

This is the fifth update on the situation for refugees and migrants on mixed migration routes around the world in light of the COVID-19 pandemic, based on data collected by MMC in Asia, East Africa, Latin America, North Africa and West Africa. As MMC moves to a new phase in its data collection, this update looks at changes over time on the themes covered in the Global Updates since April: COVID-19 [awareness, knowledge and risk perception](#), [access to healthcare](#), [assistance needs](#) and the [impact on refugees' and migrants' lives](#) and [migration journeys](#). It also includes data on Afghan returnees. New Global Updates will be available soon, and for more detailed, thematic and response-oriented COVID-19 snapshots from each of the MMC regional offices, see: mixedmigration.org/resource-type/covid-19/

Key messages

- **Knowledge of COVID-19 remains stable, and concern is high** among refugees and migrants, although there has been a decrease in reports of fear of transmission. At the same time, **the proportion of respondents not taking measures to protect themselves** from the disease is falling.
- **The proportion of respondents reporting barriers to healthcare is falling**, and especially in Latin America, a greater share are reporting that they can access healthcare.
- There are suggestions that some aspects of day-to-day life may be normalizing (although the limitations on the data must be taken into consideration). **Fewer are reporting a reduced availability of basic goods, fewer are reporting loss of income** (especially in North Africa and West Africa), and fewer are saying that loss of income is impacting on their ability to afford basic goods. **Stress and anxiety, however, have been increasingly reported** over time.
- Inability to continue the journey is increasingly reported, except in North Africa, where the proportion has dropped considerably over time. However, the proportion reporting that the crisis has not impacted on their journey has increased, as has the proportion reporting that the crisis has not impacted on their plans. **Fewer people are reporting that they have decided to stay where they are for the time being.**
- The proportion reporting needs has stayed consistently very high. **The need for cash is most frequently reported, and has grown.** While assistance received remains much lower than what is needed, the proportion receiving cash has grown. The perceived need for information has fallen.

Profiles

4,124 respondents were interviewed between 6 April and 8 June 2020, with 302 in Asia, 161 in East Africa, 646 in Latin America, 1,886 in North Africa, and 1,129 in West Africa.

Region	Country	n	Percent women	Mean age
Asia	India	112	38	33
	Indonesia	117	39	29
	Malaysia	73	41	27
East Africa	Kenya	59	46	33
	Somaliland	102	35	31
Latin America	Colombia	496	74	34
	Peru	150	60	33
North Africa	Libya	935	30	30
	Tunisia	951	36	28
West Africa	Burkina Faso	327	43	28
	Mali	422	18	27
	Niger	380	29	31
Overall		4,124	38%	30

In Latin America, all respondents were Venezuelans, while in Asia, 76% of respondents were Afghans (15% were from Myanmar, and 9% from Bangladesh). Data collection in Malaysia only began in period 2. Respondents in East Africa, North Africa and West Africa were from a wide range of African countries.

For the purpose of this update looking at trends over time (see methodology), the respondents were split in the following three time periods:

Period	From	To	Asia	East Africa	North Africa	West Africa	Latin America
1	06/04	05/05	60	37	988	586	377
2	06/05	20/05	145	57	596	326	60
3	21/05	08/06	97	67	302	217	209

Afghan returnees

432 Afghan returnees interviewed in Afghanistan are included for the first time in this series of global updates. These respondents were 388 men (90%) and 44 women (10%), and as for the main survey, data were analyzed over 3 time periods, with 137, 153 and 142 respondents in each, respectively. The results from this survey focused on the impact of COVID-19 on Afghan returnees are presented separately in text boxes throughout this report.

Methodology

A summary of 4Mi methodology can be found [here](#). For this update, the whole dataset was split into three time periods. It is important to note that the respondents were not the same over the three time periods (i.e. we did not interview the same respondents several times as in a panel or longitudinal study). Respondents were however recruited in the same locations, from the same target population and using the same method. All figures are rounded to the nearest whole number. Figures for countries where the number of interviews is less than or around 100 should be interpreted with caution, especially in East Africa, and period 1 in Asia, and period 2 in Latin America. Unless specified, the number of observations for all analyses and visualisations corresponds to those presented in the above table. Note that for most items of the questionnaire, respondents can select several answer options. 88 interviews were discarded from analyses due to questionnaire incompleteness or data quality issues.

Awareness, knowledge and risk perception

Overall, the number of respondents who agree or strongly agree that they are worried about **catching coronavirus** has remained remarkably stable over time, at around 89%. However, we can see a decreasing trend in especially West Africa (from 90% at Time 2 to 83% at Time 3).

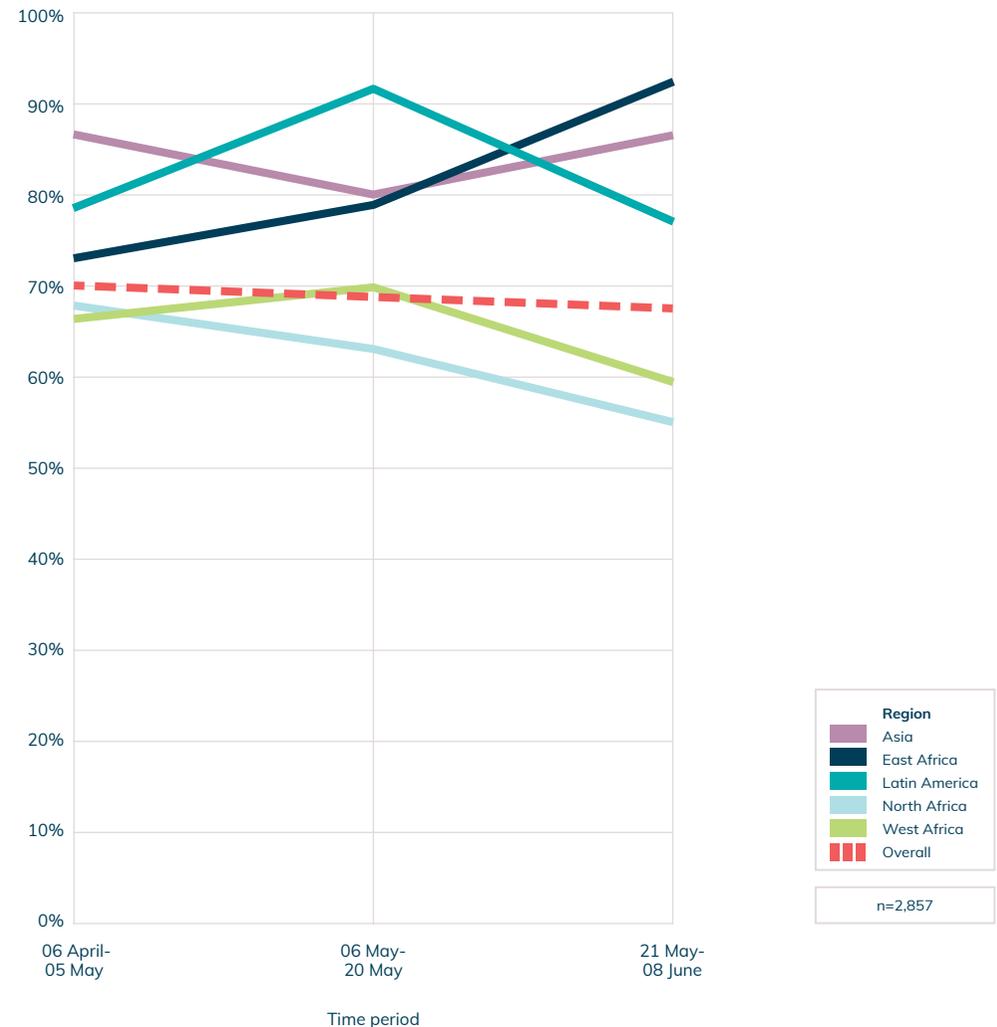
The number of respondents who agree or strongly agree that they are worried about **transmitting coronavirus** has tended to decrease over time (from 70% at Time 1 to 67% at Time 3), see Figure 1. This is the case in all regions, except East Africa and Asia, where the number of interviews is low. The sharpest decrease was in North Africa, from 68% to 55%.

As observed in previous updates, the number of respondents who reportedly know **how to protect themselves** is high, and has remained stable over time, with a slight increase from the second (83%) to third time period (87%). Given the efforts to provide information about prevention since the pandemic was declared, an increase in knowledge could have been expected, even though respondents already showed a high level of knowledge when data collection started.

Likewise, the overall proportion of respondents reporting **not doing anything to protect themselves** against coronavirus has remained low over time, but with interesting differences between regions. In West Africa, there seems to be a clear decreasing trend (from 20% at Time 1 to 13% at Time 3), whereas in East Africa, the figure has increased over the three time periods (from 8% to 27%),

In all regions but one, there has been a fall in the percentage of respondents **staying at home** to protect themselves from catching coronavirus (East Africa: from 38% to 30%; Latin America: from 88% to 74%; North Africa: from 54% to 36%; West Africa: from 8% to 4%). While lockdown measures have somewhat eased in some locations, the fall may also be attributable to people needing to leave their home more, e.g. to work. In Asia, by contrast, the figure increased from 80% in the first period to 87% in the last period. This is likely linked to the fact that later time periods include data from Malaysia.

Figure 1. Percentage of respondents who agree or strongly agree that they are worried about transmitting coronavirus, over time



Contrary to other respondents, the proportion of Afghan returnees who are not doing anything to protect themselves against coronavirus has not changed much over time, from 8% in the first period to 9% in the last period. Furthermore, contrary to all other participants, the measure most often taken by returnees to protect themselves against coronavirus is **wearing a mask**, although this seems to have decreased over time (67% to 54%).

Access to healthcare and prevention

When looking at the data over time (Figure 2), we see that **the proportion of people who believe they could not access healthcare, overall, has slightly decreased** (from 31% at Time 1 to 29% at Time 3), except in Asia (from 38% to 21%) and Latin America (from 40% to 25%). Note that the inclusion of data from Malaysia from period 2 only is likely to have influenced this more dramatic drop, as respondents from Malaysia have reported better access to healthcare.

Figure 2. Percentage of respondents who believe they could access healthcare, over time

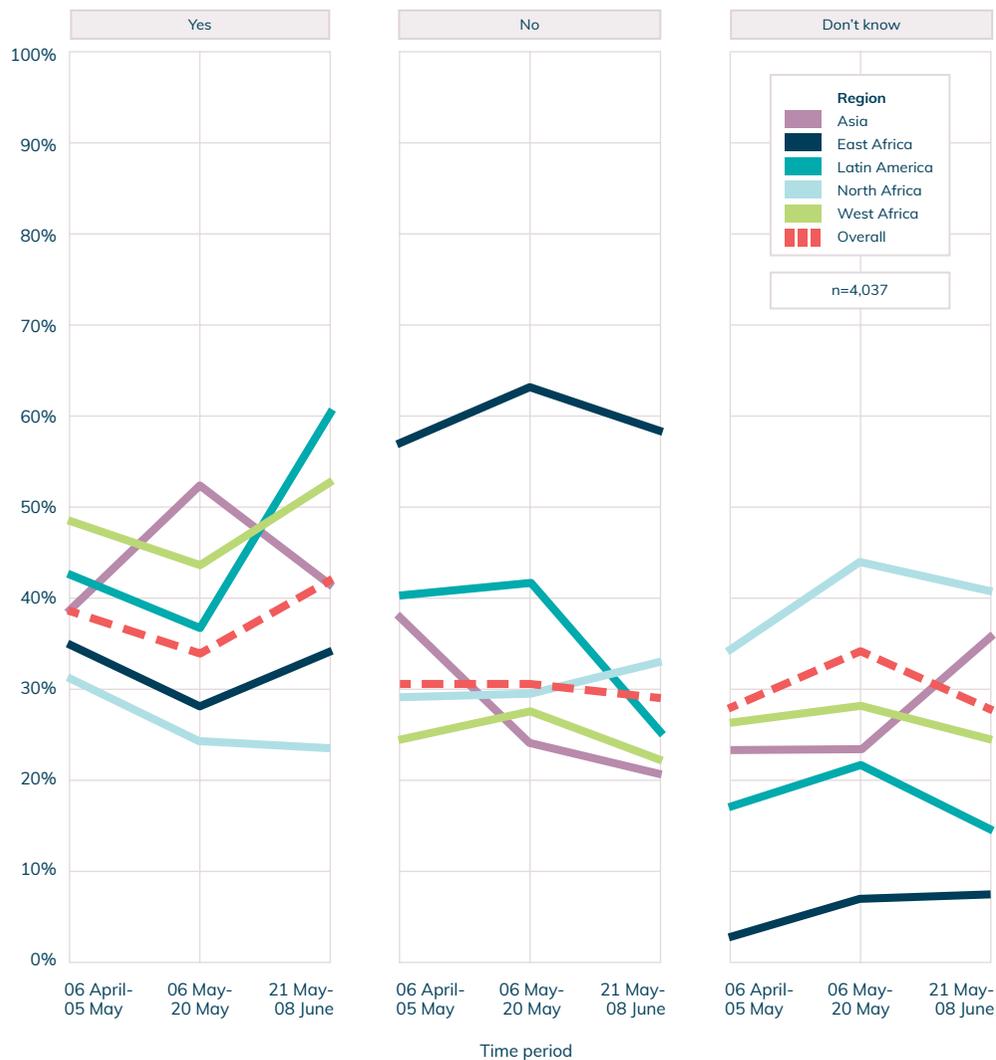
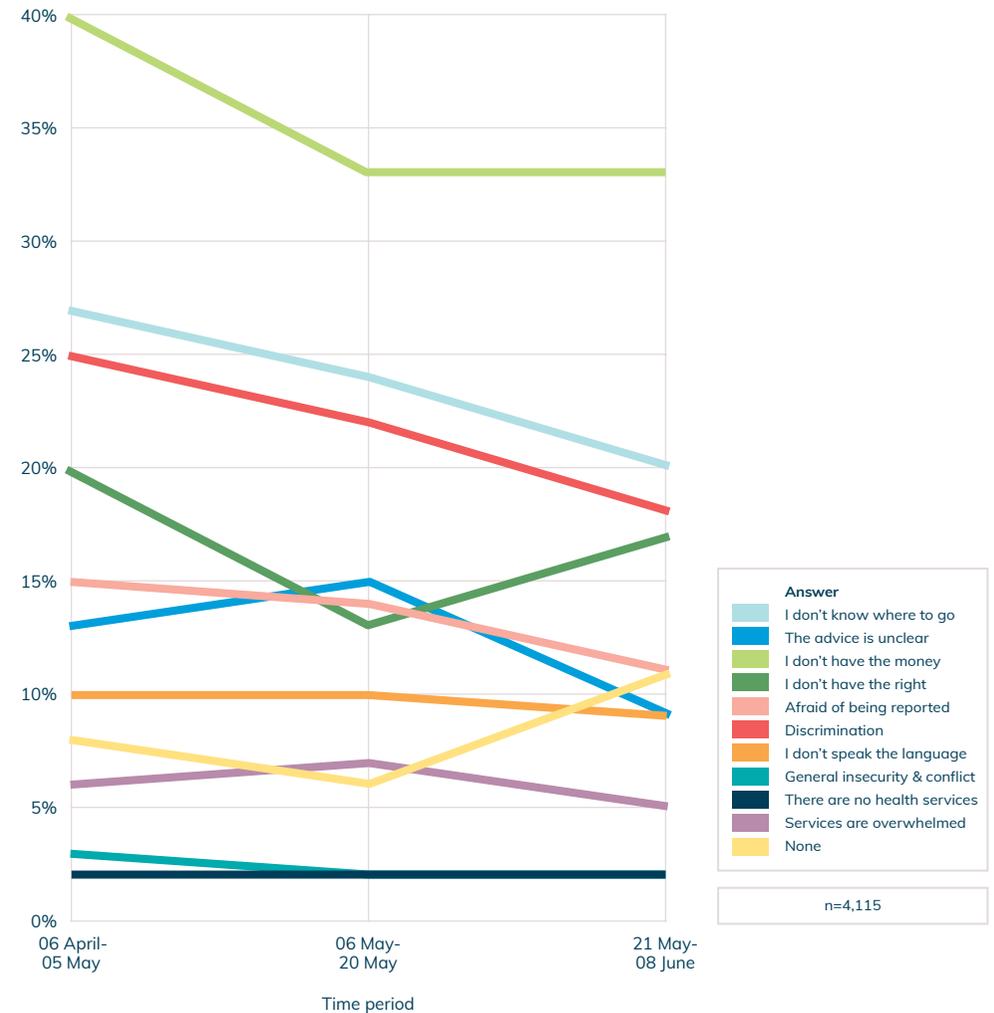


Figure 3. What are the barriers to accessing healthcare?¹



Reflecting this change, Latin America saw a large increase in respondents believing they would be able to access healthcare from 37% (n=22) during the second period to 61% (n=127) in the last period, which could at least partially be explained by information campaigns. The proportion of respondents who simply don't know whether they would be able to access healthcare has also tended to remain roughly stable over time, with a peak at 34% during the second time period.

¹ 'None' does not include data from North Africa; 'Other', 'Don't know', and 'Refused' answers are not shown in this figure.

Since the beginning of data collection, the main **barriers to accessing healthcare** cited by respondents are a lack of money, followed by not knowing where to go, and discrimination against foreigners. This does not change when the data are analysed over time, as can be seen in Figure 3. However, all barriers are less frequently reported over time, which aligns with the slight increase in respondents who identified no barrier (from 8% to 11%).

Afghan returnees seem much more confident that they would be **able to access healthcare** if they had coronavirus symptoms (more than 60% overall, compared to less than 40% for all other respondents), and increasingly so (from 61% in the first period to 65% in the last period). Another striking difference is that returnees, compared to other respondents, are much less likely to identify a **lack of money** as a barrier to access health services, although figures are increasing over time (17% to 26%). A more commonly reported barrier seems to be **not knowing where to go for healthcare**, with a sharp increase over time (from 21% in the first period to 43% in the last period).

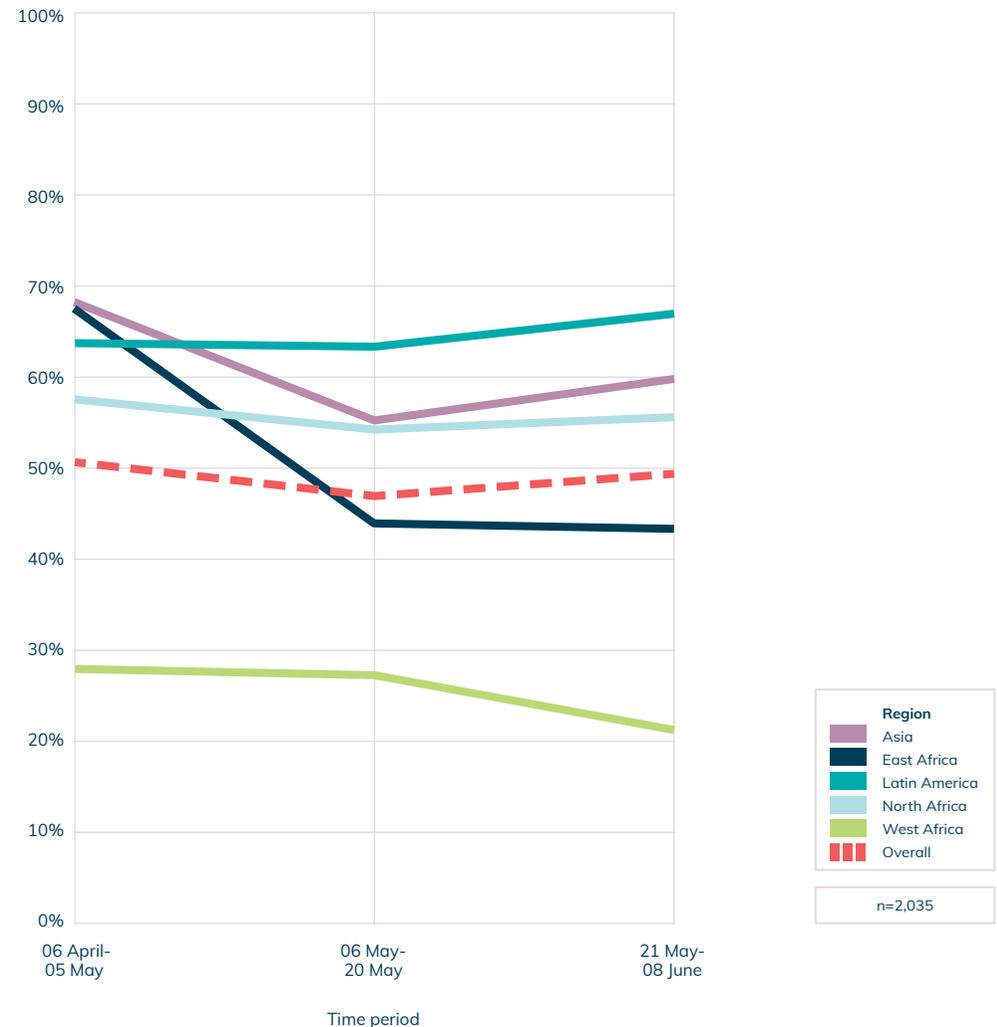
Impact on refugees' and migrants' lives

The main **impacts of COVID-19 on refugees' and migrants' lives** have been reduced access to work, more stress, and reduced availability of basic goods, and this has remained very stable over time.

Racism and xenophobia have tended to slightly decrease overall (from 20% in the first period to 17% in the last period), which seems to be mainly due to North Africa (from 26% to 21%), but was stable in all other regions, including in Latin America, where a 10% decrease during the second period is, arguably, only due to the low number of interviews at this time (n=60).

More clearly, the **impact on availability of basic goods has decreased** from the first period to the last period, although it remains high, particularly in Asia (Asia: from 68% to 60%; East Africa: from 68% to 43%; North Africa: from 58% to 56%; West Africa: from 28% to 21%). In contrast, respondents in Latin America have more frequently reported an impact on the availability of basic goods. The overall trends (see Figure 4) fit with the patterns of assistance needed vs assistance received, below.

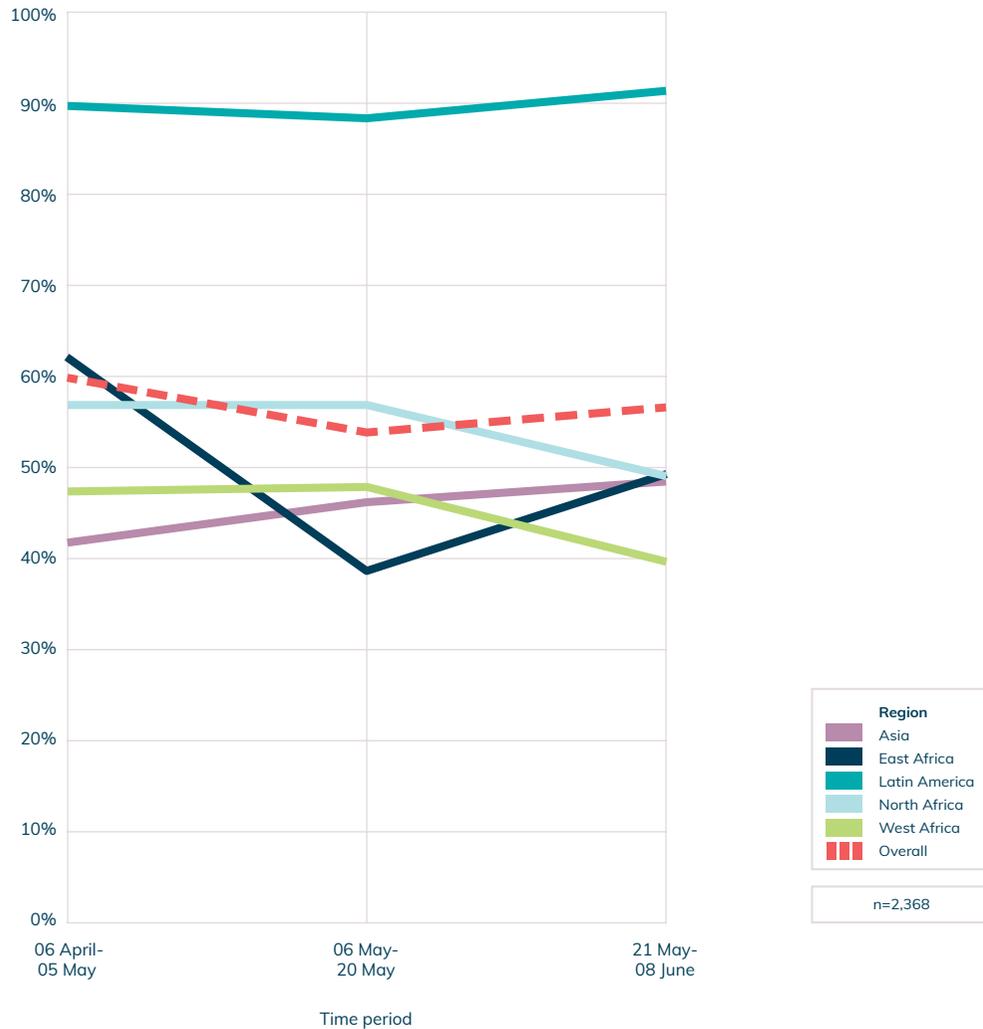
Figure 4. Percentage of respondents citing reduced availability of basic goods as an impact, over time



Another potentially encouraging trend is that the proportion of respondents who **lost income due to coronavirus restrictions** has slightly decreased over time (from 60% in the first period to 57% in the last period). This includes the two regions with more interviews, North Africa (from 57% to 49%) and West Africa (from 47% to 40%). Latin America, where so far respondents more often reported a loss of income compared to

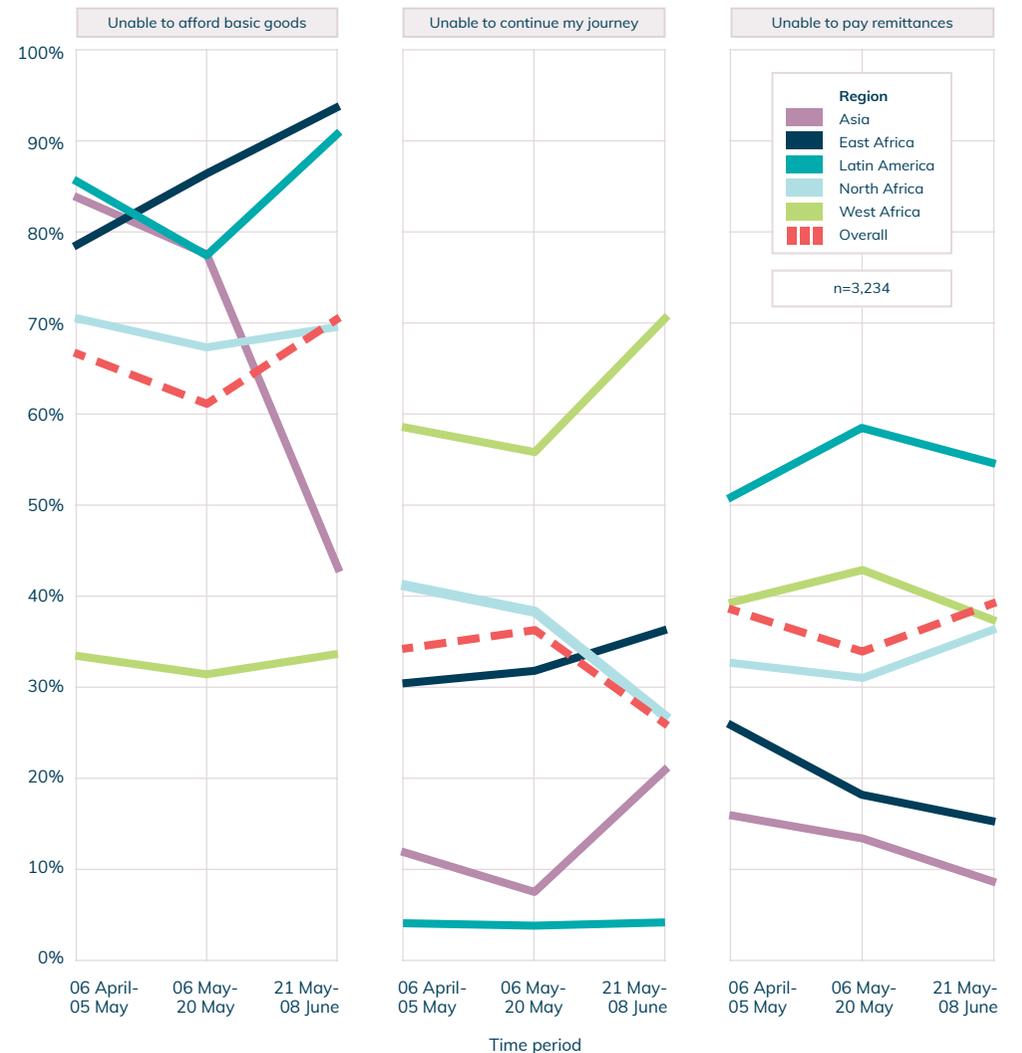
other regions, has remained stable (from 90% to 91%). In Asia, loss of income has been more frequently reported, again perhaps because of the addition of data from Malaysia (from 42% to 49%), see Figure 5.

Figure 5. Percentage of respondents who lost income due to coronavirus restrictions, over time



The share of respondents who report losing income in each region has remained stable overall. In contrast, the inability to afford basic goods has been reported far less frequently in Asia (from 84% in the first period to 43% in the last period), whereas it tended to be stable or slightly increase in other regions, see left panel in Figure 6. Additionally, the inability to continue the journey has tended to increase in most regions, except in North Africa (from 41% in the first period to 26% in the last period, see middle panel in Figure 6). Finally, the inability to pay remittances has remained stable or has tended to increase (in North Africa), but has decreased in the regions with fewer interviews (Asia and East Africa), see right panel in Figure 6.

Figure 6: Impacts of loss of income by region, over time



Reduced access to work is higher for returnees interviewed in Afghanistan, with a peak at 84% during the last period, compared to 66% in the main sample at the same time. Likewise, **more returnees lost income** as a result of the coronavirus crisis, and this has increased, contrary to the main sample (from 64% to 69%); only respondents in Latin America reported higher figures. For returnees, the main impact of the loss of income was increased worry and stress (79% in the last period), it was also a driver of return in some cases.

Assistance needs

The **need for extra assistance** has remained very high and has slightly increased over time (from 86% to 88%), except in North Africa, where on the contrary it has tended to slightly decrease (from 85% to 80%).

As shown in Figure 7, **cash** is the most reported need. The need has grown between the first period and the last period in all regions, except in Asia, where it decreased (from 71% to 63%), see Figure 8.

Sanitary/PPE items such as **sanitizer, masks, and gloves**, which were overall the third most-cited need, is also the only need that has clearly tended to decrease over time (from 42% in the first period to 30% in the last period), see Figure 7, which is in line with the slightly decreasing proportion of respondents concerned about transmitting the virus.

Figure 7. Types of assistance needed, over time

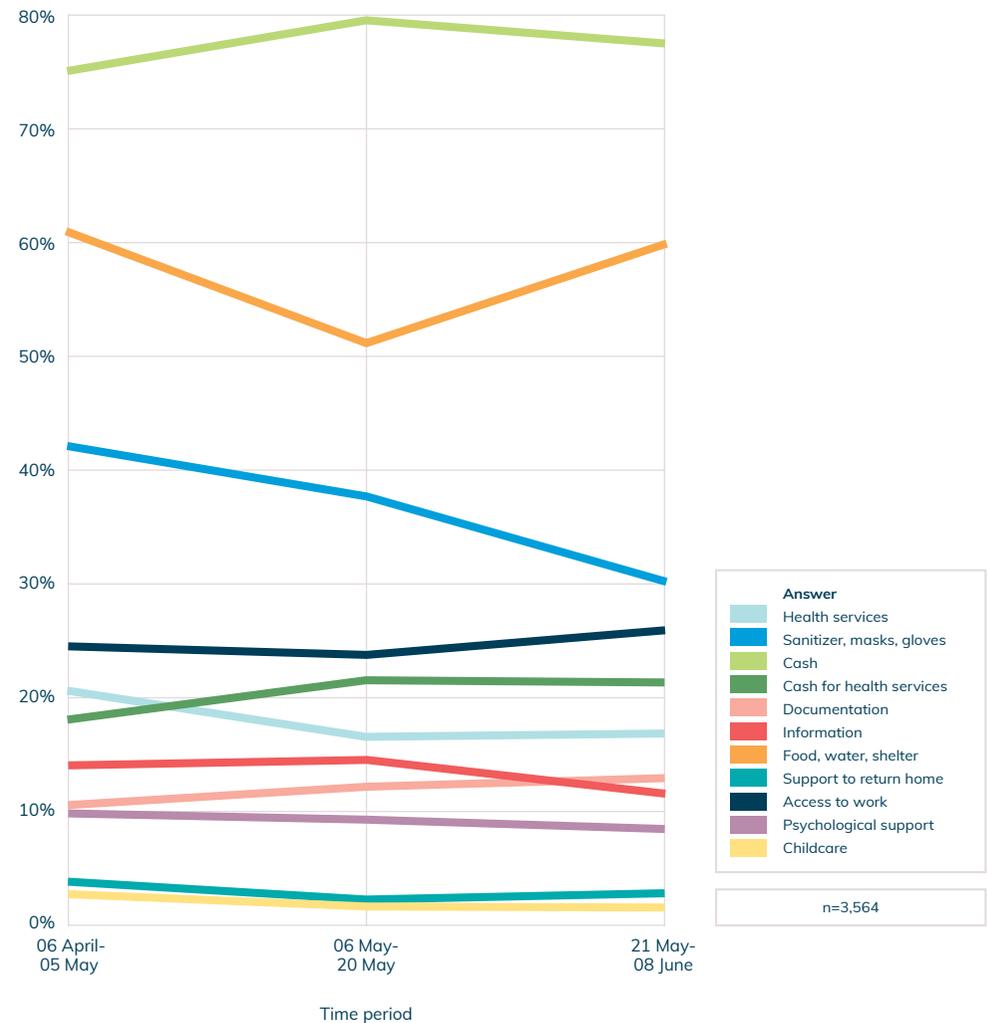
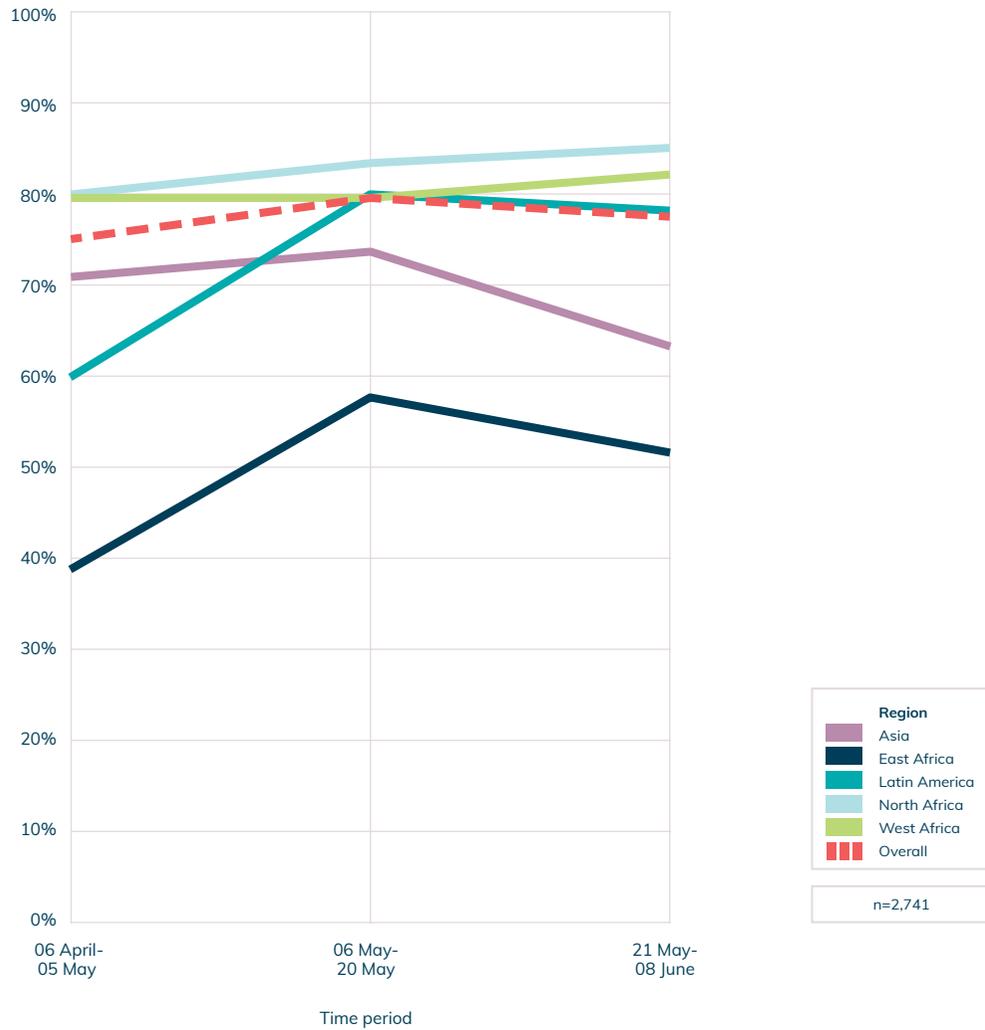


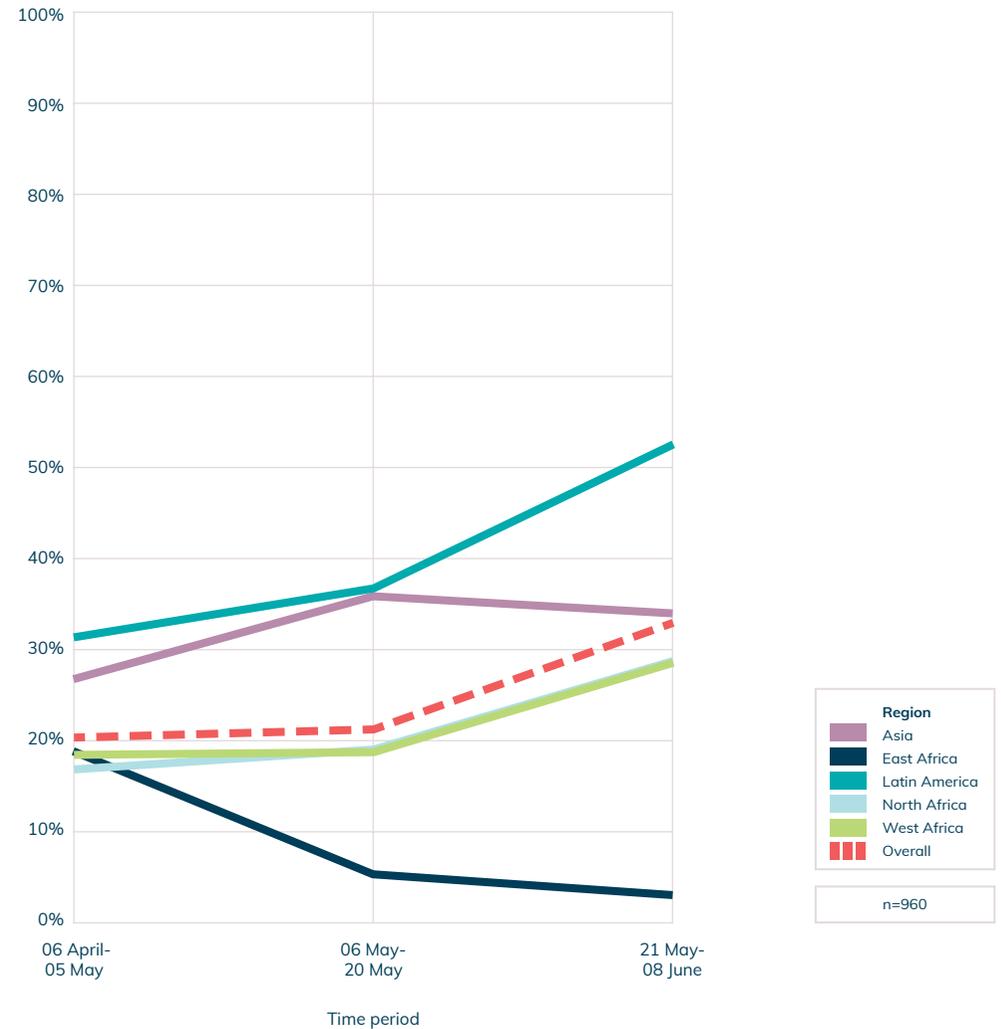
Figure 8. Percentage of respondents who cite cash as extra assistance needed, over time



As highlighted in previous updates, although more than 85% of all participants consistently state that they need extra assistance, less than 25% actually received such extra assistance since beginning of data collection. However, an encouraging trend is emerging when analysing the data over time. Although **assistance received** was stable in the first two periods (20% and 21%, respectively), it has clearly increased in the last

period, with 33% (n=294) of respondents reporting to have benefited from it. Furthermore, assistance received has increased in all regions (Figure 9), except in East Africa (from 19% to 3%), although the number of interviews is low in this region.

Figure 9. Percentage of respondents who received extra assistance, over time



Over time, the most frequently cited types of assistance received have remained the same: basic needs, sanitary items, and cash. The only exception is **information about the virus**, which has decreased over time (from 20% in the first period to 10% in the last period). This fits well with the observed trend of fewer respondents citing a need for information, see Figure 7 above. Given that cash assistance is the most cited need, it is encouraging to see a slight increase in the proportion of respondents who received cash assistance (from 23% to 25%). When looking at trends in each region, extra assistance received in terms of basic needs has decreased in Asia (from 62% in the first period to 40% in the last period, although the number of interviews is low). In contrast, the proportion of respondents saying they received sanitary items have increased in West Africa (from 42% in the first period to 61% in the last period), although fewer respondents in West Africa actually report this as a need (from 49% in the first period to 43% in the last period).

The need for extra assistance is also high among Afghan returnees interviewed (77% overall), although slightly lower than for refugees and migrants, and also it has remained stable over time. The most cited need is **cash**, and has increased over time (64% to 69%), just as for refugees and migrants in all the other regions. Compared to the main sample, however, returnees have **received even less assistance**, which has remained very low over time, despite a marginal increase in the last period (7%) compared to the first period (3%).

Impact on migration journeys

As discussed in previous updates, the impact on migration journeys differs between regions, with increased difficulty moving around inside countries or crossing borders being most frequently cited. Over time, however, we can see an increasing trend of respondents reporting that the crisis had **no impact on their journey**, see Figure 10, with a proportion of 34% of all participants reporting this in the last period, compared to 20% in the first period. That said, note that this trend is only minor in West Africa (from 7% to 8%).

This trend is reflected in respondents increasingly reporting that they have **not changed their plans** as a result of the coronavirus outbreak (from 50% to 57%), while the proportion of respondents who stopped for a while is decreasing (from 24% to 18%), see Figure 11.

Figure 10. Percentage of respondents who stated that coronavirus had no impact on their journey, over time

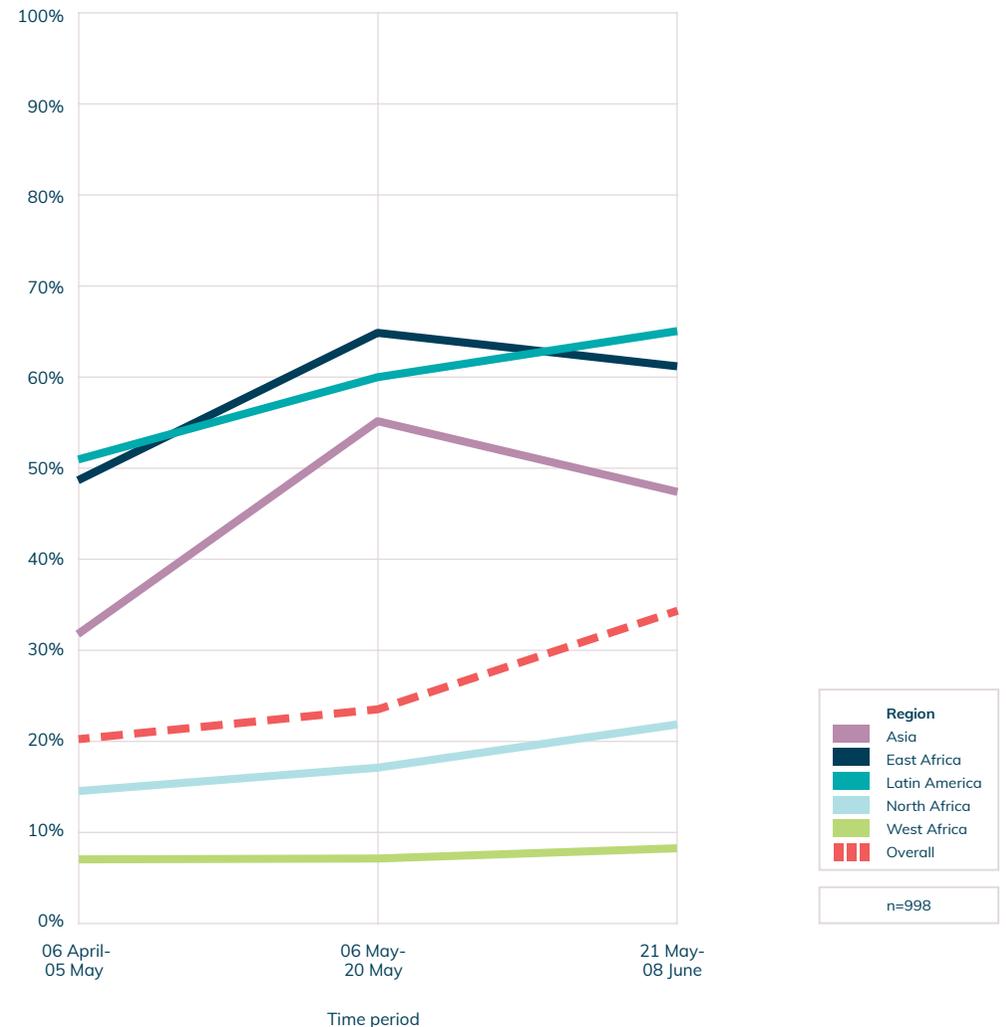
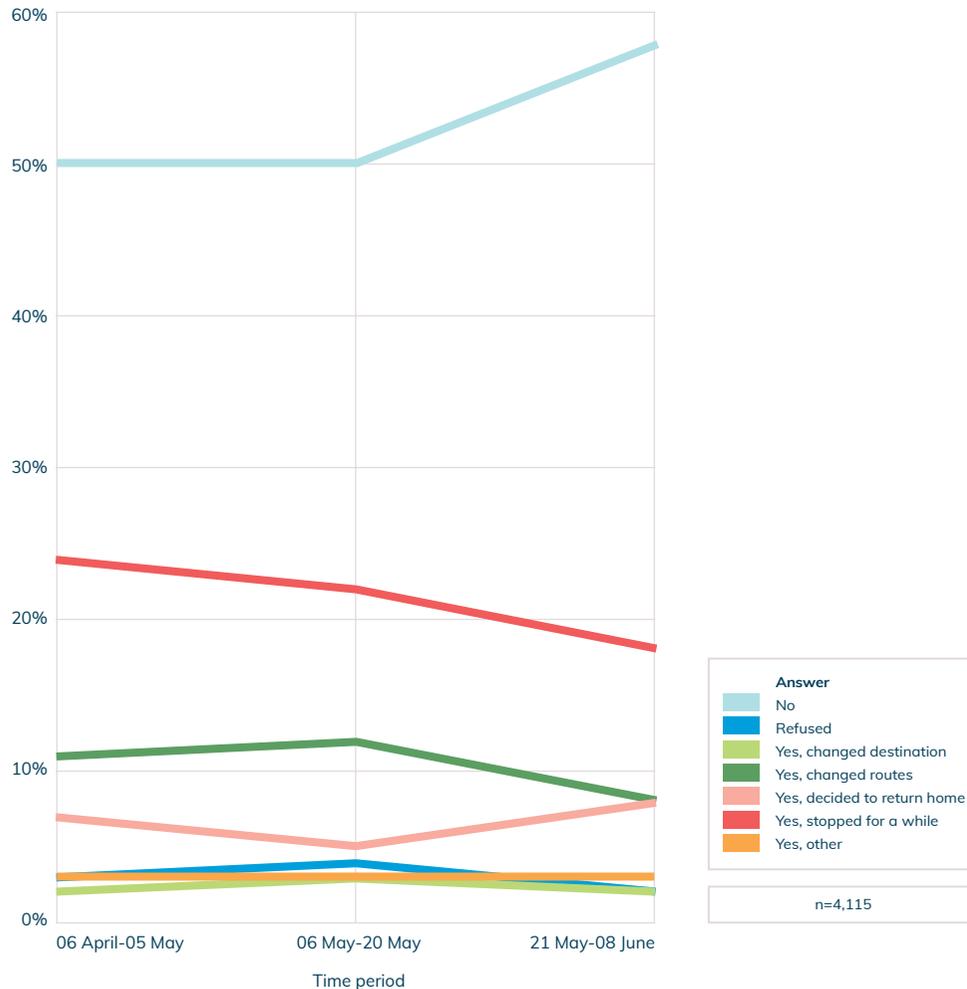


Figure 11. Impacts of coronavirus crisis on plans, over time



Respondents among the Afghan returnees more frequently reported a risk of **detention and deportation** than refugees and migrants interviewed in the other regions, and this has increased over time (from 16% in the first period to 26% in the last period). Most returnees are **waiting** and have not decided what they will do next (32% in the last period). The proportion of interviewed returnees who plan to go back to their previous host country is decreasing over time (33% to 27%), and the proportion of those who plan to move to another country when the situation gets better is increasing (from 7% to 13%).

Refugees' and migrants' voices

"Since the coronavirus outbreak we didn't receive any special support and it is very difficult for those who don't have any savings and there is no source of income ... before and during the lockdown due to the COVID-19 pandemic. This situation has created many challenges like mental or health problem for both youth and eldest member of the family. I have lost my job because of the lockdown and didn't get any support or leave paid from office."

30-year-old man from Afghanistan interviewed in India

"Actually in Malaysia because of the Movement Control Order by the Government, my husband cannot go to work and cannot earn money. I have difficulties paying the rent and buy basic needs."

20-year-old woman from Myanmar interviewed in Malaysia

"Our life is miserable here. There's no process of resettlement, people are getting stressed. Our country isn't safe, this place is just similar to it, and above all this COVID-19 crisis has made it worse."

30-year-old man from Afghanistan interviewed in Indonesia

"The coronavirus surprised many people and blocked a lot of things to the point where we had to beg for food."

36-year-old woman from Côte d'Ivoire interviewed in Tunisia

"The virus outbreak has affected me to the extent that I am unable to pay my house rent for last month, and all my friends ... are all facing financial problem due to the pandemic situation. Even the landlord has giving me an ultimatum that if I fail to pay this month he would send me packing."

30-year-old man from Nigeria interviewed in Libya

“Coronavirus has completely ruined me, and I think that if the opportunity arises I will go home.”

33-year-old man from Niger interviewed in Burkina Faso

“It is a pandemic that affects everyone and any country, so giving up on migration is not a solution to escape the pandemic.”

24-year-old woman from Mali interviewed in Niger

“The coronavirus situation made our journey long and complicated. All people are wary of each other to protect themselves. Transport prices have gone up and the passage of checkpoints is very complicated. And all that because of the coronavirus.”

26-year-old man from Sierra Leone interviewed in Mali

“I left Venezuela due to the economic crisis, we could not eat. Here in Colombia I cleaned family homes, but because of COVID-19 I have not been able to work, sometimes my daughter gets a job cleaning houses. We sold all our things to be able to come to Colombia, I have 3 grandchildren to fight for.”

56-year-old woman from Venezuela interviewed in Colombia

“The infodemic is also a virus that spreads very fast and can be as lethal as the coronavirus itself, bad information can be deadly in times of COVID-19 because you can confuse and generate wrong practices. As advice for people, I'd say not to make rumors go viral.”

30-year-old man from Venezuela interviewed in Peru

“I had started a small business but because of this pandemic it collapsed.”

65-year-old man from the Democratic Republic of the Congo interviewed in Kenya

“Mostly migrants in here are porters. The business between Ethiopia and Somaliland stopped due to the coronavirus so we are no longer able to work.”

36-year-old man from Ethiopia interviewed in Somaliland

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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