

Impact of COVID-19 on refugees and migrants in West Africa

The ongoing coronavirus pandemic has had significant impacts on mobility within West Africa. This Snapshot is the first in a series that documents this phenomenon through an adapted version of MMC's regular 4Mi data collection carried out in Burkina Faso, Mali and Niger. It is intended to provide an introduction to the effects that COVID-19 has had on people on the move within the region, giving an overview of their profiles, awareness and risk perception related to the coronavirus, access to healthcare, assistance received and needed, impacts on their daily lives and effects on their migration journeys.

Key messages and recommendations

- The virus has impacted the lives and/or journeys of 97% of respondents.
- While 90% of respondents expressed worry about contracting the virus, only 50% said they could access healthcare if they experienced symptoms.
- 86% of respondents have needed extra assistance since the beginning of the pandemic, but only 21% said they had received extra help.
- The most frequently cited impacts on migration are increased difficulty crossing borders and difficulty moving within countries (mentioned by 65% and 45% of respondents respectively). With migrant associations closed or partially closed in some transit cities such as Bamako, this puts migrants and refugees in an even more precarious situation. Some respondents interviewed by 4Mi report to be sleeping in stations where they report to be at risk of abuse.¹ This situation might also lead those blocked in transit to take more dangerous irregular routes to continue their journey. Responses should account for the increased vulnerability of persons unable to continue with their journeys as planned, including basic needs (shelter, food and water).
- Cash-based interventions appear particularly relevant given reduced access to work, need for funds to access health services, and respondents' emphasis on cash as an area for additional assistance.

- Migrants and refugees need information on where to access healthcare, but also reassurance that they won't be arrested/deported in doing so. Information should be disseminated through channels that they trust (the [4Mi snapshot on access to information](#) suggests that main trusted channels are: friends and family, social media and radio).
- Interesting variations were seen by country in a variety of categories; it will be important to tailor programmatic responses to coronavirus accordingly.

Profiles

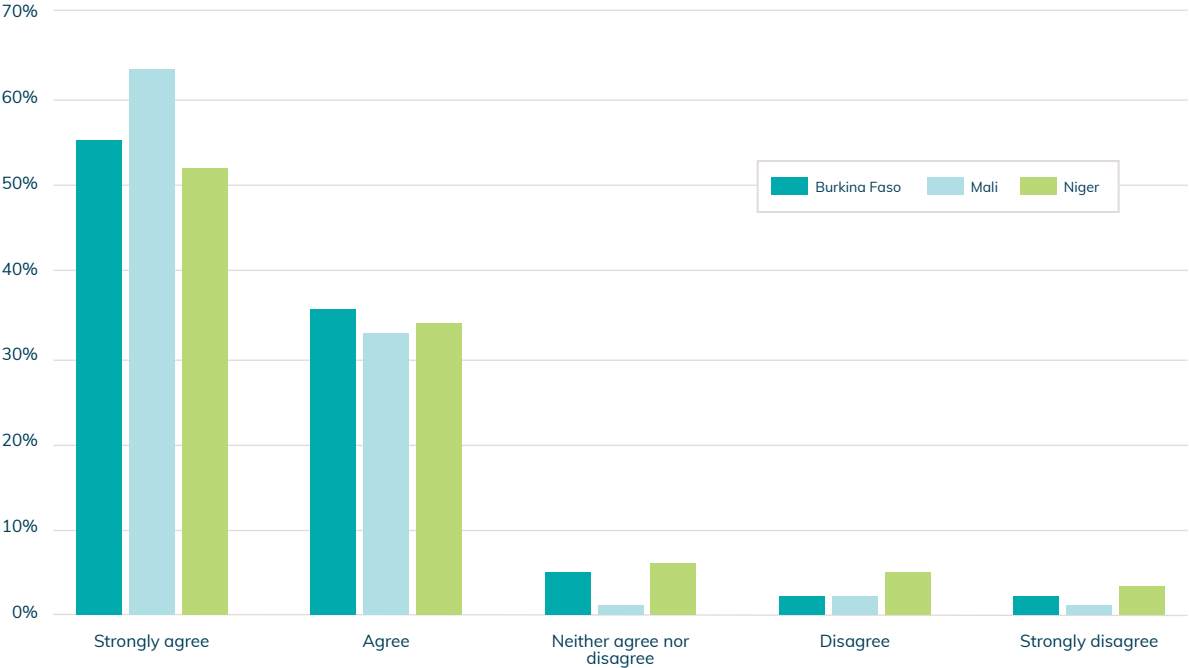
This snapshot is based on telephone surveys carried out with 344 migrants and refugees in Burkina Faso (98 interviews), Mali (101 interviews) and Niger (145 interviews) during the week of 20-24 April. A little less than a third of the respondents were female (n=104). The top six countries of origin for respondents were Guinea (n=46), Nigeria (n=44), Niger (n=41), Mali (n=37), Ivory Coast (n=30) and Burkina Faso (n=30). Age of respondents ranged from 19 to 56, with an average age of 29.

COVID-19 awareness is high; so is concern about catching the virus

All respondents surveyed indicated that they had heard of COVID-19, and the majority (314) said that they have seen people acting more cautiously (e.g. keeping distance, wearing gloves, masks etc.) in the context of the pandemic. The majority (310) also agreed with the statement "I am worried about catching coronavirus and its impact on my health." This response did not differ significantly according to gender, although there was slight variation seen when analysed by country, with 96% of respondents interviewed in Mali agreeing with the statement as compared to 91% in Burkina Faso and 85.5% in Niger.

¹ 4Mi respondent from Benin interviewed in Kantchari (Burkina Faso) in April: With the crisis, I am obliged to stay here, and because of this I am sleeping in the station so you can see that I am exposed to greater risk. Translated from French: « avec la crise je suis obligé de rester ici, et pour cela je dors dans la gare, donc vous voyez que je suis exposé à une augmentation de risque. »

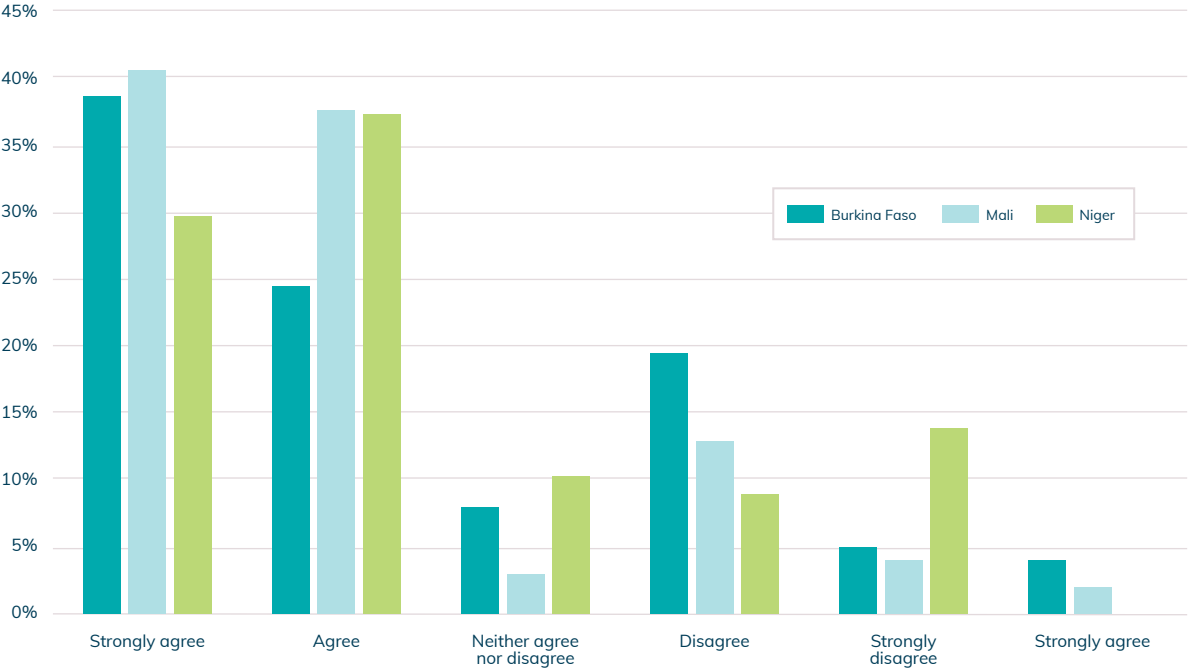
Figure 1. “I am worried about contracting COVID-19”



While the majority of respondents (69%) also agreed with the statement, “I am worried about transmitting coronavirus,” the proportion was smaller compared to those who stated they were worried about catching coronavirus (91%). Once again, the variation by gender was slight, and the variation by country was somewhat greater. Respondents interviewed in Mali also expressed the greatest concern about transmitting the virus, with 78% agreeing with the statement, followed by 67% of respondents in Niger and 63% of respondents in Burkina Faso.

While awareness of COVID-19 is high among respondents in all three countries, it appears that concern related to catching or transmitting the virus is highest in Mali.

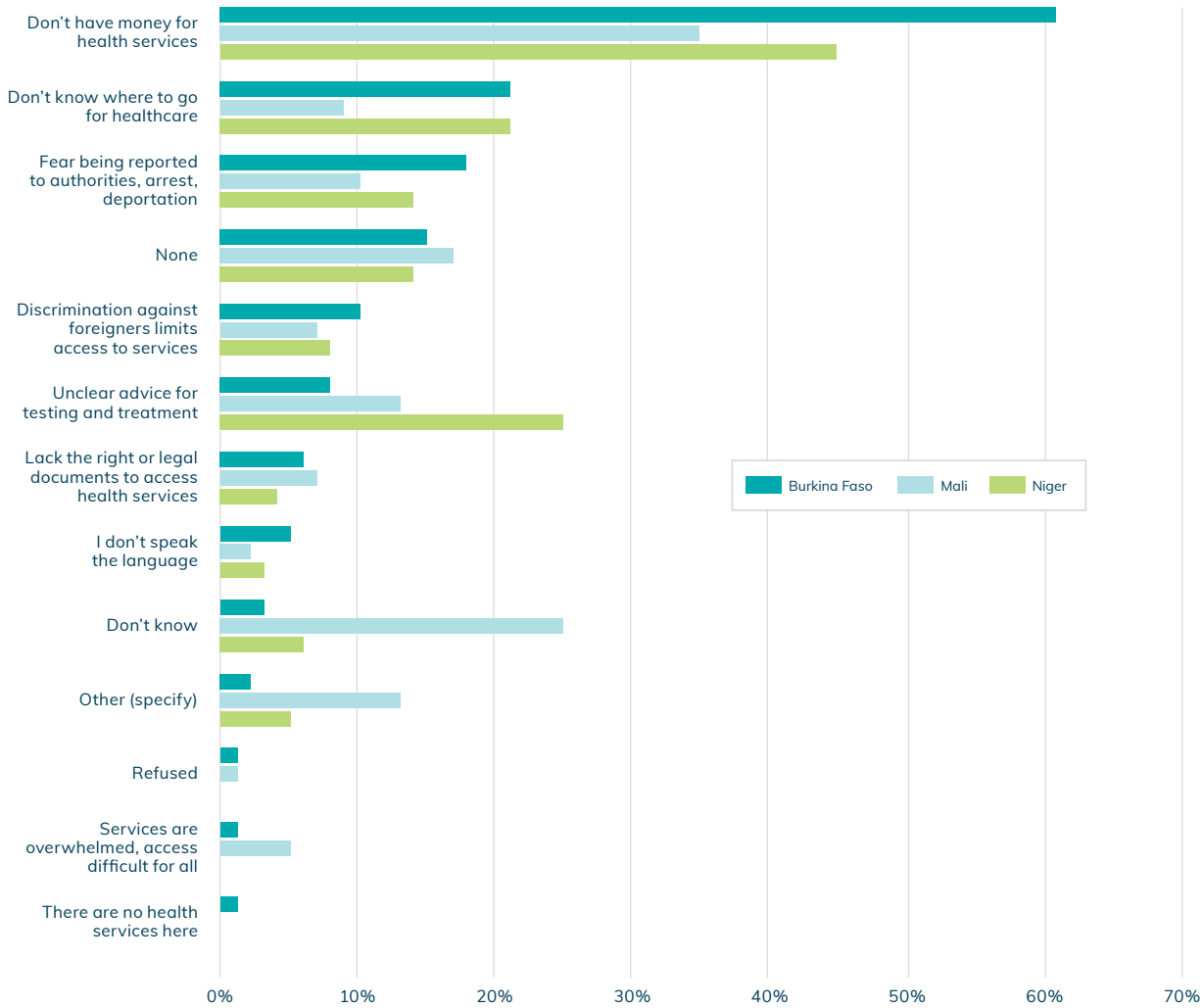
Figure 2. “I am worried about transmitting COVID-19”



Lack of funds a barrier to accessing healthcare

Although governments in the three countries have announced that [people with COVID-19 would receive free treatment](#) in hospitals, when asked if they would be able to access health services if they had coronavirus symptoms, only 50% of respondents answered ‘yes.’ Across countries, the most frequently reported barrier to accessing health services was **lack of funds**, which was cited by 61% of total respondents in Burkina Faso, 45% in Niger and 35% in Mali. Respondents also indicated **uncertainty over where to go for health services and expressed fear of being reported to authorities**, with those from Niger (21% and 14% respectively) and Burkina Faso (21% and 18% respectively) highlighting this to a greater extent than those from Mali (9% and 10% respectively). A notable barrier to accessing health services in Niger was unclear advice regarding testing and treating coronavirus, indicated by 25% of respondents, as compared to 13% in Mali and 8% in Burkina Faso.

Figure 3. Barriers to accessing healthcare

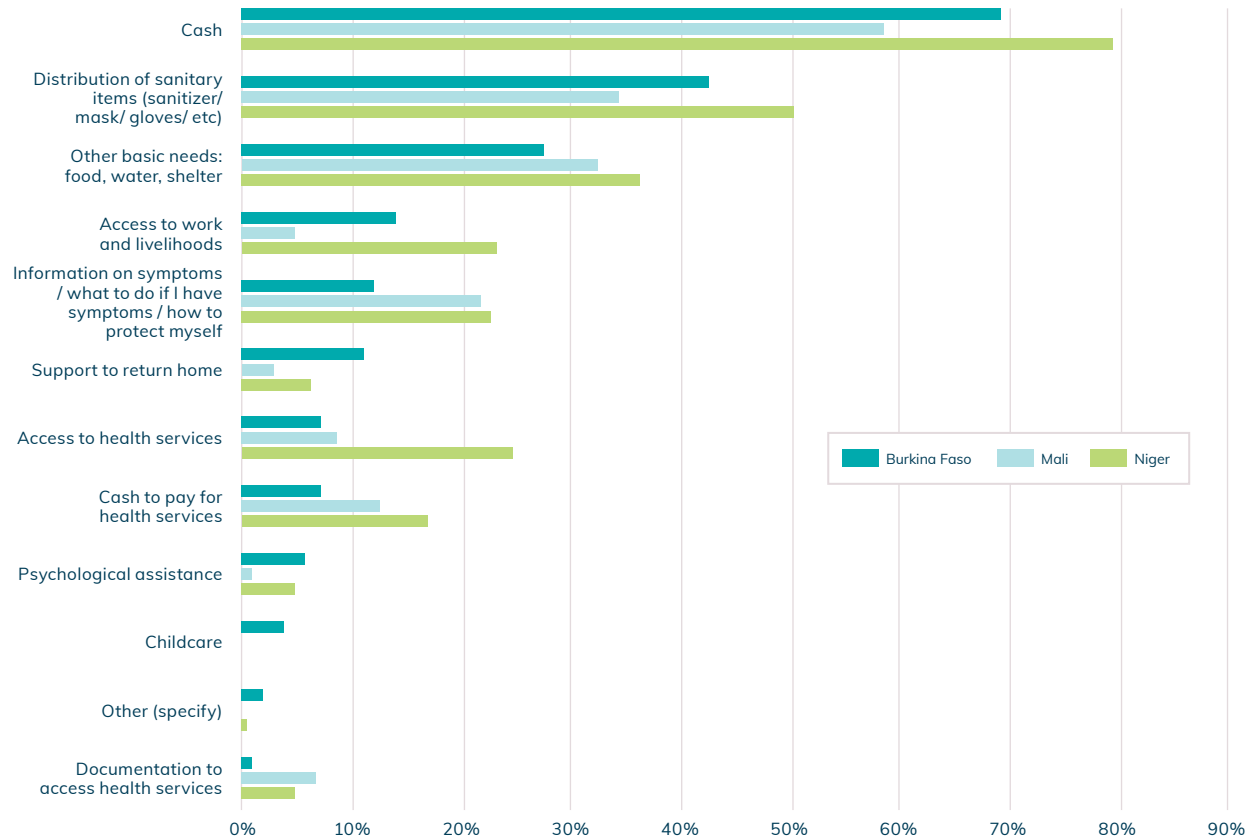


Some differences in barriers to accessing health services were seen according to gender: 20% of men indicated that they did not know where to go to access healthcare, as compared to 12% of women, and **51% of women indicated that they didn't have money to pay for health services**, as compared to 45% of men.

Significant majority need extra assistance

86% of respondents indicated that they have needed extra assistance since the beginning of the pandemic, and only 21% said that they had received additional help in this period. When asked what type of extra assistance would be beneficial, the top three answers across all countries were **cash, distribution of sanitary items, and provision of other basic needs** (food, water, shelter etc.), in that order. Survey respondents in Niger reported a greater level of need than respondents in Burkina Faso or Mali across almost all major categories, and were almost three times more likely to specify a need for access to health services: 25% of respondents compared to those in Mali (9%) or in Burkina Faso (7%). Respondents in Burkina Faso were almost twice as likely (11%) to need support to return home than respondents from Niger (6%), and almost four times more likely than those in Mali (3%), which calls for further study.

Figure 4. Additional assistance needed

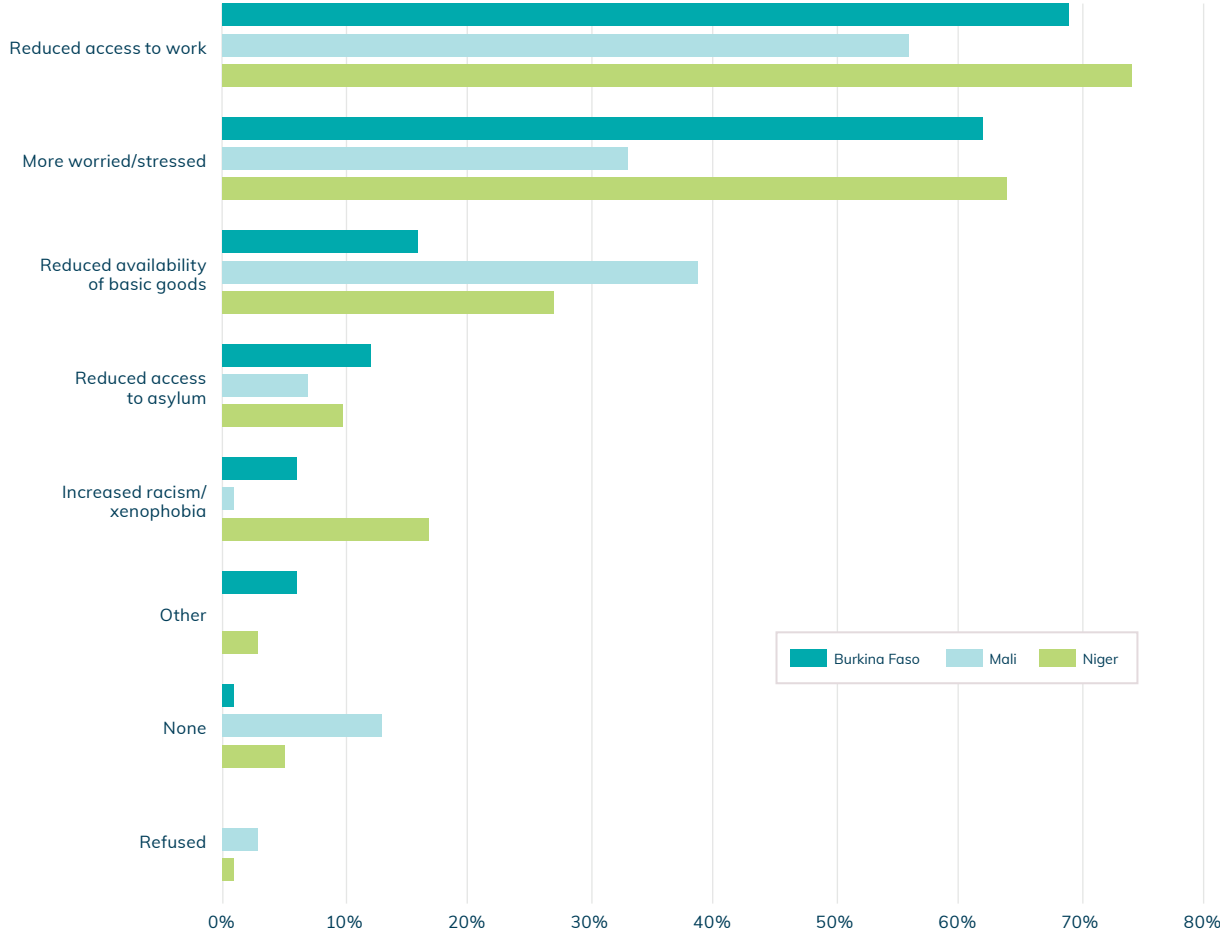


The overall proportion of respondents who specified additional assistance needs was almost identical when disaggregated by gender. However, in terms of specific needs expressed, men were almost twice as likely as women to indicate a desire for assistance with 'other basic needs' (M = 38% vs F = 21%) and 22% of men said they could use additional information about the virus (symptoms etc) as compared to 13% of women. Women participants more frequently expressed a need for cash than men (F = 74% vs M = 69%), as well as cash for health services (F = 18% vs M = 11%) and distribution of sanitary items (F = 47% vs M = 42%).

Increased stress, reduced access to work and basic goods

Respondents reported a variety of impacts on their daily lives. When the top three categories are broken down by country, **reduced access to work and increased worry and stress** were cited more by respondents in Niger (74% and 64% respectively) and Burkina Faso (69% and 62% respectively) than by respondents in Mali (56% and 33% respectively). However, a higher proportion of respondents in Mali reported a **reduced availability of basic goods** (39%) compared to Niger (27%) and Burkina Faso (16%). The proportion of respondents who indicated increased racism and xenophobia in Niger (17%) greatly outstripped the proportion in Burkina Faso (6%) and Mali (1%).

Figure 5. Impact on daily life

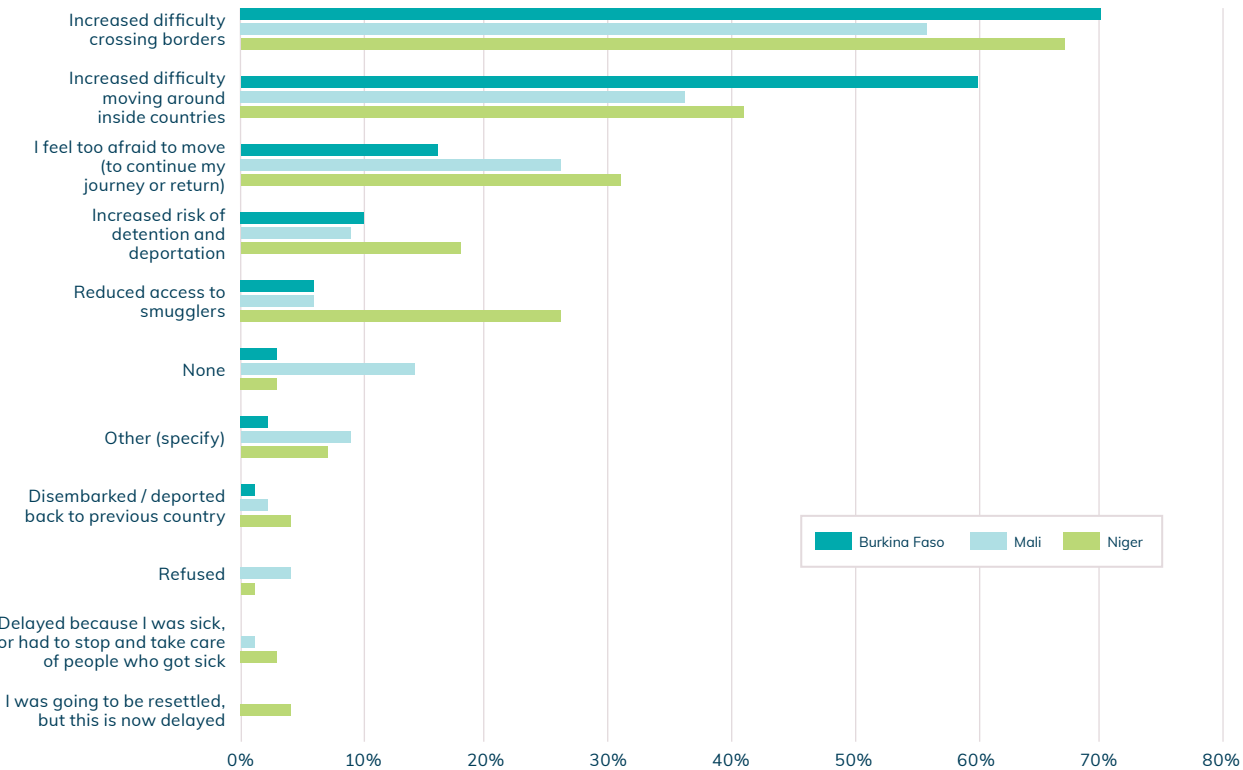


A greater percentage of male respondents said they were impacted across several categories, including increased worry and stress (M = 57% vs F = 49%), reduced availability of basic goods (M = 29% vs F = 23%) and reduced access to asylum application (M = 12% vs F = 4%). On the other hand, 12% of women reported increased racism and xenophobia compared to 8% of men. No gender differences were observed as regards reduced access to work.

COVID-19 is impeding mobility in the region

As with impact on daily life, the top two categories of impact on migration journeys were reported by a greater proportion of migrants in Niger and Burkina Faso. **Increased difficulty crossing borders** and **increased difficulty moving inside the country** were indicated by respondents in Burkina Faso (70% and 60% respectively), followed by respondents in Niger (67% and 41% respectively), and finally respondents in Mali (56% and 36% respectively). Respondents in Niger indicated reduced access to smugglers at a substantially higher rate (26%) than in Mali and Burkina Faso (6% in both countries), which may indicate a greater overall reliance on smugglers in Niger. Some 4Mi respondents indicated that smugglers were avoiding them: “people are avoiding us, even smugglers ... smugglers no longer host us in their families as they are worried about being contaminated”.²

Figure 6. Impact on migration journeys



The impacts most frequently reported showed some variation by gender. Whereas a higher percentage of female respondents reported increased difficulty crossing borders (69%) compared to male respondents (63%), the reverse was true in terms of increased difficulty moving inside the country, indicated by 47% of men compared to 41% of women.

² Respondents from Niger interviewed in Kantchari (Burkina Faso) in April. Translated from French: « Les gens te fuit même souvent nos passeurs ... les passeurs ne nous reçoivent dans leur famille pour peur d'être contaminé. »

Voices from the journey

“We are much more exposed to this pandemic, the protection is difficult, the conditions are not right; we sleep seven people together in a small house, we eat together...”³

22 year old Nigerien male interviewed in Burkina Faso

“Since the outbreak of this pandemic there has been a rise in mistrust and racism towards migrants, as some believe that they are the ones who bring the disease to this country.”⁴

33 year old Guinean male interviewed in Niger

“The curfew imposed in the country is a measure to prevent and not spread the disease but it has greatly slowed our activities.”⁵

32 year old Nigerian male in Niger

“It’s difficult, I regret not being at home in Niger during this period.”⁶

21 year old Nigerien male interviewed in Burkina Faso

“There has been an increase in the risks of protection, because my friends have been forbidden to work and the state has done nothing for them. So they are not protected, the state or the NGOs have to do something for them.”⁷

25 year old Beninese female interviewed in Niger

3 « Nous sommes beaucoup plus exposés à cette pandémie, la protection est difficile, les conditions sont ne pas réunies; nous dormons à sept personnes dans la maisonnette, nous mangeons ensemble... »

4 « Depuis la survenance de cette pandémie il y’a un regain de méfiance et de racisme envers les migrants car d’aucuns pensent que c’est eux qui importent la maladie dans ce pays. »

5 « Le couvre-feu imposé dans le pays est un mesure de prévention et de ne pas propager la maladie mais elle à beaucoup ralentie nos activités. »

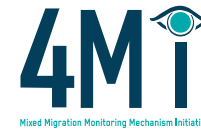
6 « C’est difficile, je regrette de ne pas être chez moi au Niger pendant cette période. »

7 « Ya eu une augmentation des risques de protection, car y a mes amis qu’on les a interdire de travailler et l’état n’a rien fait pour eux. Donc il sont pas protéger, l’état où les ONG doivent faire quelques choses pour eux. »

“I ask people to be a little kind to us, because they don’t know what kind of problem made us leave our homes.”⁸

22 year old Malian male interviewed in Niger

8 « Je demande aux gens d’être un peu gentil avec nous, car ils ne savent pas quel genre de problème nous a fait quitter chez nous. »



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