2020.

⁵⁸ Ibid.

⁵⁹ Interview with researcher, Migration Policy Center, 11 May 2020; 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; 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 REACH (2020d). [Briefing Note: Impact of COVID-19 on mixed migration in the Agadez region](#), Niger, April 2020

⁶¹ IMREF (2020). Accessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger

⁶² Interview with researcher, Migration Policy Center, 11 May 2020. 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 Against Transnational Organized Crime (2020b). [Crime and Contagion: The impact of a pandemic on organized crime](#), March 2020; Ghani, F. (2020). [Libya: Coronavirus outbreak could be 'catastrophic' for migrants](#), Al Jazeera, 4 April 2020. Discussions around the impact of policy measures on smuggling networks include: Saferworld (2019), [Partners in Crime? The Impacts of Europe's Outsourced Migration Controls on Peace, Stability and Rights](#); Clingendael (2018b), [Multilateral Damage: The Impact of EU Migration Policies on Central Saharan Routes](#); GPP (2017), [Protection Fallout: How Increasing Capacity for Border Management Affects Migrants' Vulnerabilities in Niger and Mali](#)

⁶³ 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; KII with researcher from MPC, 11/05/2020.

⁶⁴ IOM (2020a) [COVID-19 analytical snapshot #3: Travel restrictions & mobility. Understanding the migration & mobility implications of COVID-19](#), IOM, Geneva.

analysts argue that smuggling networks are unlikely to become more organised, structured, and abusive as a reaction to new measures.⁶⁵ Given the early stage of the crisis, evidence speaking to these dynamics are likely to emerge after smuggling networks have adapted to new restrictions and their impact becomes clearer.





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

All relevant sources anticipate that COVID-19 will have specific implications for people in mixed-migration journeys and their vulnerabilities.⁶⁶ Lessons from past pandemics suggest that "risks for public health and [...] measures adopted to tackle them" create and exacerbate vulnerabilities among migrants.⁶⁷ Sources reviewed indicate that lockdowns, curfews and the economic slowdown are likely to have an impact on migrants' physical wellbeing, mental health, financial resources and ability to avoid or cope with abuse. Emerging insights include:

- Many sources discuss the impact of COVID-19 on migrants' vulnerabilities and agree that the overall risks to migrants' wellbeing have increased. However, few draw from primary and secondary evidence. Some secondary risks may only emerge over time as the crisis continues. For instance, while some sources predict that vulnerability to trafficking and abuse may increase due to COVID-19, this has not yet been confirmed by primary research.
- Many sources suggest that women and children are disproportionately affected by COVID-19 measures because of pre-existing inequalities, social discrimination, lack of networks and vulnerability to sex and gender-based violence (SGBV).⁶⁸ However, the specific risks that migrant women and children face are not evidenced by primary research. There is no evidence on COVID-19-specific risks faced by migrants with disabilities.⁶⁹
- Early evidence on the impact of COVID-19 on migrants' financial resources is relatively strong. Data collected by research entities such as MMC, IOM DTM and REACH in Libya provides clear insights into migrants' increasing challenges in accessing money and local labour markets. However, this information is not systematically available across countries, or disaggregated by age or type of migrants (e.g. labour migrants, urban refugees). There is no evidence that migrants are able to access national safety nets set up to offset the socio-economic impact of COVID-19 along the CMR.
- There is also emerging primary data showing that migrants are reporting increased discrimination from local communities. Migrants in several key points on the CMR where primary data has been collected say that levels of discrimination and xenophobia have increased since the start of the COVID-19 pandemic.



Key risks factors and COVID-19-related risks for migrants:

 <p>Overcrowded living conditions with limited access to sanitation in informal settlements, camps, and ghettos</p>	 <p>Pre-existing physical and mental health conditions, creating greater risks of serious health problems</p>	 <p>Greater psychosocial stress, including due to decreasing access to livelihoods and financial resources</p>	 <p>Increased social discrimination and exposure to acts of violence, exploitation and other forms of abuse</p>
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⁶⁵ Sanchez, G. & Achilli, L. (2020a). [The "real" transformation of migrant smuggling in the time of COVID-19](#), 19 April 2020.

⁶⁶ 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.

⁶⁷ Refugees International (2020). [COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies](#), March 2020.

⁶⁸ Villarreal, A. (2020). [Coronavirus pandemic exacerbates inequalities for women, UN warns](#), The Guardian, 11 April 2020.

⁶⁹ The British Red Cross (BRC) Humanitarian Policy Team (2020) anticipates that "people with disabilities, both physical and/or intellectual, may have specific communication needs that will go unmet, be at higher risk because of pre-existing conditions". British Red Cross Humanitarian Policy Team, Rapid response insights: Preparing for and responding to risks of COVID-19 in West Africa, April 2020.

3.1 Physical and mental health

Risk factors, such as living conditions, make migrants and refugees particularly vulnerable to becoming infected with COVID-19.⁷⁰ Stranded migrants and migrants in smuggling networks often live in poor conditions and have difficulty accessing health services. Those living in informal settlements, camps and ghettos are particularly vulnerable to outbreaks due to overcrowding, a lack of water provision and basic sanitation. Furthermore, the high concentration of people makes distancing and quarantine measures challenging. Intensive care needed for COVID-19 patients is also scarce in camp settings,⁷¹ while those living in ghettos often lack access to health services should they get infected.⁷² There are no publicly available reports of COVID-19 spreading in informal settlements, camps and ghettos on the CMR as of 14 May 2020.

The high prevalence of pre-existing health conditions among migrants and refugees creates risks that may further impact their wellbeing. Past research demonstrates that malnutrition, psychosocial stress and infectious diseases are common among people in mixed migration journeys. Reports show that forced work, beatings, torture, sexual and gender-based violence (SGBV) and assaults during border crossings, in Libya and Algeria, and during the expulsion process into northern Niger and Mali, further increase physical and mental health vulnerabilities.⁷³ As a result, some sources predict that these factors may make them more vulnerable to serious health problems as a result of the virus.⁷⁴ There is no clear medical evidence that migrants are more vulnerable to the virus and its consequences compared to local communities on the CMR as of May 2020.

Preliminary evidence from Libya and West Africa indicates that the current situation will likely create additional psychosocial stress. Almost half of the migrants and refugees recently surveyed by the MMC in Tripoli reported that they were “stressed and worried about the current situation and the uncertain future”.⁷⁵ A majority of MMC respondents also reported increased worry and stress in Niger (64%) and Burkina Faso (62%).⁷⁶ Data collected in Libya reported by UN OCHA (2020d) provides preliminary indications that female migrants are “more likely to report stress and anxiety since the COVID-19 outbreak compared to men (69% compared with 43%)”.⁷⁷

3.2 Financial resources and access to the labour market

There is reliable evidence that migrants increasingly struggle to access work opportunities due to the economic impact of COVID-19-related restrictions. The International Labour Organization (ILO) estimates 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 per cent globally”.⁷⁸ There is evidence from Libya that the retraction in informal livelihood opportunities and wages is affecting migrants, who are largely employed as daily labourers in informal sectors.⁷⁹ In Tripoli, for instance, two thirds of migrants surveyed by MMC noted their main concern was reduced access to work due to COVID-19.⁸⁰ In West Africa, 51% of migrants surveyed by MMC noted that they had lost income due to COVID restrictions.⁸¹ While there is no

⁷⁰ 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; Grünewald, F. & Maury, H. (2020). [Pandemics and Humanitarian Challenges: Lessons from a number of health crises](#), Groupe URD, 29 March 2020; Elias, C. J., Alexander, B. H., & Sokly, T. (1990). [Infectious disease control in a long-term refugee camp: the role of epidemiologic surveillance and investigation](#). American Journal of Public Health; Ranva, S. (2020). [Amid Coronavirus Spread, Host Countries Ignore Refugee Health at Their Own Peril](#), Foreign Policy, 27 March.

⁷¹ For instance, in the Senou camp, on the outskirts of Bamako. See Sanou, B. (2020). [Le Covid-19, une menace pour les déplacés au Sahel](#), Voice of America, 9 April 2020; Kestler-D'Amours, J. (2020). [New front: Worry over COVID-19 spreading in African refugee camps](#), Al Jazeera, 29 March 2020; Guensburg, C. (2020). [Wrestling With COVID-19 Risks in Refugee Camps](#), Voice of America, 11 April 2020.

⁷² OCHA (2020c). [Global humanitarian response plan: COVID-19 \(April - December 2020\)](#), 25 March 2020.

⁷³ IMREF (2020). [Assessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger](#); 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.

⁷⁴ Refugees International (2020). [COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies](#), March 2020.

⁷⁵ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020.

⁷⁶ MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

⁷⁷ OCHA (2020d). [Libya: COVID-19 Situation Report No. 3](#), 27 April 2020

⁷⁸ See: (2020). [ILO Monitor: COVID-19 and the world of work. Third edition: Updated estimates and analysis](#), 28 April 2020.

⁷⁹ WFP Regional Bureau Dakar (2020). [Update on the impact of Covid-19 on food and nutrition security in West and Central Africa](#), 17 April 2020.

⁸⁰ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020.

⁸¹ Out of 344 interviews conducted with migrants in Mali, Niger and Burkina Faso. MMC (2020e). [COVID-19 global update #2: Impact of COVID-19 on refugees and migrants](#), 12 May 2020.

available country-by-country data on the loss of livelihood among the general population on the CMR, key informants interviewed by REACH and IOM DTM in Libya said that daily labourers, including migrants, are particularly affected by COVID-19 measures, with many no longer receiving salaries⁸² due to the slowdown in economic activities.⁸³ In Libya, recent migrant emergency food security assessment by IOM also suggested there was an increase in unemployment among migrants in April 2020 compared to January-February 2020.⁸⁴

Available economic data suggests female migrants may also experience grave financial hardships. ILO reports that women are overrepresented in informal sectors worldwide (42% of women compared to 32% of men).⁸⁵ In Libya, a survey conducted by UN Women with local women found that “around 52% of surveyed women indicated that their work had been affected, and 26% believed that their source of livelihood would be affected if curfews were extended.”⁸⁶ As women in transit are often engaged in the informal sector,⁸⁷ it is plausible that foreign women working in Libya will experience similar challenges, whether they are in transit or regional labour migrants.⁸⁸

In addition to reduced access to work, migrants are also experiencing additional financial stress and burdens. Migrants tend to stay in transit places to earn money to fund the next leg of their journey, meaning they have few savings or access to credit.⁸⁹ They may struggle to receive remittances from relatives, as money transfer facilities close down and relatives may be out of work as a result of COVID-19.⁹⁰ Migrants in Libya have also reportedly struggled to cope with the increase in the prices for goods and accommodation.⁹¹ Nearly one-third (32%) of migrants interviewed by IOM in Libya reported inadequate food consumption in April 2020.⁹² The IOM survey also sheds light on coping mechanisms migrants are adopting in Libya: 34% out of 1,350 migrants interviewed spent their savings to buy food, 20% worked in exchange for food, and 15% borrowed money to buy food.

Migrants do not appear to be included in new policies issued by national governments to offset financial and other hardships linked to COVID-19. On the CMR, all countries except Libya have started implementing policies to mitigate the effects of containment measures.⁹³ They include food donations, subsidies for water and electricity bills and cash transfers to informal sector workers and vulnerable people.⁹⁴ To access cash transfers, informal sector workers and vulnerable people either have to be in the social security system (e.g. Tunisia and Guinea), or register in person (e.g. Morocco). None of these policies explicitly mention migrants or refugees, which suggests that they may not be included. In the past, people in mixed migration flows have either been unable to access social policies and safety net or had limited access to them. For instance, those migrating with regular entry permits within the Economic Community of West African States (ECOWAS) are often excluded from social benefits and social security systems.⁹⁵ Therefore, it is likely that migrants may be excluded from COVID-specific safety nets.

⁸² REACH (2020c). [Protection Monitoring During COVID-19 Crisis - Libya Access to Information, Services and Livelihoods - Data Collection 4-9 April 2020](#), 23 April 2020.

⁸³ IOM DTM (2020k). [Migrant Emergency Food Security Assessment Preliminary Findings](#), May 2020.

⁸⁴ IOM DTM (2020k). [Migrant Emergency Food Security Assessment Preliminary Findings](#), May 2020.

⁸⁵ ILO (2020). [ILO Monitor: COVID-19 and the world of work. Third edition: Updated estimates and analysis](#), 28 April 2020.

⁸⁶ OCHA (2020a). [Libya COVID-19 Situation Report No.2](#), 20 April 2020.

⁸⁷ CARE (2020). [Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings](#); IOM DTM (2020j). [Tunisia — Migrants Presence Monitoring COVID-19 Rapid Needs Assessment](#), 8 April 2020.

⁸⁸ IOM DTM (2020k). [Migrant Emergency Food Security Assessment Preliminary Findings](#), May 2020.

⁸⁹ OCHA (2020c). [Global humanitarian response plan: COVID-19 \(April - December 2020\)](#), 25 March 2020.

⁹⁰ The World Bank estimates 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; The Economist (2020). [Covid stops many migrants sending money home](#), 16 April 2020.

⁹¹ REACH (2020). [Libya COVID-19 Rapid Market Assessment](#), 30 March - 1 April 2020; Ghani, F. (2020). [Libya: Coronavirus outbreak could be 'catastrophic' for migrants](#), Al Jazeera, 4 April 2020.

⁹² IOM DTM (2020l). [Libya Mobility Restriction Dashboard #3](#), 7 May 2020.

⁹³ Information on measures were retrieved on 27 April 2020 at: [ACAPS, COVID-19 Government Measures Dataset](#); [International Monetary Fund \(IMF\), Policy Tracker](#)

⁹⁴ Measures include food donations (in Guinea, Burkina Faso, Mali, Niger, Senegal, Algeria), subsidies for water and electricity bills (in Guinea, Burkina Faso, Mali, Niger, Senegal), cash transfers to informal sector workers and vulnerable households (in Guinea, Burkina Faso, Senegal, Tunisia, Morocco).

⁹⁵ IFRC/UNHCR (2019). [Access to Essential Services for People on the Move in the ECOWAS Region](#), unpublished; The National (2020). [Migrants in Morocco 'need help to survive lockdown'](#), 4 April 2020; Speakman, S. (2020). ['We have nothing': as lockdown bites, migrants in Tunisia feel the pinch](#), The Guardian, 16 April 2020.

3.3 Risks of abuse and exploitation

There is emerging primary and anecdotal evidence that migrants may experience increased scapegoating and social discrimination from local communities on the CMR. These risks have been raised at a global level, with predictions that “countries with large migrant and/or refugee communities [may] see an increase in nationalism and xenophobia despite COVID-19 being contained, resulting in increased protection concerns for individuals and specific groups, including migrants, refugees or minorities.”⁹⁶ In Niger, some local authorities say they are concerned that migrants will try to avoid quarantine, further spreading COVID-19 and creating tensions between migrants and locals in the community.⁹⁷ MMC surveys show that 17% of migrant respondents in Niger,⁹⁸ 15% in Libya,⁹⁹ and 34.8% in Tunisia¹⁰⁰ said they experienced increased racism and xenophobia in Niger since the start of the pandemic. The lack of available research on perceptions of migrants among local communities in the CMR prior to COVID-19 makes it difficult to assess the evolution of perceptions and dynamics, including what can be attributed to COVID-19 or previous underlying tensions.¹⁰¹

Available anecdotal data suggests that discrimination against migrants, refugees and IDPs might result in acts of abuse and violence.¹⁰² In Lagos, Nigeria, homeless IDPs reported that their shelters were raided by local community members.¹⁰³ There are some reports in Cameroon that returnees have faced violence, due to the absence of adequate facilities for quarantine measures and fears of contamination.¹⁰⁴ Some sources anticipate that in the long-term, marginalisation and isolation from the rest of the population may impact migrant and refugee integration and social cohesion in the communities in which they reside.¹⁰⁵

At this stage, there is no empirical evidence that migrants are at increased risk of trafficking as a result of policies adopted to combat the spread of COVID-19.¹⁰⁶ The Global Protection Cluster’s Anti-Trafficking Task Team and UNODC anticipate that migrants who have lost resources due to COVID-19-related restrictions may become targets for traffickers as they may be receptive to smugglers’ offers of “life-saving access to employment opportunities”.¹⁰⁷ Given that there are significant challenges to conducting rapid research on trafficking,¹⁰⁸ it will take time before organisations can publish reliable evidence on how human trafficking has evolved as a result of COVID-19.

Evidence that lockdowns and curfews have exacerbated violence against women and children has emerged globally, but there is no available primary research on the forms of violence that women and children face on the CMR whether they are staying with partners, alone, or in ghettos. Across the world, many sources find that violence against women and children has increased, as “family members spend more time in close contact and families cope with additional stress and potential economic or job losses”.¹⁰⁹ In that context, it is

⁹⁶ ACAPS (2020b). [Possible global humanitarian developments over the next six months](#), April 2020.

⁹⁷ Zandonini, G. (2020b). [Hundreds of migrants stuck in Niger amid coronavirus pandemic](#), Al-Jazeera, 9 April 2020.

⁹⁸ MMC (2020f). [COVID-19 Snapshot – Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

⁹⁹ UN OCHA. Libya: [COVID 19 Situation Report No 3](#). 27th April 2020.

¹⁰⁰ MMC (2020). [Refugees’ and Migrant’s Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020.

¹⁰¹ IMREF, Evidence Gap Analysis, 2019; IMREF, Interim Evidence Review, 2019; KI, the Migration Emergency Response Fund (MERF), 12/05/2020; KI IFRC Sahel Cluster, 12/05/2020.

¹⁰² 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.

¹⁰³ Enobong Roberts, R. (2020). [Displaced and Isolated: The Realities of Covid-19 for Internally Displaced People in Lagos, Nigeria](#), Internal Displacement Monitoring Center, April 2020.

¹⁰⁴ Guadano (2020) mentions instances of violence from Cameroon and Libya. Guadano, L. (2020). [Migrants and the COVID-19 pandemic: An initial analysis](#), IOM, April 2020.

¹⁰⁵ Sandvik, K. & Garnier, A. (2020). [How Will the COVID-19 Pandemic Reshape Refugee and Migration Governance?](#), PRIO blogs, March 27, 2020.

¹⁰⁶ The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons), Article 3, paragraph (a) of the [Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons](#).

¹⁰⁷ Global Protection Cluster (2020). COVID-19 Pandemic, Trafficking in Persons (TIP) considerations in internal displacement contexts, March 2020; 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.

¹⁰⁸ IOM/Nexus (2014). [Traffickers and trafficking. Challenges in researching human traffickers and trafficking operations](#).

¹⁰⁹ WHO (2020a). [COVID-19 and violence against women. What the health sector/system can do](#), 7 April 2020; UNFPA (2020). [As pandemic rages, women and girls face intensified risks](#), 19 March 2020; Wenham, C., Smith, J. & Morgan, R. (2020). [COVID-19: the gendered impacts of the outbreak](#), Lancet Gender and COVID-19 Working Group, 6 March 2020; UNICEF (2020b). [Policy Brief: The Impact of COVID-19 on](#)

plausible that women and children will face isolation, misinformation and a lack of access to protection, especially in camp settings.¹¹⁰ Some sources anticipate that, as women and girls are under financial stress, they may be at risk of “falling victim to trafficking, particularly involving sexual violence,”¹¹¹ especially if the trafficker falsely offers income-generating opportunities. Restrictions on movement may also “shift forms of exploitation, for example, women and children may be commercially sexually exploited by their trafficker online or within private homes.”¹¹²

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

One of the prevailing assumptions in the evidence base is that COVID-19 is likely to exacerbate existing barriers migrants face in accessing protection services and create new ones in accessing health services.¹¹³ Evidence of the impact of COVID-19 on these dynamics remains at an early stage. An analysis of existing literature suggests that:

- Although currently based on small samples, emerging primary data from Libya and Tunisia already highlights the importance of country-specific primary data and secondary analysis. For instance, more migrants interviewed in Tripoli are confident that they can access health services if needed, compared to Tunisia (half of respondents in Tripoli, compared to a quarter of respondents in Tunisia).¹¹⁴ There are also variations in the main barriers to access services cited by migrants.
- There is reliable evidence that the reallocation of resources towards COVID-19 responses and mobility restrictions have reduced the availability of protection services. However, there is no primary data or secondary review that explores the impact of the decrease of operations on migrants’ ability to access protection services in times of need, compared to the situation before the virus outbreak.
- MMC has documented a number of barriers to accessing health services, such as discrimination, costs, and fears of deportation, in a number of contexts along the CMR. Evidence that migrants’ financial resources are diminishing, levels of discrimination are rising in some areas, and stress and anxiety is increasing due to COVID-19 will likely exacerbate these barriers.



Key findings on barriers to accessing health and protection services:



[children](#), 15 April 2020; Fraser, E. (2020). [Impact of COVID-19 Pandemic on Violence against Women and Girls](#), VAWG Helpdesk Research Report 284, 16 March 2020.

¹¹⁰ UN (2020). [Policy Brief: The Impact of COVID-19 on Women](#), 9 April 2020; 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.

¹¹¹ Global Protection Task Team (2020). COVID-19 Pandemic, TIP considerations in internal displacement contexts, March 2020.

¹¹² Ibid.

¹¹³ Protection services include safety, food, shelter, legal support, physical health and psychosocial health services. Adapted from Inter-Agency Standing Committee (2016). [Policy on Protection in Humanitarian Action](#).

¹¹⁴ Reasons behind this difference could be the scope and locations of the surveys conducted by MMC: the survey in Libya interviewed 40 migrants in Tripoli, while the survey in Tunisia interviewed 178 migrants in 10 cities across Tunisia.

4.1 Access to health information

Preliminary data shows migrants are aware of the virus, but lack information on available health services if they develop symptoms.¹¹⁵ This is captured in recent MMC snapshots, where 18 out of 40 respondents in Tripoli and 38.2% of respondents in Tunisia said that the main barrier to access to health services is “not knowing where to go”. This concern is shared by respondents from Niger (21%), Burkina Faso (21%) and Mali (9%).¹¹⁶

Language barriers and the lack of health service announcements targeting migrants and refugees are two significant obstacles to accessing information on COVID-19. Those challenges were also noted in past health crises.¹¹⁷ Nine out of 40 respondents in Tripoli and 19.7% of respondents in Tunisia said that they do not speak the language.¹¹⁸ As a result, they are not able to understand messages shared on television, radio and in print in Arabic.¹¹⁹ Migrants have to rely on alternative sources of information. According to MMC data, migrants in West Africa tend to get information from other migrants (65%), while migrants in North Africa access information online (55%). In Mali and Niger in particular, respondents also cite smugglers as a source of information (36% in Mali and 26% in Niger).¹²⁰

4.2 Ability to access to health and protection services

Increasing discrimination against migrants may increase barriers to accessing health care. In MMC surveys, 16 out of 40 respondents in Tripoli¹²¹ and 58.4% of respondents in Tunisia noted the main barrier they experienced to accessing healthcare was discrimination against foreigners.¹²² One interviewed migrant said he felt migrants would not be treated like nationals and was concerned he would not receive appropriate care if he tried to access health services. In the survey conducted in Tunisia, MMC reports that West African respondents were “significantly more likely to report that they would not be able to access healthcare in comparison to their East African counterparts (80% of West Africans, in comparison to 38.6% of East Africans)”, although the report does not shed light on the reasons for this difference. Emerging quantitative data suggests that barriers to access differ in West Africa, where almost half of migrants surveyed by MMC tend to report lack of money as the main barrier to access health services, rather than discrimination against foreigners (8% of respondents).¹²³ Perceptions among migrants that levels of discrimination are increasing due to COVID-19, especially in North Africa, suggest this barrier is also likely to be increasing.

MMC data also indicates that fears of deportation and detention and the costs of treatment are other key barriers to accessing health services. The cost of treatment was the most frequently cited barrier by migrants surveyed in Burkina Faso, Niger, and Mali (61%, 45%, and 35%, respectively), but also was a common response in Tunisia (52.2%) and Libya (13 out of 40). Given evidence that COVID-19 is negatively affecting migrants’ ability to work and access financial resources, this barrier to accessing services is likely to be further exacerbated by the economic implications of COVID-19. Fears of deportation was also a common response across all contexts, including from 15 migrants out of 40 interviewed in Tripoli, 17.4% of migrants interviewed in Tunisia, 14% in Niger, 18% in Burkina Faso, and 10% in Mali.¹²⁴ Whether these concerns have increased in response to COVID-19-related restrictions on gatherings, curfews, and other restrictions will be explored in the next study.

¹¹⁵ Kluge, H. H. P., Jakab, Z., Bartovic, J., D’Anna, V., & Severoni, S. (2020). [Refugee and migrant health in the COVID-19 response](#), The Lancet, 31 March 2020;

¹¹⁶ MMC (2020f). [COVID-19 Snapshot –Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

¹¹⁷ Grünewald, F. & Maury, H. (2020) [Pandemics and Humanitarian Challenges: Lessons from a number of health crises](#), Groupe URD, 29 March 2020.

¹¹⁸ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020d). [Refugees’ and Migrant’s Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020; MMC (2020f). [COVID-19 Snapshot –Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

¹¹⁹ REACH (2020c). [Protection Monitoring During COVID-19 Crisis - Libya Access to Information, Services and Livelihoods - Data Collection 4-9 April 2020](#), 23 April 2020.

¹²⁰ MMC (2020e). [COVID-19 global update #2: Impact of COVID-19 on refugees and migrants](#), 12 May 2020.

¹²¹ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020. This is reflected in the emerging results from an ongoing survey mentioned by OCHA (2020d). [Libya: COVID-19 Situation Report No. 3](#), 27 April 2020

¹²² MMC (2020d). [Refugees’ and Migrant’s Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020.

¹²³ MMC (2020e). [COVID-19 global update #2: Impact of COVID-19 on refugees and migrants](#), 12 May 2020.

¹²⁴ MMC (2020a). [4Mi Snapshot: Understanding the impacts of COVID-19 on refugees and migrants in Tripoli](#), 15 April 2020; MMC (2020d). [Refugees’ and Migrant’s Access to Health Services in Tunisia: A focus on discrimination and COVID-19](#), 28 April 2020; MMC (2020f). [COVID-19 Snapshot –Impact of COVID-19 on refugees and migrants in West Africa](#), 13 May 2020.

There is reliable evidence that the reallocation of resources towards COVID-19 and mobility restrictions have reduced the availability of protection services.¹²⁵ 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.¹²⁶ In April 2020, a survey conducted by ACAPS showed that 74% of humanitarian agencies reported a reduction of operations, in particular for education, health, food and transport services.¹²⁷

There is little evidence about whether and how COVID-19 exacerbates other existing barriers to access. Past research from IMREF found that the lack of trust in humanitarian actors severely limited transit migrants' uptake of available services on the CMR due to perceptions that they will be encouraged to return to their country of origin.¹²⁸ It also found that smugglers may prevent migrants from accessing protection or health services while they are in smuggling networks. There is no evidence currently on whether and how these dynamics may be affected by COVID-19.

5 Conclusion

This desk review analysed emerging evidence on how COVID-19 and related government measures to curb the spread of COVID-19 affect people in mixed migration journeys on the CMR. As highlighted throughout the report, there are varying levels of evidence available to substantiate conclusions, indicating the need for further research to confirm assumptions and support effective responses to meeting migrants' needs. Table 2 below outlines some of the studies' key findings and outlines how, where relevant, further evidence will be generated through planned or ongoing research. For some RQs, it is likely that knowledge gaps will not be addressed in the short-term due to difficulties in conducting research with hard-to-access groups. This is notably the case for the impact of COVID-19 on human trafficking and violence against women and children.

Quantitative data on movements, vulnerabilities and access to services is emerging in Mali, Niger and Burkina Faso, but a more detailed qualitative understanding is missing. Without triangulation of quantitative findings, corroborated claims and an overall stronger evidence base, effective responses to migrants' needs will be limited. To fill this gap, IMREF will conduct a follow-up study, which will draw on remote primary data collection with 34 transit migrants in Gao, Mali, Agadez, Niger and Ouagadougou, Burkina Faso, as well as 20 KIIs with researchers and humanitarian and development organisations. The study will be published in July 2020.

Table 2 Summary of key findings and implications for upcoming research

Key findings	Relevant upcoming research
There is limited primary research on the impact of COVID-19 on migrants and refugees. When available, surveys use observational methods but do not triangulate their results with findings from past studies or with qualitative data. Some draw on limited sample sizes and few consider potential sources of bias.	More data collection (see Annex 3) is also planned over the next few months and is likely to strengthen the available evidence base. Sample sizes will increase in Libya, Tunisia, Mali, Niger and Burkina Faso.
There is strong evidence that border closures and disruptions of return opportunities have left more migrants stranded on the CMR. Despite current restrictions, there is some evidence that migrants continue to migrate along the CMR and to cross the Mediterranean Sea.	Further monitoring in Situation Reports collected by IOM DTM through the Emergency Tracking Tool (ETT) and ad hoc reports from IOM missions on stranded migrants will provide updates on mobility trends throughout the region. However, this may not provide a granular understanding of how different types of people in mixed

¹²⁵ Beaumont, P. (2020). [Coronavirus threatens to turn aid crises into 'humanitarian catastrophes'](#), The Guardian, 25 March 2020; Refugees International (2020). [COVID-19 and the Displaced: Addressing the Threat of the Novel Coronavirus in Humanitarian Emergencies](#), March 2020; OCHA (2020a). [Libya COVID-19 Situation Report No.2](#), 20 April 2020.

¹²⁶ 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.

¹²⁷ ACAPS (2020a). [COVID-19: Impact on humanitarian operations](#), April 2020.

¹²⁸ IMREF (2020). [Accessing the Most Vulnerable in Ouagadougou, Burkina Faso, and Agadez, Niger](#)

	<p>migration flows may react to or be impacted by movement restrictions differently.</p> <p>The second phase of this study will seek to particularly understand how these have affected the mobility of transit migrants in three key locations along the CMR and use Key Informant Interviews (KIIs) to examine some of the mobility trends noted in this report.</p>
<p>There is reliable evidence that stranded migrants are experiencing increased financial hardships as they struggle to access the informal labour market and other financial resources, such as remittances.</p>	<p>As of 14 May 2020, data on migrants' financial situations is available for Libya, Tunisia, Mali, Burkina Faso and Niger. REACH is also conducting needs assessments with migrants in Agadez, Niger and Mali, which are anticipated to provide further insight on these dynamics.</p> <p>The second phase of this study will provide a qualitative understanding of barriers to livelihoods and financial resources. Although based on a limited sample, qualitative interviews will provide more in-depth insight on the economic impact COVID-19 has had for migrants along the CMR, and on the coping strategies they have adopted.</p>
<p>There is also reliable evidence that migrants are facing barriers in accessing COVID-19 health services due to a lack of information on how to access those services, language barriers, discrimination from the local governments and authorities, and fears of deportation. There is little evidence about how COVID-19 may exacerbate a lack of trust in humanitarian actors or migrants' overall willingness to access services.</p>	<p>Ongoing MMC surveys will continue to provide increasing amounts of data on barriers migrants face in accessing services.</p> <p>To complement ongoing surveys, the second phase of this study will seek to provide a more qualitative understanding of barriers and explore whether there are any changes to migrants' willingness to access protection services.</p>
<p>There is emerging data that migrants experience additional stress and anxiety, including as a result of financial hardships.</p>	<p>The second phase of this study will provide a more detailed understanding of the psychosocial impacts of COVID-19 on migrants and what factors are driving them, as well as the coping strategies they have adopted.</p>
<p>Despite what appears to be a temporary slowdown in smuggling activities, there are signs that migrants continue to rely on smugglers to facilitate journeys through the desert. It is unclear whether restrictions will lead to increasing risks of abuse and trafficking for migrants in smuggling networks.</p>	<p>The second phase of this study will seek to corroborate the limited evidence that exists on this topic by asking migrants whether they have adapted their travel plans in light of COVID-19 and ascertain whether they are increasingly relying on smugglers.</p> <p>Further data collection directly with smugglers will likely be needed to understand how COVID-19 has had an impact on smuggling practices.</p>
<p>There is emerging primary evidence that supports claims that migrants are facing heightened discrimination from local communities. The lack of available research on perceptions of migrants among local communities in the CMR prior to COVID-19 makes it difficult to assess how levels of discrimination have changed since the start of the disease outbreak.</p>	<p>The second phase of this study will provide qualitative insights from migrants whether they have experienced increased discrimination since COVID-19, and how this has affected them. However, this will not include the perspective of local communities.</p> <p>Other research actors should consider ways in which to more systematically interrogate changing perceptions of migrants among local communities. To fill this gaps, IFRC is planning a study to explore to what extent COVID-19 is shifting the relations of migrants with host communities, State authorities and humanitarian actors in West Africa, and how that affects their access to services, information, and overall humanitarian and protection situation.</p>

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Annex 1. Glossary

Access	"Humanitarian access concerns humanitarian actors' ability to reach populations affected by crisis, as well as an affected population's ability to access humanitarian assistance and services." (UN OCHA) ¹²⁹
Central Mediterranean Route	The Central Mediterranean Route (CMR) refers to the collection of pathways taken by people in mixed migration journeys from West and Central Africa towards North Africa that can result in attempts to cross the sea towards Italy and Malta from Libya, Algeria, Egypt or Tunisia. (UNSMIL and OHCHR) ¹³⁰
Forced migration	"A migratory movement which, although the drivers can be diverse, involves force, compulsion, or coercion." (IOM) ¹³¹ Forced migrants may be seeking asylum or be recognised as refugees.
Ghettos	Ghettos are "compounds controlled by operators involved in the irregular migration industry." (Clingendael) ¹³²
Mixed migration	"Mixed migration refers to cross-border movements of people including refugees fleeing persecution and conflict, victims of trafficking and people seeking better lives and opportunities. Motivated to move by a multiplicity of factors, people in mixed flows have different legal statuses as well as a variety of vulnerabilities. Although entitled to protection under international human rights law, they are exposed to multiple rights violations along their journey. Those in mixed migration flows travel along similar routes, using similar means of travel – often travelling irregularly and wholly or partially assisted by migrant smugglers." (MMC) ¹³³
Non-refoulement	Non-refoulement asserts that "a refugee should not be returned to a country where they face serious threats to their life or freedom." (1951 Convention relating to the Status of Refugees)
Refugees	A refugee is any person "owing to a well-founded fear of being persecuted for reason of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his nationality and is unable or, owing to such, is unwilling to avail himself of the protection of that country." (Article 1 of the 1951 Convention relating to the Status of Refugees)
Returnees	"Returning migrants are persons returning to their country of citizenship after having been international migrants (whether short-term or long-term) in another country." (OECD) ¹³⁴ Return can be spontaneous and independent, forced by the authorities or assisted by the International Organization for Migration (IOM) via Assisted Voluntary Return and Reintegration (AVRR). ¹³⁵
Smuggling	"The procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or permanent resident." (UNODC) ¹³⁶ In practice, a "voluntary transaction takes place between the migrant and the smuggler, where the latter facilitates the former's

¹²⁹ OCHA (2010), [Humanitarian Access](#).

¹³⁰ UNSMIL and OHCHR (2018), [Desperate and Dangerous: Report on the human rights situation of migrants and refugees in Libya](#).

¹³¹ IOM (2019a), [Glossary on Migration](#).

¹³² Clingendael (2018c), [A human rights and peace-building approach to migration governance in the Sahel](#).

¹³³ MMC (undated), [What is Mixed Migration?](#)

¹³⁴ OECD (2001), [Glossary of statistical terms](#).

¹³⁵ Adapted from IOM (2019a), [Glossary on Migration](#).

¹³⁶ UNODC (2017). [The Concept of "Financial or Other Material Benefit" in the Smuggling of Migrants Protocol](#).

irregular movement.” (Clingendael)¹³⁷ Actors in the smuggling networks may include drivers, car owners, “coaxers” (intermediaries) and “ghetto” owners.¹³⁸

Stranded migrants

A migrant who for “reasons beyond their control has been unintentionally forced to stay in a country” (European Commission).¹³⁹ Migrants become stranded when they are unable or unwilling to return to their state of nationality or former residence, are unable or unwilling to integrate in the state in which they are physically present, and/or are unable to move to the next leg of their journeys due to lack of resources or legal constraints.¹⁴⁰

Transit migrants

Individuals who have the intention of continuing their journey on the Central Mediterranean Route as soon as they are able to do so.¹⁴¹

Trafficking in persons

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons)¹⁴²

Trafficked persons may be migrants and/or refugees, but people are also trafficked within their own country of origin. (Clingendael)¹⁴³

Vulnerability in mixed migration settings

The inability to avoid, cope with, and recover from exposure or experiences of harm (IOM).¹⁴⁴ Vulnerability is not “predetermined by personal characteristics (e.g. by describing persons with a physical disability as a vulnerable group), but as susceptibility to some type of harm under the influence of personal and situational factors.” (Vogel & Kraher, 2017)¹⁴⁵

¹³⁷ Clingendael (2018d), Clingendael. 2018d. [Caught in the middle](#).

¹³⁸ Clingendael (2018b), [Multilateral Damage: The Impact of EU Migration Policies on Central Saharan Routes](#).

¹³⁹ European Migration Network (undated), [Stranded migrant](#).

¹⁴⁰ Adapted from IOM, UNHCR & Save the Children (2016), [Addressing the challenges of mixed migration: training guide](#).

¹⁴¹ IOM (2019), [Glossary on Migration](#).

¹⁴² Article 3, paragraph (a) of the [Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons](#).

¹⁴³ Clingendael (2018d), Clingendael. 2018d. [Caught in the middle](#).

¹⁴⁴ IOM (2019), [IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse](#); OHCHR (2017), [Principles and Guidelines migrants in vulnerable situations](#); ICRC (2017), [Approach to Migration](#).

¹⁴⁵ Vogel and Kraher. (2017), [Demand-side Interventions Against Trafficking in Human Beings: Towards an Integrated Theoretical Approach](#). DemandAT Working Paper No. 14.

Annex 2. Methodology

The desk review followed a structured approach that entailed: 1) generating a list of keywords (e.g. “migrant”, “COVID”) and modifiers (e.g. “Mali”); 2) running searches for these keywords on academic databases, humanitarian and development websites, raw data repositories and elsewhere; 3) gathering additional evidence via outputs from relevant networks and consortium members’ existing reference databases; 4) rapidly screening sources by relevance; and 5) analysing the quality of sources, using DFID’s criteria for quality and consistency.¹⁴⁶ The desk review included sources focusing on countries of the CMR, namely Burkina Faso, Guinea, Libya, Mali, Niger, Senegal, Algeria, Tunisia and Morocco.

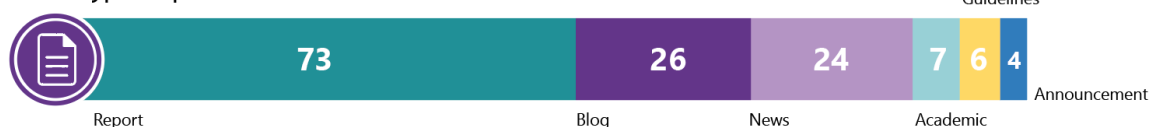
The majority of identified and reviewed sources are in English. The team reviewed 20 French sources, in majority news articles and situation reports by IOM and Impact/REACH. The team did not review sources in Arabic and other local languages. Most sources obtained were publicly available or obtainable via academic journals. IMREF did not seek to access organisations’ internal documents.

To support the analysis of sources, IMREF also conducted 5 interviews with researchers affiliated with the MMC, the International Federation of the Red Cross (IFCR), the Migration Emergency Response Fund (MERF) and the Migration Policy Center (MPC), and the International Organisation for Migration.

Type of organisation



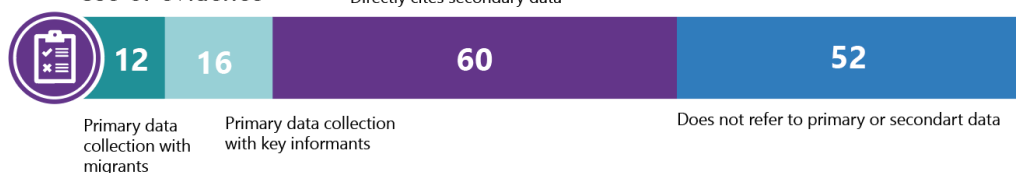
Type of publication



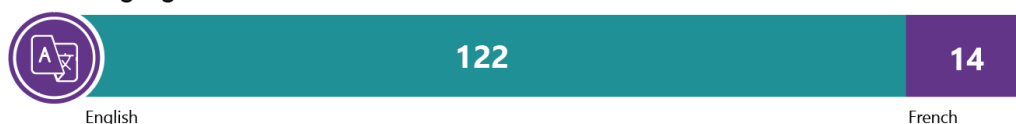
Date



Use of evidence



Language



Geographic scope



¹²⁶ DFID (2014). How to Note: Assessing the Strength of Evidence, 19 March 2014.

Annex 3. Mapping of resources

To respond to data gaps related to COVID-19 and its impact on migration, several organisations have launched initiatives that are ongoing and/or regularly updated.¹⁴⁷ Twenty global initiatives were identified that fall under three categories:

- **Mapping government measures** (7). In addition to dashboards and datasets, organisations regularly provide summary analyses of the government measures they have tracked (IOM, Assessment Capacities Project) or seek to score the stringency of measures (Oxford). Other private actors are tracking government measures¹⁴⁸ but data are not updated regularly.
- **Primary data collection with migrants and key informants** (4). The MMC and IMPACT Initiatives/ REACH collect data directly with migrants, refugees, IDPs, returnees, and people affected by responses to COVID-19. The value-added of data collected by IOM DTM and MMC is that they will allow researchers to track the evolution of the situation in multiple countries and explore further how vulnerabilities evolve. Other data collection exercises (Assessment Capacities Project, Insecurity Insight) do not rely on interviews with people on the move, but on networks of Key Informants.
- **COVID-specific resource portals** (9). Portals either curate resources on specific topics (e.g. IOM Migration Health Evidence Portal, Data2X resources on Gender and COVID-19) or act as repositories of reports, situation reports, guidelines, tools, papers and lessons learned (e.g. Active Learning Network for Accountability and Performance, Reliefweb).

Table 2: Overview of ongoing research and analysis

Organisation	Description
Mapping government measures	
IOM, Mobility Restrictions Mapping	Interactive map of COVID-19 Travel Restriction Monitoring.
ACAPS, COVID-19 Government Measures Dataset	Dataset with all the measures implemented by governments worldwide in response to the COVID-19.
Oxford, COVID-19 Government Response Tracker (OxCGRT)	Dataset that scores the stringency of government measures and aggregates these scores into a common Stringency Index.
International Monetary Fund (IMF), Policy Tracker	Summary of key economic responses governments are taking to limit the human and economic impact of the COVID-19 pandemic.
UN World Food Programme (WFP), World Travel Restrictions	Dashboard that shows current travel restrictions.
ILO Country policy responses	Summary of policies implemented by governments, employers' and workers' organisations in 188 countries and territories.
Global Detention Project, Covid-19 Global Immigration Detention Platform	Platform that summarises how countries are responding to the Covid-19 pandemic in terms of detention (including migrant detention).
Primary data collection on target populations	
MMC Mixed Migration Monitoring Mechanism	The MMC is implementing a shorter 4Mi survey focusing on the impact of COVID-19 on refugees and migrants, exploring topics such as impact on their lives and migration journeys, risk awareness, access and barriers to

¹⁴⁷ IMREF excluded initiatives that do not focus directly on the impact of COVID-19 on mobility, migration or aid (e.g. [UN OCHA, Dashboard of COVID-19 cases in humanitarian contexts](#), a dashboard that shows the number of confirmed cases and deaths from COVID-19 in locations with Humanitarian Response Plans. IMREF also excluded blog series by academics, such as the [Oxford, Coronavirus and Mobility Forum](#) And the [PRIO, Beyond the Curve series](#). Both those series publish opinion pieces written by academics from multiple disciplines to make hypotheses about the current and future consequences of coronavirus.

¹⁴⁸ See [International SOS, Travel restrictions tracker](#).

Initiative (4Mi) survey on COVID-19	healthcare and protection needs. Data are collected via phone in all 24 countries of operation.
IMPACT Initiative, Resources related to COVID-19	<p>Impact / REACH has set up three sets of activities:</p> <ul style="list-style-type: none"> - Support to coordination platforms via COVID-specific rapid assessments, needs monitoring and information management.¹⁴⁹ - Adjusted and upscaled humanitarian situation monitoring, market monitoring and assessments, and site profiling. - Assessing communities' access to information, preference in accessing information and use of information; as well as disseminating information during data collection.
Primary data collection with key informants	
Assessment Capacities Project (ACAPS), Resources related to COVID-19	<p>ACAPS produces analysis on the impact of COVID-19 on health services, access and availability of regular goods and services, humanitarian operations, and social cohesion.</p> <p>They provide global comparable datasets based on secondary data review (SDR), deep dives into specific contexts, scenario developments and risk reports.</p>
Insecurity Insight, Aid Security and COVID-19	This dataset includes the latest available information on COVID-19 developments impacting the security of aid work and operations to help aid agencies meet duty of care obligations to staff and reach people in need.
Resource portals	
IOM resources	<p>IOM has launched several research and analysis initiatives:</p> <ul style="list-style-type: none"> - In West and Central Africa Region, through the DTM Emergency Tracking Tool (ETT), IOM is reporting on key mobility events related to COVID-19. ETT is now active in Burkina Faso, Cameroon, Chad, Guinea, Mali, Mauritania, Niger, Nigeria and Senegal, and includes information on how measures being put in place are impacting migrants. - IOM's COVID-19 Analytical Snapshots summarise the latest analysis covering migration and mobility related impacts of COVID-19 from around the world. New snapshots include: "International Remittances"; "Impacts on Migrant Children and Youth" and "Migrants and Global Food Supply".
Migration Data Portal, Migration data relevant for the COVID-19 pandemic	This page draws from existing statistics on migrants that can inform the analysis of how they are affected by COVID-19.
ALNAP, Covid-19 resource portal	Repository of guidelines, tools, papers and lessons learned relevant to responding to the current COVID-19 pandemic.
Reliefweb, Covid-19 portal	Repository of information from the United Nations, INGOs, NGOs, aid organisations and the donor community.
IOM, Migration Health Evidence Portal for COVID-19	Curated portal with research publications and evidence briefs on COVID-19 and its intersection with migration health.
Lancet, Migration and Covid-19 Resource Platform	Running list of resources and current reporting on migration and COVID-19.

Humanitarian Data Exchange (HDE), COVID-19 Pandemic	Repository of datasets linked to COVID-19.
Communicating with Disaster Affected Communities (CDAC) Network, Resources for those responding to COVID-19	Summary of latest guidance, messaging, advice and resources for humanitarian actors.
Data2X, Gender and Data Resources Related to COVID-19	Running list of resources and current reporting on gender data as it relates to COVID-19 preparedness and response.