Migration and Covid-19

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Background

The spread of Covid-19 has had a profound impact on human mobility. In a matter of months, movement in and of itself has become a threat to public health. At the time of writing, all countries in which IMPACT operates have put in place travel and entry restrictions, impacting refugees and migrants, aid workers and the host community alike. Arguably, a global pandemic affects all population groups, irrespective of nationality, socio-economic background or legal status. At the same time, how people live in times of Covid-19, how their livelihoods are affected, how their life projects are impacted, and how they cope, is intrinsically shaped by their socio-economic background and their legal status. This rings true for the present, but is also likely the case looking at people’s capacity to cope in the mid and longer-term. While there is much we do not yet know with regards to the impact of Covid-19, we do know this: in many contexts, refugees and migrants will be disproportionately affected by the virus and its aftermath. The why’s, how’s, and what we at IMPACT can do about this, are the topic of this guidance document.

What are the risks, likely impacts and why?

In many countries in which IMPACT operates, refugees and migrants are already at the margins of society. In times of crisis, existing inequalities, injustices and rights infringements are likely to be exacerbated. Now, with Covid-19, this means that many challenges that refugees and migrants already faced before the virus will get worse. It also means that, in many contexts, issues that affect the population as a whole, such as access to healthcare, more limited stock of goods available etc, will disproportionately affect refugees and migrants, as, away from home, they have more limited coping strategies to build on. Further, one of the first responses to the Covid-19 outbreak across the world has been the restriction of movement. By their very nature, as people on the move, refugees and migrants have disproportionately been affected by this. Life projects have been put on hold, livelihoods sources disrupted, transnational lives estranged. Here an overview of key risks refugees and migrants are exposed to in times of Covid-19 and their likely impact:

1. Risk of infection and access to appropriate healthcare

Risk: Refugees and migrants are particularly exposed to catching the virus. This is due to several factors:

- First, and most intuitively, when in transit, people move through public spaces, temporary accommodations, crowded bus stations, all in little time and with ample close physical interaction with other people. One may move to reach a certain destination with the aim of building a life there or just pursuing one’s daily livelihood, mobility being an intrinsic part thereof (as is the case for traders, street vendors, and the most vulnerable- street children, beggars).

- Second, when away from home, people are more likely to live in cramped and temporary accommodation, frequently in unsanitary conditions. How to practice social distancing or avoid crowded public spaces if your life project is inherently tied to movement? How to limit your exposure if you live in a

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2 In the context of the present document, the term ‘refugees and migrants’ refers to people moving in mixed migration flows. As per the Mixed Migration Centre, ‘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.
temporary site, a foyer sharing a room with six others, or seek shelter just for the night at a friend’s before moving on?4

- Third, refugees and migrants tend to be overrepresented in so called ‘low-skilled’ service jobs, or work in the informal economy. Most of these require face time and cannot be done remotely, increasing the risk of infection.5

When infected, access to appropriate healthcare is likely to pose a further challenge. In many countries in which IMPACT operates public health systems are struggling. Refugees and migrants, frequently in an irregular situation, may already under regular circumstances struggle to access public healthcare. This may be due to their irregular situation, language barriers or discrimination. In extraordinary circumstances, such as this one, these barriers are likely to be exacerbated. Private healthcare providers may become one of the few options available to refugees and migrants, though costs associated are likely to be an increasingly insurmountable barrier as time progresses.

**Anticipated impact:** Health and access to healthcare will be at immediate threat for many refugees and migrants. Beyond physical well-being, psycho-social health may also be particularly affected due to refugees and migrants’ more limited ability to draw on close social ties, family etc. to cope with the psychological impact of the crisis where they are.

## 2. Access to Livelihoods

**Risk:** Covid-19 and the governmental response thereto worldwide disrupts mobility as a livelihoods source, one that is at the centre of most refugees and migrants’ economic plan. Mobility as livelihood source can be disrupted where (1) a person needs to move to make a living or (2) when one’s livelihood is contingent upon others’ moving (e.g. flight attendants, bus drivers etc). In many countries, circular migration patterns are central to the livelihoods of entire population groups. Circular migrant workers are the first whose livelihoods are disrupted. This may be migrant workers waiting at Libyan road sides to be picked up as a daily labourer on a construction site, or migrants working in the harvest of peanuts in Senegal or just as well of tomatoes in the south of Italy. All the while, refugees and migrants are away from home, from family and support networks, in a third country. Their support systems, the systems people draw on in times of crisis, be that social networks, economic support, psychosocial support, are limited. As a result, Covid-19 exposes and exacerbates already existing inequalities.

**Anticipated impact:** Many refugees and migrants’ access to livelihood sources will be severely limited, be that as of immediately or in the mid- to longer term, as many countries will enter a recession. This will impact individuals on the move, but likely equally families in the country of origin. We know from our research that refugees and migrants are almost never only responsible for themselves. Most have families back home in their countries of origin who depend on them and the remittances sent on a regular basis. How will families back home cope with this abrupt cutting off of a key livelihood source? Progressively limited access to livelihoods can also have significant protection concerns for refugees and migrants. We know from research into stranded refugee and migrant populations in Niger, Libya and Tunisia that inability to continue one’s journey increases refugees and migrants’ protection risks, incl. exposure to exploitative working conditions, exposure to vulnerable living situations and, especially for women, increased risk of sexual exploitation. This is because, as refugees and migrants are stranded on the way, they still need to gather sufficient funds to finance their stay in place and, as time progresses, individuals are likely to deplete their resources, rendering them ever more vulnerable to finding potentially harmful/ exploitative means of making ends meet.

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5 McAuliffe, M., ‘The coronavirus pandemic could be devastating for the world’s migrants’, 6 April 2020.
3. Access to Rights

**Risk:** As basic rights are being curtailed in the name of limiting the spread of the virus, refugees and migrants are at particular risk of being denied access to their basic rights. Already, the right to asylum has been infringed in some countries\(^6\) and, while bilateral returns continue, resettlement of recognized refugees to safe third countries has been put on hold.\(^7\) As rights are being curtailed for everyone, the key risk is that basic rights infringements become normalized and that refugees and migrants will be disproportionally affected by this, increasing risks of arbitrary detention and denial of access to basic rights.

**Anticipated impact:** The impact will likely be two-fold, in the short and mid- to long term: (1) **Social cohesion:** we know that time and time again, in situations of crisis, foreigners are singled out as scapegoats. In relation to Covid-19, this has already happened, be that in Italy, Hungary or Brazil. With fear, misinformation can spread easily, leaving refugees and migrants in a particularly difficult spot, as their presence in society is based on (even a tacit) acceptance by the local population. In many places in which IMPACT operates this acceptance is based on a very fine balance, that is continuously renegotiated by refugees and migrants. This balance is at high risk of being upended in extraordinary circumstances such as the present. (2) Second, looking towards the mid to longer term, the key challenge refugees and migrants are likely to face as a result of Covid-19 is a further hardening of selective border policies. Already we are seeing some politicians using the spread of Covid-19 as a justification for selectively implementing entry policies and upending some of the key rights of refugees and migrants. Clampdown on the right to claim asylum and access to resettlement raise serious concerns as to how Covid-19 will be used in the future as a means of justifying restrictions of movement, which otherwise would not defensible, to clamp down on any type of undesired movement. This is one key trend that needs to be watched and one which may have the furthest reaching negative consequences for refugees and migrants as time proceeds.

**What IMPACT can do: How to launch specific Covid-19 response activities for refugees and migrants at country level?**

IMPACT, through its different initiatives and presence in a wide range of countries, is well placed to support the response to refugees and migrants’ needs in this period, to inform both the immediate to mid-term response, as well as longer-term advocacy needs. Below is an overview of different types of outputs we can roll out in country offices, based on country-level information needs, priorities and capacity.

1. **Situation monitoring**

   a. **What:** establish an accurate context monitoring mechanism which identifies changes in context with a focus on increased prevalence of the virus, actions by authorities, availability of key goods, bringing together secondary and primary data collection and analysis. First, one-off, as a baseline, then to be seen whether need/ interest to update as situation progresses.

   b. **Research questions (RQs- examples):** (a) What is the current state of affairs of Covid-19 in the country? What are the government measures implemented, timeline, number of people infected, availability of key goods, response plans by government and aid actors? (b) What’s the (likely) impact for refugees and migrants (big picture)?

   c. **Methodology:** Mostly SDR-based, with some remote KIs, incl. service providers, community leaders, government stakeholders

   d. **Output:** Situation brief of 2 to max 5 pages


e. **Timeframe:** Baseline to be published before the full onset of Covid in the given country, i.e. by end of April; timeframe start to finish: 1-2 weeks

f. **Example:** MERF alert notes, see [here](#)

2. **Response gap analysis**
   a. **What:** to understand needs and the capacity of the current response to respond to these changing needs, and where service provision gaps need to be filled (incl. preparedness).
   b. **RQs:** 3-5 W's: Who does what where, why in the present location? What are likely gaps in the response?
   c. **Methodology:** some SDR, mostly KIs with aid actors, service providers etc
   d. **Output:** Factsheet or situation overview of 3-5 pages
   e. **Timeframe:** should happen between April and May latest, timeframe 2-3 weeks start to finish

3. **Impact needs assessment**
   a. **What:** One-off assessment, Assessing the needs of refugees and migrants resulting from Covid-19 at location-level: identifying hotspots, areas for intervention and priority needs.
   b. **RQs:** What are the primary needs for refugees and migrants in this location? What is the impact of Covid-19 and mobility restrictions introduced on the lives (livelihoods, needs, movement intentions) of refugees and migrants?
   c. **Methodology:** Large scale refugee and migrant-level data collection, incl. trial of different remote methodologies
   d. **Output:** Report, incl. factsheets
   e. **Timeframe:** 2-4 months
   f. **Example:** currently planning comparable assessment with UNICEF in 10 countries in Latin America

4. **Ad-hoc deep-dives**
   a. **What:** Ad-hoc thematic studies on specific aspects of the link between migration and Covid-19, which are particularly to the country of intervention
   b. **RQs:** To be determined based on the research topic, topics could include: impact of Covid-19 on stranded populations in transit locations (e.g. Agadez, Medenine, Gao); exploring impact on particular population groups, sectors, routes, social cohesion etc.
   c. **Methodology:** Qualitative or mixed methods, with mix of respondents (KIs, refugees and migrants)
   d. **Output:** Study report
   e. **Timeframe:** 3-6 months
   f. **Example:** REACH Libya are currently conducting an assessment on social cohesion in Tripoli; this could be built on to make an output specific to refugees and migrants
**Internal communication flows**

If countries are interested in launching migration-specific assessments, please get in touch with Diana (diana.ihring@reach-initiative.org) for technical input and, eventually, pre-validation of TORs and outputs. Other comms lines, including discussion with heads of programme, validation of TORs, data & outputs by relevant research departments etc, remain in place, as usual.