

ASSESSING THE SOCIO-ECONOMIC IMPACT OF COVID-19 ON MIGRANTS AND DISPLACED POPULATIONS IN THE MENA REGION



PUBLISHER

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TABLE OF CONTENT

LIST OF ABBREVIATIONS	8
ACKNOWLEDGEMENTS	9
EXECUTIVE SUMMARY	10
INTRODUCTION	15
Context	15
Aim and structure of the study	17
METHODOLOGY	19
REGIONAL BACKGROUND: OVERVIEW OF CASE STUDIES	21
I. Health – Protecting health services and systems during the crisis	22
1. Access to functional health services	23
2. Level of public and private awareness	24
3. Impact of COVID-19 on health outcomes	24
II. Protecting people – Social protection and basic services	26
1. Availability and access to basic goods and services	26
2. Access and availability of social protection schemes and/or humanitarian assistance	28
III. Economic response and recovery – Protecting jobs, SME enterprises and informal sector workers	29
1. Access and availability of employment and income generating opportunity	29
2. Changes in business environments due to COVID-19	31
3. Presence of coping strategies to respond to the economic consequences of the pandemic	33
IV. Macroeconomic response and multilateral collaboration	34
1. Changes in monthly price stability for basic consumer price index	34
2. Changes in capacity to send and receive remittances	35

V.	Social cohesion and community resilience	36
	1. Changes in perception of security and safety	36
	2. Changes in tension and/or conflict between mobile and hosting communities	37
	3. Availability of community-based organisations	37
VI.	Mobility	38
	1. Changes in freedom of movement	38
	2. Changes in mobility plans	39
VII.	Conclusion	41
VIII.	Recommendations	42
	• General	42
	• Health	42
	• Economic growth and empowerment	43
	• Social cohesion	44
	• Mobility	44
	• Data Collection	44
	BIBLIOGRAPHY	48
X.	Annexes	52
	1. Detailed methodology	52
	• Defining the research protocol	52
	• Desk research	52
	• Data collection	52
	• Analysis, report writing and dissemination	53
	• Limitations to the study	53
	2. Indicator bank	54



FOREWORD

This report is a significant achievement. To this day, it is the most comprehensive attempt to assess the socio-economic impact of the COVID-19 on migrants and displaced persons in the Middle East and North Africa (MENA) region. Adapting the United Nations framework for the immediate socio-economic response to COVID-19 to the specific realities of migrants and displaced populations, the authors examine the implications of the pandemic on six key pillars, namely (1) Health services and systems during the crisis; (2) Access to social protection and basic services; (3) Economic response and recovery; (4) Macroeconomic response and multilateral collaboration; (5) Social Cohesion and community resilience; and (6) Mobility.

This work is relevant to the implementation of the Global Compact for Safe, Orderly and Regular Migration (GCM). In line with Objective 1 of the CGM to ‘collect and utilise accurate and disaggregated data as a basis for evidence-based policies,’ this study helps understand the unique ways through which various mobile populations across the MENA region are affected by the pandemic. It helps better understand the impact of COVID-19 on several GCM objectives, including Objective 6 (Decent Work); Objective 15 (Basic Services); Objective 16 (Inclusion and Social Cohesion); Objective 17 (Discrimination); Objective 20 (Remittances and financial inclusion); Objective 21 (Return and Reintegration) and Objective 22 (Social Protection). The unique set of data collected and analysed for this report will be invaluable in supporting and prioritising future initiatives to respond to the needs of migrants and displaced person in these challenging times.

Beyond this, the indicator bank and data collection tools developed for this exercise constitute a starting point to replicate this type of analysis in more countries of the MENA region, and potentially at a global level. Scaling up this type of assessments will allow comparative benchmarking between various countries and populations, ultimately helping to shape interventions that are relevant to the unique needs of mobile populations.

This study would not have been possible without the generous support of the Kingdom of Denmark and the joint efforts provided by several teams in IOM’s Regional Office in Cairo, the support of IOM’s country offices throughout the region, key informants and survey respondents. IOM hopes to renew fruitful collaboration in coming assessments, whether at a national, regional or global level.

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LIST OF ABBREVIATIONS

ATM	Automated Teller Machine
CO	Country Office
DTM	Displacement Tracking Matrix
EU	European Union
GCM	Global Compact for Safe, Orderly and Regular Migration
IDP	Internally Displaced Persons
IOM	International Organisation for Migration
ISIL	Islamic State in the Levant
KII	Key Informant Interview
LNOB	Leave No One Behind
MENA	Middle East and North Africa
MPHSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council

PoE	Port of Entry
PoC	People of Concern
QIZ	Qualifying Industrial Zone
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SME	Small and Medium Enterprise
UN	United Nations
UNDP	United Nations Development Programme
UNESCWA	United Nations Economic and Social Commission for Western Asia
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

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We would like to thank IOM country mission staff from offices in Yemen, Iraq, Libya, Sudan, Egypt, Tunisia, Algeria and Jordan, who dedicated time, resources and effort towards the data collection and analysis process.

We would also like to thank all key informants and beneficiaries of IOM programmes for their time and their valuable insights and contributions.

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EXECUTIVE SUMMARY

The study assesses, how and to what extent, COVID-19 has, and continues to, affect the socio-economic outcomes of migrants and displaced populations¹ in the Middle East and North Africa (MENA) region. Adapting the United Nations Framework for the Immediate Socio-Economic Response to COVID-19 to the specific realities of migrants and displaced populations, it examines the implications of the pandemic on six key pillars, namely (1) Health services and systems during the crisis; (2) Access to social protection and basic services; (3) Economic response and recovery; (4) Macroeconomic response and multilateral collaboration; (5) Social cohesion and community resilience; and (6) Mobility. The main findings of the study are outlined in the below sections.

PILLAR 1

HEALTH – PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS

ACCESS TO FUNCTIONAL HEALTH SERVICES

Growing evidence suggests that the pandemic has made health facilities less accessible to both migrants and displaced populations in the MENA region. Several pandemic-specific challenges and constraints have impacted access to health services, such as limited or reduced financial resources impeding individual capacities to pay for medical services and consumables; discrimination against migrants in access to healthcare and treatment; lack of available transportation, partly due to mobility restrictions and national or local lockdown measures; as well as fear of meeting with authorities for migrants with irregular status.

LEVEL OF PUBLIC AND PRIVATE AWARENESS

Virtually all migrants and displaced populations were aware of the existence of COVID-19. This was even the case for individuals living in remote locations. However, despite a high level of general awareness of the illness, preliminary evidence suggests that knowledge of the disease and its effects is not uniform across geographical locations and population typologies. For instance, migrants who do not speak the national language are less likely to be well-informed in terms of disease infection prevention and control. Further data is needed to determine exactly which demographics and/or countries are most in need of additional information about the disease.

IMPACT OF COVID-19 ON HEALTH OUTCOMES

Given existing vulnerabilities and barriers to accessing health services, it is likely that the health outcomes of both migrants and displaced populations have been disproportionately impacted by the pandemic compared to the general population. Beyond this, the pandemic has several direct and indirect effects that impact migrants and displaced persons' health outcomes. These include (1) mobile populations being less able to afford basic health items; and, (2) mobile populations being unable to be treated in public health and private health facilities due to overstretched capacities, rising financial constraints and discrimination and (3) being prone to depression and other psychological issues.

PILLAR 2

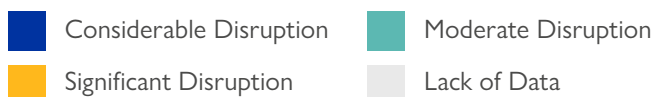
PROTECTING PEOPLE – SOCIAL PROTECTION AND BASIC SERVICES

AVAILABILITY AND ACCESS TO BASIC GOODS AND SERVICES

Evidence suggests that COVID-19 has impeded migrants and displaced populations access to basic goods and services. The below table summarises the level of disruption induced by COVID-19 on migrants and displaced persons' access to basic services, showing a disproportionately negative impact in humanitarian settings, where the capacity to adapt to additional shocks are often already limited. In many humanitarian settings, COVID-19 often compounds multiple ongoing and concurrent crises, reducing already limited access to basic goods and services.

1 According to the IOM Glossary on Migration (2019), displaced persons are 'persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, either across an international border or within a State'. For this specific study, the authors do not include refugees under the umbrella term 'displaced persons', as they were not consulted in the research process. In line with IOM's mandate, the authors focused on IDPs, returned IDPs and other displaced populations who do not have refugee status.

Type of context	Humanitarian	Non-Humanitarian
Access and to markets and availability of basic goods	Considerable Disruption	Moderate Disruption
Education	Considerable Disruption	Significant Disruption
Banks and financial institutions	Lack of Data	Lack of Data
WASH	Considerable Disruption	Lack of Data



ACCESS AND AVAILABILITY OF SOCIAL PROTECTION SCHEMES AND/OR HUMANITARIAN ASSISTANCE

Migrants (and particularly irregular migrants) are oftentimes excluded from national social protection mechanisms. Similarly, issues such as limited state capacity to provide social safety nets or loss of civil documentation can impact IDPs’ access to state-managed protection systems. **Overall, it was perceived that access to social protection for mobile populations in the region is oftentimes limited.**

COVID-19 has also placed additional strain on humanitarian organisations’ ability to deliver life-saving assistance. Despite the significant operational impacts of the COVID-19 pandemic, humanitarian organisations have endeavoured to continue providing lifesaving assistance through adapting their delivery mechanisms. However, it is unlikely that these adaptations in programming are sufficient to offset the reallocation of funds away from key humanitarian projects towards addressing the repercussions of the pandemic. It was perceived that reallocating

funding from activities that respond to other ongoing socio-economic, political or environmental crises or instability and conflict towards the COVID-19 response could generate increased levels of fragility or aggravate the underlying drivers of tension at the community level.

PILLAR 3 ECONOMIC RESPONSE AND RECOVERY – PROTECTING JOBS, SME ENTERPRISES AND INFORMAL SECTOR WORKERS

ACCESS AND AVAILABILITY OF EMPLOYMENT AND INCOME-GENERATING OPPORTUNITIES

Overall, the pandemic has significantly decreased migrants and displaced persons’ access to employment and income-generating opportunities. Loss of income related to the pandemic is not uniform across migrants and displaced persons. **Preliminary evidence suggests that women, youth, irregular migrants, migrants who recently arrived in country and/or migrants who are in transit and returnees to country of origin are more vulnerable to employment loss.**

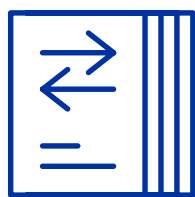
CHANGES IN BUSINESS ENVIRONMENT DUE TO COVID-19

Data collected since the start of the pandemic suggests that COVID-19 and associated IPC measures have put a significant strain on the productivity of key businesses in the region. In Iraq, Libya and Sudan, business owners surveyed cited that they suffered from drops in investments; faced challenges with paying their bills or had to deal with employee absences due to sickness or fear of sickness.

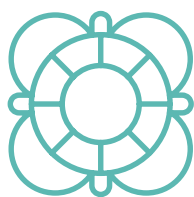
The impact of the pandemic is not uniform across all business sectors. In line with global trends, business sectors that are most impacted by the pandemic and its associated infection prevention and control measures include hospitality, manufacturing and textile, education and technology as well as agriculture and fisheries, sectors that employ a significant number of migrants. These disruptions generated a significant shock on employment opportunities, both in the informal and formal sectors, for mobile populations across the region, impacting income generation and heightening vulnerability.

PRESENCE OF COPING STRATEGIES TO RESPOND TO THE ECONOMIC CONSEQUENCES OF THE PANDEMIC

The main coping strategies identified in this study include the following:



Borrowing from relatives



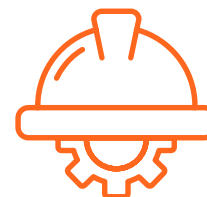
Reducing essential expenses



Increased utilisation of savings



Selling assets



Being compelled to accept exploitative work conditions

PILLAR 4

MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

CHANGES IN MONTHLY PRICE STABILITY FOR BASIC CONSUMER PRICE INDEX

In many humanitarian contexts such as Sudan, Yemen or Libya, the price of basic food items has been volatile after April 2020, which coincides with the start of the pandemic. This contrasts with the situation of non-humanitarian countries, such as Egypt and Jordan, where prices of main food items remained stable throughout the period. Overall, this suggests that price control mechanisms are better functioning in non-humanitarian countries, compared to humanitarian ones. For individuals living in places concerned by price volatility, including migrants and displaced populations, this likely means an overall decrease in purchasing power, potentially resulting in heightened vulnerabilities within the poorest households.

CHANGES IN CAPACITY TO SEND AND RECEIVE REMITTANCES

Evidence gathered for this study suggests that migrants and displaced populations are less able to send remittances since the onset of the pandemic. Although other factors may be at play, it appears that the decline in remittances sent by migrants and displaced populations can be traced to a decline of revenues linked to COVID-19.

The pandemic also led to a decline on the receiving end of the remittance channel. For the poorest migrants and displaced populations, remittances can represent a significant share of household income, and any cut in regular remittance flow may push them into positions of acute vulnerability. Preliminary evidence suggests that, in the last trimester, outflows of remittances from several key countries are recovering.

PILLAR 5

SOCIAL COHESION AND COMMUNITY RESILIENCE

CHANGES IN PERCEPTION OF SECURITY AND SAFETY

Data suggests that COVID-19 may have an impact on migrants and displaced persons' security and safety. **Key informants noticed an increase in security incidents in public spaces (including cases of physical violence).** There were also gendered elements to changes in cohesion dynamics, with heightened risks of gender-based violence during lockdowns. This issue was particularly apparent in environments where migrants and displaced populations were forced to lock down in close quarters, such as camp and camp-like settings for displaced populations, or overcrowded residence for migrants.

CHANGES IN LEVELS OF TENSION BETWEEN MOBILE AND HOSTING COMMUNITIES & AVAILABILITY OF COMMUNITY-BASED ORGANISATIONS

COVID-19's effect on tensions between mobile and hosting communities appears mixed. As outlined below, the pandemic has led to an increase in competition for resources, likely creating increased conflict and violence between resident and mobile populations. On the other hand, it was also highlighted the pandemic led to acts of empathy and solidarity towards mobile populations in some instances.

Negative	Positive
<ul style="list-style-type: none"> Increased conflict and tension between hosts and mobile populations Increased discrimination 	<ul style="list-style-type: none"> Increased empathy & acts of solidarity (i.e. distributions of food or hospitality from community-based organisations & hosts)

PILLAR 6

MOBILITY

CHANGES IN FREEDOM OF MOVEMENT

The researchers developed two indicators to assess freedom of movement. At national level, results show no significant difference between humanitarian and non-humanitarian contexts. This suggests that the implementation of these measures is not linked with the country's situation. This suggests that conflict – or post-conflict – is not a determinant for the implementation of these measures, with Jordan and Algeria being the countries in the region which implemented the strictest measures, closing their ports of entry (PoE) for the longest period.

CHANGES IN MOBILITY PLANS

Despite border closures and restrictions on mobility, recent estimates suggest that COVID-19 is not curbing mobility in the MENA region, but rather adding pressures to migrate, and migrate irregularly, as the peak in arrivals to Europe over the summer months shows. Mobility that was identified following the onset of the pandemic includes increased returns to countries of origin due to loss of jobs and lack of financial resources; deportation back to country of origin; secondary internal displacement and migration towards European Union countries..



↑ ©IOM/Yemen



INTRODUCTION

CONTEXT

One year after the World Health Organization (WHO) declared COVID-19 a pandemic of global concern, the virus continues to generate an extraordinary impact on global health, lives and livelihoods – disrupting economies, markets and societal relations. As its effects evolve, the pandemic leaves in its wake a devastating level of human suffering, with a global death toll surpassing 2.1 million individuals.² The effects of the pandemic and the associated infection prevention and control measures adopted to mitigate the impacts of the virus have resulted in an unprecedented reduction in human mobility, overwhelmed health systems, impeded access to education for millions of students, caused businesses and factories to shut down and disrupted global value chains and the supply of products.

The combined effects of this have triggered what is already considered the worst economic recession since the 1933 Great Depression.³ Although estimates for 2021 anticipate a potential recovery, the global economy contracted by 4.3 percent in 2020 as a result of the COVID-19 pandemic.⁴ Therefore, COVID-19 is likely to reverse progress made towards the Sustainable Development Goals (SDGs) and undermine efforts to implement the principle of Leave of No One Behind (LNOB). It is estimated that the COVID-19 pandemic increased extreme poverty between 88 to 93 million in 2020.⁵ The total COVID-19 induced new poor in 2020 is estimated to be between 119 and 124 million.⁶ With many parts of the world now experiencing a second or third wave of the pandemic, and infection prevention and control (IPC) measures being tightened globally, it is likely the economic crisis induced by COVID-19 will be deep and pervasive.

The outbreak of COVID-19 has affected entire communities; however, migrants and displaced populations, who often exhibit high levels of pre-existing vulnerabilities and face significant structural barriers comparative to other demographics have been severely affected. An increasing body of evidence outlines the diverse and unique ways through which the socio-economic outcomes of migrant and displaced populations around the world are negatively affected by the pandemic, including, but not limited to:

- Migrants and displaced persons experiencing xenophobic attacks due to the perceived links between migration and disease transmission;⁷
- Migrants and displaced persons being excluded or unable to access health services or national social protection and safety net systems;⁸
- Migrants, displaced persons and their families being unable to send remittances or suffering from the contraction in the volume of remittance flows to global, national and household economies;⁹
- Migrants being stranded due to the restrictions on mobility imposed by countries around the world;¹⁰
- Migrants and displaced persons being excluded from national COVID-19 response and recovery plan;¹¹
- Migrants and displaced persons being increasingly exposed to violence during quarantines – including Sexual and Gender Based Violence (SGBV), exploitation and cross-border trafficking;¹²
- Displaced persons living in camp and camp-like settings potentially being at higher risk due to reduced freedom of movement and limited access to water, sanitation systems and health facilities;¹³ and
- Displaced persons living in overpopulated camp and camp-like settings being vulnerable to the spread of the pandemic due to overcrowding.

2 World Health Organisation, '[WHO Coronavirus Diseases \(COVID-19\) Dashboard](#)', December 2020.

3 World Bank, '[COVID-19 to Plunge Global Economy into Worst Recession since World War II](#)', June 2020.

4 UN News, '[World Bank Expects Global Economy to Expand by 4percent in 2021](#)', January 2021.

5 Christoph Lakner et al., 'Impact of COVID-19 on Sustainable Development Goal Progress from a Statistical Perspective' (World Bank, January 2021).

6 Lakner et al.

7 IOM, 'Integrating Migration into Covid-19 Socio-Economic Response - A Toolkit for IOM Programming', September 2020.

8 OECD, '[What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?](#)', October 2020.

9 *ibid.*

10 UNCDF, 'The Impact of Covid-19 on Migrants and Their Families', October 2020.

11 International Labour Organisation, '[Social Protection Responses to the COVID-19 Crisis in the MENA/Arab States Region](#)', July 2020.

12 UNODC, '[How Covid-19 Restrictions and the Economic Consequences Are Likely to Impact Migrant Smuggling and Cross-Border Trafficking in Persons to Europe and North America](#)', May 2020.

13 UNHCR, '[Coronavirus Outbreak - General Situation](#)', 2020.

Even prior to the onslaught of the pandemic, the rate of extreme poverty in the Middle East and North Africa (MENA) nearly doubled in recent years from 3.8 per cent in 2015 to 7.2 per cent in 2018. This was the region's second successive rise in extreme poverty, which had jumped from 2.3 per cent in the period up to 2015.¹⁴ According to recently released World Bank projections, COVID-19 threatens to push an additional three million people in the region into extreme poverty.¹⁵ Many countries in the region confronted several ongoing socio-economic challenges before the pandemic. This included high unemployment rates, extreme and growing levels of inequalities and weak or damaged public service with impacts of protracted conflict often amplifying these problems, resulting in the loss of life, destruction of property and critical infrastructure, and driving some of the world's largest displacement stocks.

In line with global trends, the MENA region has exhibited a high level of vulnerability to the devastating impacts of COVID-19. Across the region, the pandemic has exacerbated structural issues and exposed systemic vulnerabilities across societies, institutions and economies. The combined effects of this have undermined human security, increased pre-existing vulnerabilities for many communities, and decreased resilience to shocks, such as COVID-19.

The MENA region economic growth is estimated to have contracted by five percent in 2020. This contraction adds to already-slowing growth in the past years and compounds pre-pandemic per-capita income losses.¹⁶ Externalities, such as the global drop in oil prices – partly driven by the impact COVID-19 has had on industry and travel – have compounded the shrinking fiscal and monetary space, creating a double shock that will have deep and multifaceted consequences.

Overlaying this context, the MENA region is witness to complex and diverse mobility patterns – including labour migration, forced displacement and large-scale mixed migration flows in the Gulf of Aden and in North Africa often characterized by high numbers of irregular migrants. International, regional and national differences have resulted in diverse migration realities and varied mobility dynamics. The Arab world alone hosts about 23 million skilled and semi-skilled labour migrants in various sectors including construction, maintenance, retail and domestic service.^{17 18}

Concurrently, protracted crisis situations and conflict has resulted in an estimated 12.5 million people living in internal displacement¹⁹ and more than 8 million people living in cross border displacement.²⁰ Displacement can result in reducing available resources and assets, increasing the risk of impoverishment, abuse, and exacerbating pre-existing vulnerabilities. This is amplified when displacement is accompanied by the destruction of homes, livelihoods, and assets, which is often the case, and/or when displacement is unresolved for protracted periods of time or recurrent.

In different ways, migrants and displaced populations are highly vulnerable to the socio-economic impacts of COVID-19. Throughout the region, migrants and displaced populations' access to livelihoods opportunities and employment decreased.^{21 22} Besides, the anticipated decline in remittance flows to the MENA region – expected to reach as much as 20 percent in 2020²³ – will likely heighten vulnerabilities. In some of the most fragile contexts, such as Yemen, remittances from abroad constitute a critical form of income for many displaced people, who will fall further into poverty if the situation remains unchanged in the coming months.²⁴ This is even more critical considering that most migrants and displaced persons in the region are excluded, or suffer from access barriers to, social protection systems and social distancing measures make the delivery of humanitarian assistance increasingly difficult.^{25 26}

14 World Bank, *Poverty and shared prosperity 2018: piecing together the poverty puzzle*. World Bank, Washington, DC (2018)

15 World Bank, *Poverty and shared prosperity 2018: piecing together the poverty puzzle*. World Bank, Washington, DC (2018)

16 World Bank.

17 Estimates for this figure cover Bahrain, Iraq, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates and Yemen only. Therefore, migrants in the MENA region (as understood in IOM's definition) are more numerous than the 23 million figure included here.

18 ILO, *'Labour Migration in the Arab States'*, 2017.

19 Internal Displacement Monitoring Centre, *'GRID 2020: Global Report on Internal Displacement - Middle East and North Africa'*, 2020.

20 UNHCR, *'Regional Summaries - Middle East and North Africa'*, 2019.

21 International Organisation for Migration, *'Covid-19 Mobility Tracking #3. Impact on Vulnerable Populations on the Move in Libya – DTM'*, July 2020

22 German Institute for Global and Area Studies, *'COVID-19 in the Middle East and North Africa and Its Impact on Migration'*, 2020.

23 World Bank, *'Migration and Development Brief: COVID-19 Crisis through a Migration Lens'*, April 2020.

24 Iona Craig, *'In Yemen, Families Suffer as COVID-19 Dries up Money from Abroad'* (The New Humanitarian, June 2020)

25 UNHCR, *'Displaced and Stateless Women and Girls at Heightened Risk of Gender-Based Violence in the Coronavirus Pandemic'*, April 2020.

26 International Labour Organisation, *'Social Protection Responses to the COVID-19 Crisis in the MENA/Arab States Region'*.

AIM AND STRUCTURE OF THE STUDY

As of now, no study systematically analyses how and to what extent COVID-19 affects the socio-economic outcomes of migrants and displaced populations in the MENA region. This work— along with potential subsequent studies – hopes to contribute to filling this knowledge gap. In particular, it aims to use an evidence-based approach to take stock of how COVID-19 has affected migrants and displaced persons in the region and use this knowledge base for future advocacy and programming.

The study examines the implications of the COVID-19 pandemic on six key pillars, namely (1) Health services and systems during the crisis; (2) Access to social protection and basic services; (3) Economic response and recovery; (4) Macroeconomic response and multilateral collaboration; (5) Social cohesion and community resilience; and (6) Mobility. As further explained in the methodology [Annex X.1.](#), these pillars were adapted from the United Nations Development Programme's (UNDP) framework to evaluate the Immediate Socio-Economic Impact of COVID-19.

[Sections I to VI](#) present the findings of the study pillar by pillar.

Each pillar aggregates existing evidence with reference to a set of socio-economic indicators. When relevant, the findings have been disaggregated according to relevant criteria necessary for context-specific analysis (i.e., humanitarian and non-humanitarian contexts, and different types of mobile populations). [Section VII](#) presents concluding remarks and outlines the knowledge gaps that ought to be filled in subsequent research on the impact of COVID-19 on the socio-economic outcomes of migrants and displaced populations. [Section VIII](#) outlines the valuable role that migrants and displaced persons can play in the recovery and provides a list of recommendations addressed to humanitarian/development actors and civil society organisations.



↑ ©IOM/Yemen



METHODOLOGY

The study involved a desk review of online documents, secondary data analysis as well as ad hoc data collection and analysis of qualitative and quantitative primary data. The below table provides an overview of the methodology. Detailed information is available in [Annex X.1](#).

OVERVIEW OF THE METHODOLOGY				
Inception Phase	<ul style="list-style-type: none"> • Webinar presenting the aim of the study and proposed protocol to IOM Country Offices (COs) in July 2020. • Development of the indicator bank and research protocol, adapting the UN Framework on COVID-19's Immediate Socio-Economic Impact. • Dissemination of the indicator bank to COs for review. • Desk review of relevant open-source documents assessing the socio-economic impact of COVID-19. 			
Data Collection	Mixed-methods data collection between November 2020 and January 2021			
	Iraq Review of existing assessments conducted by Iraq CO since April 2020. Interviews with 3 IOM key informants.	Libya Review of existing assessments collected by Libya CO since April 2020. Interviews with 7 key informants from humanitarian agencies; government & civil society organisations.	Sudan Data analysis of a socio-economic assessment conducted by Sudan CO in January 2021.	Yemen Data analysis of socio-economic assessments conducted by Yemen CO since November 2020.
	Algeria Data analysis of vulnerability assessments conducted by IOM in April 2020. Interviews with 8 IOM key informants.	Egypt Review of secondary data available.	Jordan Interviews with 6 IOM key informants.	Tunisia Data analysis of vulnerability assessments conducted by IOM in April 2020. Interviews with 3 IOM key informants.
	Data coding and analysis Report writing		First draft shared for IOM internal review in February 2021.	
Study Limits	Due to timing and budget constraints, the researchers were unable to rely on a uniform research protocol for each country. Besides, the number of case studies is limited to 8, whereas IOM RO MENA covers 17 countries. ²⁷			

²⁷ Although IOM does not have offices in all these countries, the RO MENA aims to cover the following countries: Algeria, Bahrain, Egypt, Iraq, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen (click [here](#) for more information on IOM's activities in each country).



REGIONAL BACKGROUND:

OVERVIEW OF CASE STUDIES

The study uses evidence from eight countries of the MENA region, namely Iraq, Libya, Sudan, Yemen, Algeria, Egypt, Jordan and Tunisia. Throughout the report, the first four countries are referred to as 'humanitarian contexts', whereas the other four are referred to as 'non-humanitarian'.²⁸

POPULATIONS OF CONCERN			
Country	Populations of concern	Reported number of COVID-19 cases and deaths in general population (mid-February 2021) ²⁹	Total population ²⁹ ³⁰
Iraq	IDPs, returnees and labour migrants	993,000 confirmed cases and 15,060 deaths.	38,400,000
Libya	IDPs, labour migrants and mixed movements ³¹	173,000 confirmed cases and 2,919 deaths.	6,700,000
Sudan	IDPs, labour migrants and mixed movements	33,000 confirmed cases and 2,287 deaths.	41,800,000
Yemen	IDPs, returnees and labour migrants	5,918 confirmed cases and 1,138 deaths.	28,500,000
Algeria	Labour migrants / mixed movements	120,000 confirmed cases and 3,165 deaths.	42,200,000
Egypt	Labour migrants / mixed movements	218,000 confirmed cases and 12,820 deaths.	98,400,000
Jordan	Labour migrants / mixed movements	692,000 confirmed cases and 8,372 deaths.	9,900,000
Tunisia	Labour migrants / mixed movements	289,000 confirmed cases and 9,918 deaths.	11,600,000

²⁸ The researchers label Iraq, Libya, Sudan and Yemen as 'humanitarian contexts', because they are countries, where conflict is going (or recently ended) and where states institutions can be considered as fragile. On the other hand, Algeria, Egypt, Jordan and Tunisia are labelled 'non-humanitarian contexts'. These countries may be affected by external conflict (i.e. Jordan), but are not in conflict. As a result, they do not have internally displaced populations on their territory.

²⁹ The below numbers are citations from WHO estimates in mid-February. Considering the challenges in counting the number of COVID-19 cases and deaths, it is highly likely that these estimates are significantly below actual numbers. However, the authors have decided to cite them in order to have an idea of the magnitude of the phenomenon in each country.

³⁰ Data in this column was gathered from [here](#).

³¹ As per IOM Glossary, mixed movements refer to a movement in which a number of people are travelling together, generally in an irregular manner, using the same routes and means of transport, but for different reasons. People travelling as part of mixed movements have varying needs and profiles and may include asylum seekers, refugees, trafficked persons, unaccompanied/separated children, and migrants in an irregular situation (IOM glossary is available [here](#) for further reference).

I. HEALTH – PROTECTING HEALTH SERVICES AND SYSTEMS DURING THE CRISIS

BACKGROUND – MENA HEALTH SERVICES IN TIMES OF COVID-19

The functionality of health services differs significantly across the region with a broad variation in terms of access, availability and quality. In many humanitarian contexts, years of conflict and violence have weakened healthcare systems capacity to respond to shocks, including COVID-19. For example, before the pandemic, Iraq and Yemen had between 1 and 1.5 hospital bed per 1,000 people – one of the lowest hospital beds per capita globally.³² In Yemen, Libya and Iraq, humanitarian organisations outlined shortages in COVID-19-related equipment (including oxygen cylinders, hospital beds, ventilators, laboratories with testing capacities etc.) as well as challenges in providing quality healthcare in such conditions.^{33 34 35 36} Across many parts of the region, the health sector is chronically understaffed, with several areas having significantly less than the World Bank recommended 4.45 health professionals per 1,000 populations. Further, additional expenditures related to COVID-19 and price fluctuations of COVID-19-specific medical equipment led to an unpredictable and challenging funding landscape.³⁷ Often, this compounded fiscal and liquidity issues, which drove exchange rate fluctuations and impacted the prices of almost all supplies in the country.

Healthcare systems in non-humanitarian contexts across the region have also suffered from chronic issues, such as underfunding and personnel/equipment shortages.³⁸ Although health services have been near saturated since the onset of the pandemic, several countries have endeavoured to adapt to the upsurge in health demands related to COVID-19 seen across the region.³⁹ For example, the Government of Jordan (GoJ) recently built three field hospitals dedicated to COVID-19 patients⁴⁰ and scaled up its testing capacity to reach 70,000 per 1 million inhabitants in August 2020 (more than three times the test ration recommended by the WHO).⁴¹ Besides, the GoJ has already launched a vaccination campaign that includes refugees.⁴² At the time of writing this report, it was still unclear whether migrant workers will also be included in this initiative.

32 World Bank, '[Estimation of Hospital Beds per 1,000 Inhabitants \(Yemen, Iraq, Tunisia, Algeria, Jordan\)](#)', 2017.

33 IOM, 'A Strategic Framework for an Immediate Socio-Economic Response to Covid-19 in Yemen (Draft Version)', August 2020.

34 Iraq Health Cluster, 'Health Cluster Bulletin - Bulletin N°8', August 2020.

35 Health Sector, '[Libya Health Sector Bulletin](#)', November 2020

36 World Health Organisation, '[WHO Deplores Deaths of Health Care Workers in Yemen](#)', 2015.

37 Health Sector, '[Responding to Multiple Emergencies in Sudan](#)', 2020.

38 OECD, '[COVID-19 crisis Response in MENA Countries](#)', June 2020.

39 OECD.

40 Neha Bhatia, '[Egypt and Jordan Step up Covid-19 Efforts](#)' (Middle East Business Intelligence, November 2020).

41 OECD, '[COVID-19 crisis Response in MENA Countries](#)'.

42 UNHCR, '[UNHCR - Refugees Receive COVID-19 Vaccinations in Jordan](#)', accessed 28 January 2021.

1. ACCESS TO FUNCTIONAL HEALTH

SERVICES

A growing body of evidence suggests that the pandemic made health facilities less accessible to migrants and displaced persons in the MENA region. Several pandemic-specific challenges and constraints have impacted access to health services.

- **Limited financial resources**

Legally, public health care coverage in many countries of the region is universal and either provides assistance for free or at nominal rate.⁴³ However, public health services are regularly overstretched, meaning that migrants and displaced populations often resort to private healthcare or health services provided by humanitarian actors when available. With COVID-19 impacting the continuation of essential healthcare services, migrants and displaced populations were often unable to pay for private medical services and securing essential care. As outlined in [Pillar 3](#), COVID-19 has severely impacted migrants and displaced persons' ability to generate and/or maintain financial savings. Against this backdrop, key informants reported that individuals were less able to pay for medical services compared to before the COVID-19 pandemic. This is particularly problematic in humanitarian contexts, where a diverse range of issues impacted access to health services for migrants and displaced populations. For example, in Libya, a recent report by the Norwegian Refugee Council (NRC) notes that the main barrier to accessing health services⁴⁴ is the inability to pay the fees required at medical facilities and/or the cost of the required medication, as cited by 52 percent of displaced individuals surveyed. Concurrently,



in Yemen, 13 percent of the individuals surveyed by the Yemen Polling Centre/IOM cited high transportation costs as the biggest impediment to accessing health facilities.⁴⁵

- **Discrimination against migrants and displaced persons in health facilities**

Across the region, key informants felt that the pandemic was likely to increase discrimination against migrants in terms of access to health facilities and services. They outlined that, with the pandemic, less hospital beds were available to nationals; meaning that migrants, who are often perceived as lower priority, were less likely to be granted access to them or incorporated into health responses, including the rollout of national vaccination strategies. According to some key informants, even before the pandemic, migrants experienced varying degrees of discrimination when seeking assistance in health facilities, based on their status as mobile populations; this trend is likely to be amplified when health resources experience increased pressure.

- **Lack of available transportation**

For varied reasons, migrants and displaced populations across the region face challenges in reaching health facilities. In humanitarian contexts, access to health facilities is heavily constrained by ongoing conflict, inter-community tensions, lack of transportation or poor transport infrastructure. For instance, 17 percent of Yemenis⁴⁶ surveyed by the Yemen Polling Centre/IOM noted that the lack of available transportation was the greatest barrier to accessing health facilities.⁴⁷ In non-humanitarian contexts, key informants expressed the opinion that migrants living in very remote areas also face difficulties in accessing health facilities. Due to movement restrictions, including curfews and lockdowns, key informants reported that travel to health facilities was more difficult as a result of COVID-19. However, with data currently available, it is not possible to quantitatively confirm this trend.

- **Fear of being reported to authorities**

In several contexts, it was highlighted that irregular migrants were likely to avoid any movement – including to health facilities – for fear of being detected by law enforcement officers. Key informants outlined cases of migrants who refused to go to public health facilities for fear that health personnel would report their case to national authorities.

43 KII with IOM personnel in Iraq, Tunisia, Algeria, Jordan and Egypt.

44 Norwegian Refugee Council, '[Downward Spiral: The Economic Impact of COVID-19 on Refugees and Displaced People](#)', 2020.

45 Yemen Polling Centre - IOM, 'Transitional and Recovery Assessment (Seven Governorates)', November 2020.

46 This survey was conducted with general population, not specifically displaced persons or migrants.

47 Yemen Polling Centre - IOM, 'Transitional and Recovery Assessment (Seven Governorates)'.

2. LEVEL OF PUBLIC AND PRIVATE AWARENESS

Across the region virtually all migrants and displaced populations were aware of the existence of COVID-19, even if they were living in remote locations. They outlined that relevant information about the disease was available through different sources including TV, radio, internet as well as leaflets distributed by the state, NGOs/INGOs, UN agencies, etc.

However, preliminary evidence suggests that knowledge of the disease and its effects differs significantly according to the geographical location and type of population. About 60 percent of IDPs surveyed by IOM in Iraq in April 2020 knew the procedures to follow to limit the risk of infection or when an individual in their household presented with COVID-19 symptoms (i.e. seek for medical assistance and/or quarantine).⁴⁸ However, some displaced individuals in other settings have highlighted that despite feeling informed in general about the disease, they needed additional information on how to keep themselves healthy, how to identify symptoms, and where to get tested for COVID-19.⁴⁹ Further, some key informants witnessed behaviours which can be interpreted as a lack of knowledge about how the disease is communicated (i.e. exchanging masks with another individual).

Limitations on available data makes it difficult to determine exactly which mobile population or which contexts are most in need of additional information about the disease. However, several informants have outlined that, in their experience, migrants who did not speak the language of their host country were likely to have less information than other mobile groups. It was also noted that migrants who had already been in contact with other communicable diseases (such as Ebola) were more likely to be aware of how the disease spreads. These individuals were also more likely to implement good hygiene practices compared to communities who experienced an epidemic for the first time.

3. IMPACT OF COVID-19 ON HEALTH OUTCOMES

With the true number of COVID-19 cases and deaths amongst mobile populations remaining unknown, it is impossible to determine whether the COVID-19 infection rates of migrants and displaced populations is different from the general population. However, given existing vulnerabilities and barriers to access health services, it is likely that migrants and displaced populations' health outcomes have been disproportionately impacted by

the pandemic compared to other demographics in the general population. It can also be concluded that, due to living conditions in overcrowded spaces, migrants and displaced persons are at higher risk of contracting the disease. Beyond this, migrants and displaced populations' health outcomes are also impacted by the direct or indirect effects of the pandemic.

- **The pandemic decreased mobile populations' revenues, thereby affecting their ability to afford essential health items or pay for privately provided health services.** Several key informants witnessed cases of migrants who, due to loss of livelihood or reductions in income, were unable to afford their medication for chronic diseases or delayed visits to doctors/hospitals because they could not afford them. According to the same informants, delays in accessing treatment sometimes exposed migrants with benign diseases to develop more severe forms of the pathology.
- **The pandemic led many medical services to refuse admission to non-COVID-19 patients, due to limited capacity.** In some cases, the additional strain COVID-19 placed on health facilities resulted in their closure to non-COVID-19 patients. This significantly impeded the continuation of essential medical services and case management, reducing access to medication and services for chronic conditions or other emergencies.⁵⁰ In several countries across both humanitarian and non-humanitarian contexts, overstretched capacities resulted in the de-prioritisation of routine services, such as children immunisation as well as maternal, child and reproductive health services, likely generating longer-term health outcomes for concerned populations.^{51 52} Considering the pre-existing access constraints experienced by migrants and displaced persons in health facilities, it is likely they are particularly vulnerable to this.
- **Some of the public health measures put in place to help reduce the spread of COVID-19, such as quarantines and prolonged lockdowns, had a negative impact on the mental and psychological health of migrants and displaced persons.** Virtually all key informants agreed that demand for mental health and psycho-social support (MHPSS) had increased since the start of the pandemic. Supplying such services is particularly challenging in humanitarian contexts, where the psychological impact of COVID-19 can compound the ongoing impact of crises and conflict, as they are often barely available. A nationwide survey conducted in Yemen recently outlined that less than one percent of the general population could access psychological support in their area.⁵³

48 IOM Iraq, 'Covid-19 Impact Survey Main Findings', April 2020.

49 Norwegian Refugee Council, 'Downward Spiral: The Economic Impact of COVID-19 on Refugees and Displaced People'.

50 KII with IOM Iraq medical personnel

51 Emadeddin Badi, 'Libya and COVID-19: How the Pandemic Has Affected Migrants, Refugees and Internally Displaced Persons' (ICMPD, 2020).

52 KII with IOM Tunisia and Algeria medical staff

53 Yemen Polling Centre - IOM, 'Transitional and Recovery Assessment (Seven Governorates)'.



II. PROTECTING PEOPLE – SOCIAL PROTECTION AND BASIC SERVICES

1. AVAILABILITY AND ACCESS TO BASIC GOODS AND SERVICES

For years, conflict, limited financial resources, and discrimination put a strain on mobile populations' access to basic goods and services. **Preliminary evidence suggests that COVID-19 further impeded migrants and IDPs' access to several basic goods and services.**

ACCESS TO MARKETS AND AVAILABILITY OF BASIC GOODS.

Across humanitarian contexts, border closures and movement restrictions have disrupted supply chains, inducing bottlenecks to procure basic goods including medications and perishable goods such as fruits and vegetables.^{54 55 56} In total, 27 percent of displaced individuals surveyed by NRC in Yemen reported physical access constraints to local markets. From this number, a significant portion (33 percent) noted these constraints were due to COVID-19 lockdowns or mobility restrictions. Participants in the same survey also outlined a reduction in access to essential goods, with several of these confirmed as unavailable. These included medical items (50 percent), food items (46 percent), and shelter items (19 percent).⁵⁷ COVID-19 thus compounds the pre-existing lack of access to essential goods and services across Yemen for conflict-affected communities, including IDPs and vulnerable migrants. In Iraq, small and medium enterprise (SME) business owners – including IDPs – reported significant constraints in accessing raw materials or inputs. In June 2020, more than half of the business owners surveyed reported that some materials were impossible to purchase over the preceding months.⁵⁸ Concurrently, many informants outlined that increased prices and reduced purchasing power meant that, overall, migrants and displaced populations are less able to access basic goods today than before the pandemic. **Overall, evidence suggests that the COVID-19 pandemic has significantly stressed local markets, disrupting both access to markets and availability of basic goods across humanitarian contexts in the MENA region.**

This situation contrasts with that of non-humanitarian contexts. In Algeria, Jordan and Tunisia, it was reported that COVID-19 had a minimal impact on supply chains and the availability of basic goods.⁵⁹ They also stated that there have been no significant shortages in basic commodities, such as food and medications. The primary challenge for migrants (including irregular migrants) brought by the pandemic is a loss of their purchasing power caused by reductions in income and livelihood opportunities. This has limited the affordability basic goods and commodities. **Overall, the pandemic moderately disrupted access to markets and availability of basic goods in non-humanitarian contexts.**

EDUCATION

In humanitarian contexts such as Sudan, Libya or Yemen, access to schools and universities has been heavily restricted since the outbreak of the pandemic. Informants in Sudan reported that about 40 percent of schools and other educational services were closed in their locality due to the pandemic.⁶⁰ The situation in Yemen appears to be similar with education services completely halted between mid-March and September 2020. One effect of school resumption is that schools are overcrowded, with a average classroom size that exceeds 80 students, meaning that practicing social distancing is practically impossible.⁶¹ The COVID-19 situation amplifies pre-existing stress on education systems across many humanitarian settings in the region, with protracted conflict and economic fragility undermining educational gains. For instance, even prior to the pandemic, the public budget deficit in Yemen since 2016 had disrupted the payment of public sector salaries, preventing the payment of teachers' salaries in around 10,000 schools. This has further restricted access to education for an estimated 3.7 million children.⁶² **Against this backdrop, it is reasonable to conclude that the pandemic has been extremely disruptive to education systems in humanitarian contexts, aggravating pre-existing issues that have significantly impeded access to quality education for millions.**

54 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)', December 2020.

55 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq', June 2020.

56 IOM Yemen, 'Market and Livelihoods Assessment in Aden, Lahj, Taiz, Hadramout and Mareb', November 2020.

57 Norwegian Refugee Council, 'Yemen COVID-19 Impact Assessment', July 2020.

58 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

59 Kils with IOM staff from all three countries

60 IOM DTM Sudan, 'COVID-19 Socio-Economic Impact on Migrant, IDP and Returnee Communities in Sudan (Selected Localities in West Darfur)', n.d.

61 IOM Yemen, 'Market and Livelihoods Assessment in Aden, Lahj, Taiz, Hadramout and Mareb'.

62 Kenji Ohira and Tahani Saeed, 'Yemen: The Struggles of a Teacher amidst Conflict' (UNICEF, 2018).

Schools and universities in non-humanitarian contexts also closed for significant periods of time. That being said, in some contexts such as Jordan and Tunisia, ministries of education put in place online education platforms to ensure continuity in access to education. However, these were not always available to migrants who often lacked the necessary equipment or an adequate space for learning at home or suffered language constraints. Although the evidence is limited, this suggests that, **overall, COVID-19's disruption to education services in non-humanitarian contexts is significant, although less severe than in humanitarian contexts.**

BANKS AND FINANCIAL INSTITUTIONS

Throughout the region, access to banks, credit and financial institutions – both for mobile and resident populations – is a long-standing issue.⁶³ In most countries across the region, only a very limited share of the population has a bank account and/or access to credit and loans. Despite growing evidence that access to financial tools at critical moments can be a powerful catalyst for strong and inclusive economic growth, migrants and displaced persons in the MENA region rarely have access to such services through formal financial service providers.⁶⁴ **However, at this stage, there is not sufficient data available in the region to determine the effects of the pandemic on migrants and displaced persons' access to banks, financial institutions and opportunities for financial inclusion.**

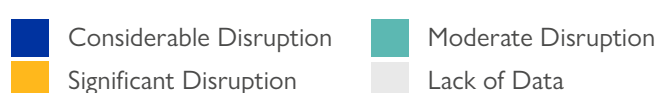
WATER, SANITATION AND HYGIENE (WASH).

Access to clean water and sanitation services is a critical challenge impacting health and livelihood outcomes for conflict-affected and displaced populations. For example, in Sudan, only a third of households have access to water and sanitation services, with significant inter-state and rural to urban disparities.⁶⁵ In Iraq, 41 percent of IDP households surveyed reported facing problems related to water access.⁶⁶

In humanitarian contexts, preliminary evidence suggests that COVID-19 has worsened access to clean water. In total, 25 percent of respondents to an NRC survey in Yemen stated that their ability to access water through their main source has been negatively affected due to COVID-19. Respondents indicated that their concerns regarded the quantity and quality of water as well as their inability to afford the cost of purchasing water. In total, 46 percent of respondents reported that there was also an increase in the cost of water since the outbreak of the pandemic.

Key informants reported that the increase in cost was particularly problematic in displacement settings, where water is often trucked to locations, due to the lack of potable ground water. Beyond this, key informants across multiple humanitarian settings reported that it was sometimes impossible to implement infection risk mitigation measures, such as social distancing, at communal WASH facilities, especially in crowded settings with limited service provision, including camps.⁶⁷ **Overall, the pandemic significantly disrupted access to WASH services in humanitarian settings. In non-humanitarian contexts, data does not allow the researchers to determine whether COVID-19 has positively or negatively influenced migrants' access to WASH facilities and services.** Key informants outlined that migrants were more aware of good hygiene as a result of awareness campaigns. However, on the other hand, several informants also stated that the economic impact on purchasing power could result in a reduced capacity to purchase hygiene-related items.

Type of context	Humanitarian	Non-Humanitarian
Access and to markets and availability of basic goods	Considerable Disruption	Moderate Disruption
Education	Considerable Disruption	Significant Disruption
Banks and financial institutions	Lack of Data	Lack of Data
WASH	Considerable Disruption	Lack of Data



63 Shops Plus for USAID, 'Digital Financial Services in the MENA Region', 2020.

64 Alliance for Financial Inclusion, 'Financial Inclusion of Forcibly Displaced Persons: Perspectives of Financial Regulators', 2017.

65 UNICEF Sudan, 'Water, Sanitation and Hygiene - Ensuring That All Sudanese Children Have Access to Clean Water and Basic Sanitation', n.d.

66 REACH Initiatives, 'Addressing the Protracted Water Crisis in Iraq with Nationwide WASH Assessments', September 2020.

67 IOM Libya DTM, 'A Long Way from Home, Migrants' Housing Conditions in Libya', 2020.

2. ACCESS AND AVAILABILITY OF SOCIAL PROTECTION SCHEMES AND/OR HUMANITARIAN ASSISTANCE

Migrants, particularly irregular migrants, are oftentimes excluded from national social protection mechanisms.⁶⁸ Similarly, issues such as limited state capacity to provide social safety nets or loss of civil documentation can impact IDPs' access to state-managed protection systems. **Overall, it was perceived that access to social protection for mobile populations in the region is oftentimes difficult.**

Humanitarian organisations endeavour to fill this gap by providing life-saving assistance. However, they faced significant constraints, such as underfunding, security and access limitations, which impact their ability to provide assistance to vulnerable migrants and displaced populations. Despite growing humanitarian needs globally, as illustrated by the continued publishing of Humanitarian Response Plans (HRPs) that highlight gaps between needs and resources, donor contributions to the Global Humanitarian Overview (GHO) for 2020 covered only 48 percent of funding needs.

Key informants shared the perception that COVID-19 has placed an additional strain on humanitarian organisations' ability to deliver life-saving assistance. In many of the humanitarian settings where data collection occurred, COVID-19 compounded multiple, concurrent and ongoing crises. The impact of the pandemic on humanitarian assistance has been multifaceted. Several organisations have needed to suspend, delay or modify planned activities significantly to limit the spread of COVID-19 and protect populations of concerns. In countries where infection prevention and control measures have been particularly strict the suspension of essential activities (i.e. evacuation flights or repatriation flights, refugee registration services, in-kind/cash distributions, psychological services) lasted for several months.^{69 70}

To ensure continuity of services and case management, many humanitarian and development organisations exerted significant effort to adapt their delivery modalities during the first year of the pandemic. Key examples include running hotlines with beneficiaries to relay information on COVID-19-related health risks and good hygiene practices,⁷¹ scaling up cash transfers at ATMs to limit human contact, favouring digital platforms for training or modifying distribution schedules to avoid queues.^{72 73} **That being said, it is unlikely that these modifications in programming will completely offset the reallocation of funds⁷⁴ away from key humanitarian projects towards dealing with the pandemic.**



↑ ©IOM/Egypt

68 International Labour Organisation, 'Social Protection Responses to the COVID-19 Crisis in the MENA/Arab States Region'.

69 UNHCR Libya, 'UNHCR's Life-Saving Flights from Libya Resume after Seven-Month Suspension', October 2020.

70 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)'.

71 Action Contre la Faim (ACF), 'Iraq and Jordan: Adapting Our Humanitarian Aid in Times of COVID-19', May 2020.

72 United Nations, 'Global Humanitarian Response Plan: COVID-19', April 2020.

73 Sam Mednick, 'Adapting Humanitarian Aid during COVID-19: 3 Country Directors Explain' (Devex, July 2020).

74 Prithi Iyer, 'Challenges for Humanitarian Aid in the COVID-19 Age' (Observer Research Foundation (ORF), October 2020).

III. ECONOMIC RESPONSE AND RECOVERY – PROTECTING JOBS, SME ENTERPRISES AND INFORMAL SECTOR WORKERS

1. ACCESS AND AVAILABILITY OF EMPLOYMENT AND INCOME GENERATING OPPORTUNITY

The pandemic and its associated infection prevention and control measures significantly decreased migrants and displaced persons' access to employment and income-generating opportunities. Employment (or lack thereof) constituted a significant source of stress and concern for migrants and displaced persons during the pandemic. Data gathered in several assessments illustrates that migrants and displaced persons are often more concerned by loss of income and its negative outcomes than the health implications of the pandemic.⁷⁵ It was also highlighted that loss of employment opportunities often resulted in migrants and displaced persons being unable to pay rent (sometimes leading to eviction); inability to meet basic needs; increased food insecurity, and exploitation in the workplace.⁷⁸

OVERVIEW OF CHANGES IN MIGRANTS' AND DISPLACED PERSONS' EMPLOYMENT AND INCOME SINCE THE OUTBREAK OF THE PANDEMIC

Iraq	The employment rate of the general population in SMEs decreased by 27 percent between February and June 2020. ⁷⁹
Libya	Data shows that, before COVID-19, the majority of IDPs (64 percent) and migrants (85 percent) were engaged in some form of paid work. While most of both groups stated that they continued to be engaged in paid labour, the percentage for IDPs dropped from 64 percent pre-COVID-19 to 60 percent in January 2021. ⁸⁰ In total, 65 percent of migrants and IDPs reported being unable to carry out job as before, though they were still employed. Meanwhile 20 percent of migrants and nine percent of IDPs reported that they had lost their job or did not receive their salary. Amongst migrants who relied on daily labour opportunities, the vast majority (93 percent) reported they had been negatively affected by COVID-19 induced slowdown in economic activities. ⁸¹
Sudan	The pandemic as well as restrictions on human mobility have a severe impact on populations' ability to earn a livelihood. 48 percent of IDPs surveyed by IOM reported greater levels of unemployment since the beginning of the pandemic. ⁸² In Darfur, it was reported that IDPs seasonal movement to rural areas for the farming season was significantly reduced due to the restrictions on movement imposed, which may result in loss of livelihood, revenue and decrease in food production. Pastoralists living in the region are also now unable to move to places where they can swamp their cattle. It was highlighted that, in turn, this may lead to the fast spread of diseases among cattle, meaning a significant economic loss for pastoralists and Sudanese economy. ⁸³
Yemen	In total, 60 percent of survey respondents indicated they lost their source of income due to the closure of businesses, movement restrictions or the lack of customers, suggesting a significant impact on local SMEs. ⁸⁴
Tunisia	In Tunisia, a survey conducted early after the start of the pandemic (May 2020) reveals that the proportion of migrants employed dropped from 66 percent in February 2020 to nine percent in May 2020. ⁸⁵
Algeria, Jordan and Egypt	Data available does not allow us to quantitatively determine the impact of COVID-19 on migrants' employment rates and access to livelihood in both countries. However, IOM case workers interviewed reported an increased demand for assistance, justified with the loss or reduction of employment opportunities. ⁸⁶

75 IOM Iraq, 'Covid-19 Impact Survey Main Findings'.

76 IOM Tunisia, 'COVID-19 Vulnerability Assessment in Tunisia', 2020.

77 Yemen Polling Centre - IOM, 'Transitional and Recovery Assessment (Seven Governorates)'.

78 Kils with IOM staff

79 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

80 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)'.

81 International Organisation for Migration, 'Covid-19 Mobility Tracking #3. Impact on Vulnerable Populations on the Move in Libya – DTM.'

82 IOM DTM Sudan, 'COVID-19 Socio-Economic Impact on Migrant, IDP and Returnee Communities in Sudan (Selected Localities in West Darfur)'.

83 IOM Sudan, 'Socio-Economic Impact of COVID-19 (Internal Version)', January 2021.

84 IOM Yemen, 'Market and Livelihoods Assessment in Aden, Lahj, Taiz, Hadramout and Mareb'.

85 IOM Tunisia, 'COVID-19 Vulnerability Assessment in Tunisia'.

86 Interviews with IOM staff from Algeria and Jordan

Loss of income induced by COVID-19 has disproportionately impacted some segments of mobile populations. The following categories of migrants and displaced populations are particularly affected:



- **Women.** Preliminary evidence gathered in non-mobile population suggests that women's employment in the MENA region has been particularly affected by the pandemic. Despite female-to-male labour participation gap in the MENA slowly improving, women in the region are often primary carers for their household and their labour participation rates are still among the lowest worldwide.⁸⁷ Estimates from 2020 outlined that women in several MENA countries will be disproportionately affected, losing approximately 700,000 jobs as a result of the pandemic.⁸⁸ These predictions are confirmed in Iraq, where data collected by IOM on the impact of the pandemic on Small and Medium Enterprises (SMEs) showed that the number of women in full-time employment reduced by 50 percent during the pandemic, while the decline in men's employment was only 35 percent over the same period.⁸⁹ Although these estimates do not focus on mobile populations, it can be hypothesised that migrant and displaced women in the MENA are at least as affected as other women by pandemic-related loss of employment.



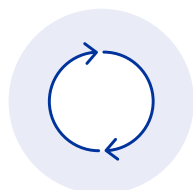
- **Youth.** Youth unemployment in the MENA region reached peaks before the pandemic and can be considered a significant driver of social unrest in the region. According to the ILO, 'younger workers' in the MENA are disproportionately affected by the pandemic. The survey outlines that about a quarter of 18 to 24 year olds reported losing employment as a result of COVID-19.⁹⁰ Although this assessment does not focus on mobile youth, it can be considered that migrant and displaced youth, who historically constitute a large number of mobile flows in the region, are likely to be similarly affected by the pandemic.



- **Irregular migrants.** Irregular migrants have made up a significant proportion of the informal sector across the MENA region.⁹¹ Several key informants outlined that, because of their lack of legal status, they were more likely than other migrants to lose their jobs or be exploited by employers. Key informants noted that following the start of the pandemic, some employers in sectors that employed a lot of irregular migrants (i.e. construction or factories) had reduced the salaries of irregular migrants to mitigate the impact of the economic downturn. This was prompted by the fact that nationals of countries in question, who lost their jobs over the pandemic, now applied for jobs in sectors previously reserved to irregular migrants; thereby increasing available labour and further reducing average wages for all.



- **Migrants recently arrived in country and/or in transit.** Research at the global level suggests that migrants are more resilient to economic shocks when they have access to already established networks.⁹² Data collected for this study verifies this trend. For instance, it was reported that, in Libya, individuals who were in transit for short-term or middle-term stay were the most affected by the contraction of the labour market, because they were not able to rely on any other networks.⁹³



- **Returnees to country of origin.** Returnees are often in need of assistance in order to reintegrate in their country of origin. Several key informants have outlined that these individuals will require specific assistance, at least during the initial few month, as they are likely to be unemployed and/or experience financial hardship.⁹⁴

87 OECD Policy Responses to COVID-19, '[COVID-19 Crisis in the MENA Region: Impact on Gender Equality and Labour Participation](#)', June 2020.

88 UN Women and UNESCWA, '[The Impact of COVID-19 on Gender Equality in the Arab World](#)', 2020.

89 IOM Iraq, 'Covid-19 Impact Survey Main Findings'.

90 International Labour Organisation, '[Synthesis Review of ILO Experience in Youth and Women's Employment in the MENA Region](#)', 2018.

91 Diego Angel-Urdinola and Kimie Tanabe, '[Micro-Determinants of Informal Employment in the MENA Region](#)', 2012.

92 Bridget Anderson, Friedrich Poeschel, and Martin Ruhs, '[COVID-19 and Systemic Resilience: What Role for Migrant Workers?](#)' (IOM, 2020).

93 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)'.

94 Interviews with IOM staff in Jordan

2. CHANGES IN BUSINESS

ENVIRONMENTS DUE TO COVID-19

Data collected since the start of the pandemic suggests that COVID-19 and associated IPC measures have put a significant strain on the productivity and health of key businesses. In Iraq, business owners reported that sales had reduced by an average of 71 percent between 24 March to 21 April 2020 due to COVID-19. Concurrently, business owners experienced a 51 percent reduction in production and a 79 percent reduction in weekly revenues.⁹⁵ By September, 36 percent of SME owners surveyed had been forced to seek additional financial support from friends or family with an estimated 80 percent of them doing so to counter the financial impact of COVID-19.⁹⁶ A total of 30 percent of business owners surveyed in Libya cited that they

had suffered from drops in investments as a result of the pandemic while 31 percent confirmed they had encountered issues with clients paying their bills and 35 percent had been forced to lay-off employees. In Sudan, around 26 percent of IDP business owners also reported a decrease in productivity due to employee absences caused by sickness or fear of sickness with a further 11 percent noting large volumes of raw material and stock expired before sale. From the IDP-owned businesses surveyed, 70 percent of them reported that local businesses were struggle with around 59 percent reporting they were likely to close.⁹⁷ **Overall, evidence suggests that SMEs and businesses more generally have been severely affected by the pandemic.** That said, the impact of the pandemic is not uniform across all business sectors.

The below table provides an overview of the impact of the pandemic on key business sectors per country.



↑ ©IOM/Iraq

95 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

96 IOM, FAO and ITC Joint Study, 'Panel Study II: Impact of COVID-19 on Small- and Medium-Sized Enterprises in Iraq', September 2020.

97 IOM DTM Sudan, 'COVID-19 Socio-Economic Impact on Migrant, IDP and Returnee Communities in Sudan (Selected Localities in West Darfur)'.

OVERVIEW OF BUSINESS SECTORS MOST AFFECTED BY THE PANDEMIC

Iraq	Between February and June 2020, Iraqi production decreased by 67 percent. The medical sector is the only sector surveyed that has not been negatively impacted by the pandemic. Comparatively, the manufacturing and textile sector experienced a 31 percent decrease in production; the hospitality sector experienced a 34 percent decrease in production while the education and technology sector experienced a 77 percent decrease in production, illustrating significant impact on business health and resilience. ⁹⁸
Yemen	The restrictions imposed to slow the spread of COVID-19's has worsened Yemen's formal and informal private sector with productivity hit in both supply and demand. With current data available, it is not possible to quantify the impact of COVID-19 on key sectors. However, preliminary evidence suggest that the agricultural and fishery sectors, two key sectors for the country's economy, have been particularly affected by movement restrictions, increase in transportation costs and border closures. ⁹⁹
Algeria	There is not sufficient data available to determine the extent to which key sectors have been impacted by COVID-19. However, key informants emphasised that key sectors in which migrants were employed prior to the pandemic including construction, hospitality, tourism, hair dressing and manufacturing have been hard hit by the pandemic and associated mobility restrictions.
Egypt	Economic activity was negatively impacted by social distancing measures, the temporary closure of borders and the closing of some shops and businesses. ¹⁰⁰ The services sector, which is one of the largest sectors in the Egyptian economy, has been hit hardest, falling by 10.9 percent. Sub-sectors that are most impacted include transportation, hotels and food services, entertainment, recreation and sports activities. The industry sector also fell by an estimated 8.3 percent. The most impacted sub-sectors include textile and clothing and construction. Comparatively, the agriculture sector has proven resilient to the impacts of the pandemic ¹⁰¹
Jordan	All enterprises surveyed by the ILO reported challenges in terms of cash flow, reduced demand and supply and disruption in the value chains as a result of measures to respond to COVID-19. ¹⁰² Only seven percent of surveyed enterprises reported operating as usual at the time of the survey. Twenty six percent of enterprises indicated that under COVID-19 conditions they would be able to stay operational for less than a month. ¹⁰³
Tunisia	Six sectors have been identified as high risk and are expected to be worst hit in Tunisia – tourism/hotels; cafés/restaurants; textiles; mechanical and electric industry; transport; commerce and construction/civil engineering. The pandemic has also been seen to negatively affect those employed informally, mostly found in construction (68 percent); commerce (51 percent); tourism (45 percent) and textiles (43 percent) sectors. ¹⁰⁴

98 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

99 IOM, 'A Strategic Framework for an Immediate Socio-Economic Response to Covid-19 in Yemen (Draft Version)'.

100 World Bank, '[Country Overview](#)'.

101 Clemens Breisinger et al., 'Impact of COVID-19 on the Egyptian Economy: Economic Sectors, Jobs, and Households' (IFPRI - MENA, n.d.).

102 Aragie Kebede et al., '[Impact of the COVID-19 Pandemic on Enterprises in Jordan](#)' (International Labour Organisation (ILO), June 2020).

103 Aragie Kebede et al., '[Impact of the COVID-19 Pandemic on Enterprises in Jordan](#)' (International Labour Organisation (ILO), June 2020).

104 Deeksha Kokas, '[Impacts of COVID-19 on Household Welfare in Tunisia](#)' (World Bank Group - Poverty and Equity Global Practice, December 2020).

3. PRESENCE OF COPING STRATEGIES TO RESPOND TO THE ECONOMIC CONSEQUENCES OF THE PANDEMIC

COVID-19 has severely impacted migrants and displaced populations' ability to earn an income. Against this backdrop, migrants and displaced persons across humanitarian and non-humanitarian contexts were forced to resort to a variety of unsustainable and negative coping strategies, which can increase economic vulnerability in the mid- to long-term.

- **Borrowing money from friends or relatives.** In total, 38 percent of respondents surveyed by IOM Iraq stated they borrowed money from friends or relatives to cover for their basic needs.¹⁰⁵ In Libya, 28 percent of IDPs interviewed by NRC also used this strategy to cover their food, education or rent expenses. In total, 74 percent of respondents also highlighted that local traders were not extending credit lines to local community members to avoid bad debts.¹⁰⁶ In Iraq, 26 percent of SME business owners surveyed also cited informal borrowing as one of the strategies to cope with the difficulties of the pandemic. This represents a steep increase compared to another survey conducted by IOM a month before the start of the pandemic, which found that only six percent had borrowed from a relative.¹⁰⁷ This was raised by informants as particularly problematic considering that displaced persons and migrants in the region are rarely able to access credit.



↑ ©IOM/Iraq

- **Reducing food-related expenses or consumption.** In total, 69 percent of respondents in Yemen outlined they reduced the number of meals they consumed per day.¹⁰⁸ In Libya, 45 percent of IDPs interviewed stated that they either reduced meal sizes or bought less expensive food.¹⁰⁹
- **Reducing other essential expenses.** In Libya, 74 percent of IDPs surveyed by Voluntas/IOM stated, when schools would reopen, they would be less likely to send their children due to the weakened economic situation.¹¹⁰ Several key informants in Tunisia and Algeria outlined that, in order to limit their expenses, IOM beneficiaries often waited until the last moment before getting treatment from a health facility, which contributed to worsening health outcomes.
- **Increased utilisation of savings and/or selling of assets.** Key informants across humanitarian and non-humanitarian contexts agreed that migrants and displaced persons utilised their savings to cope with the immediate impact of the crisis. However, most of these savings are now exhausted and migrants and displaced persons must resort to other coping strategies (i.e. selling their productive assets/property or finding alternative livelihoods). In humanitarian contexts, the situation is particularly acute. An estimated 76 percent of non-Libyans surveyed and 69 percent of Libyan IDPs declared in July 2020 that their savings would sustain them for six months or less.¹¹¹ In Yemen, only 0.5 percent of respondents who were asked about their sources of income reported that they were able to rely on their savings to meet their basic needs.¹¹²
- **Being compelled to accept work (including sex work) under exploitative conditions.** Several informants outlined that migrants were more likely to accept lesser wage or exploitative conditions due to global economic contraction. As a result, these workers are more vulnerable to abuse, violence or exploitation and, in some cases, forced to resort to negative coping strategies such as survival sex, increasing exposure to higher level of risks.

105 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

106 Norwegian Refugee Council, 'Downward Spiral: The Economic Impact of COVID-19 on Refugees and Displaced People'.

107 International Organisation for Migration, 'Impact of Covid-19 on Small and Medium-Sized Enterprises in Iraq'.

108 IOM Yemen, 'Market and Livelihoods Assessment in Aden, Lahj, Taiz, Hadramout and Mareb'.

109 Norwegian Refugee Council, 'Downward Spiral: The Economic Impact of COVID-19 on Refugees and Displaced People'.

110 Norwegian Refugee Council.

111 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)'.

112 Yemen Polling Centre - IOM, 'Transitional and Recovery Assessment (Seven Governorates)'.

IV. MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

1. CHANGES IN MONTHLY PRICE STABILITY FOR BASIC CONSUMER PRICE INDEX

Heavy shocks can impact the stability of economic markets and disrupt supply chains, generating secondary effects on the price stability of basic goods for consumers. Table six indicates how prices of basic goods evolved on a quarterly basis since December 2019.

PRICE OF BASIC FOOD ITEMS (QUARTERLY MONITORING, IN PERCENTAGE POINTS) ¹¹³				
Country	February 2020	April 2020	July 2020	October 2020
Iraq	-11.5	+1.5	+3	-2.5
Libya	-1	-2	+18.5	-6.5
Sudan	+23	+84	+55	+67
Yemen	-2.2	+2.4	+8	+7.6
Egypt	-3.3	-1.7	0	-1
Jordan	+0.5	0	0	-0.75

The above table illustrates that prices are less stable in humanitarian contexts. In Libya, Sudan, and Yemen, prices considerably increased after April 2020, which coincides with the start of the pandemic. Although other factors including ongoing or emergent crises have a significant influence on price volatility, one potential explanation for price spikes after April 2020 is that people started hoarding food for the lockdown periods, thereby creating shortages and a subsequent increase in prices. In Libya, REACH Initiatives noticed such practices and food shortages in 48 percent of the cities surveyed.¹¹⁴ Concurrent to this, agricultural production also decreased significantly due to the pandemic in several contexts including Libya and Tunisia, likely impacting the availability of products and food prices on local markets.¹¹⁵ **Overall, evidence gathered for this research suggests that COVID-19 contributed to increased volatility in the prices of basic food items in 'humanitarian' contexts, much more so than in 'non-humanitarian' ones.**

It also suggests that price control mechanisms are better functioning in non-humanitarian countries. For individuals living in places concerned by price volatility – including migrants and displaced populations – this likely means an overall decrease in purchasing power, potentially resulting in heightened vulnerabilities for poorest households.

Key informants from humanitarian contexts also outlined an increase in the prices of medical and WASH items driven by a spike in demand. REACH confirms this in Yemen, outlining a 13 percent increase in the price of WASH items between July and September 2020.¹¹⁶ WFP also observed a six percent increase in the price of basic WASH items in Iraq between December 2019 and April 2020.¹¹⁷

¹¹³ The table was adapted from data collected by the World Food Programme available [here](#). Percentages are made based on averages of prices of basic food items including rice, sugar, wheat, bulgur, oil, bread, millet, etc. A colour code was also included based on the severity of price instability. Changes between 0 and 5 percent are included in yellow; between 5 and 10 percent in orange; between 10 and 20 percent in red and above 20 percent in dark red.

¹¹⁴ REACH Initiatives, 'Libya COVID-19 Rapid Market Assessment', April 2020.

¹¹⁵ FAO, 'Global Information and Early Warning System - Middle East and North Africa', n.d.

¹¹⁶ REACH Initiatives, 'Supporting the Humanitarian Response to COVID-19', 2021.

¹¹⁷ WFP, 'Iraq Market Monitor Report No. 30', April 2020.

2. CHANGES IN CAPACITY TO SEND AND RECEIVE REMITTANCES

Remittances¹¹⁸ are oftentimes a lifeline for people who receive them. With large-scale job losses reported globally, including in developed economies, this critical lifeline has been drying up. The World Bank estimates that remittance flows worldwide fell by one fifth in 2020. The MENA region is no exception, with an estimated drop of 23 percent overall.¹¹⁹ Yemen is probably the context where, at a macro-level, remittances decreased most, with an 80 percent decrease monitored between January and April 2020 alone.¹²⁰



↑ ©IOM/Tunisia

Since the onset of the pandemic, migrants and displaced populations are less able to send remittances. Due to a drop of income, labour migrants across the region expressed they had reduced capacity to send remittances to networks back home. According to IOM's Displacement Tracking Matrix (DTM) in Libya, 26 percent of surveyed foreign workers in Libya reported sending remittances in July-August 2020, compared to 35 percent in March-April 2020 representing a decline of almost ten percent in a matter of months. It was also noted that migrants in other countries in the region have struggled to send remittances against a backdrop of growing economic pressures. The decline in remittances could be traced not only to a decline in revenues related to COVID-19, but also to other factors including weak oil prices, depreciation of currencies and closure of remittance service providers during lockdowns. In this sense, COVID-19 has compounded other ongoing economic shocks, specifically impacting communities with a high level of risk exposure and low levels of resilience.

The pandemic also led to a decline on the receiving end of remittance channels, often in settings where some of the poorest communities rely on remittances as a significant share of household income. In Libya, more than half of migrants surveyed stated that they received significantly less remittances since the onset of the pandemic.¹²¹ Micro-data suggests that one in ten Yemenis rely wholly on remittances.¹²² As such, any cut in regular remittance flow can push poor individuals to a point of destitution. Beyond the immediate impact on the daily lives of millions, the reduction in remittances in Yemen, along with other factors including the decline in oil prices and production cuts due to COVID-19, contributed to the depreciation of the local currency.¹²³

Recent estimates of remittance outflows in several key countries are encouraging. The World Bank's latest estimate from June 2020 estimated that remittances outflows from key countries in the Gulf are recovering strongly, slowly reaching pre-pandemic levels.¹²⁴

118 Remittances are personal monetary transfers, cross border or within the same country, made by migrants to individuals or communities with whom the migrant has links (For more information, consult the [IOM Glossary](#) on Migration, 2019)

119 World Bank, 'Migration and Development Brief: COVID-19 Crisis through a Migration Lens'.

120 Oxfam International, '[Remittances to Yemen Plummet as Needs Surge amid War and Coronavirus](#)', June 2020.

121 Voluntas for IOM Libya, 'Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya (Draft)'.

122 IOM, 'A Strategic Framework for an Immediate Socio-Economic Response to Covid-19 in Yemen (Draft Version)'.

123 World Bank Group, '[Yemen Monthly Economic Update](#)', June 2020.

124 World Bank Group.

V. SOCIAL COHESION AND COMMUNITY

RESILIENCE

For this study, we use McLean and Smith's definition of social cohesion¹²⁵ according to which, social cohesion has 'horizontal and vertical dimensions.' Under this definition, the horizontal element describes 'the trust, relationships, and interactions among people in a society across divisions such as identity or other social constructs, including race or class'. Vertical cohesion entails 'trust between a government and society. This includes trust in leaders, institutions and processes such as elections, access to justice, taxation etc.'

1. CHANGES IN PERCEPTION OF SECURITY AND SAFETY

Data suggests that COVID-19 may have an impact on migrants and displaced persons security and safety, alongside broader community cohesion and fragility levels, which can in turn impact stability. Several areas related to security and safety were highlighted as the most heavily impacted.

- **Safety incidents in public spaces.** As outlined in the section V.2. tension and discrimination related to COVID-19 exists. It was highlighted that migrants and displaced persons could be at risk of suffering violence based on the perception that they may spread the disease. Cases of physical violence against migrants, due to the perception that they were 'disease carriers' were confirmed during key informant interviews in several countries of the region. In contexts where the presence of migrants or displaced populations is sensitive, it is reasonable to conclude the pandemic could result in increased incidents of blame.
- **Heightened domestic violence risk during lockdowns.** Preliminary evidence gathered at the global level shows that the number incidents of sexual and gender-based violence (SGBV), and domestic violence, increased due to lockdowns since the onset of the pandemic.¹²⁶ Key informants felt that this risk was particularly acute for migrants and displaced populations as they often lived in small and cramped living spaces and lack access to the network or confidence to report these incidents. As movement limitations continue to be enforced across the region, cases of SGBV are likely to increase among migrants and displaced populations residing in congested living spaces.

It is also possible that COVID-19 impacted macro-level security in the region. In Iraq, a study jointly conducted by the IOM and the United Nations Development Programme (UNDP) argues that COVID-19 'provided room for different armed groups and security actors to gain a stronger social presence.' In particular, it points out that certain groups including the Islamic State in the Levant (ISIL) have been able 'to travel more freely and engage in new attacks', as attention was focused on responding to the pandemic.¹²⁷ Despite this, it is still very early to determine whether a causal link exists between COVID-19 and the deterioration of security situation in the region. However, it is critical that such link continues to be monitored closely to ensure stability gains are not undermined by the pandemic.

Broadly speaking, if health systems and basic services are overrun or unresponsive to the needs of affected communities, this can also deepen discontent and trigger civil unrest, undermining the preservation of public order and damaging social contracts. In addition to this, the rise of COVID-19 transmissions in settings that have high levels of pre-existing fragility is likely to deepen pre-existing social and economic grievances. Civil and social unrest across many conflict-affected countries in the MENA region has frequently been driven or sparked by economic frustrations and heightened fiscal fragility could amplify social grievances, negatively impacting some of the most vulnerable demographics, such as IDPs.

125 UNDP and IOM Iraq, 'Impact of COVID-19 on Social Cohesion in Iraq', November 2020.

126 Mansi Vora et al., 'COVID-19 and Domestic Violence against Women', Asian Journal of Psychiatry 53 (October 2020): 102227.

127 UNDP and IOM Iraq, 'Impact of COVID-19 on Social Cohesion in Iraq'.

2. CHANGES IN TENSION AND/OR CONFLICT BETWEEN MOBILE AND HOSTING COMMUNITIES

COVID-19's effect on tensions between mobile and hosting communities appears mixed. Across the region, the effects of conflict-induced crises and natural hazards have overwhelmed systems and services and sometimes undermined localized conflict resolution and management capacities. In many instances, this combination can strain community relations, an outcome that is sometimes amplified when resource scarcity increases. Marginalized communities, which can include migrants and displaced persons, often suffer when inter-community cohesion deteriorates. Before the pandemic, inter-community relations between resident and mobile populations were tense in several areas.^{128 129} Evidence suggests that, to some extent, COVID-19 exacerbated underlying grievances and increase scarcity of resources, placing additional strain on community relationships. Around half of the key informants reported incidents of discrimination against mobile populations linked to COVID-19. Examples include racist language against migrants (i.e. referring to them as 'carriers of contagious diseases'), and physical violence (see [section V.1](#)). In Iraq for example, researchers have also found that the ban on meetings could have increased tensions between IDPs and residents, as it impeded dispute resolution structures from meeting with one another.¹³⁰ Separately, and as outlined in [section III.1](#), transhumance pastoral populations in the border areas of Sudan were also likely to be negatively impacted by mobility restrictions at borders. The inability to move across traditional pastures due to border closures and internal mobility restrictions could increase pressure on local resources and sedentary communities, thereby amplifying the possibility of tension with local farmer communities living along traditional migratory routes.¹³¹

However, in some instances, the outbreak of the pandemic also presented an opportunity for residents to be more empathetic towards mobile populations. In Tunisia several cases of solidarity with migrants were reported, including letting them stay in apartments that they are not able to afford anymore or providing them with baskets of basic goods.¹³² Separately, the use of new technologies also helped overcome barriers to engagement on a larger-scale or national peace processes for traditionally marginalized groups, with some dialogue shifting online and thereby being more inclusive of those who are unable to move due to cultural or social sensitivities.

3. AVAILABILITY OF COMMUNITY-BASED ORGANISATIONS

Anecdotal evidence gathered for this study suggests that, to some extent, migrants and displaced populations benefit from the assistance of community-based organisations or citizen initiatives. In Algeria, youth groups from civil society distributed food and essential goods in neighbourhoods with large migrant populations across several cities,¹³³ while in Tunisia, the landlords of several migrants refrained from evicting them, despite not having received rent for several months, as an act of support.¹³⁴ However, these initiatives are sporadic, unpredictable and oftentimes not sufficient to ensure that migrants and displaced persons are able to meet their basic needs.



↑ ©IOM/Yemen

128 Diwan for IOM Libya, '[Study on the Perceptions of Migrants Among Host Communities in Tripoli and Benghazi](#)', 2020.

129 UNDP and IOM Iraq, 'Impact of COVID-19 on Social Cohesion in Iraq'.

130 UNDP and IOM Iraq.

131 IOM Sudan, 'Socio-Economic Impact of COVID-19 (Internal Version)'.

132 KII with IOM Tunisia staff

133 Raouf Farrah, 'Algeria's Migration Dilemma - Migration and Human Smuggling in Southern Algeria' (Global Initiative Against Transnational Organised Crime, December 2020).

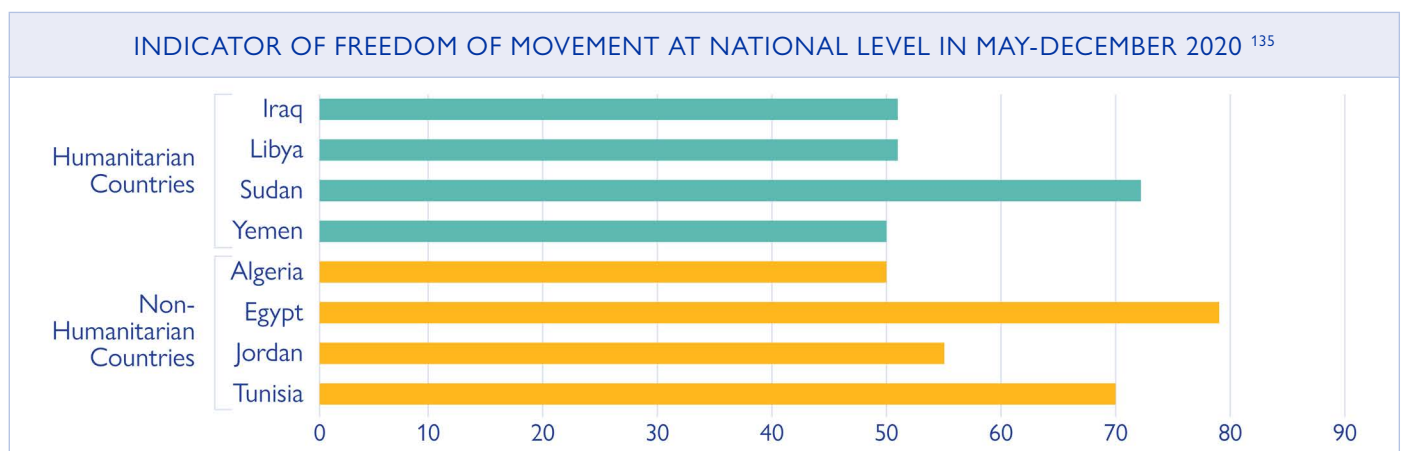
134 Interview with IOM Tunisia staff.

VI. MOBILITY

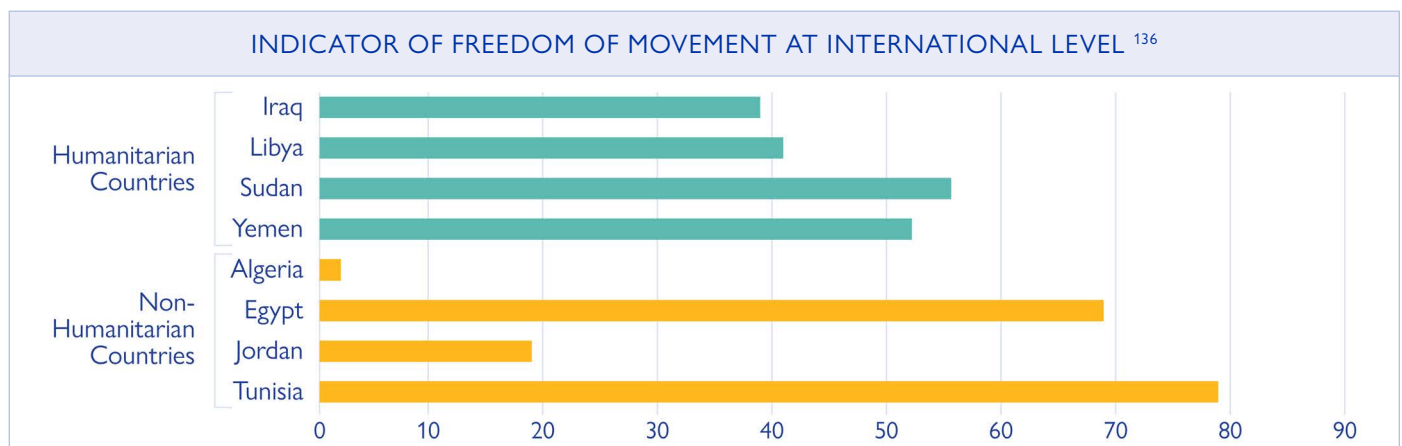
1. CHANGES IN FREEDOM OF MOVEMENT

The current outbreak of COVID-19 has impacted global and regional mobility in the form of various travel disruptions and mobility restrictions. Using data from IOM's Point of Entry (PoE) Monitoring analysis, the researchers developed two indicators to determine which countries have been most impacted by restrictions in freedom of movement implemented to curb the spread of COVID-19.

The first indicator looks at freedom of movement at national level, which assesses the time spent by each country in lockdown/under movement restriction. Countries who spent the least time under lockdown score the higher on freedom of movement indicator. **Results show no significant difference between humanitarian and non-humanitarian contexts.** This suggests that conflict - or post-conflict - is not a determinant for the implementation of the movement restrictions as part of COVID-19 prevention measures. Egypt, Sudan, and Tunisia are the countries with highest degree of freedom of movement internally at least measuring the time spent under complete or partial lockdown.



Based on the operational status of PoEs into each country, (i.e. open, partially closed, closed), the second indicator looks at freedom of movement at the international level. Interestingly, Algeria and Jordan reported very low levels of freedom of movements through PoEs. This was due to the high numbers of fully closed airports, land and seaports that remained consistently closed over the period analysed. With data currently available, it is not possible to determine the specific ways through which these restrictions influenced mobility patterns of migrants and displaced persons in the MENA region.



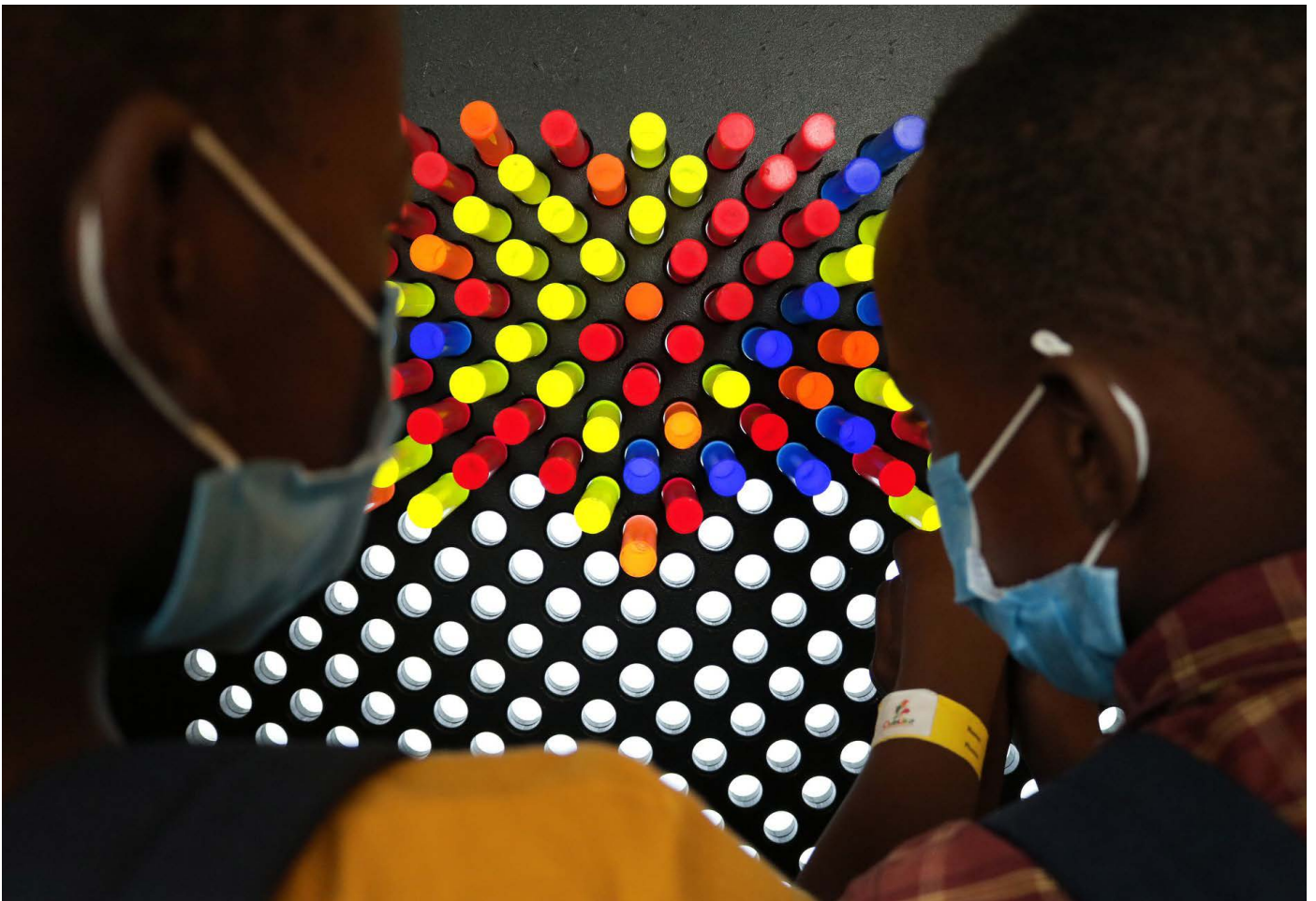
¹³⁵ Sources: Authors' calculations based on the Points of Entry exercise and the data have been collected by the country offices in the Region in the considered period (data available [here](#)). Values are assigned adding values 0 for the period under complete lock-down/restrictions, 0.5 if under partial restriction and 1 in case of no restrictions. Data considered runs from beginning of May till the end of December 2020.

¹³⁶ Sources: Authors' calculations based on the Points of Entry exercise and the data have been collected by the country offices in the Region in the considered period (data available [here](#)). Values are assigned to each Points of entry considering the official and unofficial points of entry adding values 0 for the period when they were classified as completely closed, 0.5 if under partial functioning operational status and 1 in case of fully operational status of the point of entry. Data are aggregated at national level. Data considered runs from beginning of May until the most recent data available for December 2020.

2. CHANGES IN MOBILITY PLANS

Immediately after the announcement of the pandemic, many migrants were stranded in host or transit countries due to the temporary closure of consular services and the lack of flights, while IDPs experienced mobility limitations in their country of origin. **However, despite border closures and restrictions on mobility, recent estimates suggest that COVID-19 has not curbed mobility in the MENA region, but rather added pressures to migrate.** The following patterns have been identified:

- **Increased returns due to lack of financial assets or increased vulnerability.** In non-humanitarian contexts, key informants outlined that, despite the absence of means to purchase a return ticket, a significant number of foreign workers endeavoured to return to their country of origin, due to limited work opportunities and inability to meet their basic needs or cover health fees and associated costs.
- **Forced return to country of origin.** In some countries, the fear that migrants will spread the disease has led to forced returns from the hosting country to countries of origin. IOM and the UN Networks on Migration are currently engaging in discussions when forced returns have occurred to ensure and support rights-based return management.
- **Secondary internal displacement.** IOM's Displacement Tracking Matrix (DTM) in Yemen recorded more than 10,000 people citing COVID-19 as the main reason for their displacement. Specific reasons that were most often cited included fears of contracting the virus, impact of the outbreak on services and the worsening economic crisis.¹³⁷



↑ ©IOM/Egypt

137 IOM DTM Yemen, 'Internal Displacement in Yemen Exceeds 100,000 in 2020 with COVID-19 an Emerging New Cause', July 2020.



VII. CONCLUSION

The study confirms that, across the region, the socio-economic outcomes of migrants and displaced persons are severely impacted by the negative effects of COVID-19. Key impacts of the pandemic on migrants and displaced persons in the MENA include loss of livelihoods, constrained access to health services due to discrimination and overstretched hospital capacity; diminished capacity to afford food, health and other basic expenses; increased use of negative coping strategies, diminished capacity to send or receive remittances; and increased instances of SGBV.

However, the socio-economic impact of COVID-19 is not uniform amongst migrant populations or across locations in the region. The following criteria influence how migrants and displaced populations are impacted by the pandemic:

- **Socio-economic profile.** Migrants and displaced persons with less financial assets are more likely to experience the negative impacts of COVID-19, including being unable to afford basic expenses, which has been a consistent issue raised by virtually all migrants and displaced person surveyed. This is often due to a lower level of resilience to shocks and limited resources to respond to the evolving impacts of COVID-19
- **Migration status.** Evidence gathered for this study shows that, for fear of deportation, irregular migrants are some of the most vulnerable. They often avoid seeking medical or humanitarian assistance. It is likely that, in such context, their health outcomes are more impacted by the pandemic than other types of migrants.
- **Nationality.** Data collected in several countries shows that compared to migrants and displaced populations from Arab countries, migrants from Sub-Saharan Africa sometimes experience higher levels of discrimination by hosting communities and/or in health facilities. However, IOM data also shows that, beyond length of stay, migrants' ability to cope with shocks (including COVID-19) depended heavily on their nationality and networks.¹³⁸ In contexts where there is a more established community footprint and support networks, the capacity to cope can be more resilient. Strengthening and empowering these networks can be a critical step towards ensuring increased resilience in migrant and displaced communities.

- **Destination countries.** Countries showed different levels of acceptance towards migrants and different levels of capacity to respond to migrant needs. For instance, the Tunisian government organised food distributions to migrants during the first lockdown. Besides, the type of context in which people are (i.e. humanitarian vs. non-humanitarian) also determines the extent to which migrants and displaced persons are impacted by COVID-19. Due to the pandemic, migrants and displaced persons living in humanitarian contexts face additional issues related to COVID-19 that often compounded pre-existing problems, including coping with shortages of basic goods, unstable prices and overcrowding or lack of access to basic services, such as health services.

While this research adds to available literature on the topic, several areas need to be further explored to continue to tailor humanitarian and social protection policy to migrants and displaced populations' specific needs. The following questions are particularly worth exploring: is there an increase in migrants' exploitation (including sex exploitation) as a result of the pandemic and if so, to what extent? What would be the outcomes of including migrants (including irregular migrants) in national social protection systems and health services in a more systematic way? How and to what extent migrants and displaced persons' health outcomes are affected by the pandemic? What are the specific socio-economic impacts of COVID-19 from a gender perspective (i.e., specific impacts on women, men, boys and girls and sexual and gender minorities)? How has COVID-19 impacted fragility and social cohesion? What are the consequences of the pandemic on migrants and displaced persons access to banks and other financial services? How do border closures and movement restrictions result in changes of migrants and displaced persons' mobility patterns?

¹³⁸ IOM Libya, 'Closely Knit - An Assessment of Migrants' Social Networks in Libya', January 2021.

VIII. RECOMMENDATIONS

The below recommendations build on the study's findings. They target humanitarian and development actors who are involved in providing assistance to migrants and displaced populations alongside policy makers in the MENA region..

1. GENERAL

- **Recommendation 1: Continue to ensure that assistance provided to migrants and displaced persons is tailored to their specific needs and context.**

Despite a common worsening of socio-economic conditions, migrants and displaced populations are affected by the pandemic in varied and sometimes divergent ways according to their location, gender, age work sector and type, nationality and migration status. Against this backdrop, and in line with the first objective of the [Global Compact for Safe, Orderly and Regular Migration \(GCM\)](#), it is important to ensure that, as much as possible, data collected is disaggregated by sex, age, migration status and other characteristics relevant in national and thematic context. This will enable the collection, analysis and dissemination of accurate, reliable, comparable data, disaggregated to support evidence base policy and responses to the unique socio-economic needs of migrants and displaced populations across the region and support. States and relevant stakeholders can also utilize the cross-cutting nature of the socio-economic impact of COVID-19 to further promote the development of harmonized or interoperable standards.

- **Recommendation 2: Take forward good practices and innovation adopted in the pandemic response.**

COVID-19 has disrupted the provision of assistance to mobile populations in several ways, but it has also spurred the use of innovative and highly adaptive practices to support responses to constant and emergent needs and maintain accountability to affected populations. COVID-19 presents an opportunity to rethink approaches to providing assistance to migrants and displaced populations to ensure the most vulnerable are included in programming, despite obstacles such as social distancing and limited funding. Humanitarian actors have been highly adaptive to the rapidly evolving realities of providing assistance and continuing to deliver in line with infection prevention and control measures and dynamic vulnerability landscapes. Documenting good practices and innovative approaches to the delivery of assistance that are resilient to shocks will be critical to any future response. Concurrently, there has also been a high level of innovation around integrating or mainstreaming COVID-19 assistance into ongoing responses. This integrated approach and partnerships will also be key to ensuring sustainable recovery

post-COVID-19. This will require strong cooperation among actors across the humanitarian, development and peacebuilding nexus.

Policies and measures that give migrants and displaced persons access to reliable and up-to-date information and ensure their access to health, social and protection services are particularly important in the pandemic context. IOM recently gathered a list of practices to provide migrants with protection and assistance in the context of the pandemic (available [here](#)).

2. HEALTH

- **Recommendation 3: Continue and amplify efforts to raise awareness about infection prevention and control measures in migrant and displaced communities. Ensure that information is accessible to migrants who do not speak the national language.**

Communication that is clear, effective, and sensitive to the customs and languages and hosting communities and migrants is necessary to raise awareness around the potential fatality of the disease and improve understanding of infection prevention and control measures. This requires cohesive and effective risk communication and community engagement strategies and strong communication with communities. The Active Network for Learning and Performance in Humanitarian Action (ALNAP) recently released a [lessons learnt paper](#) which includes good practices on how to communicate with affected communities during an epidemic. Another relevant resource is this UN guideline on [‘How can Risk Communication and Community Engagement include marginalised and vulnerable people in the context of COVID-19’](#), after to which IOM contributed. All possible channels of communications should be explored.

- **Recommendation 4: In relevant countries, advocate for de facto inclusion of migrants and displaced individuals in national health systems, including vaccination programmes.**

The constitutions of many countries in the region considers that access to healthcare is a universal right. Despite this, migrants often suffer discrimination when seeking assistance in health facilities. Actors involved in providing assistance to

migrants should continue documenting these discriminations. They should also advocate for better access of migrants to national health services, irrespective of their legal status, including through advocating for migrants' and displaced persons' access to COVID-19 vaccination and/or treatment. As already outlined by IOM and other UN agencies in the [global campaign launched to include migrants in national vaccination plans](#), the wellbeing of everyone can only be achieved if the most vulnerable – including mobile populations – are not left out of global efforts to fight back against COVID-19.¹³⁹

- **Recommendation 5: When possible, ensure continuity of mental health and psychological support services (MHPSS).**

Mental health and psychological support are crucial services. This research outlines the severe impact of lockdowns and quarantine measures on migrants and displaced persons' mental health and wellbeing. However, due to lockdowns and isolation measures, these services, which were often extremely limited prior to the pandemic in humanitarian settings, have been severely disrupted. It is critical that migrants and displaced people have a platform where they can express themselves and seek psycho-social support. For more recommendations on how to promote and implement MHPSS in the COVID-19 response, consult [IOM's Guidance and Toolkit for the Use of IOM MHPSS Teams Guidance](#). In humanitarian emergency settings, there has been a call to shift the focus of MHPSS programmes in emergencies from psychological symptoms, and their treatment and prevention, to collective and contextual elements of consequences of adversities. This includes the understanding of the importance of the collective reactions to adversity and of social cohesion, social supports, identities and social textures in determining individual and social wellbeing after disasters. It also includes the activation of context-specific, multidisciplinary support systems that build on existing strengths of affected communities, rather than limiting the intervention to the provision of services to respond to the deficits created by the emergency. Recognizing the importance of community networks in supporting resilience of affected populations, IOM recommends the activation and empowerment of community-based support mechanisms for MHPSS in these settings. [IOM's Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement](#) provides a reference point to facilitate MHPSS experts and managers in designing, implementing and evaluating community-based MHPSS programmes, projects and activities for emergency-affected and displaced populations in humanitarian settings.

3. ECONOMIC GROWTH

AND EMPOWERMENT

- **Recommendation 6: In contexts where it is possible, continue efforts to advocate for migrants and displaced persons' inclusion in national protection frameworks.**

One of the reasons migrants and displaced populations were so heavily affected by negative impacts of COVID-19 is that they often have limited or non-existent access to safety nets or social protection systems. Against this backdrop, the need for mechanisms to provide a national social protection floor for migrants is as pressing as ever. Separately, efforts should be enhanced to address barriers to accessing services for displaced populations that have emerged as a result of their displacement, such as loss of civil documentation, destroyed homes or lack of livelihoods, and lack of financial means to return, with a comprehensive approach to resolving the vulnerabilities experienced during displacement in line with the criteria listed in the [Inter-Agency Standing Committee Framework on Durable Solutions for IDPs](#).

- **Recommendation 7: Continue, adapt and amplify support to, Small- and Medium Enterprises (SMEs).**

For sectors where COVID-19 has had a disproportionately large impact on mobile populations, support to SMEs could facilitate broader recovery efforts while also encouraging the resolution of livelihood vulnerabilities experienced by migrants and displaced populations. Additionally, targeting support to help SMEs adapt and respond to the impacts of COVID-19 on the economic climate could help buffer economic damage, while also supporting recovery. This could be through the provision of micro-grants or improved financing environments that enable businesses to adapt their operations to produce COVID-19 protective equipment or participate in the vaccine supply chain as it rolls out.

- **Recommendation 8: When the context is appropriate, support cash-based interventions to in-kind. Endeavour to use a delivery mechanism that limit human contact and/or overcrowding.**

Many migrants and displaced persons have lost significant financial assets as a result of the pandemic, oftentimes impeding their capacity to meeting their basic needs. Evidence at the global level outlines that providing cash rather than in-kind assistance, when contextually appropriate, allows beneficiaries to make their own choices and can positively affect markets hit by a shock.^{140 141} Before implementing large cash-based interventions, it is essential to conduct a cash feasibility study that assesses the conduciveness of the regulatory, political and operational environment to cash-based interventions.

139 Jacqueline Weekers, 'To Be Effective, COVID-19 Vaccination Plans Must Include Migrants' (IOM, December 2020).

140 Gabriel Smith et al., 'The State of the World's Cash Report - Cash Transfer Programming in Humanitarian Aid' (Cash Learning Partnership, 2018).

141 Pantaleo Creti, 'The Impact of Cash Transfers on Local Markets' (Cash Learning Partnership, 2010).

Considering the importance of social distancing in limiting the spread of the illness, it is important to use delivery mechanisms that limit contact between staff and beneficiaries and avoid overcrowding (i.e. Automated Teller Machines (ATMs); mobile money, etc.).

4. SOCIAL COHESION

- **Recommendation 9: Resume initiatives aiming to foster social cohesion between mobile and hosting populations. Adapt modalities to leverage new forms of communication and connection between targeted groups.**

Social cohesion programmes provide an opportunity to limit the negative effects of the pandemic on migrants, displaced populations and hosting communities. Unfortunately, many of these programmes, which often require in-person trust building exercises between community constituents as part of the process for implementation and to ensure participatory and inclusive approaches, were interrupted by the pandemic and restrictions on movement. It is essential that such activities resume when possible, as they have the potential to limit instances of discrimination and/or xenophobia against mobile populations, and to address the drivers of community conflict that could be amplified by COVID-19 stressors. Despite limits on internet capacities or the lack of technological tools, several organisations successfully adapted their social cohesion programmes, organising online meetings through WhatsApp or other social media platforms and leveraging innovative methods for community engagement. In some instances, online platforms offered an opportunity to engage traditionally marginalized groups who are sometimes unable to participate due to geographical barriers or social and cultural sensitivities. Replicating these successful practices when appropriate is essential to ensure sustainable recovery post-COVID-19. Separately, the broad impacts of COVID-19 on all communities provides a common interest area for many communities that crosses divides, providing an opportunity to encourage collaboration in the identification of pathways to respond to COVID-19 impacts.

- **Recommendation 10: Adopt an integrated and comprehensive approach to recovery**

Strengthen local capacities to manage the impact of COVID-19 in humanitarian contexts – both in the emergency and transition phases and ensure continuity of care – and to support a response that factors in humanitarian and development needs and supports efforts to integrate build back better principles into the recovery are key. In places with weak governance systems, it is critical to assist governments in their COVID-19 response by supporting a whole-of-government approach, improving vertical relationship between national to local level governments, rendering the management and response of the government, including distribution of incoming funds to deal with COVID-19, accountable, participatory and inclusive. In-line with

this, it is critical to support governments in the development and implementation of their disaster risk reduction plans and activities to include COVID-19 and other potential pandemics and ensure a whole-of-society approach that is gender and conflict-sensitive and that builds on identifying and reducing vulnerabilities and managing future risk. In conflict prone contexts, actors should couple risk reduction with conflict prevention activities by prioritizing early warning and early action as well as establishing policy frameworks and instruments to prevent human rights violations.

5. MOBILITY

- **Recommendation 11: Continue to provide specific support to migrants who returned or were deported back to their country of origin due to COVID-19.**

Migrants who returned or were deported back to their countries of origin are particularly at high risk of being unemployed and/or experiencing the other negative consequences of the pandemic. As such, they are particularly in need of assistance, including reintegration support. Complimenting this, it is critical to further explore the impact COVID-19 has had on mobility and migration plans. This is especially relevant for displaced populations to ensure the vulnerabilities experienced during displacement are resolved and durable solutions are supporting, and for international migrants as to whether they choose to migrate towards other destinations or not.

6. DATA COLLECTION

- **Recommendation 12: Continue to monitor COVID-19's socio-economic impact on migrants and displaced populations on a regular basis.**

COVID-19's impact on the socio-economic lives of migrants and displaced persons in the region varies significantly across locations, populations and time. Against this backdrop, it is essential to regularly monitor the effects of the pandemic on populations of concern to provide an evidence base for an informed policy and programming response. When relevant and possible, findings should be disaggregated according to relevant criteria (i.e. humanitarian/non-humanitarian context, urban/rural, migrant/IDP etc.) to nuance the findings and provide a more operational and context specific evidence base. Data collection should also target specific sectors that have either been most impacted by COVID-19 or have the potential to catalyse recovery.

As outlined in the [conclusion](#), several areas related to the impact of COVID-19 on socio-economic outcomes of migrants and displaced persons are still unexplored or understudied. It is essential that these topics are addressed in later phases of data collection to prevent data gaps and ensure a cohesive response.







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X. ANNEXES

1. DETAILED METHODOLOGY

1.1 Defining the research protocol

In July 2020, the research team organised a webinar with country offices (COs), which aimed to present the aim of the study and select country case studies.

After the webinar, the research team reviewed tools already used by COs to assess the impact of Covid-19 on socio-economic outcomes of migrants and displaced persons.

The research team developed an indicator bank, based on the 5 pillars of the UN Framework on Immediate Socio-Economic Impact of Covid-19, namely (1) Health first – Protecting Health Services and Systems during the crisis; (2) Protecting People: Social Protection and Basic Services; (3) Economic Response and Recovery (4) Macroeconomic response and Multilateral Collaboration and (5) Social Cohesion and Community Resilience. In line with IOM's mandate, the research team added a 6th pillar on Mobility.

For each pillar, the research team developed a list of two to three indicators focused on affected populations and target communities (see [Annex X.2.](#) for more information on the indicators).

1.2 Desk research

The research team reviewed documents available online, covering inter alia existing data, statistics, reports and relevant data from already existing COVID-19 impact assessments, in line with the focus of the analytical framework. The desk research has informed the direction for the quantitative and qualitative tools and provided a basis for triangulation of results from surveys and KII data.

1.3 Data collection

Due to differences in data availability between missions, the research team has adopted different data collection strategies in humanitarian and non-humanitarian contexts. In humanitarian contexts, the research team analysed data from already existing socio-economic assessments (Yemen and Iraq) or reviewed data collected by missions specifically for this assessment using the indicator bank (Libya and Sudan). In non-humanitarian missions (Tunisia, Algeria and Jordan), the research team has reviewed already existing vulnerability assessments, which informed indicators from pillars 2 and 3. The team has then collected qualitative data through KIIs with IOM staff and/or community leaders to cover other pillars.

The below table summarises the different data collection strategies for each country.

OVERVIEW OF DATA COLLECTION METHODS PER COUNTRY	
Country	Data collection method(s)
Iraq	<ul style="list-style-type: none">• Review of existing Covid-19 impact assessments conducted between April and November 2020.• KIIs with conducted with 3 IOM staff and case workers.
Yemen	<ul style="list-style-type: none">• Review of existing socio-economic assessments conducted between April and November 2020.

Libya	<ul style="list-style-type: none"> • Review of existing socio-economic assessments conducted between April and November 2020 • Mixed methods data collection conducted in December 2020, including: (1) KIIs with 31 KIIs from IOM staff, other UN agencies and Libyan stakeholders and (2) a survey carried out with 300 respondents.
Sudan	<ul style="list-style-type: none"> • Data analysis of a socio-economic assessment conducted by Sudan CO in January 2021.
Tunisia	<ul style="list-style-type: none"> • Review of existing vulnerability assessments conducted between April and November 2020 • KIIs conducted with 3 IOM staff and case workers.
Algeria	<ul style="list-style-type: none"> • Review of existing vulnerability assessments conducted between April and November 2020 • KIIs conducted with 7 IOM staff and case workers.
Jordan	<ul style="list-style-type: none"> • KIIs conducted with 6 IOM staff and case workers
Egypt	<ul style="list-style-type: none"> • Review of existing secondary data available

1.4 Analysis, report writing and dissemination

Using a coding matrix organised per indicator, primary and secondary data was recorded and coded to analyse emerging trends. The analysis was done iteratively in order to adjust data collection tools and explore some of the trends more in-depth. Data was triangulated across sources to ensure accuracy. Findings for each indicator were analysed and compiled into the report.

Once the report is validated, the research team will present key findings in a webinar with relevant staff from Country Offices and outline the lessons learnt and good practices for future research aiming to assess the socio-economic impact of Covid-19 on migrants.

1.5 Limitations to the study

The authors view the following points as methodological limitations to the study:

- **Comparison between countries.** Data for each country is not uniform and it is not always possible to make comparison between case studies. That being said, data from secondary sources and insights obtained through qualitative data collection enables us to determine key trends and tendencies. The authors see the present study as a starting point and hope that potential later studies on the impact of COVID-19 on socio-economic outcomes of migrants will enable us to obtain more robust data.

- **Limited geographical scope.** Although IOM MENA division contains 17 countries, only 8 countries were included in this pilot. The authors hope that in later stages, we will be able to include findings from more countries.
- **Multiple causality.** In some contexts (particularly in humanitarian contexts), it is difficult to separate the effects of the pandemic from those of conflict and/or pre-existing economic crises and vulnerabilities. In order to offset this issue, the authors endeavoured to be as transparent as possible when they suspected that multiple causality bias was at stake.
- **Limited number of indicators.** The present study reports against 15 indicators. In future studies, the authors hope to include additional indicators, including some looking at how policy-level decisions taken since the onset of the pandemic may influence migrants and displaced persons' socio-economic outcomes.

2. INDICATOR BANK

The below table provides a list of the indicators relevant to assess the socio-economic impact of COVID-19 on migrants and displaced persons in the region.

PILLAR 1 Health First: Protecting Health Services and Systems during the Crisis	PILLAR 2 Protecting People: Social Protection and Basic Services	PILLAR 3 Economic Response and Recovery: Protecting Jobs, SME Enterprises, and Informal Sector Workers
1.1 Access and presence of functional health facilities	2.1 Availability of and access to basic services (basic food items and markets; education; banks and financial institutions & WASH)	3.1 Access and availability of employment and / or income generating opportunity
1.2 Level of public and private awareness of COVID-19 pandemic	2.2 Access and availability of social protection and/or humanitarian assistance	3.2 Changes in business environment due to COVID-19
1.3 Impact of COVID-19 on health outcomes	—	3.3 Presence of coping strategies to respond to the economic consequences of the pandemics

PILLAR 4 Macroeconomic Response and Multilateral Collaboration	PILLAR 5 Social Cohesion and Community Resilience	PILLAR 6 Mobility
4.1 Changes in monthly price stability for basic consumer price index	5.1 Changes in perception of security and safety	6.1 Changes in freedom of movement
4.2 Changes in capacity to send and receive remittances	5.2 Changes in tension and/or conflict between mobile and hosting communities	6.2 Changes in mobility plans
—	5.3 Availability of community-based institutions	—

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