

Access to services: Impact of COVID-19 on refugees and migrants in North Africa who have left or transited Ethiopia

In East Africa, the outbreak of the COVID-19 pandemic has had a major impact on migration dynamics in the region. In March 2020, Djibouti, Ethiopia, Kenya, and Somalia reported their first cases of the COVID-19 virus. As a response to the growing threat, governments across the region implemented strict travel restrictions and widespread border closures.

The 'Northern Route' is a mixed migration route from East Africa towards North Africa used primarily by Eritreans and Somalis, and by a small number of Ethiopians and others. Migrants and refugees traveling along this route are often moving with the intention of accessing Europe. Though the arrivals figures for Europe remain low, particularly for East Africans, East Africans continue to [travel north](#) and are reported in [Libya](#) and [Tunisia](#).

This snapshot focuses on awareness of COVID-19 among refugees and migrants in Libya and Tunisia who come from Ethiopia or who transited through Ethiopia on the 'Northern Route'. The analysis examines their access to information, healthcare and services. This snapshot aims to contribute towards a solid evidence base for the DFID Ethiopia Migration Programme, to inform targeted responses on the ground, as well as advocacy efforts related to the situation of refugees and migrants during the coronavirus pandemic. This is part of a series of snapshots produced which will explore different themes and different routes taken by migrants and refugees traveling from or through Ethiopia.

Key recommendations

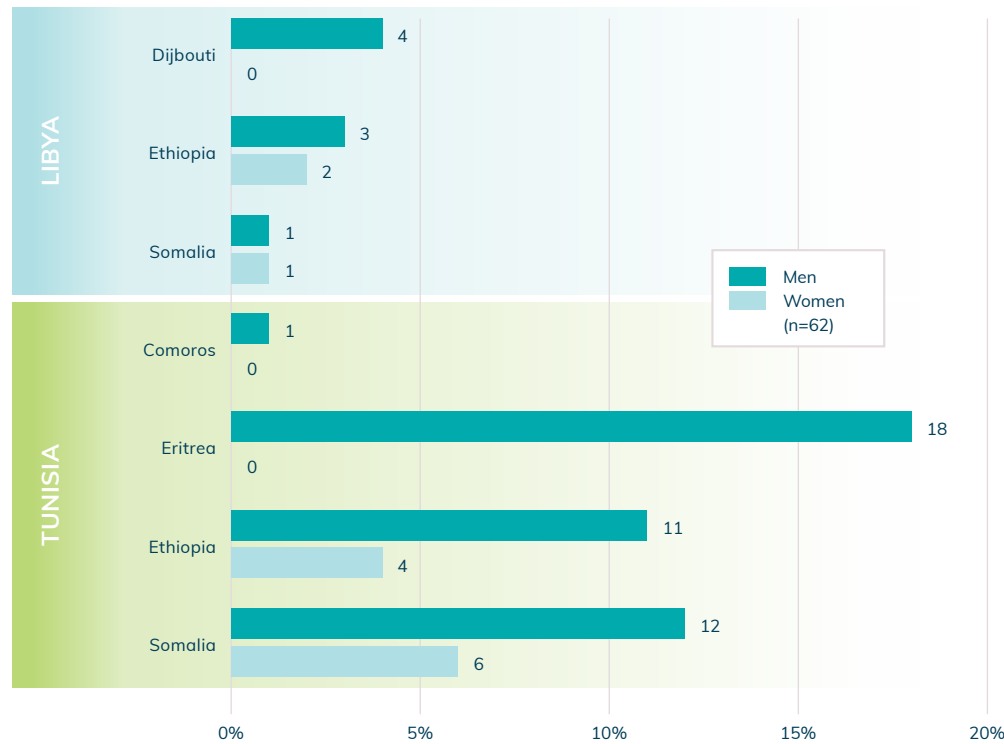
- Disseminate information to migrants and refugees on where to access free or subsidised healthcare.
- Capitalise on use of social networks to disseminate reliable information on COVID-19.
- Provide information, education, and communication materials and/or services on COVID-19 and accessible services in languages spoken by refugees and migrants.

Profiles and routes

The analysis is based on 62 interviews conducted 9 April–10 June 2020 with refugees and migrants in Libya (10) and Tunisia (52), who had moved through or from Ethiopia. Respondents were from Comoros (1), Djibouti (4), Ethiopia (20), Eritrea (18), and Somalia (17). All Ethiopian respondents began their journeys in Ethiopia, transiting Sudan and Libya. All but two Eritrean respondents (n=16) and all but two Somali respondents (n=15) began their journeys in Eritrea and Somalia, respectively, transiting Ethiopia, Sudan, and Libya. Hitsats refugee camp in northern Ethiopia was a common crossing point for Eritrean respondents (n=11), as was Dire Dawa in eastern Ethiopia for Somali respondents (n=8). 49 of the respondents were men and 13 were women, with an average age of 24. This is an average of 7 years younger than respondents in [East African](#) countries.

The small sample size means that only limited findings are presented. Interpretations based on this sample size should be made with caution, but findings will become more informative as the dataset continues to grow.

Figure 1. Nationality and sex of respondents

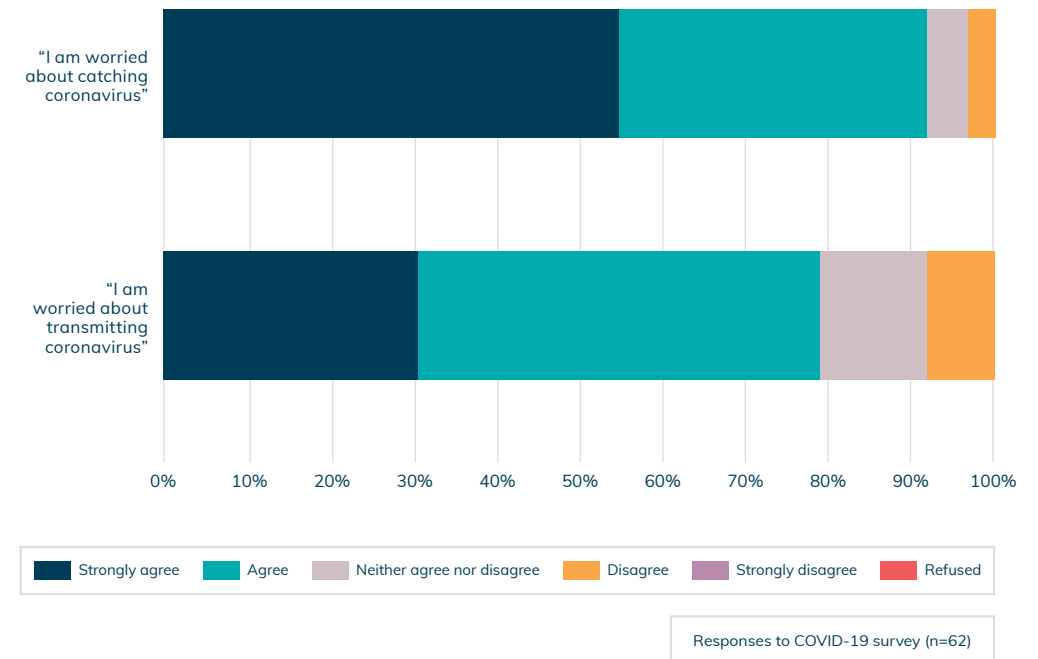


Most surveyed refugees and migrants are worried about contracting COVID-19

All refugees and migrants that were interviewed reported that they had heard of COVID-19 and 55 respondents said that they had seen people around them acting more cautiously.

In line with [findings from various regions across the globe](#), respondents were more concerned about catching coronavirus than transmitting the virus. As seen in Figure 2, 34 respondents strongly agreed that they were worried about catching coronavirus, compared to 19 respondents who strongly agreed that they were about transmitting the virus.

Figure 2. Refugees' and migrants' perception of coronavirus transmission



Most surveyed refugees and migrants are taking precautions to protect themselves against COVID-19

Almost all interviewed refugees and migrants (n=62) reported that they were aware of the symptoms of COVID-19 and 51 respondents said that they either agreed or strongly agreed with the statement "I know how about coronavirus and the COVID-19 illness and how to protect myself and others".

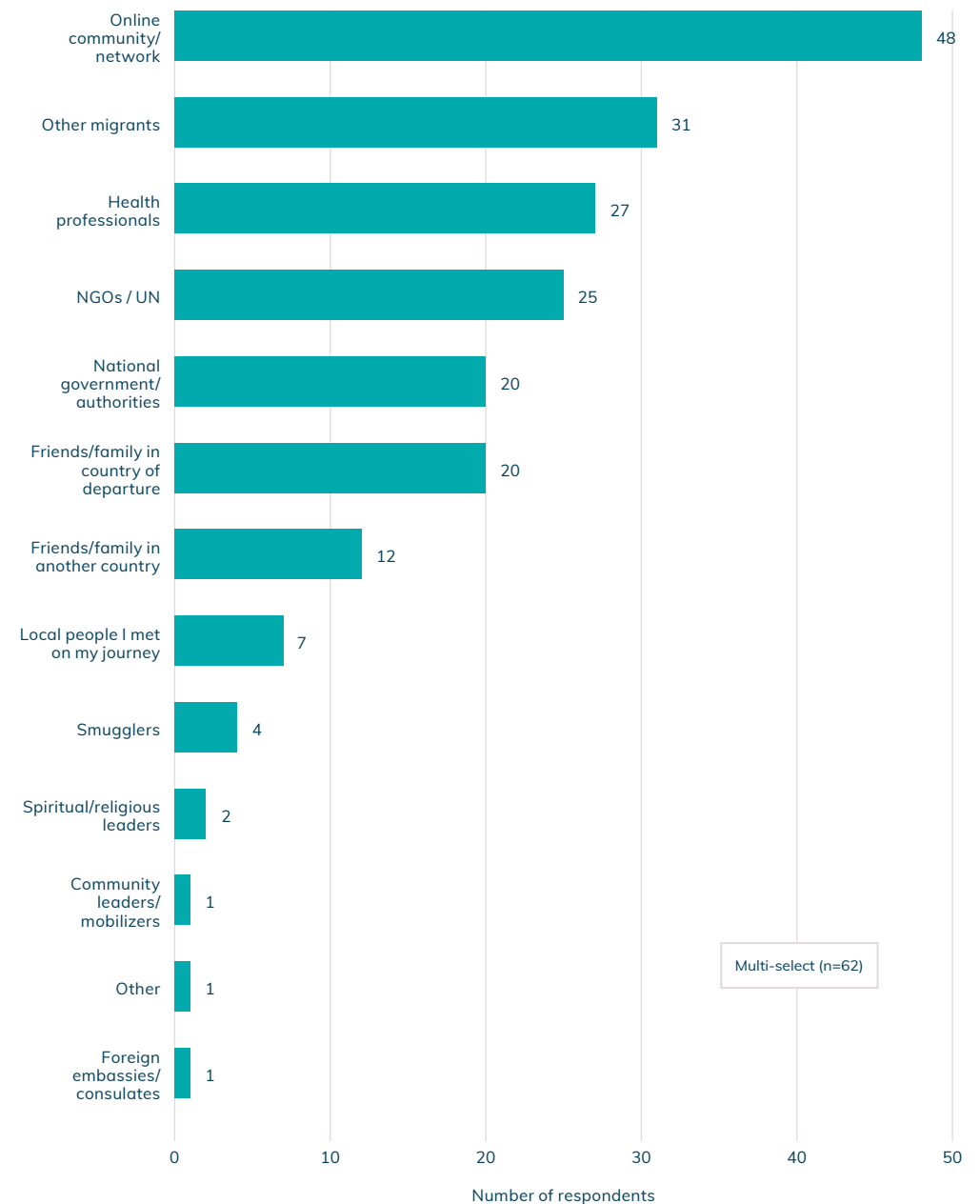
All respondents interviewed reported that they were taking measures to protect themselves against COVID-19. Many reported staying at home and self-isolating (n=60), just over half said they were washing their hands more regularly (n=36), and only around a third of said they could keep a large physical distance from others (n=19) and avoid crowded spaces (n=19).

Despite being aware of these protective measures, and particularly those geared towards maintaining a physical distance from others, only 30 respondents said they would be able to practice the recommended 1.5 metre social distancing where they currently live. Overall, 27 respondents said they would not be able to maintain the recommended distancing and 5 were unsure. East African refugees and migrants are often faced with overreliance on few [highly organised smuggling rings](#), which impacts their access to [safe shelter](#) and control over their environment.

Refugees and migrants rely on personal networks for information on COVID-19 but trust governments and health workers most

All refugees and migrants interviewed reported that they had received information on coronavirus and how to protect themselves. Overall, online communities and networks (n=48), and other migrants (n=31) were most frequently cited as sources of information. Despite this, health professionals (n=28) and NGOs and the UN (n=23) were deemed to be the most trustworthy sources of information. This differs from [findings from East Africans interviewed in Kenya and Somaliland](#), who most frequently reported national governments and health professionals as sources of information.

Figure 3. Who did you receive information on coronavirus from?



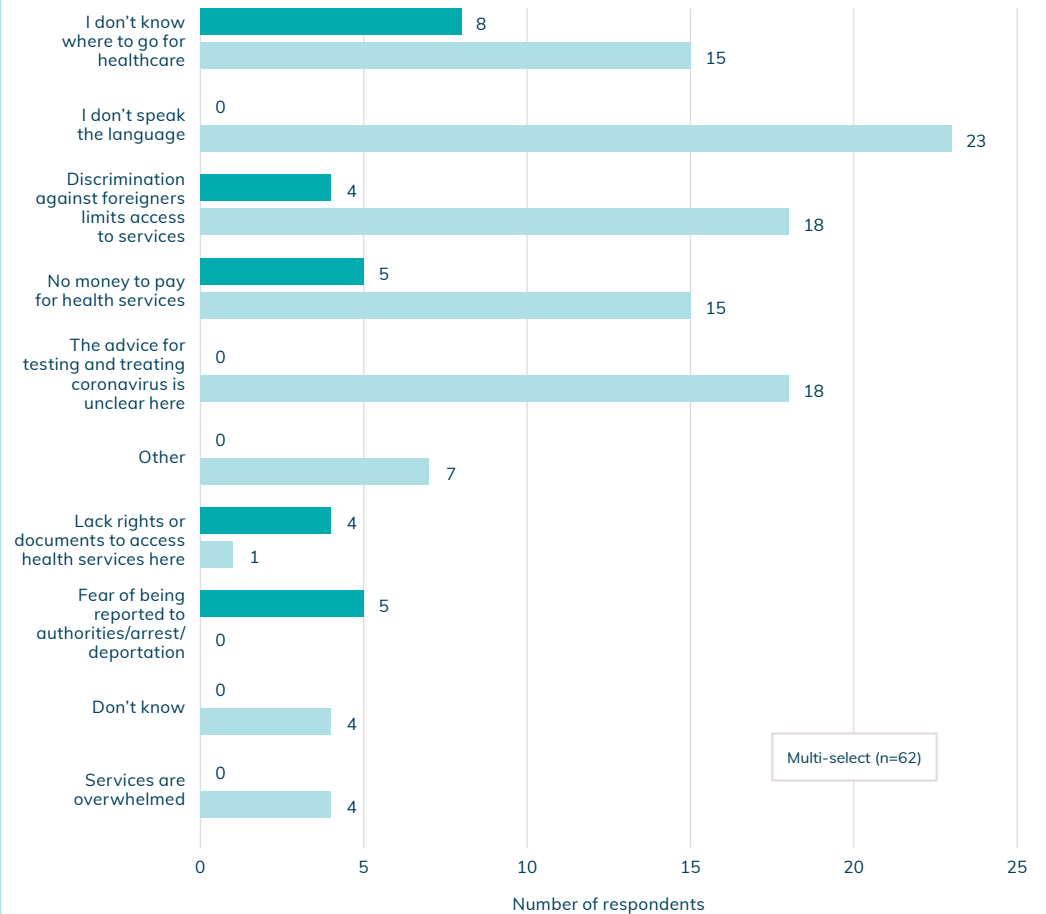
Refugees and migrants unsure about where to access health care services

Only 5 respondents (8%) said that they would be able to access health services if they displayed COVID-19 symptoms and needed care. Most interviewed refugees and migrants (64%, n=39) said that they were unsure and 18 respondents said that they would not be able to access care.

This is in comparison to roughly 28% for all respondents interviewed North Africa who believed they would be able to access healthcare if they had COVID-19 symptoms and North Africa (27%) don't know whether they would be able to access healthcare.

23 respondents also said that they did not know where to go to access health services, more commonly in Libya. In Tunisia, the language barrier was cited by 23 respondents, but was not mentioned in Libya despite the commonly shared language between both countries. Discrimination based on nationality was mentioned in both countries (n=22), as barring respondents from accessing services. [Reports show that](#) East African refugees and migrants in Libya are a vulnerable and hard to reach population. This can affect the ability for migrants and refugees to understand how and where to access services.

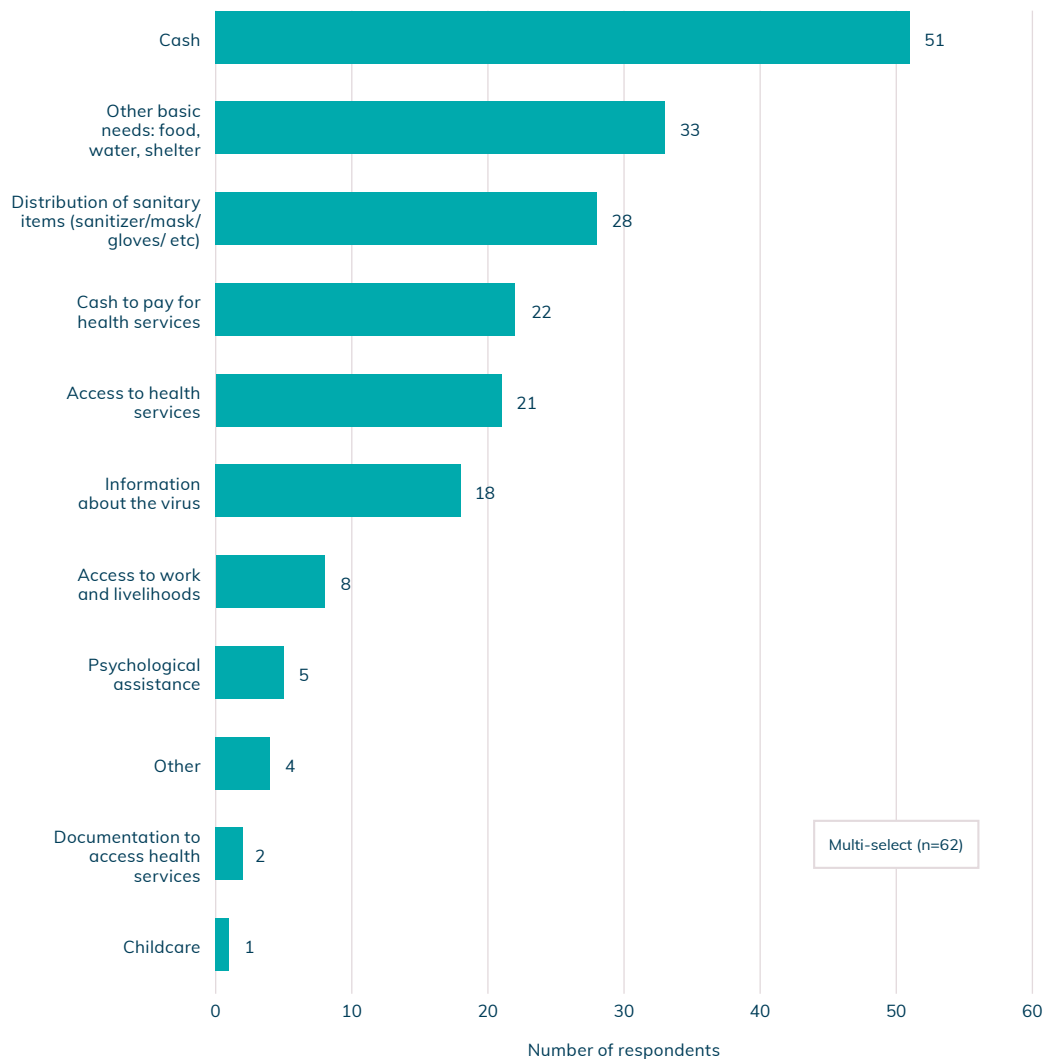
Figure 4. What are the barriers to accessing health services?



Refugees and migrants in need of cash, basic items and personal protective items

When asked, "Are you in need of extra help?", almost all refugees and migrants interviewed (n=57) reported "yes". 46 respondents reported that they had not received any additional assistance since the coronavirus pandemic began. The most commonly cited needs were cash (n=51), basic needs (food, water, shelter) (n=33), and COVID-19-specific protective items such as sanitizers, masks and gloves (n=28).

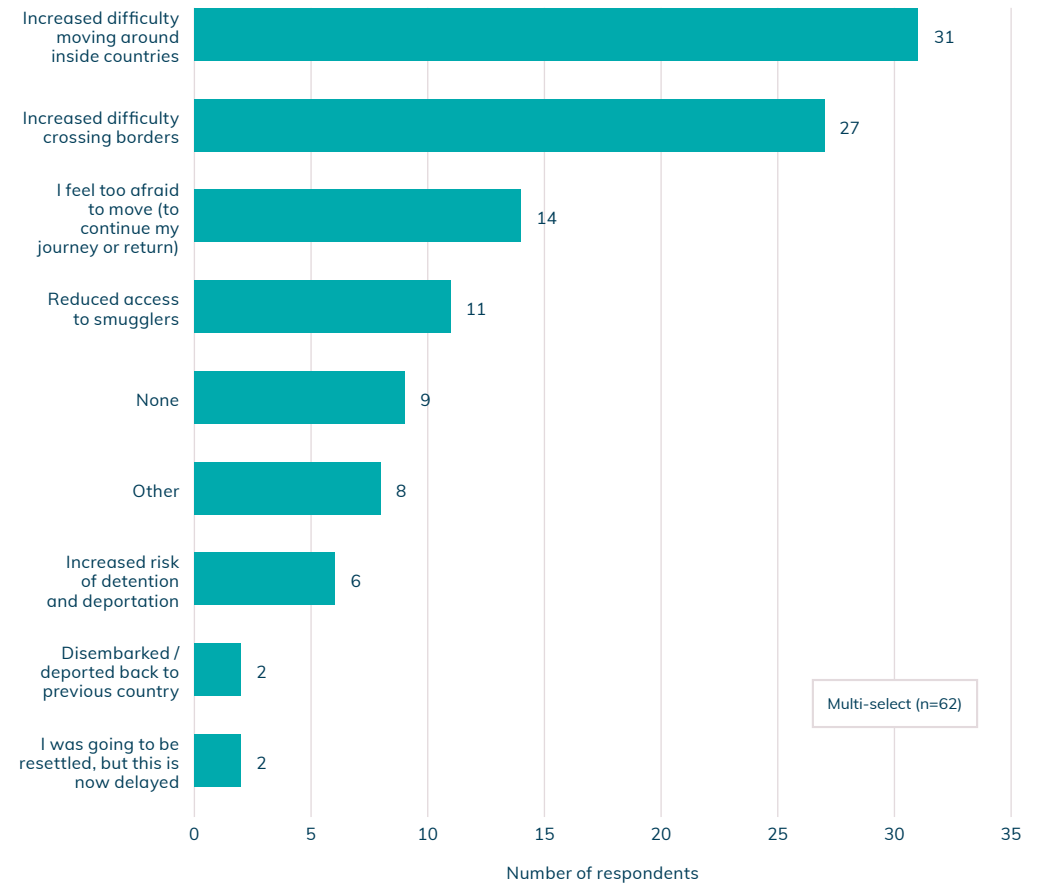
Figure 5. What kind of extra help do you need?



COVID-19 is decreasing mobility among surveyed respondents

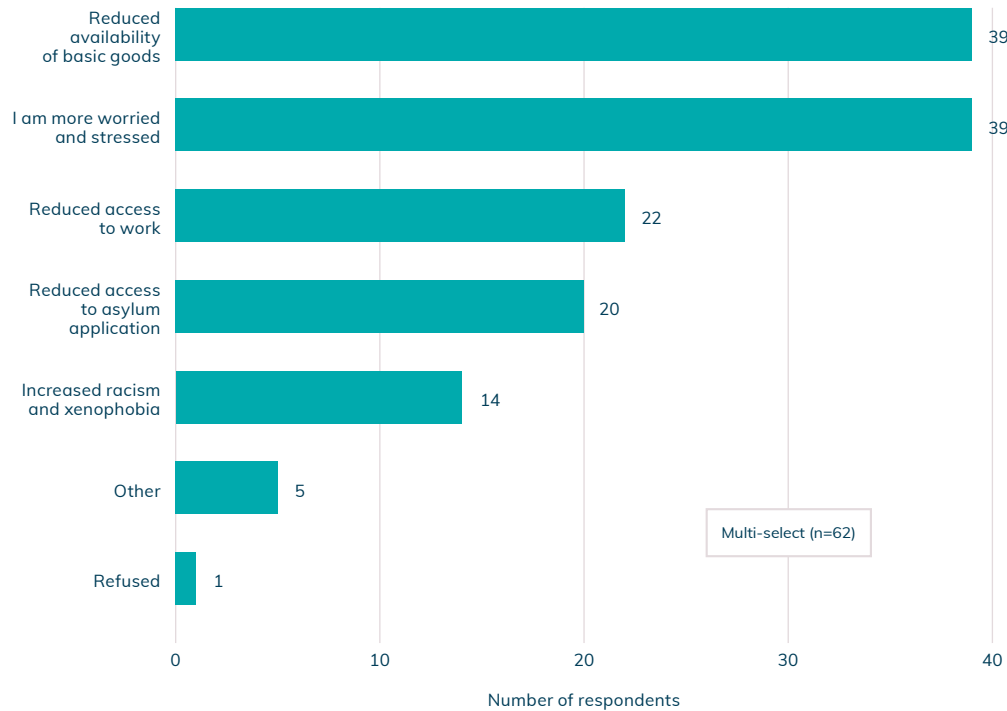
53 respondents reported that COVID-19 had impacted their migrations journeys in one way or another. The most cited impacts were on mobility. 31 respondents mentioned that they had faced increased difficulty moving around inside countries, and 27 noted an increased difficulty in crossing borders. Other reported impacts include a fear among respondents to continue on their journeys or return home (n=11), and reduced access to smugglers (n=11).

Figure 6. What impact has the coronavirus crisis had on your migration journey?



When asked about the impact that the COVID-19 pandemic had on their day-to-day lives, more than half of respondents said that it had reduced availability of goods in the market (n=39), and increased worry and stress (n=39). 22 respondents said that it had reduced access to work, and 20 reported that it had reduced their access to asylum procedures.

Figure 7. What impact has the coronavirus crisis had on your day-to-day life?

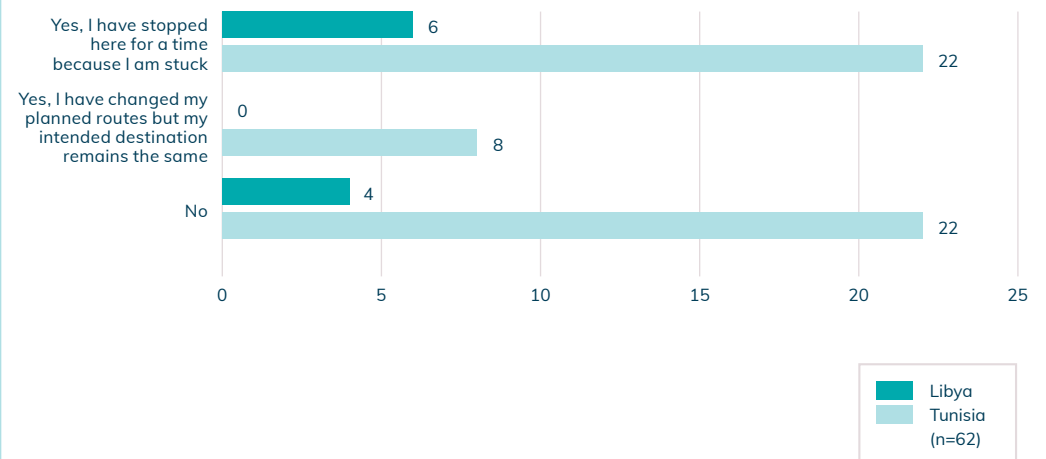


21 respondents reported that they had lost income as a result of COVID-19 restrictions. For these respondents, this resulted in them not being able to afford basic goods (n=15), increased worry and anxiety (n=12), not being able to continue their journeys (n=9), not being able to pay remittances (n=5), and a loss of housing (n=4).

COVID-19 has interrupted journeys for many interviewed refugees and migrants

All but one respondent were still on their journeys at the time of interview. When asked whether they had changed their plans as a result of COVID-19, 28 reported that they had stopped as they were currently “stuck”, and a further 8 respondents said that they had altered their planned routes. 26 respondents that COVID-19 had not changed their plans.

Figure 8. Have you changed your plans as a result of COVID-19?





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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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