Mixed Migration Centre

COVID-19 Global Update #3 – 27 May 2020

Impact of COVID-19 on refugees and migrants

This is the third update on the situation for refugees and migrants on mixed migration routes around the world in light of the COVID-19 pandemic, based on data collected by MMC in Asia, Latin America, North Africa and West Africa. The objective of the global updates is to provide regular up-to-date findings on COVID-19 awareness, knowledge and risk perception, access to information, access to healthcare, assistance needs and the impact on refugees' and migrants' lives and migration journeys. Published once every two weeks, this series provides an aggregated overview; more detailed, thematic and response-oriented COVID-19 snapshots are also developed in each of the MMC regional offices and available here: mixedmigration.org/resource-type/covid-19/

Key messages

- **Awareness, knowledge and risk perception:** only 3 of 2,110 respondents had not heard of coronavirus. Respondents in Asia report higher awareness and taking more measures to protect themselves than in other regions. In West Africa, 20% of respondents are not taking measures to protect themselves, an increase on the previous update.

- **Assistance needs:** at 87% overall, the percentage of respondents who state that they are in need of extra help has remained remarkably stable since data collection began in April, with marginal differences between regions (range: 85% to 89%).

- **Access to information:** while overall, governments remain the most trusted information source on COVID-19, there are wide disparities across regions: respondents in Asia more often trust (47%) and use (67%) online communities, and far less frequently cite government as an information source (17% trust and 11% use); whereas in West Africa there is greater use of other migrants and trust in friends and family.

- **Access to healthcare and prevention:** the same barriers to healthcare persist, with 39% citing the cost of care, 26% that they don't know where to go. Language is seldom reported as a barrier, except in India, where 33% consider it a barrier.

- **Impact on refugees' and migrants' lives:** loss of access to work (66%) and loss of income (60%) remain major impacts of the crisis on refugees and migrants. Only in Indonesia is the figure much lower, and this is because few were earning an income beforehand. The proportion continuing to work is highest in West Africa, at 20%.

- **Remittances:** The impact on sending remittances home varies widely between regions. In Latin America more than half (51%) report they are no longer able to send remittances due to loss of income, while in Asia 4% report this impact.

- **Impact on migration journeys:** the impact of COVID-19 on migration journeys differed between regions and countries, with generally the lowest impact among Venezuelans in Latin America and among Afghans in India and Indonesia, and the highest impact in West Africa and, to a slightly lesser extent, North Africa.

Profiles

2,110 respondents were interviewed between 6 April and 10 May 2020: 126 in Asia, 382 in Latin America, 957 in North Africa, and 645 in West Africa. In West Africa and North Africa respondents come from a variety of origin countries, while only Venezuelans are interviewed in Latin America, and only Afghans in Asia. Interviews took place in the following 9 countries:

Region	Country	n	Percent women	Mean age
Asia	India	58	43%	34
	Indonesia	68	40%	28
Latin America	Colombia	292	72%	34
	Peru	90	54%	33
North Africa	Libya	442	29%	30
	Tunisia	515	35%	28
West Africa	Burkina Faso	204	41%	28
	Mali	234	18%	27
	Niger	207	28%	31
Overall		**2,110**	**38%**	**30**

Methodology

A summary of the methodology can be found here. The data presented is cumulative, and includes data from previous Global Updates. All figures are rounded to the nearest whole number. Figures for countries where the number of interviews is less than or around 100 should be interpreted with caution. Unless specified, the number of observations for all analyses and visualisations corresponds to those presented in the above table. Note that for most items of the questionnaire, respondents can select several answer options, and in some analyses it was not possible to include 'none' answer options. 34 interviews were discarded from analyses due to questionnaire incompleteness and data quality.

Awareness, knowledge and risk perception

Knowledge of the coronavirus is still high among respondents. Only 3 respondents, interviewed in Libya, reported that they had not heard of COVID-19. Furthermore, 92% of all respondents stated that they had seen people acting more cautiously, with a minimum of 91% in Burkina Faso, and a maximum of 97% in Indonesia.

Similarly, across regions, 90% of respondents agreed or strongly agreed that they are **worried about catching coronavirus** (range: from 88% in West Africa to 95% in Asia). In contrast, 19% of all respondents are **not worried about transmitting coronavirus** (disagreed or disagreed strongly that they were worried), with the highest percentage in West Africa (25% in the region, with a maximum of 28% in Burkina Faso) and the lowest percentage in Asia (5%).

84% of all respondents stated that they know **how to protect themselves** and others, but again with differences between regions, with higher proportion of respondents confident about this in Asia (91%) and Latin America (98%) than in North Africa (84%) and West Africa (75%).

Respondents know **coronavirus symptoms**, with dry cough (83% of all respondents), fever (81%) and difficulties breathing (80%) being cited the most frequently.[1] Only 15% of respondents indicated that the virus can be asymptomatic, though this percentage is

higher in Asia (27% in the region, and up to 40% in India). Likewise, respondents know which groups are more at risk, with older people cited more frequently (83% overall), followed by people who are already ill with another condition (58%), and health workers (34%)[1]. However, 22% cite babies and children under five, which are not a high-risk category (46% in Latin America, and up to 55% in Colombia).

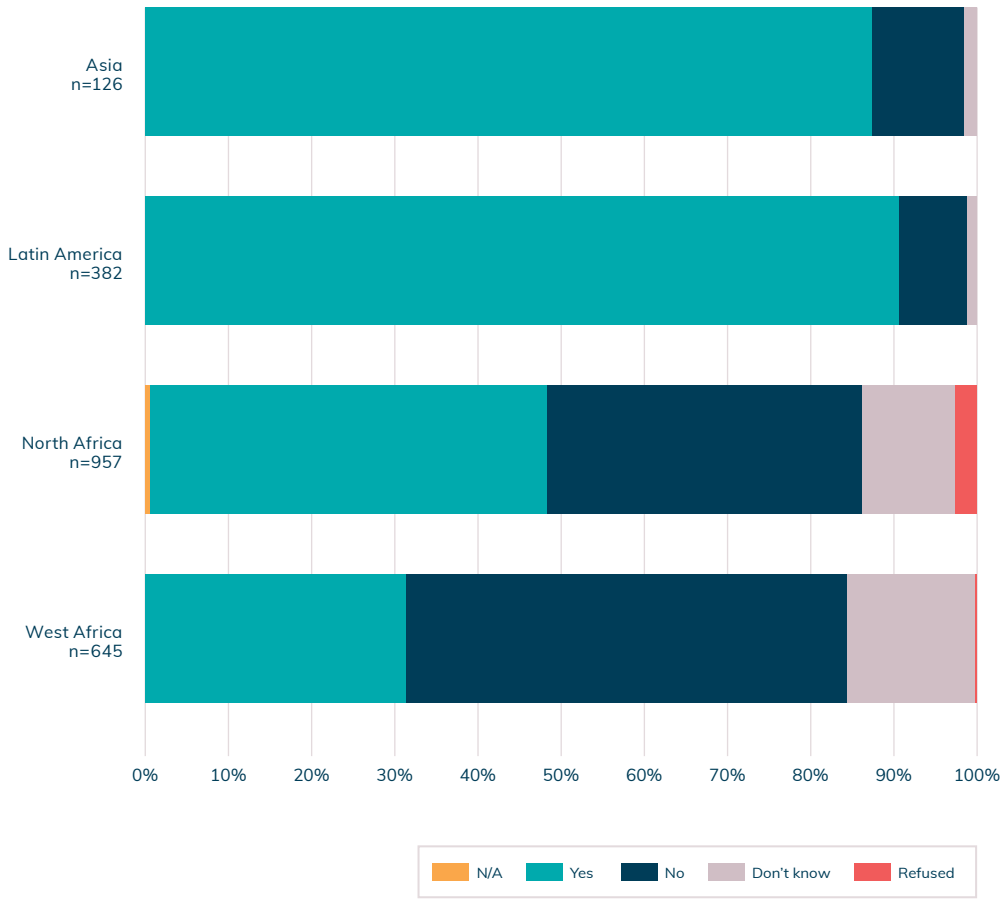
More than 90% of all respondents take **measures to protect themselves** from catching COVID-19, with washing hands more regularly (76% overall) and wearing a mask (59%) being the most commonly cited.[1] In Asia and Latin America, staying at home (88% in both regions) is much more frequent than in North Africa (55%) and especially West Africa (8%). The high percentage observed in Latin America (88%) is consistent with the fact that 86% of respondents in Latin America also stated that they had reached their final destination (13% of respondents in North Africa had reached their destination and 9% of respondents in West Africa). However, in Asia, none had reached their destination. It is likely that the severity of lockdown measures and their enforcement is influencing the degree to which respondents report staying at home, but it is interesting to explore further how many refugees and migrants have a home to stay in. Those who have reached their destination (e.g. in Latin America), or who had been immobile for some time before the pandemic hit, may be more able to stay at home (see also below, impact on migration journeys).

Respondents in Asia cited avoiding crowded spaces (65%) and keeping physical distance (60%) more frequently than respondents in any other region (range: 21% to 51% and 18% to 40%, respectively), although respondents in Latin America more frequently cited using masks (77%) and gloves (56%) than in the other regions.

Overall, a majority of respondents (53%) reported that they are able to **keep the 1.5 metre distance**, but again with higher percentages in Asia (87%) and Latin America (91%) than in North Africa (48%) and West Africa (31%).

Overall, few respondents (8%) reported **not doing anything to protect themselves** against coronavirus. That said, when data are disaggregated by region and country, notable differences emerge. In Asia and Latin America, less than 1% of respondents reported not doing anything to protect themselves, whereas in West Africa, this figure was 20%, and up to 31% in Burkina Faso (this is an increase of almost 10% in this country since the previous update).

Figure 1. Do you think you are able to practice 1.5 metre distancing?



Out of these 166 participants (129 of them in West Africa) who aren't taking any measures, 39% stated that this is due to a lack of protective gear (masks, gloves, sanitizer), and 38% because they do not feel it is necessary; 25% said that they simply cannot practice physical distancing due to their living situation. 15% (25 people) said they did not know what precautions to take.

Finally, less than 2% (n=36) of all respondents **had been tested for coronavirus**: 5 in Latin America, 8 in North Africa (with 42 refused answers, however), and 23 in West Africa (2 refused answers); no respondent was tested in Asia.

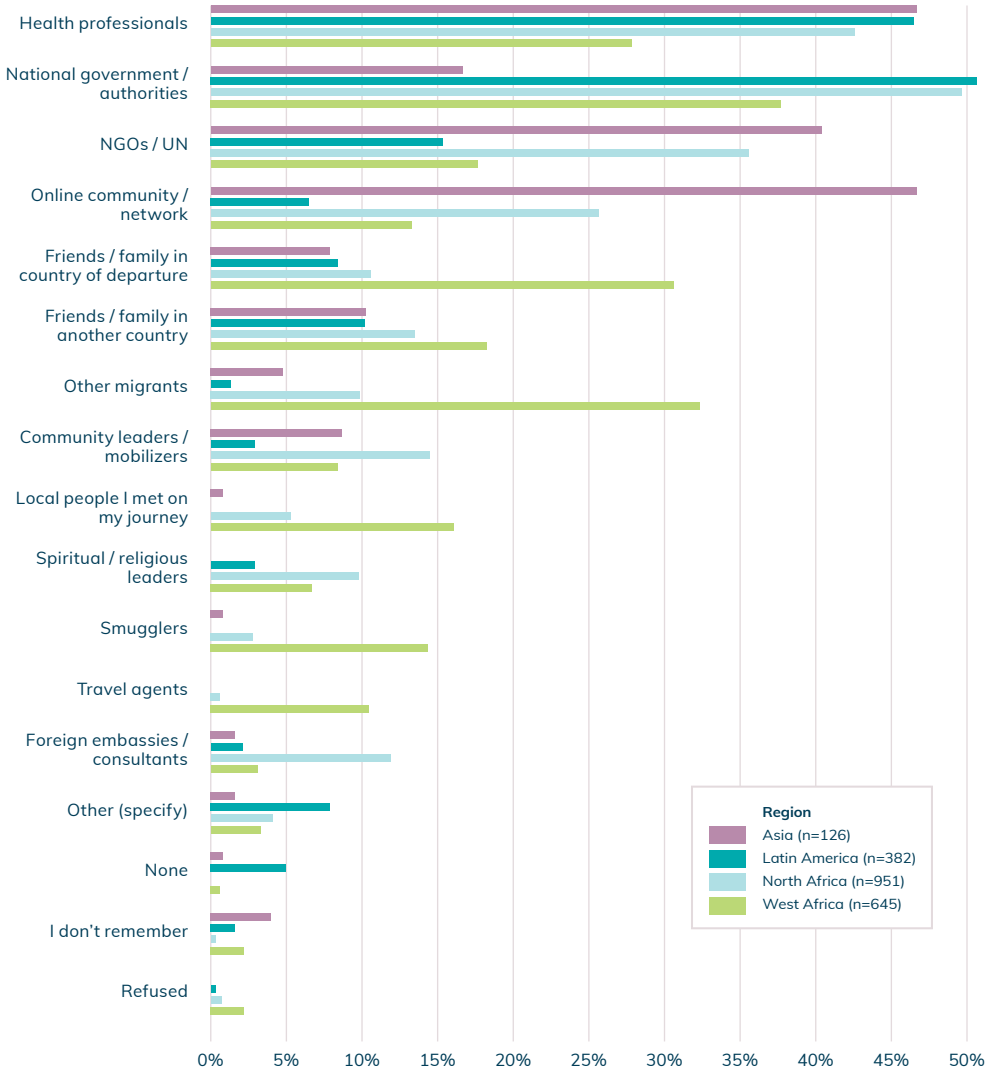
Access to information

The government is overall the most-used **source of information** among respondents (47% reported using it), but the figure is far higher in Latin America (69%) than in Asia (only 11%), with North Africa (47%) and West Africa (42%) closer to the overall percentage. In Asia, the most-used source is the online community (67%), followed by NGOs and the UN (44%), and the government comes eighth. This may be related to language barriers: in Latin America, for example, refugees and migrants speak the same language used by authorities and local media. This is not the case in other regions, and can prove an obstacle to accessing services. Likewise, in North Africa, the online community (53%) is cited slightly more often than the government (47%) or NGOs/UN (36%). In West Africa, other migrants (58%) are cited more often than the government, especially in Niger (73%). As was previously found (see second global update here), respondents in Mali (39%) and Niger (21%) are more likely to use smugglers as a source of information than in any other region (Asia and Latin America: none; North Africa: 6%).

In most regions, the most-used sources of information are also **the more trusted**. For example, in Asia, the online community is cited as more trustworthy (47%, tied with health professionals) than the government (17%), see Figure 2. In North Africa, however, the government (50%) and the UN/NGOs (36%) is seen as more trustworthy than the online community (26%), although we have seen that the latter is used more in that region. Overall, the second most trustworthy source of information after the government are health professionals (40%), although these are used less than the online community and other migrants.

Respondents in Asia, **who are often registered with UN agencies**, seem to have more trust in NGOs and the UN (41%) compared to other regions (range: 15% to 36%), and West Africa respondents have more trust in friends and family (49%, counting together friends in country of departure and destination) than in other regions (range: 18% to 24%).

Figure 2. Who do you think is a trustworthy source of information on coronavirus?



Most participants **received information on the virus** via mainstream media (69% overall), social media (62%), or in-person (47%)[2], with differences between regions reflecting, again, the most-used sources of information. For example, in Asia, 86% of respondents reported receiving information via social media (whereas social media are used by 47% to 70% of respondents in all other regions). Likewise, in Latin America, 85% reported using the traditional media, which arguably reflects their higher degree of trust in the

government. As previously found (see second update), respondents in West Africa used more various media, such as street advertising (37%), phone calls (49%), or simply in-person communication (60%, and up to 76% in Burkina Faso).

Out of all participants who reported using social media (n=1,293), 86% and 84% reported using Facebook and WhatsApp, respectively, which confirmed results from previous updates.

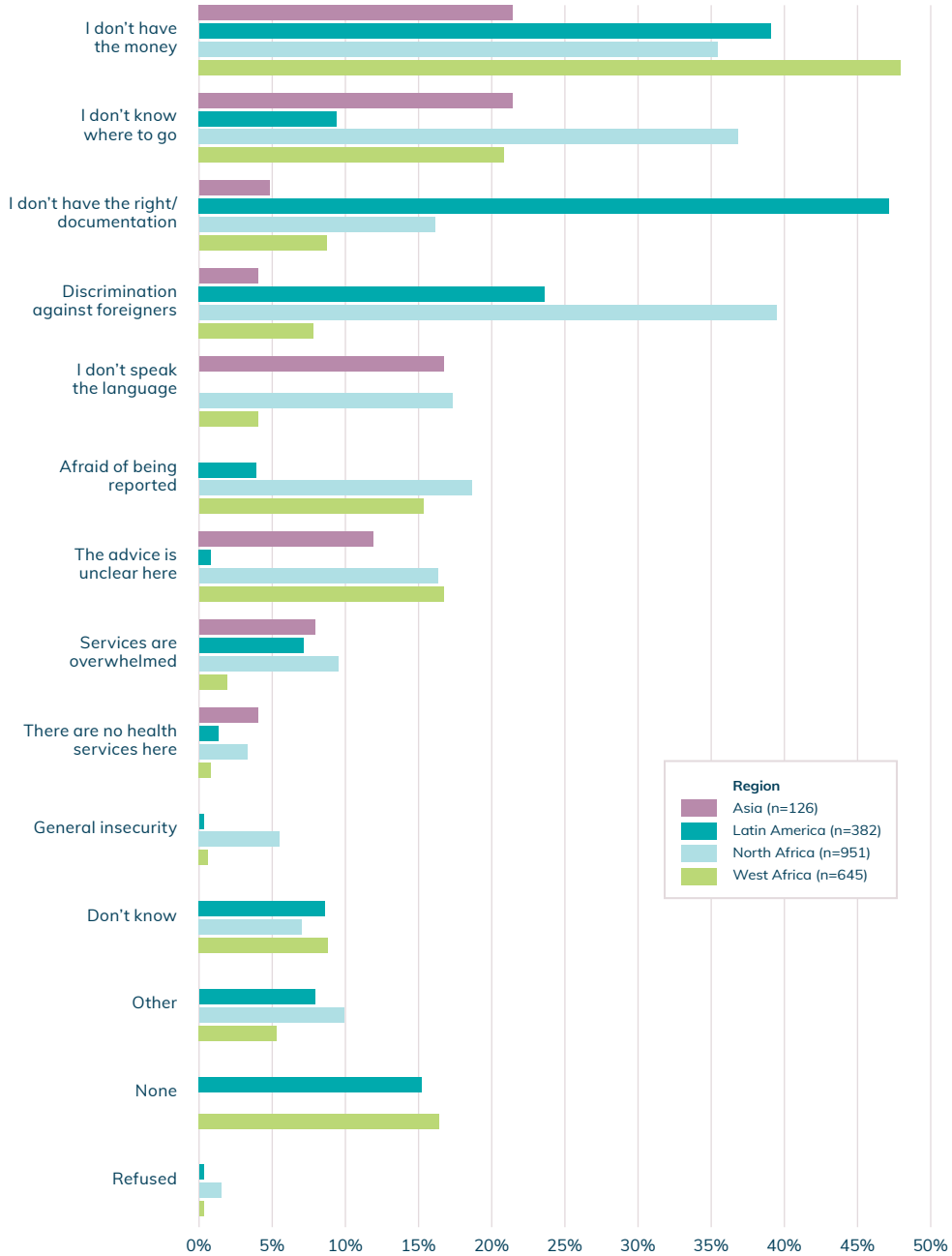
Access to healthcare and prevention

Overall, only 38% of participants believe they would be **able to access healthcare** if they had COVID-19 symptoms, with a minimum of 31% in North Africa, and a maximum of 47% in West Africa. However, the largest differences are within regions (51% in Colombia, but 13% in Peru; 63% in Niger, but 36% in Burkina Faso). Also note that 28% of all respondents simply don't know whether they would be able to access healthcare, with the lowest regional percentage in Latin America (18%) and highest regional percentage in North Africa (35%).

As in previous updates, the main **barriers to accessing healthcare** are a lack of money (39% overall), followed by not knowing where to go (26%), and discrimination against foreigners (25%).[1] Discrimination against foreigners remains the most frequently cited barrier in North Africa (39%), Tunisia (49%), and Peru (50%), whereas it does not seem to be important in Asia (4%) and West Africa (8%), see Figure 3. MMC partners in Asia have observed that discrimination deters refugees' and migrants' use of public health services, and pushed them to use private services.

A lack of legal documentation is also an important barrier in Colombia (59%, and note figure is only 10% in Peru), but less in North Africa (16%) and West Africa (9%), as discussed in the previous update. As for Asia, there are some important differences between countries, although note that the number of interviews is low. In India, the lack of legal documentation is cited by 10% of respondents, but it is not mentioned at all in Indonesia. As mentioned above, the greater likelihood of respondents in Asia being registered with a UN agency means they are more likely to have documentation to access health services. 33% of participants in India mentioned not speaking the language as a barrier, whereas this figure was only 3% in Indonesia. Language is cited more often as a barrier in North Africa (17%). General insecurity is reported as a barrier to access by 9% of respondents in Libya, and barely at all in other countries.

Figure 3. What are the barriers to accessing healthcare?



Assistance needs

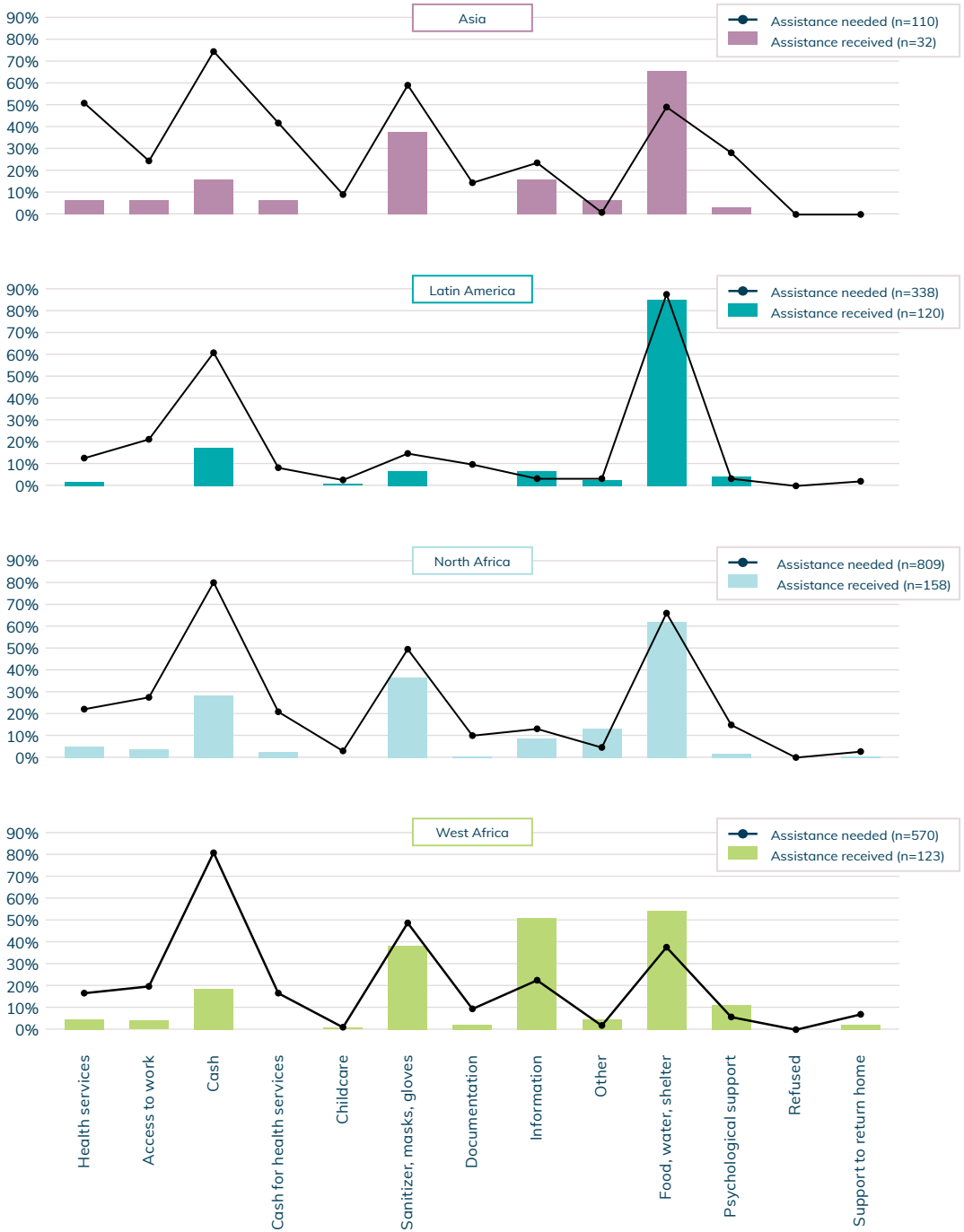
Since the first update, the percentage of respondents who state that they are in **need of extra help** has remained remarkably stable: 87%, with marginal differences between regions (range: 85% to 89%). Overall, 11% of respondents stated that they do not need extra help since the crisis began, with higher percentages in Mali and Libya (17% each), and Peru (19%).

For the 1,827 respondents who did report that they need extra help, the most frequently items cited were, again, cash (77% overall), basic needs such as food, water and shelter (60%, but note this is about 10% less than in the previous update), and sanitary items such as sanitizer and masks (44%). The **pattern of needs** between regions persists (cash is cited more often in North Africa and West Africa, but basic goods are cited more often in Latin America). In Asia, a need for access to health services was cited considerably more frequently (51%, and 68% in India) than in any other region (range: 13% to 22%). Likewise, psychological assistance was mentioned much more often in Asia (28%, and up to 36% in India) than in other regions (range: 3% to 15%).

Overall, and as in the previous update, 21% of all respondents (n=433) stated that they had **received additional assistance** since the coronavirus crisis began, with higher figures in Latin America (31%) than in West Africa (19%) and North Africa (17%, with a minimum of 10% in Libya, where access is particularly difficult). The regional percentage in Asia was 25%, but the highest percentage recorded across all countries was in India, with 43% of respondents reporting they received extra help (the number of interviews is quite low). It must be noted that in some countries, a proportion of respondents were referred to 4Mi by NGOs providing assistance. For the 433 respondents who received extra assistance, the most frequently cited items were food, water and shelter (67%, slightly more than what is reportedly needed overall), followed by sanitary items (29%, compared to 44% needed), cash (22%, compared to 77% needed), and information about the virus (21%, compared to 15% needed). Other gaps in assistance can be seen in Figure 4.

Overall, the main **providers of additional assistance** are still NGOs (41%, and up to 50% in West Africa, with a maximum of 72% in Niger), the local population (28%), and the government (20%), except in Libya, where family and friends were more frequently cited (54%). Assistance from the UN was far higher in Asia (69%) than in all other regions (range: 3% in Latin America to 10% in North Africa and West Africa).

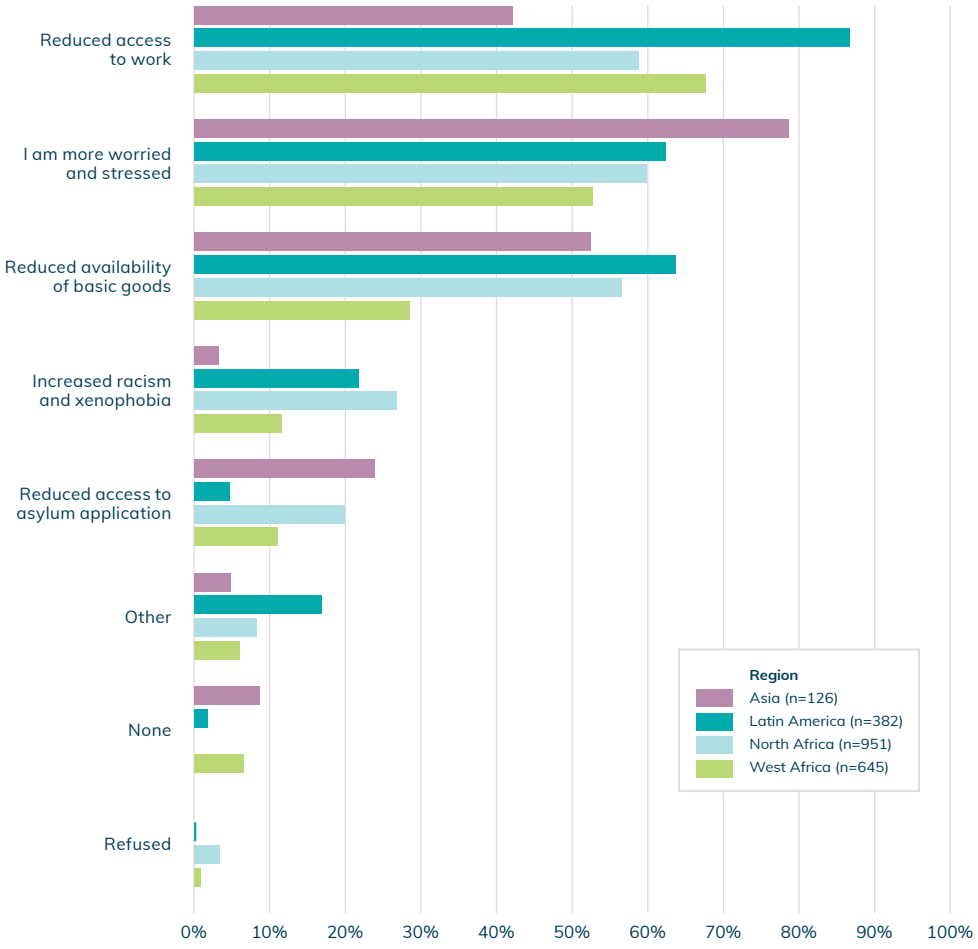
Figure 4. Kind of assistance received vs assistance needed



Impact on refugees' and migrants' lives

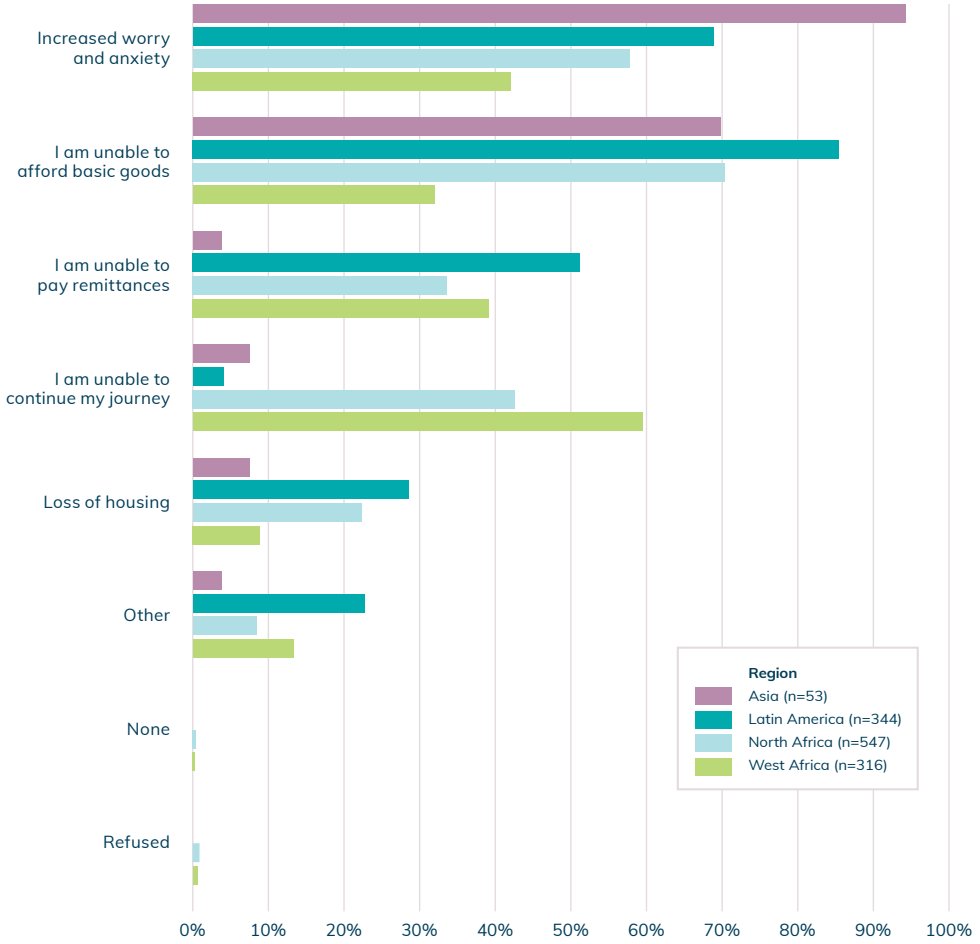
As found previously, the main **impact of COVID-19 on refugees' and migrants' lives** is reduced access to work (66%), followed by more stress (60%), and reduced availability of basic goods (50%).[1] The inclusion of Asia data marginally increased the percentage reporting an impact on access to asylum (15% overall, and 23% in Asia). Respondents in Asia reported higher levels of worry and stress (79%) than in other regions (range: 53% to 62%), see Figure 5.

Figure 5. What impact has the crisis had on your day-to-day life?



60% of all respondents cited a **loss of income due to coronavirus restrictions**. The highest percentage was in Latin America (90%), and the lowest percentage was in Asia (42%, with a minimum of 13% in Indonesia, where it should be noted that 87% of respondents were not earning an income before the crisis). The higher percentage of people continuing to work despite COVID-19 restrictions was in Mali and Niger (20% each).

Figure 6. What impact has the loss of income had?



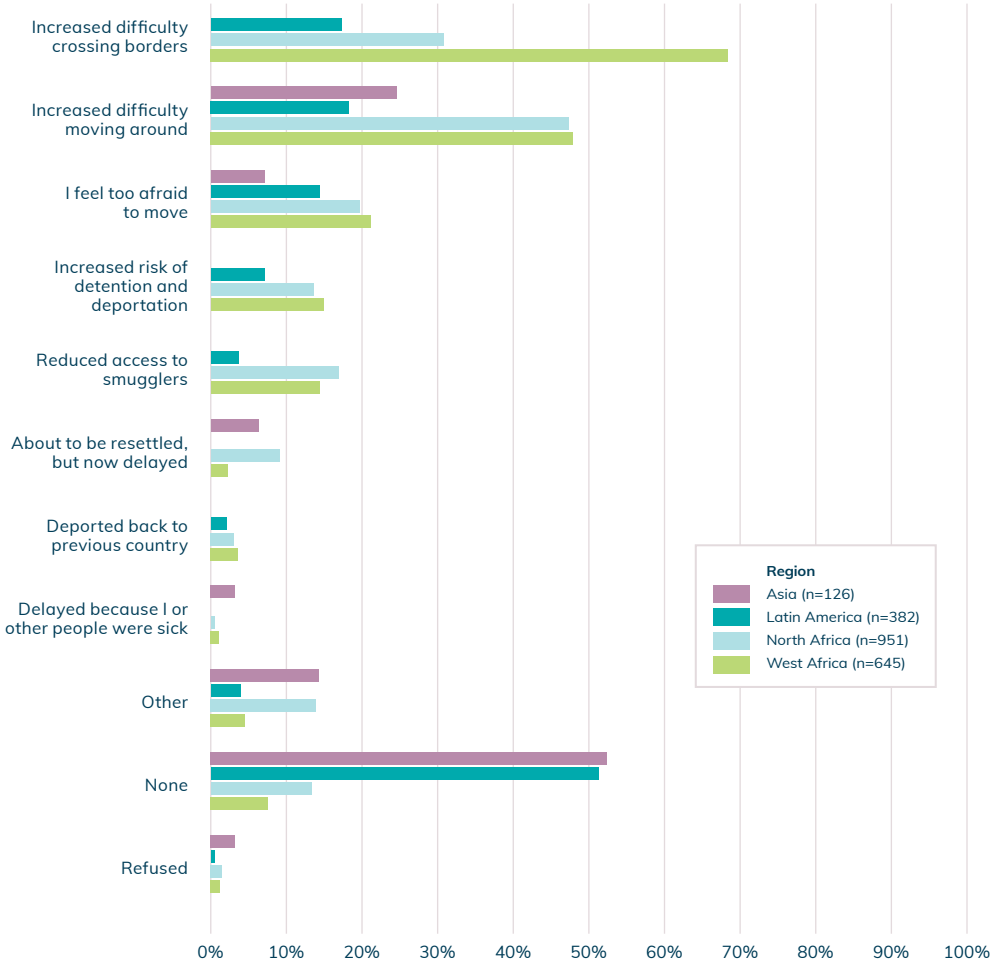
For those respondents who lost income (n=1,260), the main impact was the inability to afford basic goods (65%, which is broadly consistent with assistance needed overall, see results on needs above), increased worry and anxiety (58%), and inability to pay remittances (39%) and continue the journey (35%). There were again differences between regions and countries, however, with ability to afford basic goods most reported in Latin America (86%, compared to 32% in West Africa), as well as loss of housing (29% in Latin America), see Figure 6. The impact on **the ability to send remittances** home varies widely between regions. In Latin America more than half (51%) reported they are no longer able to send remittances due to loss of income, while in Asia only 4% reports this impact. This may indicate that respondents in Asia were not sending remittances before the crisis either, consistent with the large percentage who were not earning an income in Asia before the crisis.

Finally, more respondents were **unable to continue their journey** in West Africa (60%) and North Africa (43%) than in Asia (8%) and Latin America (4%). This is suggestive of extended or indefinite transit or long-term involuntary immobility among Afghan respondents in India and Indonesia, for whom, even though they have not reached their final destination, the Covid-19 crisis does not appear to have impacted on their migration journeys so far. Respondents in Latin America had generally reached their destination.

Impact on migration journeys

The **impact of COVID-19 on migration journeys** differed between regions, see Figure 7. Overall, respondents cited increased difficulty moving around inside countries (41%) or crossing borders (38%), or simply being too afraid to either continue their journey or return home (19%). As in the previous update, a number of respondents also stated that the crisis had no impact on their journey (21%), but with a large difference between, on the one hand, Asia and Latin America (52% and 51%, respectively) and, on the other hand, North Africa and West Africa (13% and 8%, respectively). Again, this might suggest that Asia respondents are in extended transit or have been stuck for a long time, and that the restrictions put in place by the Covid-19 crisis are therefore not impacting on their journey. This is credible if we also consider that no Asia participant reported difficulties with crossing borders.

Figure 7. What impact has the coronavirus crisis had on your migration journey?



Finally, half of all respondents (51%) stated that they had not changed their plans as a result of the coronavirus outbreak, but with much higher figures in Asia (89%) and Latin America (73%, just as in previous update), than in North Africa (43%) and West Africa (42%). Overall, few respondents changed their intended destination (2%) or route (11%). 7% decided to return home, with a maximum of 23% in Peru. The highest percentages of respondents reporting being stuck for a time were in Libya (35%) and Niger (42%), compared to regional percentages of only 2% and 5% in Asia and Latin America, respectively.

Refugees' and migrants' voices

"Migration itself is a big challenge for us and we are not able to overcome all these difficulties. We left everything in Afghanistan and don't have someone here to help us. Especially in this situation we cannot afford all these expenses if this situation lasts longer than a month."

42-year-old woman from Afghanistan interviewed in India

"People are facing lots of problems especially regarding settlement in a third country and now COVID-19 has increased those problems."

21-year-old man from Afghanistan interviewed in Indonesia

"I have received and sought information on COVID-19 to take care of myself and my parents who are older adults, despite the crisis I have had an opportunity to work, since I work online from home. I am concerned about people who live on the street with suitcases. From my point of view, they are the ones who need help the most because they are more exposed to becoming infected and being a source of infection for others."

59-year-old man from Venezuela interviewed in Colombia

"Each experience is unique, in my case I left with the intention of supporting and helping my family from abroad, this is my only purpose. I have been abroad for two years, first I lived in Colombia and this year I'm trying my luck here in Peru. The experience now with COVID-19 is very hard especially with evictions, xenophobia and the increase in cases of the virus. But people don't pay attention, they don't wear masks, that's what I've seen"

28-year-old woman from Venezuela interviewed in Peru

"The virus outbreak has really created panic for me because I worry about contracting the virus. And the movement restriction actually affected me because I lack basic needs due to insufficient cash. Though as of today the curfew has been amended and our company have asked us to resume work today but am still afraid because we are many in the company and the possibility of maintaining social distancing is very slim."

26-year-old woman from Nigeria interviewed in Libya

"Really because of coronavirus we suffer, we lost work due to the confinement. It is also very difficult for us Sub-Saharans to respect the distance of one metre because here in Tunisia we live in shared housing with 12 people sharing the same kitchen, same toilet. Even if I stay at home, if my roommate does not respect confinement, we will be in the same boat of contamination."

29-year-old man from Burkina Faso interviewed in Tunisia

"This coronavirus situation compromises the well-being of foreigners, because we are regarded as suspicious when we arrive in a new place. Everyone is wary of us."

28-year-old man from Côte d'Ivoire interviewed in Burkina Faso

"The current situation worries everyone, especially foreigners who are stranded here."

22-year-old man from Guinea-Bissau interviewed in Mali

"I would say that migration is a very difficult journey, exposing us to risks. Here we are, we have left home and COVID-19 has stranded us. We can't do anything; I have finally decided to return to my country."

26-year-old woman from Benin interviewed in Niger

Endnotes

1 N=2,104; missing=6.
2 N=2,103; missing=7.

4Mi & COVID-19

The Mixed Migration Monitoring Mechanism Initiative (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi

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