

Tunisia reported its first COVID-19 case on March 2nd. On March 22nd, the government imposed a country-wide lockdown to contain the spread of the virus. As of April 23rd, there are 681 recorded active cases in the country. This snapshot explores some of the specific needs, perceptions and concerns of people on the move in Tunisia related to access to health services. The objective is to raise awareness about the impact of COVID-19 on refugees and migrants and to inform the humanitarian response of health and protection actors seeking to assist refugees and migrants in the country.

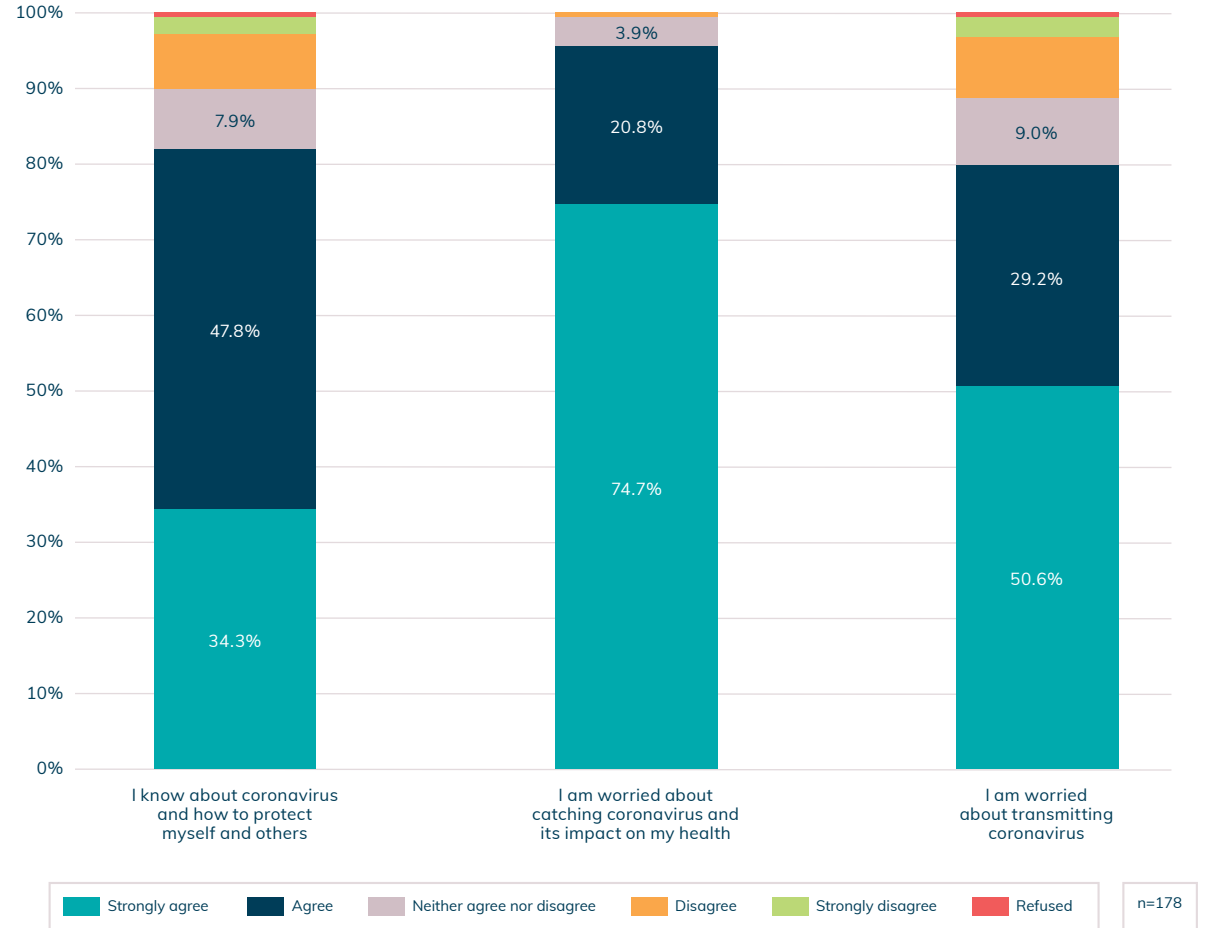
Profiles

This snapshot is based on 178 surveys with refugees and migrants across 10 cities in Tunisia from April 6th - 16th, 2020. The primary nationalities of refugee and migrant respondents are Sudanese (n=36; 20%), Ivorian (n=33; 18.5%), Eritrean (n=18; 10%) and Libyan (n=15; 8.4%). Other nationalities include Guinean, Congolese, Somali, Cameroonian, and Burkinabe. Of those surveyed, 70% (n=125) are men and 30% are women (n=53), and their ages range from 18 to 70 years of age. The majority of respondents noted that they had not reached the end of their journey (85%), while 4.5% highlighted that they had reached their intended destination (10% did not know). The survey data were triangulated with qualitative data from 8 key informant interviews carried out with 5 Ivorians, 2 Sierra Leoneans and 1 Eritrean in Tunis, Medenine and Sfax.

Refugee and migrant respondents are aware of COVID-19 and are taking a range of precautions to protect themselves

Refugees and migrants in Tunisia were aware of the symptoms and risks of coronavirus, and the majority (82%) agreed or strongly agreed with the statement: "I know about coronavirus and how to protect myself and others." While respondents demonstrated awareness of the virus and its associated prevention measures, the vast majority were worried about contracting COVID-19. Some 95.5% strongly agreed or agreed with the statement: "I am worried about contracting coronavirus and its impact on my health". Moreover, the majority (79.7%) were worried about transmitting Covid-19 to others. See Figure 1 for full breakdown of perceptions.

Figure 1. Refugees' and migrants' perceptions of coronavirus

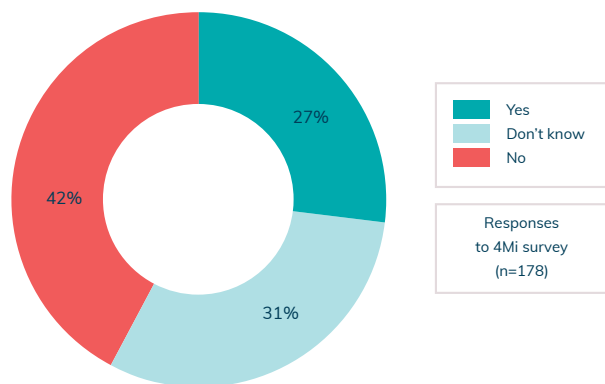


Some 98.3% (n=175) of interviewed refugees and migrants reported taking some kind of action to protect themselves and others from coronavirus. The measure most cited by respondents was washing their hands more often (82%), staying at home (78.1%) and avoiding crowded spaces (66.9%). Other measures reported by respondents include wearing a mask (52.8%), keeping a physical distance between them and other people (45.5%), not touching others (38.8%) and wearing gloves (36.5%). Furthermore, some reported taking additional measures which they perceived as precautionary such as eating healthily, drinking plenty of water and getting enough sleep.

Interviewed refugees and migrants perceive limited access to healthcare services, particularly those of West African origin countries

Only 48 (27%) of the 178 surveyed refugees and migrants responded that if they had coronavirus symptoms, they would be able to access healthcare. Nearly half of respondents cited that they would not be able to access healthcare (n=74; 42%), whereas 56 were not sure (31%). A significant difference was found in access to healthcare in Tunisia between East and West Africans (p=0.00); West African respondents were significantly more likely to report that they would not be able to access healthcare in comparison to their East African counterparts (80% of West Africans, in comparison to 38.6% of East Africans). However, there was no significant difference between men and women on the perception of access to healthcare.

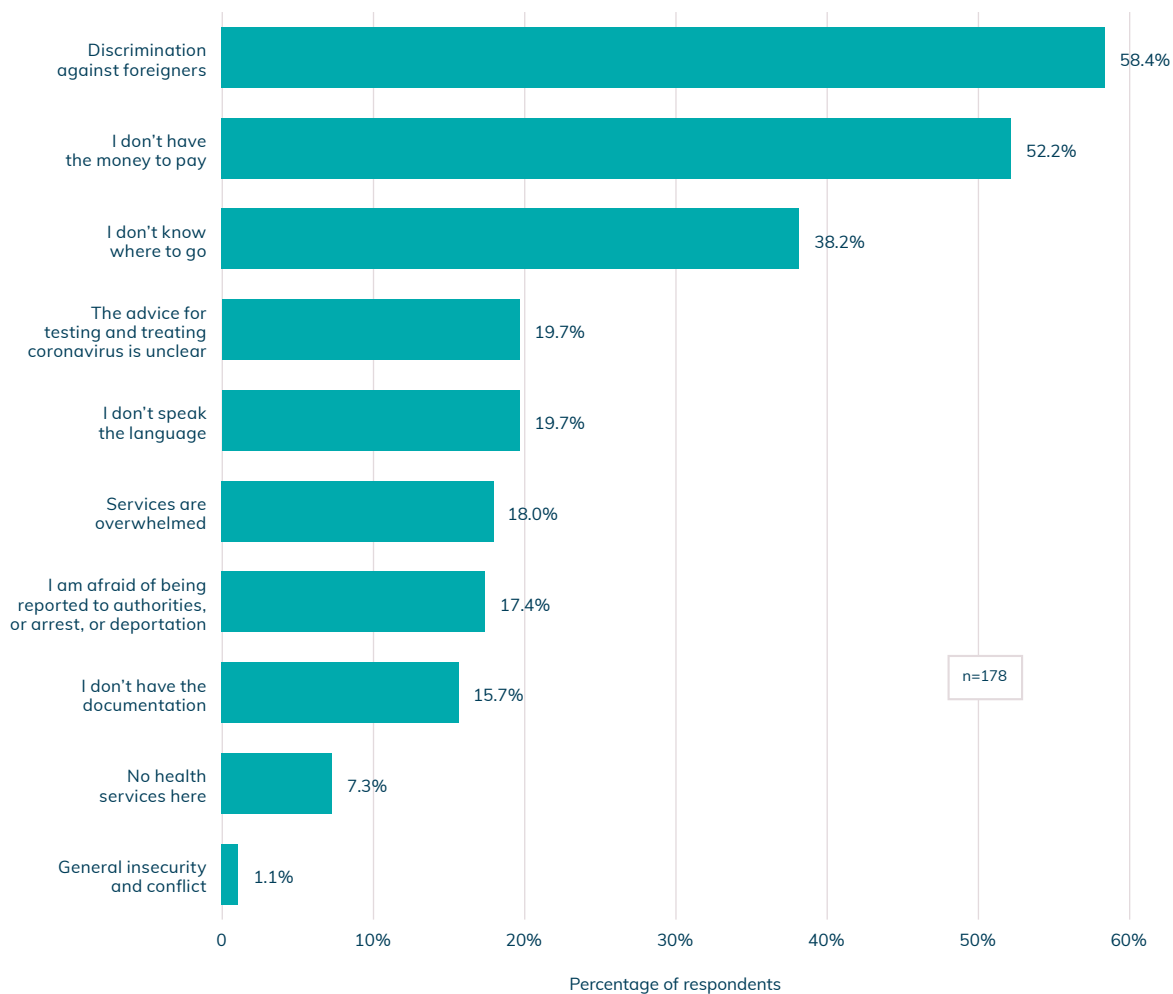
Figure 2. If you had coronavirus symptoms and needed healthcare, would you be able to access health services today?



Refugees and migrants perceive xenophobia as the primary barrier to healthcare access

Nearly 90% (n=159) of respondents cited multiple obstacles to access healthcare in Tunisia. Of the 178 surveyed refugees and migrants, more than half (58.4%) cited discrimination against foreigners as a factor impeding their access.

Figure 3. What are the barriers to accessing health services? (multi-select)



Key informant interviews also highlighted the fear of racism in accessing health services in various cities across Tunisia. An Ivorian woman in Sfax noted: “We are afraid of suspicions that we have coronavirus. We are not the priority. Tunisians are always the priority. **If I go to the hospital for a cough, they will think I have corona and I will be even more stigmatized.**” This point was underscored by an Eritrean man in Medenine, which is among the country’s governorates receiving the largest shares of refugees and migrants (as reported by [UNHCR](#)¹): “Eritreans are very scared and overwhelmed and **they are feeling that if one of them will get sick, the authorities will not treat that person as they treat [Tunisian] citizens**, especially because government does not have enough facilities for everyone. We don’t want to get sick, as they may not take care of us.”

Refugee and migrant respondents are experiencing increased xenophobia in their daily lives

Beyond constrained access to health services, refugee and migrant respondents have highlighted various ways in which xenophobia has increased since the first coronavirus cases were reported in Tunisia. 34.8% (n=62) cited increased racism and xenophobia as an impact of COVID-19 on their daily lives.

This finding also emerged in MMC qualitative data, wherein a Sierra Leonean man in Medenine detailed: “Personally, when I go to the supermarket people are behaving with me as I can be the one who is infected. **I’m feeling now more racism than before.** The guy in the gate is always not allowing me to enter with two people, but he allows Tunisians to enter together three by three.”



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

¹ UNHCR reports on registered refugees and asylum seekers in Tunisia. Therefore, the total number of refugees and migrants in Medenine is likely to be higher.