



Mixed  
Migration  
Centre

## BRIEFING PAPER

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# The impact of COVID-19 on refugee and migrant livelihoods in Sudan: a socio-economic stress multiplier

## Executive summary

This briefing paper analyses the impact of COVID-19 on refugees and migrants in Sudan, looking back to the onset of the pandemic, as well as outlining potential medium- to long-term scenarios. In doing so, it provides a situational analysis where the impact of COVID-19 is discussed in relation to access to information, access to health

services, livelihood opportunities, assistance needs, access to education, movement intentions, food insecurity and access to vaccination. The paper is based on 370 4Mi interviews with refugees and migrants in Sudan, as well as 10 key informant interviews with migration and humanitarian experts.

## Key findings

- While refugees and migrants in Sudan reported having access to information on COVID-19, they considered no individual source of information to be highly trustworthy, including NGOs, UN agencies, and the authorities. Key informants noted that language barriers persisted for certain groups, particularly new Ethiopian and Eritrean arrivals.
- Access to health services in Greater Khartoum was widely reported to be strained or difficult, mostly due to refugees' and migrants' inability to afford treatment, their fear of being reported to authorities, arrested, or deported, and their perceptions of discrimination against foreigners.
- 60% of respondents in Greater Khartoum reported losing employment income, financial support from their families, or both, due to the pandemic. Respondents reported that as a consequence of the pandemic they were unable to afford basic goods (61%), experienced increased debt, including rent arrears (50%), and increased worry and anxiety (50%).
- More than three quarters (76%) of respondents in Greater Khartoum reported needing assistance. The main form of support they needed was cash, particularly to buy food (85%), pay for housing or shelter (82%), and access water and sanitation (63%).
- Key informants in camps hosting Eritrean and/or Ethiopian refugees in eastern Sudan reported needing WASH facilities that met basic standards, and advocated for an increase in food distribution programmes.
- Despite COVID-19 movement constraints, this study found that refugees and migrants were still entering and transiting Sudan. There has been a notable increase in arrivals in eastern Sudan since November 2020, particularly refugees from the Tigray region of Ethiopia.

- 66% of respondents noted increasing difficulty moving around Sudan. More than one third (35%) of respondents reported that reliance on smugglers had increased. 61% reported that smugglers' fees had gone up since the outbreak of COVID-19.
- In combination with persistently poor macro-economic conditions, the impacts of the COVID-19 pandemic will further contribute to structural food insecurity, according to key informants. This follows increased reliance on emergency humanitarian assistance needs during recent years, spurred by extremely high food and transportation prices and high inflation, which have decreased purchasing power across the country.

## Introduction

This brief examines how COVID-19 has impacted refugees' and migrants' livelihoods across Sudan, with a focus on Greater Khartoum as a main mixed migration hub.

Refugees' and migrants' mobility was impacted after Sudan closed its airports, land borders, and ports on 16 March 2020.<sup>1</sup> From January 2020 up until August 1st, 2021, there have been 37,138 confirmed COVID-19 cases in Sudan, representing an incidence rate of 826 per 1 million inhabitants, and 2,776 confirmed deaths.<sup>2</sup> Lockdown measures were tight during the first months of the pandemic, but these have gradually been lifted from July 2020 onwards.

This paper draws upon quantitative data collected between July 2020 and February 2021, triangulated with qualitative data. Key themes include awareness of COVID-19, access to health, discrimination, basic needs and assistance provided, access to education, mobility, smuggling, food insecurity, and access to COVID-19 vaccinations.

This paper seeks to fill gaps on mixed migration in Sudan, where data remains scarce. The Mixed Migration Centre (MMC) has previously published snapshots of the role of smugglers in East Africans' mixed migration to Libya via Sudan and on protection risks along the journey to Khartoum. Since the onset of the pandemic, MMC has also published a snapshot of access to services and the impact of COVID-19 on refugees and migrants in North Africa who have left or transited Ethiopia, as well as an article on the Mixed Migration consequences of the Tigrayan crisis and cross-border displacement into Eastern Sudan.

1 Reuters (March 16th, 2020). [Sudan closes airports and borders over coronavirus fears.](#)

2 WHO (2021). [Sudan Coronavirus \(COVID-19\) Disease Dashboard.](#)

# Methodology

This briefing paper is based on quantitative data collected between July 2020 and February 2021<sup>3</sup> and qualitative data collected through key informant interviews (KIs) between April and June 2020, with follow-ups thereafter until the first quarter of 2021. A total of 370 quantitative COVID-19 surveys with refugees and migrants and 10 semi-structured interviews with key informants were conducted.

KIs were conducted with migration experts from international non-governmental organisations (INGOs), UN agencies, and local civil society organisations (CSOs) active across Sudan including in Khartoum, Kassala, El Gedaref, Darfur, White Nile State and Northern State.

Since the beginning of April 2020, after COVID-19 was declared a pandemic, MMC shifted globally to remote data collection for its flagship quantitative data collection system, 4Mi.<sup>4</sup> The 4Mi survey was adapted with an emphasis on the impact of the COVID-19 pandemic on refugees' and migrants' livelihoods and wellbeing. The 370 survey responses included in this data sample were conducted remotely in Sudan by trained refugee and migrant enumerators, who shared a region, country of origin, and/or spoken language with the surveyed respondents. Respondents were reached through snowballing techniques.<sup>5</sup>

## Profiles

According to the [UN Refugee Agency \(UNHCR\)](#), Sudan currently hosts more than 1.1 million refugees and asylum-seekers, of which 70% are hosted outside camps in urban and rural settings, and 30% live in camps. Moreover, the [International Organization for Migration \(IOM\)](#) estimates there are 140,661 migrants in Sudan as of 1 January 2021.

Following the outbreak of conflict in the Tigray region of Ethiopia in November 2020 and the end of June 2021, more than 46,000 arrivals were registered in camps in eastern Sudan.<sup>6</sup> While this study's 4Mi sample does not include respondents in camps in eastern Sudan,<sup>7</sup> key informants and programming partners such as the Danish Refugee Council (DRC) and Welthungerhilfe (WHH) have provided inputs on the impacts of COVID-19 in these camps.

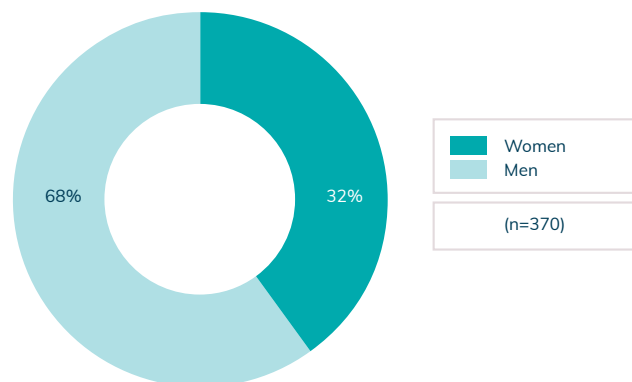
This briefing paper focuses on refugee and migrant populations present in Sudan, both in urban and camp

contexts, supported by findings from 4Mi quantitative data and qualitative data.

4Mi respondents came from a total of 31 African countries of origin, including Chad (78), Eritrea (63), Ethiopia (44), South Sudan (26), and Somalia (22). Most respondents (295 out of 370, or 80%) were surveyed in Greater Khartoum,<sup>8</sup> with the remainder spread across Sudan. Respondents were surveyed in urban and rural settings, outside refugee camps, while transiting through Sudan, or having been in Sudan for less than two years.

In some instances the qualitative data derived from KIs shed light on gaps in basic service provision and vulnerabilities that predate the COVID-19 pandemic among refugees, migrants, and host communities. This was particularly the case in camp settings and in neighbouring host communities. The study finds parallels between both communities, suggesting that targeted programming will likely benefit from an inclusive all-of-society approach to refugee, migrant, and host communities.

**Figure 1: Sample composition by gender**



# Findings

## There is general access to COVID-19 information, but no source is considered highly trustworthy

Key informants reported that at the start of the pandemic, between March and May 2020, host communities and refugees and migrants across Sudan, particularly in rural settings, were not well aware of the threats of the virus and how it could spread. Due to active awareness campaigns across Sudan that started two to three months after the outbreak of the pandemic, a basic to

<sup>3</sup> This time period corresponds to an MMC 4Mi survey focusing on the impacts of COVID-19, which ended its run in February 2021.

<sup>4</sup> [See the MMC website for more on 4Mi.](#)

<sup>5</sup> In July-August 2020, MMC received support from the Danish Refugee Council (DRC) in obtaining access to potential respondents around Greater Khartoum. In January 2021, MMC received additional support from Welthungerhilfe (WHH) while accessing potential respondents in Eastern Sudan.

<sup>6</sup> [UNHCR](#) (June 30th, 2021).

<sup>7</sup> At the time of writing, MMC was in the process of gaining access to respondents in refugee camps in Eastern Sudan. Surveys from these locations will be included in samples in upcoming publications.

<sup>8</sup> Constituting of Khartoum, Khartoum North and Omdurman.

good level of awareness began to emerge regarding COVID-19 and its impacts. 4Mi data show that all but one respondent had heard of COVID-19 at the time of interviews. Presented with the statement “I know about coronavirus and how to protect myself and others”, a large majority (89%) agreed or strongly agreed.

Key informants, especially in camps, pointed out that general hygiene awareness-raising has been on the agenda for years. The outbreak of COVID-19 has further prioritised such initiatives. For instance, several humanitarian actors have added handwashing stations in camps. Awareness campaigns within camps have spread information in multiple languages such as Arabic and Tigrinya. However, there are reportedly concerns that such campaigns might not have reached the full perimeters of older camps set up in the 1960s and 70s in eastern Sudan to accommodate Eritrean refugees.

4Mi data shows that most respondents (62%) obtained information on COVID-19 through their online communities and networks. 38% received information from awareness campaigns by (I)NGOs and the UN, 33% from friends and family, and 32% from national and state authorities. Key informants reported that information from the authorities was mostly spread through bulk SMS texting in Arabic, and sometimes in English (with the support of humanitarian actors). This imposed a language barrier for many people on the move, including those from the Horn of Africa and francophone West Africa.

**“Younger people rely a lot on social media, especially Ethiopians and Eritreans on the move. But there has been a lot of misinformation, although there have been efforts to counter this through information campaigns. [...] Parts of the camps might not even have been reached by the community services teams. They might have only received soap and additional hygienic items without being informed about the reasoning behind it.”**

**Key informant reporting on camps in Kassala**

Outside camps, no services were readily available in Amharic or Tigrinya, meaning that Ethiopians and Eritreans living in urban contexts had little or no access to information on COVID-19. One key informant in Khartoum described the need for interpreters in these languages to help translate medical and legal services in the capital during the COVID-19 outbreak as ‘increasingly pressing’. In 2021, UNHCR launched a Whatsapp account acting as a COVID-19 information

platform especially targeting Ethiopian and Eritrean refugee and asylum seeker communities.

Only 27% of respondents deemed online communities or networks to be a ‘trustworthy source of information on coronavirus’. (I)NGOs and the UN were considered trustworthy by 34% of interviewees. Respondents who were more connected to humanitarian actors considered information from INGOs and the UN to be more trustworthy, which suggests either that interaction with such agencies resulted in greater trust or that these respondents approached such agencies because they already trusted them. Humanitarian actors and UN agencies should consider carrying out greater outreach in communities where they lack a presence, to work towards increasing trust. Information from national or state authorities was considered trustworthy by less than a quarter of respondents (23%). No single source of information was considered highly trustworthy by a majority of respondents.

### **Access to PPE and health services is strained**

Between April and June 2020, key informants described a general shortage throughout Sudan of personal protective equipment (PPE) such as hand sanitiser, masks, and gloves. Inflated prices since the outbreak of the pandemic have continued to render PPE inaccessible for large parts of the population, including most refugees and migrants. While humanitarian actors, especially in Khartoum and in the camps, have upscaled the distribution of PPE and hygiene kits, key informants pointed out that distribution must become systematic, as most refugees and migrants are not able to procure such resources themselves. Follow-up with key informants working in camps in early 2021 revealed that distribution was not always done in an equitable manner, with some having received PPE on several occasions while others have not had access. Moreover, wearing PPE has become stigmatised and might be viewed as a sign of ‘carrying the virus’ rather than as a prevention measure.

During the initial months of the pandemic, there was a particular lack of clarity among key informants about which facilities in Greater Khartoum had remained open to treat COVID-19 cases. Initially, public hospitals were reported to be open, but the situation became more ambiguous over time, with health workers striking and facilities overstretched and understaffed. This is supported by findings from 4Mi data from Greater Khartoum between July 2020 and February 2021, when 19% (56 out of 295) of respondents reported being able to access health facilities. The remainder believed they did not have access (44%), likely related to barriers associated with migration status or inability to pay for services, or did not know where to go (36%).<sup>9</sup>

<sup>9</sup> 4 respondents surveyed in Khartoum refused to answer.



As the number of detected positive cases outside the capital has remained relatively low,<sup>10</sup> the focus in other cities and in the camps during the initial phase of the pandemic seemed to be on preventive measures and adhering to guidelines rather than on access to health facilities. All COVID-19 testing samples were reportedly sent to Khartoum and investigated there, with long waiting times for results.

Access to health services was already an issue before the pandemic. For cities such as Kassala and El Gedaref, in eastern Sudan, where health facilities receive patients from camps, key informants reported that COVID-19 had put an additional strain on access to other types of health services and assistance.

### Perceived discrimination and COVID-19

Figure 2 shows that cost, fear of being reported to authorities, discrimination against foreigners, and lack of documentation were all frequently reported barriers to healthcare, regardless of whether respondents were seeking to access testing and care to treat COVID-19 or other medical treatment. Key informants revealed that refugees and migrants were stigmatised as carriers of COVID-19. A key informant in Greater Khartoum reported that such stigmatisation was a particularly significant issue at the onset of the pandemic, and the Filipino community in the capital was specifically targeted.<sup>11</sup>

### Eroded livelihood opportunities

During the first months of the pandemic, authorities enacted stringent movement restrictions in Sudan's cities and states to curb the spread of the virus. All movement connecting the three cities of Greater Khartoum (Khartoum, Khartoum North, and Omdurman) was restricted due to the closure of connecting bridges. Key informants reported that movement within neighbourhoods was only allowed at certain times of the day, usually in the morning. Since July 2020, restrictions were gradually lifted and at the moment of writing there were no movement bans in place.

Outside the capital, especially for those living in camps and working in agriculture or mining in eastern Sudan, going to work was reportedly impossible as most movement in and out of camps was seemingly blocked, except for health care or basic needs. Inside the camps, key informants in Kassala and El Gedaref stated, the shops and restaurants that provided a large share of livelihood opportunities were shut down, leaving many self-sufficient long-term camp inhabitants without a viable source of income. In parallel to the lifting of restrictions in Greater Khartoum, moving in and out of camps returned back to normal around July 2020.

While movement restrictions differed from state to state, key informants reported that almost all forms of employment were severely impacted, as all traffic considered 'non-essential' was forbidden in an attempt to curb the spread of the virus. This situation compounded months of increasing inflation.<sup>12</sup> Inflation further soared in 2021, jumping to over 330% in February, one of the highest rates worldwide.<sup>13</sup>

**“ A lot have lost their daily incomes because they are daily workers who cannot move now due to the restrictions. They are working in the informal sector doing daily paid jobs. An initial estimate from the Ethiopian community counts around 5.500 Ethiopians in Khartoum alone that have lost their income. They have requested emergency food support as they are not able to foresee their basic needs. ”**

Key informant reporting on Greater Khartoum

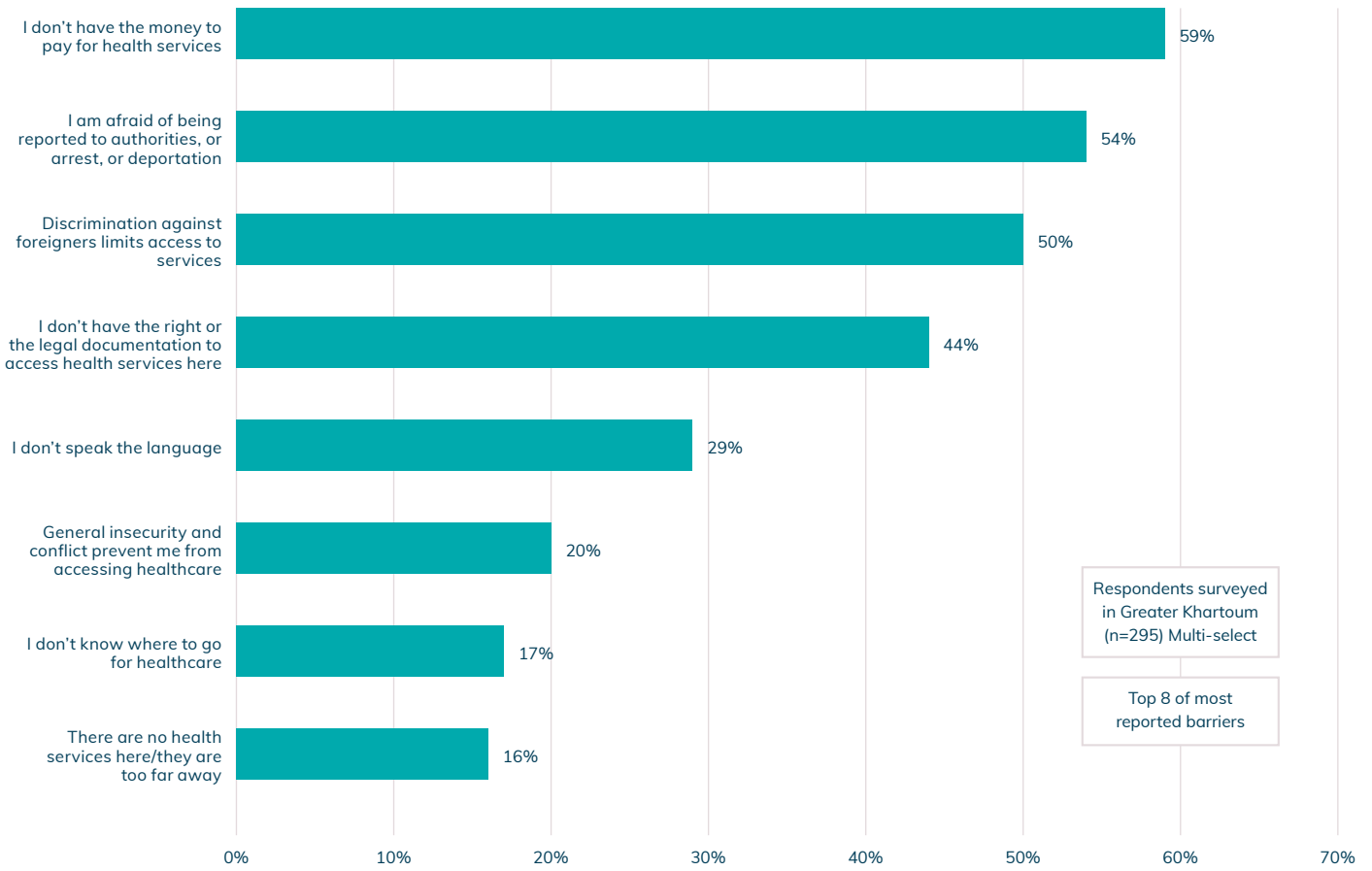
10 As of May 8th, 2021, Sudan had reported 34,272 COVID-19 cases countrywide, of which 23,781 (69%) were detected in Khartoum State (OCHA).

11 The 4Mi sample in this study does not include Filipino respondents. Therefore, this information could not be triangulated with quantitative data.

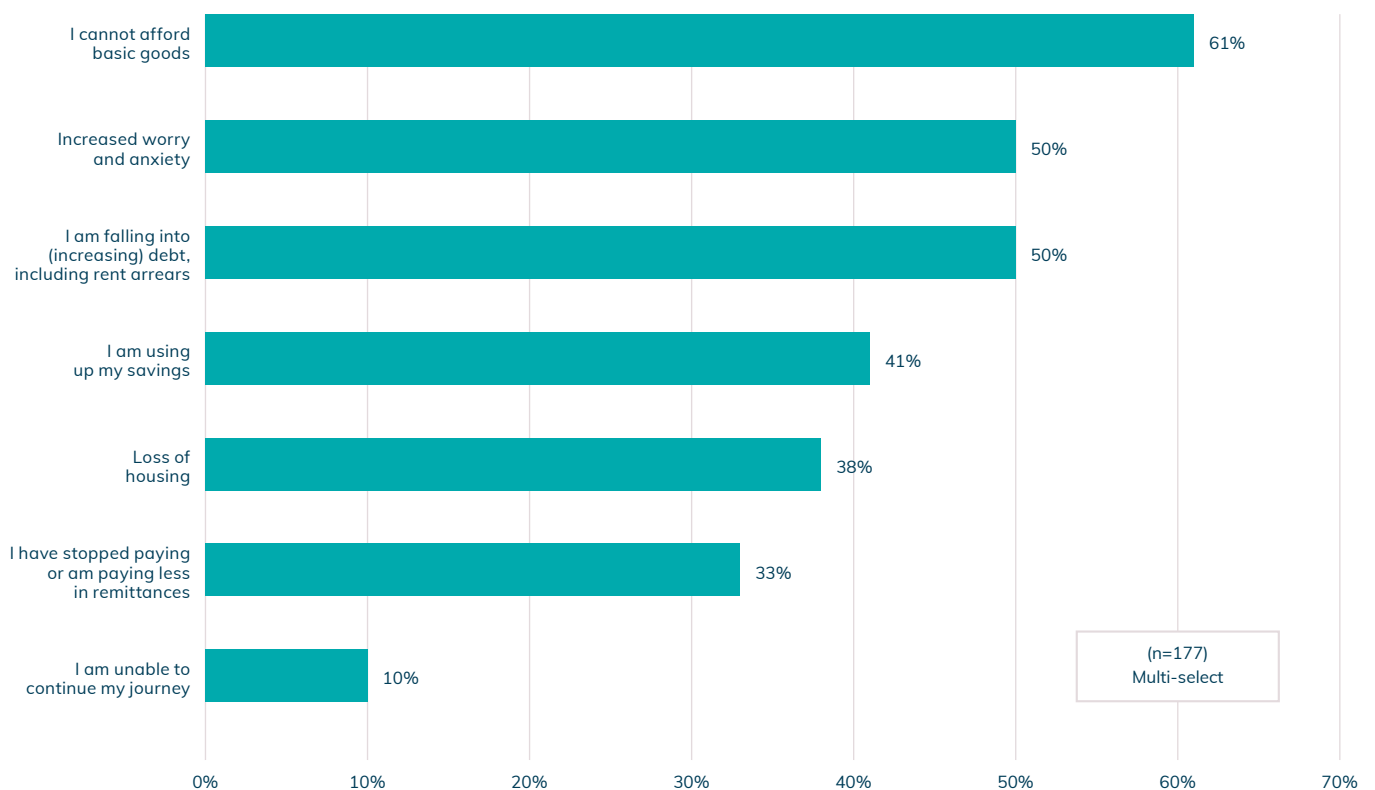
12 Rhodes, T. (May 22nd, 2020). *Italian Institute for International Political Studies*.

13 Reuters (March 11th, 2021).

**Figure 2: “What are the barriers to accessing health services?”**



**Figure 3: “What impact has the loss of income had?”**



Livelihoods for host communities, refugees, and migrants have been severely impacted.<sup>14</sup> In its 2021 Economic Outlook, the African Development Bank estimated that Sudan's Real Gross Domestic Product (GDP) adjusted by inflation shrank by 8.4% in 2020, and the economy is projected to remain in recession throughout 2021.<sup>15</sup>

Key informants reported that most informal and service sector jobs (primarily in restaurants and tea houses) had vanished by the end of March 2020, leaving many refugees and migrants in the capital without viable livelihood opportunities for more than three months. Although restrictions started to ease in early July 2020,<sup>16</sup> 44% of respondents in Greater Khartoum surveyed between July 2020 and February 2021 still reported having lost employment income (131 out of 295), suggesting longer-term economic impacts linked to the COVID-19 crisis. 13% also reported having lost financial support from their families. In total, out of 295 respondents in the capital, 60% lost either employment income, financial support from their families, or both. 19% reported receiving no income while COVID-19 restrictions were in force.

Slightly fewer respondents in the full sample covering different locations in Sudan had lost employment income (38%). However, the 28% of respondents countrywide who reported having no work while COVID-19 restrictions were in force exceeded the 19% in Greater Khartoum. This comparison should be interpreted with caution as the number of respondents surveyed outside Greater Khartoum was small (n=75).

As Figure 3 reveals, reported income losses led to a multitude of impacts on respondents' livelihoods and daily lives, with COVID-19 acting as a stress multiplier. Among the 142 refugees and migrants surveyed who declared having lost income, 76% said they were not able to afford basic goods anymore, 63% reported falling into increasing debt, 62% reported increased anxiety and worry, and 51% reported using up their savings.

### Most respondents in Khartoum in need of assistance

As a direct impact of COVID-19, and compounding a difficult economic situation caused by increasing inflation, key informants in the humanitarian sector perceived that during the early months of the pandemic greater numbers of refugees and migrants were dependent on humanitarian or government assistance. 4Mi data underlines this finding, with more than three-quarters (76%) of refugee and migrant respondents noting a need for additional assistance. The same proportion of respondents in Greater Khartoum cited needing extra

help. The main form of support needed (see Figure 4) was cash (214 out of 295, or 73%) to buy food (85%), pay for housing or shelter (82%), and obtain water and sanitation (63%). Other reported needs in Greater Khartoum were for direct food assistance (36%) and PPE (34%).

**“ Now, they [the community associations] find themselves in a situation to care for a much bigger category of people. The Ethiopian safehouse is located close to the embassy, and you now see a lot of migrants on that street. This has increased so much. One migrant took his own life very close to the Ethiopian embassy. He was hanging around there for three weeks in need of food and wanting to go back home [to Ethiopia]. No one responded to his requests so he attempted to take his own life. These associations get help from humanitarian actors, but there is no flexibility for them to include new beneficiaries or members and expand the scope of their assistance. They often do not get approval from donors, so they cannot change or increase the amount of people they want to help. It's a lesson for humanitarian actors to always keep something ready on the side for emergencies like this one. ”**

Key informant in Greater Khartoum

### Community support mechanisms in Khartoum overstretched

Key informants from INGOs, civil society organisations (CSOs), and UN agencies in Khartoum described how in the initial phase of the pandemic the numbers of refugees and migrants requesting assistance rose rapidly, and community support mechanisms became increasingly overstretched. The more established refugee and migrant populations in Khartoum, particularly Ethiopians and Eritreans, are organised into community associations that can provide some support to their members. However, many refugees and migrants fall outside of these networks. Moreover, key informants noted that humanitarian actors were increasingly stretched in their ability to meet emerging needs. Additional needs arose during the floods that affected large parts of Sudan between July and September 2020 and the arrival of

14 Moreover, UN High Commissioner for Human Rights [Michelle Bachelet voiced deep concerns](#) over Sudan relapsing into political instability and conflict due to the economic crisis further aggravated by the COVID-19 pandemic, and urged donors 'to act fast to shore up a country still in transition'.

15 [African Development Bank](#) (2021).

16 [Aljazeera](#) (July 8th, 2020).

Ethiopian refugees after the onset of the Tigray crisis in November 2020.

**“ I would like to say that we [Eritreans] are currently feeling abandoned as there is no one paying any attention to us, neither embassies nor the government of this country. I hope some changes happen so that we manage during this crisis. ”**

**32-year-old Eritrean man in Khartoum**

### **Assistance in Khartoum versus elsewhere**

While the scale of need was high overall, some key informants indicated differences in levels of support between Khartoum and elsewhere in the country.

Refugees' and migrants' access to assistance and support networks is arguably better in the capital. One key informant from an INGO attributed this to the presence of humanitarian organisations, government agencies, and community associations. In particular, the capital was perceived as offering larger and more varied networks of contacts.

By contrast, key informants from CSOs maintained that Khartoum was more impersonal and individuals could not rely as much on support from others as they could in the camps, which arguably had more support infrastructure in place. They noted that increased numbers of refugees and migrants came to Khartoum during the early months of the pandemic with the aim of finding support after having resided in other areas of the country. However, often these people did not receive sufficient community support, as they lacked the necessary contact networks. MMC's 4Mi data shows that nearly a third (95 out of 295) of respondents in Greater Khartoum reported receiving assistance during the COVID-19 pandemic. By contrast, 15% (12 out of 76) of those surveyed outside the capital and outside camps reported having received assistance. Given the small sub-sample sizes, these numbers should be interpreted with caution.

While further research is needed to better understand the scale of assistance programmes, some key informants reported that the national and state authorities in Greater Khartoum have supported vulnerable communities by identifying those with the greatest needs, including refugees and migrants, and handing out food baskets. However, key informants cited the limited capacities of authorities to carry out comprehensive needs assessments, which could pose a barrier to equitable distribution. They suggested that authorities and humanitarian actors in Khartoum need to work together on this matter.

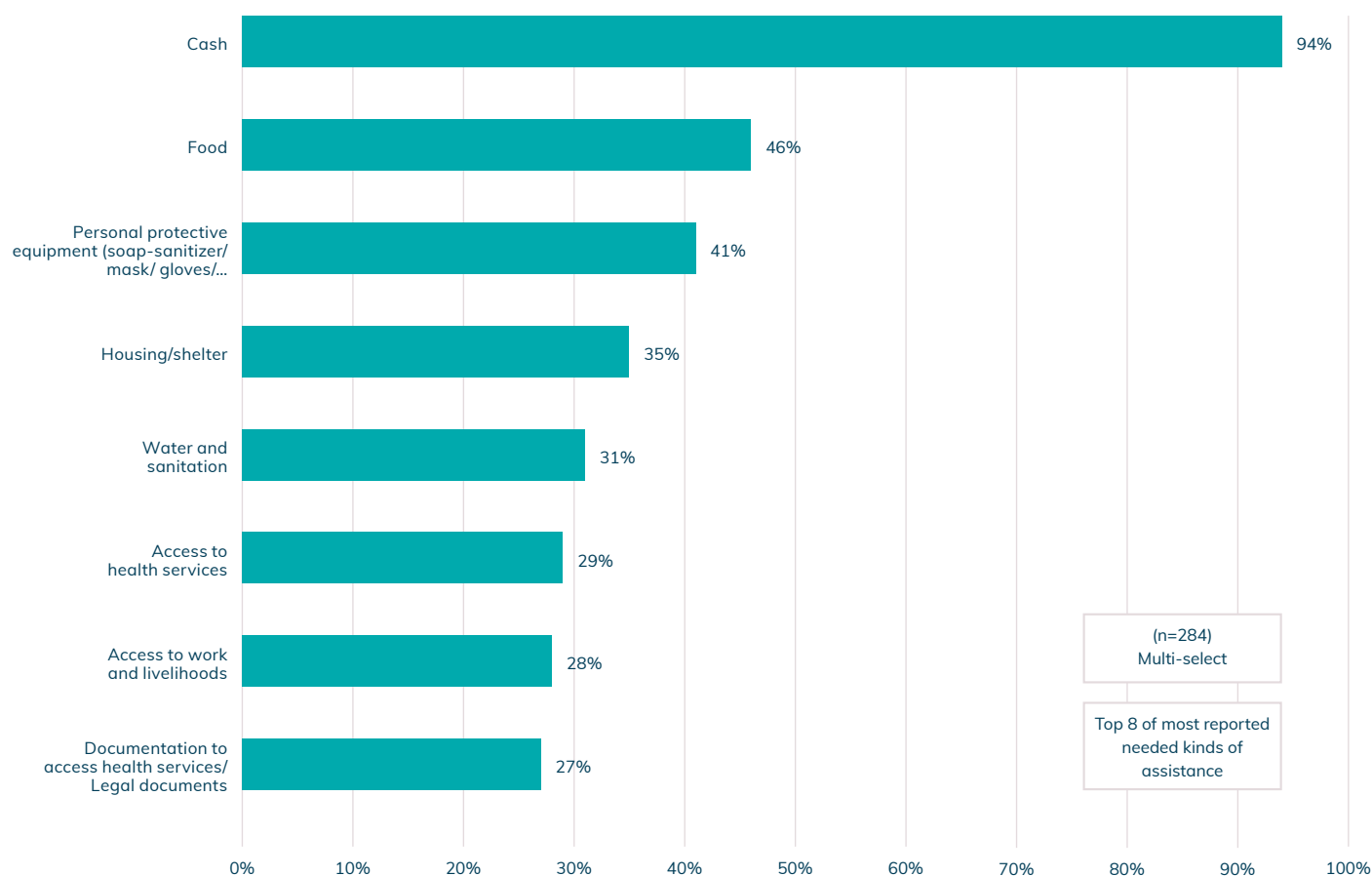
While key informants argued that more assistance infrastructure was in place in camps before COVID-19 as compared to urban contexts, they added that this infrastructure often only reached specific target populations, including the newest arrivals. However, the impact of COVID-19 left not only them but also other communities with no viable livelihood options. New humanitarian response programming was set up to assist Tigrayan refugees arriving since November 2020, particularly in Hamdayet, Umrakubah, and Tunaydbah camps in the East.

### **COVID-19 guidelines are being undermined by inadequate WASH facilities**

All key informants stressed the importance of following basic hygiene guidelines in camps, but they noted that camps often struggled to provide adequate infrastructure to ensure basic hygiene. In Shagarab camp, for example, while WASH installations were reportedly in place or close to being installed, water supply and quantity remained a challenge to camp inhabitants' ability to adhere to COVID-19 safety standards. Due to numerous enlargements of the camp perimeters, there is reportedly now an issue with water not reaching all parts of the camp; some plots and units lack proper access to water for drinking or other purposes. This has led to a paradoxical situation in which some camp inhabitants have received basic hygiene kits, but they are not able to use them due to the failure of WASH installations to supply water that meets hygienic standards. Key informants representing CSOs reported that these WASH vulnerabilities were common among rural Sudanese host communities, stressing that host, refugee, and migrant communities all needed to benefit from programming aimed at improving the standard of such facilities.



**Figure 4: “What kind of extra help?” (if YES: “Are you in need of extra help since the coronavirus outbreak began?”)**



### Impact of the absence of education on refugee and migrant children

According to qualitative insights, schools in Sudan were closed from the outbreak of COVID-19 until November 2020, with curricula facing major delays. At the time of writing, students had been on a prolonged school break since May 2021 with the aim of returning to school in September. MMC 4Mi data shows that of the 53 respondents caring for school-aged children, 31 reported that their children had been receiving education before the outbreak of COVID-19. Of these 31, 14 reported that their children had not returned to school at the time of the survey, while an equal number reported that their children were back in full-time or partial in-person learning. The remainder were engaged in remote forms of education.

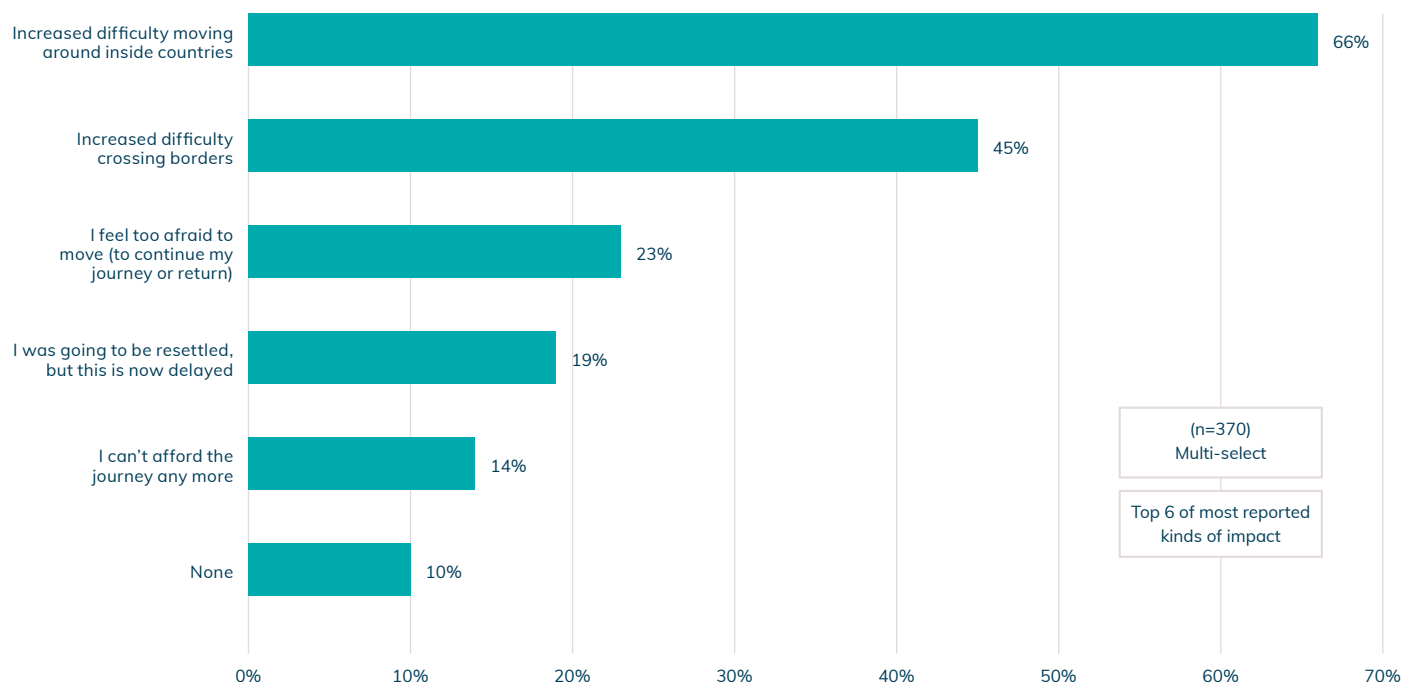
This lack of access to education for millions of children will have long-lasting consequences for this generation. Most children in Sudan do not have access to resources, either digital or books, to continue learning remotely or outside of formal schooling. Furthermore, key informants noted that children did not have access to any kind of meaningful educational and social activities, which could harm their social, mental, and physical development. At the time of interviews, key informants

noted an absence of child-focused information on the virus, which had caused a lot of confusion and fear among children in camps. Key informants stressed the need for humanitarian actors in camps to work together to provide children-focused assistance.

### People on the move: increasing immobility and more dangerous routes

Most key informants from INGOs, CSOs, and UN agencies confirmed that many refugees and migrants were likely to stay put during the COVID-19 crisis, as increased controls and border restrictions made it physically difficult to move, and many also lost the financial means to keep moving or to return to their countries of origin. 4Mi data collected in Greater Khartoum shows that a majority of respondents reported experiencing “increased difficulty moving around inside countries” and/or “increased difficulty crossing borders”, while many reported feeling “too afraid to move” either to continue their journey or to return home (see Figure 5). For some, this meant that they were involuntarily immobile, while for others, such constraints risked prompting a turn towards more dangerous and risky means to continue their journeys, such as exploitative deals with smugglers that would increase their vulnerability to a variety of protection violations.

**Figure 5: “What impact has the coronavirus crisis had on your migration journey?”**



Some key informants argued that smugglers and human traffickers in Sudan had likely profited from the impact of the COVID-19 movement restrictions. Refugees and migrants had likely been pushed into taking riskier routes towards Khartoum and further north, and could pay higher prices. When travelling between states became severely restricted, key informants stated smugglers were expected to continue their operations while authorities were focused on containing the spread of the virus. They also warned that smugglers were increasingly engaged in extortion among the most vulnerable refugees and migrants, first providing them with food and basic needs and then demanding money from them to avoid being trafficked. As refugees and migrants use up their savings and exhaust their coping mechanisms, COVID-19 will have long-lasting effects on their vulnerability and will increase their trafficking risks.

Over one-third (35%) of respondents noted that the need to use smugglers had increased since the COVID-19 crisis began. 59% noted that access to smugglers had become much more or somewhat more difficult, and 61% reported that smugglers' fees had gone up. 58% of respondents agreed or strongly agreed that smugglers were using more dangerous routes.

Key informants reported, in line with UNHCR data, that arrivals at Sudan's eastern borders with Eritrea and Ethiopia were much lower during the early months of the pandemic, suggesting that movement restrictions and the effects of the pandemic impacted people's ability to

seek refuge.<sup>17</sup> Over time, key informants also reported, arrivals from South Sudan picked up at Sudan's arguably more porous southern border, including both arrivals in camps and cross-border circular movements fostering trade and family links. Arrivals in the east mainly increased in November after the outbreak of conflict in Ethiopia's Tigray region, spurring refugees to seek international protection across the border in Sudan.

### Blocked returns and resettlements

Sudan closed all its airports, land borders, and ports on 16 March 2020 as part of restrictions to limit the spread of COVID-19.<sup>18</sup> This directly impacted all scheduled resettlements and voluntary repatriation operations carried out by UNHCR and IOM,<sup>19</sup> as well as individual returns to countries of origin. Key informants reported that while many refugees were waiting for resettlement in a third country, many refugees and migrants expressed a preference to return home as livelihood options were diminishing in Sudan due to the impact of COVID-19 restrictions. While UNHCR has resumed carrying out resettlements from Sudan in 2021, this is only available to the most vulnerable individuals in need of protection. When asked if the impact of COVID-19 had changed their migration plans, 41% of respondents noted having decided to stop for longer in their location at the time of the survey, while 35% reported that their intentions remained the same, despite the delays. 19% noted having changed their route while keeping the same intended destination, while 4% reported having decided to return home.

17 UNHCR (May 31st, 2020). [East Sudan New Arrival Dashboard](#).

18 Reuters (March 16th, 2020). [Sudan closes airports and borders over coronavirus fears](#).

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

**“If they are not on a food programme, it is very difficult for them. The programme is limited to certain already identified families, but there is a multitude of others that are not on a regular programme, but who now have a lot of food and NFI needs. Another problem is that programmes target people with very specific criteria, criteria that have now become irrelevant due to the COVID-19 crisis.”**

**Key informant reporting on camps in Kassala**

### **Looming food insecurity**

Structural food insecurity was most often reported among key informants when they were asked about the pandemic's long-term structural impacts. Persistently poor macro-economic conditions over recent years have resulted in extremely high food and transportation prices, together with high inflation and decreased purchasing power across Sudan. This has spurred reliance on emergency humanitarian assistance in recent years, particularly during the lean season.<sup>20</sup>

Besides these structural factors, refugees and migrants also face low job security due to being mostly employed in the informal sector. Key informants argued that this combination of factors caused structural food insecurity in recent years, while COVID-19 has functioned as a stress-multiplier. The initial lockdowns and movement restrictions further increased job insecurity and contributed to a weakening of Sudan's economy through hampered production. Key informants predicted that the numbers of vulnerable communities in Sudan who depend on humanitarian assistance, including refugee and migrant populations in both camps and urban settings, will reach levels that have not been seen in recent years. The World Food Programme (WFP) found in early 2021 that 45% of refugee households in Sudan were food insecure, while 91% were spending more than two-thirds of their total expenditure on food.<sup>21</sup>

Key informants advocated for a reconfiguring of the guidelines for targeted beneficiaries, to ensure the inclusion of the most vulnerable communities impacted by COVID-19. This would mean not only including recent arrivals in camps, but also assessing which populations have been heavily impacted and are most in need of food

assistance. They argued that while people on the move are particularly vulnerable to food insecurity due to their low job security and limited community network resources, long-term refugee and migrant communities have been particularly impacted by COVID-19 movement restrictions and are now experiencing similar gaps in basic needs. For instance, protection monitoring on the ground found a significant increase in food insecurity levels among mixed population groups (including refugees, migrants and host community) in Khartoum, with beneficiaries receiving cash as a form of protection assistance reportedly using it to purchase food items rather than to access other basic services,<sup>22</sup> while refugees in particular also reported pooling resources at a community level to one meal per day.<sup>23</sup>

Qualitative insights from programming partners in eastern Sudan confirmed that Ethiopians living outside camps were sharing their food reserves with new arrivals in camps from Tigray. This is likely to have affected their capacities to sustain food security for themselves until the next harvest. Without additional food assistance, food insecurity seems likely in areas in and around camps, with increased cases of severe acute malnutrition (SAM) already reported among new arrivals in camps.<sup>24</sup>

### **Migration outlook**

While 4Mi respondents have reported they were facing difficulties in continuing their journey as a result of the impact of COVID-19, testimonies on the ground on the other hand have confirmed that insecurity in the region, likely to be spurred by the conflict in Tigray, is also triggering an important number of refugees and migrants to move onwards to Sudan and then towards Libya and Europe. Media reports confirm interviewed smugglers in Sudan were also speaking about a scale of people moving onwards they have never experienced before.<sup>25</sup>

### **Vaccination process**

Sudan received its first batch of 800,000 COVID-19 vaccine doses through the COVAX facility in March 2021 and started vaccinating that same month.<sup>26</sup> Qualitative insights from programming counterparts found that while initially, vaccination was reportedly open to selected eligible groups, mirroring vaccination campaigns elsewhere, the campaign later opened up to broader age categories. However, in rural settings and camps, it was less clear at the time of writing when and how vaccination campaigns were organised. Moreover, there was no information public at the time of writing how refugees and migrants, regardless of migration status, would be accounted for in vaccination campaigns.

20 Famine Early Warning Systems Network (2021, May). [Sudan - Poor macroeconomic conditions expected to drive high needs through the lean season.](#)

21 WFP (2021). [Food Security Monitoring System \(FSMS\) Sudan – Quarter 1 2021.](#)

22 Danish Refugee Council (2021, February). Sudan – Urban Refugees Protection Snapshot.

23 Danish Refugee Council (2021, May). Sudan Protection Monitoring Survey Analysis.

24 International Medical Corps (March 3rd, 2021). [Ethiopia-Tigray Region Humanitarian Update Situation Report #5.](#)

25 Hayden, S. (June 19th, 2021). [How Europe deals with the new wave of refugees is a test for our humanity.](#) The Irish Times.

26 UNICEF (March 3rd, 2021).



The MMC is a global network consisting of six regional hubs and a central unit in Geneva engaged in data collection, research, analysis and policy development on mixed migration. The MMC is a leading source for independent and high-quality data, research, analysis and expertise on mixed migration. The MMC aims to increase understanding of mixed migration, to positively impact global and regional migration policies, to inform evidence-based protection responses for people on the move and to stimulate forward thinking in public and policy debates on mixed migration. The MMC's overarching focus is on human rights and protection for all people on the move.

The MMC is part of and governed by the Danish Refugee Council (DRC). Global and regional MMC teams are based in Copenhagen, Dakar, Geneva, Nairobi, Tunis, Bogota and Bangkok.

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