RISKS AND RESILIENCE

Exploring migrants' and host communities' experiences during the COVID-19 pandemic in West Africa

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Glossary

Asylum-seeker: According to UNHCR, 'someone whose request for sanctuary has yet to be processed.'

Host Community: A community through/in which migrants may pass/reside, and the local, regional, and national social, cultural and economic structures.

Humanitarian Actor: In the context of this study, denotes an entity or person involved in the provision of services in a formalized capacity, including United Nations agencies and international and national non-governmental organizations.

Internal Migrant: A migrant whose journey occurs predominantly within the borders of their own country.

International Migrant: A migrant whose journey involves crossing international borders. This includes intra-regional migration (within West Africa) and inter-regional (to external regions). In the context of this report, most migrants move intra-regionally.

Migrant: There is no internationally used standardised definition of a migrant. This study uses IFRC's 2009 Policy on Migration, defining 'migrants' as persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities, as well as asylum seekers, refugees and IDPs. Where the term 'migrant' is used this broad sense is intended; whereas where specific types of migrants are referred to these more specific designations are given (for example. migrant workers or refugees). It is, however, important to note that study participants across the region have different understandings of the term 'migrant,' with, for example, many assuming that migrants are people who leave the country, particularly towards North Africa.

Primary impacts of the COVID-19 pandemic: The heightened risks for people (including migrants) of contracting COVID-19 or experiencing serious disease, treatment and care.

Refugee: According to the 1951 Refugee Convention, a person 'who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion'.

Returnee: A migrant who has returned to their place of origin, whether due to their own choice, other circumstances beyond their control, or a combination of these.

Secondary impacts of the COVID-19 pandemic: vulnerabilities going beyond direct impacts of COVID-19 for people's (including migrants) physical health, including socioeconomic consequences of measures taken by governments.

List of Acronyms

AVRR	Assisted Voluntary Return and Reintegration
CVA	Cash and Voucher Assistance
DFiD	United Kingdom Department for International Development
DTM	Displacement Tracking Matrix
ECOWAS	Economic Cooperation of West African States
FGD	Focus Group Discussion
GBV	Gender-based violence
HC	Host Community
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International non-governmental organization
IOM	International Organization for Migration
IPV	Intimate Partner Violence
IRC	International Rescue Committee
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MMC	Mixed Migration Centre
NGO	Non-governmental organization
KI	Key informant
KII	Key informant interview
PPE	Personal protective equipment
PSS	Psychosocial support
RCCE	Risk Communication and Community Engagement
RCRC	Red Cross and Red Crescent Movement
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WAHO	West African Health Organisation

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Executive summary

West Africa is a region inherently shaped by human mobility of all kinds. However, mobility can become problematic or challenging during complex disease outbreaks. Since the first outbreak of the COVID-19 was reported in Wuhan, China, in late December 2019, the disease has had unprecedented impacts across the globe. This research seeks to understand the experiences of both migrants and their hosting communities during the pandemic in West Africa, questioning how it has impacted their lives, livelihoods and vulnerabilities, as well as perceptions and social dynamics between groups. The research draws on key informant interviews with regional respondents, alongside in-field data collection in Guinea and Niger, supplemented by a review of relevant literature and secondary data.

Pre-pandemic mobility patterns in West Africa

Migration within West Africa has been an important resilience strategy for years, employed by many communities for survival and to create new economic opportunities during both times of crisis and stability. While policy discourse and the media have often represented West African mobility as being predominantly towards Europe, in reality most movement in West Africa is intra-regional and falls within everyday life and social normality. The region has also long experienced ongoing patterns of displacement, in recent decades triggered by rising insecurity and conflict.

Prior to COVID-19 migrants in West Africa already faced significant vulnerabilities, including: barriers accessing medical care; legal status, information and assistance; challenges accessing safe housing, and human rights violations and other protection concerns. Overall, the situation facing migrants in the region has become more challenging in recent years, linked in part to increasingly restrictive migration policies, rendering formerly typical patterns of movement more difficult, dangerous and less visible.

COVID-19: an emerging threat across the world – and in West Africa

COVID-19 has spread rapidly across the world, with case numbers continuing to rise rapidly at the time of writing and a mounting death toll. Governments across the world responded to the pandemic through sets of measures unprecedented in scope and scale; these have been considered necessary to slow the progression of a deadly pandemic, yet with enormous indirect economic and social consequences.

The impacts for human mobility worldwide have been vast, disrupting movement through many of the world's key major migration corridors. While migrants have made significant contributions to local and national COVID-19 responses, they have also proved especially vulnerable in many ways. This includes primary impacts of COVID-19 (risks of contracting COVID-19 or experiencing serious

disease) and wider secondary consequences (going beyond the direct impacts of COVID-19 on migrants' physical health). Notably, xenophobia, stigmatization and discrimination towards migrants have also been high on the international agenda during the pandemic, with instances documented around the world, though it is difficult to precisely estimate the scale of this challenge.

Overall, the number of confirmed cases of COVID-19 in West Africa to date appears far less severe than in other regions of the world. Alongside other factors, this can be attributed to swift government public health responses, drawing on experience gained from the management of the previous Ebola epidemic. A wide range of prevention measures were swiftly implemented by West African governments, spanning border closures, curfews and lockdowns, alongside risk communication and other public health measures. These measures – supported by regional bodies such as ECOWAS, international and national humanitarian actors – likely helped countries avert high levels of infection during the early stages of the pandemic, albeit with far-reaching unintended consequences.

Impacts of COVID-19 on West African mobility patterns

The long-term impact of COVID-19 for mobility in West Africa remains unclear. However, in the short-term, immediate impacts have already been witnessed in the first eight months since the pandemic arrived on the continent. Heavy restrictions on cross-border and internal movements have visibly slowed migration movements. Many migrants interviewed for this study reported their travel plans were in some way disrupted by COVID-19. In particular, many became stranded, including those stuck at border crossings, transiting migrants unable to continue journeys, seasonal and other migrants unable to return, and expelled migrants stranded near borders.

Nonetheless, it was also stressed that 'migration continues' – albeit at a slower pace. Some appear to be continuing journeys through informal, less visible and sometimes riskier channels. Yet others appear to have adopted a 'wait and see' mentality, opting to pause journeys for the time being while waiting to see how the pandemic and related restrictions progress. Return movements have also continued during the pandemic, both in terms of forced and voluntary returns.

Impacts of COVID-19 for migrants and host communities

Research conducted for this study highlighted how, in response to acute and fast-evolving circumstances, individuals across communities have shown remarkable agency and resilience. However, numerous vulnerabilities were also documented, in many cases impacting West African migrants and host communities alike, while in others affecting migrants disproportionately.

To date, the primary impacts of the COVID-19 pandemic for both migrants and host communities in West Africa have remained limited: none of the migrants or host community members reached by this study reported that had been infected

with COVID-19, while most reported they did not know anyone who had been. However, the pandemic is not yet over and could accelerate within the region in future.

The research identified several factors that put migrants at heightened risk linked to COVID-19:

- **Unsafe shelter and dangerous work:** The pandemic has exacerbated migrants' already precarious access to safe shelter, leaving many homeless or living in overcrowded shelters, where risks of infection are high. Heightened risks were also documented linked to working conditions, in particular for women and girls working in brothels in Niger.
- **Difficulties accessing healthcare:** Reflecting challenges prior to the pandemic, a sizeable proportion of migrants in the region feel unable to access healthcare for COVID-19, including due to prohibitive costs, fear of being reported to authorities or otherwise penalised when accessing healthcare, lack of knowledge about available services and fear of stigmatisation.
- **Barriers to information access:** Extensive awareness-raising on COVID-19 appears to have been effective, with almost all respondents aware of COVID-19 and exposed to at least one information campaign about it. Nonetheless challenges were noted for more isolated migrants, those without access to television or internet, or living outside urban centres.
- **Use of recommended COVID-19 prevention measures:** Even where migrants are aware of recommended protection measures (including social distancing, wearing masks and avoiding gatherings), some appear unable or unwilling to follow them. Some have not had sufficient resources to buy protective materials. For others, doubts about the seriousness of COVID-19 and circulating misinformation on the virus have impacted compliance with recommended measures across both migrant and host communities.

Yet most respondents emphasised that to date the most significant consequences of COVID-19 had been its secondary impacts. In particular, measures taken to control transmission of COVID-19 have had vast economic impacts across all communities. Many, across both migrant and host communities, reported they could not continue their commerce or professional activities as usual. Increased prices for goods have severely impacted communities' ability to meet their basic needs. Migrants appeared specifically vulnerable in certain ways. Economic shocks linked to the crisis have had significant impacts on remittances, both due to migrants' loss of income and the closure of many remittance providers during lockdowns. Particular economic challenges were noted among those who found themselves stranded, many of whom struggled to meet their basic needs or access safe shelter. Significant challenges were also faced by returned migrants, many of whom indicated that COVID-19 had made the already difficult reintegration process more challenging.

Finally, the research suggested that COVID-19 has also exacerbated protection risks. This includes risks that migrants may become increasingly likely to enlist the help of smugglers in order to continue journeys, potentially resulting in

increased risks and use of less visible, dangerous routes. Other risks included vulnerabilities to trafficking, alongside various risks disproportionately impacting women and girls, in particular gender-based violence (GBV). Particular risks were also noted for children on the move, including linked to GBV, disruptions to education and the closure of Quranic schools.

Perceptions of migrants and social dynamics during COVID-19

This study documented a diversity of views on how COVID-19 has impacted perceptions of migrants among host communities and social dynamics in the region. Some questioned whether there was any impact at all. Others observed dramatic shifts. Others still were ambivalent, noting that broader social values and dynamics appeared unchanged, but perhaps amplified or compromised. It is, however, important to acknowledge the difficulty of drawing generalizable conclusions on this complex topic, particularly on the basis of qualitative data collected over a brief span of time.

Pre-pandemic social dynamics, largely characterized by tolerance and shaped by the normality of movement, have had a large bearing on experiences during COVID-19. West African communities have undoubtedly shown a certain level of resilience—though not immunity—to the stresses the virus has placed on social dynamics and solidarity in other parts of the world. Respondents detailed a tolerant—if not always accepting—environment for migrants prior to COVID-19, characterised by solidarity and mutual generosity. Many migrants reported relying on the host community first when in need of support. For many this continued during COVID-19, with respondents identifying examples of solidarity and assistance provided by host communities during the pandemic.

However, respondents also expressed a widely held sentiment that disruptions to social rituals during the pandemic had, and continues to, degrade social dynamics. Physical separation has had a harmful effect in limiting regular daily interactions and rituals among all groups– including with migrants. While impacting all groups, this is felt differently by some. For example, impacting the ability of women to come together for savings groups, for children to pursue schooling and creating a sense of separation for local humanitarian responders, impacting the quality and humanity of their work.

Respondents also highlighted a common theme of fear and distrust of others arising from the pandemic. In particular, there is a general perception of those returning from abroad or perceived to travel frequently as carriers of the virus, including but not limited to migrants. This was sometimes attributed to misinformation or incomplete information on the virus and its causes. However, it also reflects real transmission dynamics, with the virus imported to West African countries from other parts of the world. In some cases, fear and mistrust resulted in discrimination or stigma, though it was rare that this culminated in acts of outright violence, abuse or discrimination. Such trends appeared more common in areas where there was a stronger precedent for sharp tensions prior

to the pandemic, including due to external stresses (such as insecurity, conflict, and resource scarcity) or cultural differences.

Finally, migrants in the region have long been subject to complex perceptions at all stages of their journeys: family expectations and social pressures are often influential factors impelling migration, migrants sometimes face negative stereotypes while travelling, and returnees perceived to have failed in their migration project often experience shame and stigma.". Gendered perceptions were also noted, impacting men and women alike, though being largely more unforgiving towards women, who are often stereotyped as sex workers and blamed for bringing vice to communities. Again, COVID-19 amplified existing prejudices and stigmatizing social patterns towards both women and returnees. For example, returned women reported being viewed as dirty, contaminated or 'vectors' of the disease.

There was not a great deal of consensus on how trends regarding perceptions and social relations impacted the help-seeking behaviours of migrants. Some humanitarian respondents reported that fear of stigmatisation had prevented migrants from approaching them to access assistance. This was to some extent validated by reports of misgivings among humanitarian staff about assisting migrants during COVID-19 – though these were limited in number. In terms of broader social cohesion, it is not currently clear whether impacts on perceptions and social relations are profound and long-lasting or more superficial and temporary. It is indeed difficult to predict how social dynamics will respond as the pandemic progresses – and particularly as secondary impacts grow more pronounced.

Impacts for humanitarian responses in West Africa

Humanitarian actors in West Africa – including those addressing vulnerabilities among migrants - have faced a multi-pronged challenge: of scaling up a wide-ranging response to direct impacts of COVID-19, addressing new and complex secondary risks created by the pandemic, while ensuring that ongoing humanitarian needs continue to be met.

Challenges faced by humanitarian actors in the context of COVID-19 include restrictions of field interventions to 'essential work' only, restrictions on mass gatherings and physical contact, internal and international travel restrictions, price rises and supply chain issues. However, after some initial difficulties, most humanitarian organisations reported that they were able to continue the majority of their work, albeit with significant adaptations to ensure staff and beneficiaries' safety. While adaptations appeared relatively successful, inevitably some reduction was seen in the speed of implementation of existing programmes and the quality of services that could be provided.

Considering these challenges, humanitarian organisations demonstrated significant efforts to flex their work to respond to both primary and secondary

impacts of the pandemic among migrants, often collaborating between organisations and with governments. However, many migrants reported being unable to access assistance. In particular, humanitarian organisations' activities appear to have often targeted more visible groups (for example in quarantine sites or formal transit centres), as opposed to those who are less visible, for example irregular migrants or those more dispersed throughout communities. Groups not already benefitting from migration programmes prior to the pandemic also appeared significantly less well-served during the pandemic, including internal and intra-regional migrants, as opposed to those transiting towards Europe.

Recommendations

The research identified the following recommendations in terms of responding to the impacts of COVID-19 among migrants and host communities.

To humanitarian actors – including the Red Cross and Red Crescent Movement:

- Ensure that responses to primary impacts of COVID-19 are equally accessible for all groups of migrants, whatever their status, alongside host communities;
- Develop comprehensive medium- to long-term strategies to address secondary impacts of COVID-19 – among both migrants and host communities;
- Address misperceptions of COVID-19 and prioritise community-based approaches;
- Undertake country specific needs analysis – listening to feedback from communities to ensure responses reach, and that resources are appropriately channelled towards, the most vulnerable;
- Continually monitor and reassess programmatic adaptations to ensure they are appropriate;
- Prioritise protection, ensuring services continue during lockdowns and other restrictive periods;
- Integrate targeted support for returned migrants into migration programmes, in recognition of heightened challenges faced during COVID-19.

To international donors:

- Ensure flexibility within existing migration-related funding to adapt to COVID-19;
- Develop comprehensive funding packages specifically targeting the secondary impacts of COVID-19 among migrants and host communities;
- Ensure that funding towards assisting migrants in West Africa is based on demonstrated needs alone, and is not unduly influenced by donor priorities or political incentives, for example reaching inter-regional and internal migrants who are vulnerable due to the pandemic;
- Keep long-term systemic issues and vulnerabilities on the agenda.

To national governments in the region:

- Take steps to include migrants in programmatic and policy responses to primary and secondary impacts of the COVID-19 pandemic;
- Ensure that all measures enacted in response to COVID-19 are necessary, proportionate and take into account unintended consequences.

The following broad principles are also recommended for all actors in terms of addressing risks relating to community perceptions:

- Global discussions on perceptions of migrants during COVID-19 should highlight positive trends alongside the negative, pointing to West Africa as a counterpoint to other regions;
- Programmatic responses should avoid generalisations, acknowledge and actively seek to understand nuances in perceptions and social relations;
- Use community feedback to closely monitor 'hotspot' communities where tensions were higher prior to the pandemic and risk igniting, deploying appropriate good practices to address them. This should include efforts to direct assistance to all communities, engaging with host community members' values in order to foster community solidarity, and initiatives to track and address rumours and misperceptions.

1. Introduction: COVID-19 and people on the move in West Africa

West Africa is a region that has been inherently shaped by human mobility of all kinds. Throughout its history, migration within countries and across borders has enabled the highly diverse people living in the region to adapt to environmental, political and economic realities.[1] Movement patterns are written into West African culture and have emerged out of and endured countless man-made and natural crises.[2] However, mobility can become problematic or challenging during complex disease outbreaks. As such, understanding the implications of the COVID-19 pandemic for people on the move in West Africa is of high importance, reflecting the International Federation of Red Cross and Red Crescent Societies (IFRC) global strategic priority of reducing vulnerability and enhancing resilience among migrants around the world.[3]

Since the first outbreak of the COVID-19 was reported in Wuhan, China, in late December 2019, the disease has had unprecedented impacts across the globe. At the date of publication of this report in late 2020, the progression of COVID-19 has appeared relatively limited across West African countries, in part due to swift government responses as the disease took hold in other world regions. This is not to say that the region has remained unaffected by the pandemic. To the contrary, while confirmed COVID-19 case and death numbers have remained comparatively low, measures taken to limit its spread have had wide-ranging unintended socioeconomic consequences that are likely to impact food security, protection outcomes, individual livelihoods, stability, aspirations and opportunities for the foreseeable future.

Migrants are no exception to these trends and – like in other world regions – have fallen into heightened patterns of vulnerability throughout the course of COVID-19. The pandemic has shone a spotlight on pre-existing vulnerabilities, including migrants' often precarious status within host societies and challenges faced accessing basic services, including healthcare. Wide-reaching restrictions on mobility implemented during the initial months of the pandemic's arrival in the region, aiming to slow its spread, have in the short-term already had significant impacts, running against long-established regional norms, where mobility is largely normalised, and a part of daily life and livelihoods for many communities. Meanwhile, in a region where perceptions of migrants appear among the most

1 The term 'migrant' is used here in line with the IFRC's 2009 Policy on Migration, defining 'migrants' as persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities, as well as asylum seekers, refugees and IDPs. Where the term 'migrant' is used this broad sense is intended; where specific types of migrants are referred to, these more specific designations are given (for example in terms of refugees).

2 Discussed in de Bruijn, M., van Dijk, R. and Foeken, D. (ed.) (2001) *Mobile Africa: Changing Patterns of Movement in Africa and beyond.* Leiden: Brill.

3 IFRC (2018) *IFRC Global Strategy on Migration 2018-2022: Reducing Vulnerability, Enhancing Resilience.*

accepting in the world, there is also significant cause to examine whether and how perceptions of migrants have been impacted by the pandemic, in light of global analysis documenting COVID-19's often complex effect on relationships between migrants and host communities.

1.1 Overview of research

This research was commissioned by IFRC to understand the experiences of both migrants and their hosting communities during the COVID-19 pandemic in West Africa. It questions how COVID-19 has impacted both migrants' and host communities' lives, livelihoods and vulnerabilities. In this context, it then explores the extent to which the COVID-19 pandemic is affecting the relations of vulnerable migrants with host communities, State authorities and humanitarian actors.

The research addresses the following questions:

- What have migrants' and host communities' experiences been during the COVID-19 pandemic? How have COVID-19 and measures taken to limit its spread impacted their lives and vulnerabilities?
- Has the pandemic impacted perceptions of migrants among host communities and social dynamics between the two groups?
- What steps have been taken by humanitarian actors to address emerging vulnerabilities? How have their operations been impacted by the pandemic?
- What are the implications of these findings for actors engaged in the region, both during the COVID-19 pandemic and more broadly?

The study draws on primary data from Niger and Guinea in particular, exploring more detailed dynamics in these two case study countries, while seeking to contextualise this within broader regional trends. This report was also accompanied by a counterpart piece of internal analysis more specifically addressing the Sahel region Red Cross and Red Crescent Movement's response to migrants' vulnerabilities during the COVID-19 pandemic, drawing on many of the same data sources.

The remainder of Section 1 outlines the methodology followed for this research, including an overview of data collection, challenges and limitations. Section 2 sets the global and regional context for the study, outlining regional mobility trends in West Africa prior to the pandemic, alongside the course of the COVID-19 across the world and in West Africa. Section 3 looks to big picture trends in West Africa, exploring the short-term impacts of the pandemic for mobility in the region. The following sections then seek to understand migrants' and host communities' experiences in more detail: Section 4 explores the primary and secondary impacts of COVID-19 for West African migrants and host communities, followed by a discussion in Section 5 of impacts for perceptions of migrants and social dynamics. Section 6 then outlines how formal humanitarian actors have adapted operations in response to these challenges. Section 7 concludes the report with

recommendations to strengthen responses to migrant and host community vulnerabilities linked to COVID-19.

1.2 Methodology

The wider geographical focus of this project is West Africa,[4] with more specific focus on Burkina Faso, Senegal, Mali, Guinea and Niger, including in-depth case studies in the latter two countries. Data collection for this study spanned from August to early October 2020. The research was executed by a team of four international researchers combining expertise in migration, protection, qualitative research, and contextual knowledge of West Africa, and three male-female teams of local researchers collecting data in-person in the case study countries of Niger and Guinea.

This project draws on data collected under three main pillars:[5]

(1) Desk review of existing research incorporating the following source types:

- Review of relevant global literature (from grey and academic sources) focused on perceptions of migrants and the impacts of the COVID-19 pandemic on migration patterns;
- Review of relevant regional literature (from grey and academic sources) focused on migration patterns in the region and the current situation relating to COVID-19;
- Analysis of quantitative data on the impact of COVID-19 on populations on the move in the region collected by the Mixed Migration Centre (MMC) from two datasets: (1) phone interviews with migrants (249 female and 560 male) in Niger between April and August 2020; and (2) phone interviews with Guinean migrants (51 female and 286 male) in Mali, Burkina Faso and Niger between April and August 2020.[6]
- Review of international IFRC and Red Cross and Red Crescent National Society project resources, especially those pertaining to the ongoing emergency response COVID-19, as well as other relevant policies and actions around migration.

4 West Africa as a region is defined differently by different entities. This study focuses onECOWAS, including the countries of Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo, in addition to Mauritania and Chad.

5 All research tools are included in Annex 1.

6 4Mi is MMC's flagship data collection project. 4Mi monitors before the pandemic were located in Burkina Faso (Kantchari, Bobo Dioulasso and Dori), in Mali (Mopti, Timbuktu, Gao and Kayes) and Niger (Niamey, Agadez, Diffa, Nguigmi and Tillabéri). Stationed in known gathering points for refugees and migrants on commonly used routes, 4Mi monitors use questionnaires to conduct in-depth structured surveys of people on the move on a continuous basis. These surveys provide indicative insights into the profiles, drivers, protection concerns, and experiences of refugees and migrants along mixed migration routes. 4Mi also conducts short-term, topic-specific surveys in particular locations. MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone. Respondents are recruited through a number of remote or third-party mechanisms. 4Mi uses a combination of purposive and snowball sampling. Data is therefore not representative, and it does not provide estimates of the volume of migration flows or of the prevalence of violations along routes. Sample sizes are clearly indicated and represent a limited section of those on the move. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. The findings derived from the surveyed sample should not be used to make any inferences about the total population.

(2) Remote Key Informant Interviews (KII) with 59 persons, targeting two broad categories:

- Humanitarian actors in the region, including
  - 35 Red Cross staff at global and regional levels, as well as those at management levels in Red Cross National Societies in Gambia, Guinea, Niger, Chad, and Senegal;
  - 22 representatives from national and international NGOs and United Nations agencies implementing migration projects in the countries of focus, in addition to some select respondents with a broader regional remit;
- Two other key informants from a West African university and a religious actor providing services to migrants.

(3) In-field qualitative data collection in Guinea and Niger: Teams of local researchers collected data in-person in Guinea and Niger, reaching another 180 persons (for a full breakdown see Annex 2). Specifically, this included: (1) KII with 20 relevant key informants such as local authorities and community leaders interacting regularly with migrants; (2) KII with 16 field-level Red Cross personnel and partners with daily interface with migrants; and (3) 23 focus group discussions (FGD) with current migrants (both internal and international migrants), returnees, and members of the host community, reaching a total of 144 participants.

The research team selected Niger and Guinea as case studies as they represent, important (and in the case of Guinea and southern Niger, under-researched) migration hubs in the region (see Box 1 in Section 2). In Niger, in-field data collectors focused on the capital Niamey and the region of Zinder in southern Niger. In Guinea, data collectors focused on the capital Conakry, home to numerous internal and returned migrants, and in Siguiri, a prefecture in the north-eastern region of Kankan and the site of goldmines attracting internal and international migrants. The fieldwork followed ethical stipulations around informed consent, gender and protection mainstreaming, safeguarding/child protection, data protection and COVID-19 safety protocols.

Several challenges arose during the research. In the context of COVID-19, international travel restrictions meant that significant components of the research (including KIIs and collaboration with in-country researchers) were carried out remotely. In some cases, this posed challenges due to poor communications infrastructure. In-country data collection also faced challenges due to COVID-19, with safety protocols limiting the size of FGD and therefore the number of participants that could be reached in the limited time available for data collection.

Field researchers made efforts to reach both men and women as well as a variety of age groups over the age of 18. Due to the limited time allocated to fieldwork, it was not possible to systematically seek out age categories. The majority of participants were between the ages of 18 to 40, with host community FGDs including more individuals over the age of 40. While a gender balance was largely

achieved for migrant and host community FGDs, due to cultural norms women are under-represented in formal and informal leadership structures and formal humanitarian work, meaning that respondents under these categories were largely male.

Additionally, data collection coincided with a severe rainy season in both Guinea and Niger. In many cases this hindered field movements and affected the availability of participants. Niger in particular was stricken by torrential rains that flooded the Niger River. This limited the availability of local authorities and Red Cross volunteers, who were occupied responding to the needs of affected persons. In Guinea, rains affected the ability of the researchers to travel to the villages outside of Siguiri, where the majority of international migrants reside closer to the gold mining sites. Field research consequently focused on the city of Siguiri, hosting primarily internal and returned migrants. Data collection also occurred during an intense period in the agricultural cycle, when persons in predominantly rural zones were occupied or had limited time and energy to participate in FGDs. Finally, field teams in Siguiri observed respondents' fatigue with surveys and interviews that are frequently carried out, with many unavailable to participate without monetary compensation.

It is additionally important to note the potential for a modest bias in the data, in that local authorities and humanitarian staff at all levels may be predisposed to hold different views of migrants given that their work brings them into contact with them on a regular basis, compared to persons without regular contact. Likewise, they have an interest in shedding a positive light on their own work, including during the pandemic. In some cases, Red Cross National Society staff put local researchers in contact with migrants currently benefiting from their activities (for example, facilitating linkages with migrants in Guinea). Persons who currently or have previously benefited from Red Cross activities may be more inclined towards favourable impressions of humanitarian actors than individuals who are not currently accessing services.

Finally, it is important to reflect on the limitations of qualitative data from a non-representative sample, particularly in terms of drawing conclusions on abstract and highly complex themes in a diverse region. Ideally, understanding regional-level impacts and perceptions would require a representative population survey. In general, representative quantitative data on perceptions of migrants in the region is limited. The current study therefore aims to afford insights into perceptions, social relations, and other themes at the time of data collection without presuming that these results are generalizable. Where possible, this is supplemented with quantitative data from other sources, in particular from MMC. However, it is also noted that, where data from MMC is used to supplement the analysis, the timeframe for MMC's data collection (from April to August) does not coincide completely with the data collection for this study and is based on a non-representative survey sample.

2. Global and regional context: West African mobility and COVID-19

This section draws on global and regional literature to set the context for the findings from this study's primary research. It begins by outlining key trends in terms of mobility and vulnerabilities experienced by migrants in West Africa prior to the onset of the COVID-19 pandemic, in order to provide an understanding of the already complex context on which COVID-19 descended. It then provides an overview of the progression of COVID-19 globally and in the region, including key considerations in terms of vulnerabilities experienced by migrants during the pandemic.

2.1 Pre-pandemic mobility in West Africa

2.1.1 Regional mobility trends

Migration within West Africa and to North Africa has been an important resilience strategy for years, employed by many communities for survival and as a way to create new economic opportunities during both times of crisis and stability.[7] An estimated 7.9 million migrants live in West and Central Africa, with the largest registered migrant populations in Côte d'Ivoire and Nigeria.[8]

Migratory movements in the region are fast-evolving, complex, often fragmented and non-linear. They can broadly be classified based on their geographic extension (internal or international movements), frequency (seasonal, circular or permanent migration) or objective (for study, work, family reasons, or to seek safety). A distinction can also be made between rural-rural movements (mobility between rural areas, for example towards gold mines and agricultural sites) and rural-urban migration (from rural to urban areas such as cities or capitals). Both Guinea and Niger, selected as case studies for this study, illustrate these different forms of mobility (see Box 1).

Policy discourse and the media have often represented West African mobility as being predominantly towards Europe through the Central or Western Mediterranean Route.[9] Accordingly, research often focuses on these routes, with disproportionate interest in some countries, for example Niger, Senegal and Nigeria.[10] However, most movement in West Africa – approximately 80% to 90%

7 Reitano, T, Adal, L. and Shaw, M. (2014) *Smuggled Futures: The dangerous path of the migrant from Africa to Europe.* Geneva: Global Initiative against Transnational Organized Crime; Molenaar, F. (2017) *Irregular migration and human smuggling networks in Niger.* The Hague: Clingendael - Netherlands Institute of International Relations.

8 IOM (2020a) *West and Central Africa Regional Mobility Mapping.* Dakar: IOM.

9 BBC (2016) *'Thousands of migrants rescued off Libya'.* BBC, 30 August.

10 See for example: Molenaar, F. (2017); Kirwin, M. and Anderson, J. (2018) *Identifying the factors driving West African migration.* West African Papers, N°17. Paris: OECD; Jegen, L. (2020) *The Political Economy of Migration Governance in Senegal.* Freiburg: Arnold-Bergstraesser Institute (ABI).

– is intra-regional.[11] This movement is regulated by the ECOWAS 1979 *Protocol Relating to Free Movement of Persons, Residence and Establishment,* which nominally allows citizens of the 15 ECOWAS member states to move within the bloc's territory[12] but in reality does not prevent migrants from experiencing significant practical difficulties such as extortion, bribing, and verbal and physical abuse.[13]

Within West Africa, most migration within the region falls within everyday life and social normality. For the majority of West Africans, migration is a valuable economic safety valve, an important diversification strategy for sustenance and a form of resilience to climate change, drought and desertification.[14] Historically, intra-regional migration was dominated by north-south movement from the landlocked West African countries of the Sahel (Mali, Burkina Faso, Niger and Chad) to plantations, mines and cities in more prosperous coastal West Africa (mainly Côte d'Ivoire Liberia, Ghana, Nigeria, Senegal and Gambia). The emerging economies of the Ghana-Côte d'Ivoire migratory pole have attracted a large number of internal and international migrants, particularly from neighbouring countries such as Togo and Nigeria (mainly to Ghana), Guinea (mainly to Côte d'Ivoire) and Burkina Faso, Niger and Mali (to both).[15]

Displacement – both internal and across borders – is another significant trend. The armed conflicts that devastated Sierra Leone, Liberia and Côte d'Ivoire in the 1990s resulted in large internal displacement and refugee flows, mostly to Guinea.[16] In recent decades, the Sahel countries have seen displacement triggered by rising levels of insecurity and conflict, particularly in northern Nigeria and southern Niger (where the Boko Haram insurgency is centred), northern Mali, Burkina Faso and in the Liptako-Gourma region straddling Burkina Faso, Mali, and western Niger.[17] These conflicts are characterized by complex patterns of violence in which insurgent groups and State actors are implicated.[18] As of June 2020, the Sahel region was home to 1.5 million IDPs, more than 800,000 refugees and asylum-seekers and over 600,000 returned IDPs and refugees.[19]

11 GMDAC (2018) *Guidelines for the harmonization of migration data management in the ECOWAS region.* Abuja: IOM.

12 ECOWAS (1979) *Protocol Relating to Free Movement of Persons, Residence and Establishment.*

13 For more detailed discussion see Bluet, K. and Davy, D. (forthcoming) Access to essential services for people on the move in the ECOWAS Region A report on legal frameworks and barriers to freedom of movement, residence and establishment, and access to healthcare, education, employment, housing and legal assistance. Dakar: IFRC-UNHCR. For focus on smugglers see Golovko, E. (2018) *Players of many parts: The evolving role of smugglers in West Africa's migration economy.* Dakar: MMC.

14 Golovko, E. (2018).

15 Yaro, J. A. (2008) *Migration in West Africa: Patterns, Issues and Challenges.* Legon: Centre for Migration Studies University of Ghana.

16 Annan, N. (2014) *'Violent Conflicts and Civil Strife in West Africa: Causes, Challenges and Prospects'.* Stability: International Journal of Security and Development, 3(1): 3, 1-16.

17 The Economist (2020) *'Mapping conflict in west Africa: Fighting in the Sahel has forced 1.7m people from their homes: Jihadists are only partly to blame'.* The Economist, 20 June.

18 International Crisis Group (2020) *The Central Sahel: Scene of New Climate Wars.* Briefing No. 154. Dakar/Niamey/Brussels: International Crisis Group.

19 UNHCR (2020) *Sahel Crisis: Responding to the urgent needs of refugees, internally displaced, returnees and others of concern.* Dakar: UNHCR.

Box 1: Key patterns of mobility in Guinea and Niger

Western media and policymakers tend to depict Guinea and Niger as 'source' and 'transit' countries. While this is not wholly inaccurate, this reflects a strongly European lens of migration in West Africa and undercuts the complexity of migration within the region. This research project thus focuses particularly on intra-regional mobility. Three key trends are outlined below, spanning the four sites selected for primary data collection.

Seasonal agricultural labour: Season migration is related both to climatic and social traditions in West African and Sahelian societies, including in response to drought and desertification, natural disasters and as a tool to diversify livelihoods.[20] High dependence on agriculture causes many to diversify their livelihood activities in order to support their families, providing alternative income sources during lean times or lulls in production. In many communities – including in both case study countries – it is habitual to migrate to neighbouring countries after the harvest, during the dry season and then to return home for the rainy season.

Gold mining: In Guinea, gold mining is another key sector for international and internal mobility. Gold mining has become one of the most important sectors for rural economic development in West Africa, in particular in Guinea, Burkina Faso, Mali and Senegal. Most of Guinea's gold production is located in Upper Guinea. While most miners are Guineans (around 60%), significant numbers originate from elsewhere.[21] For some, work at gold mines supplements other economic activities, while for others it is their main income source. Dangerous working conditions on these sites often link to significant vulnerabilities, whether due to accidents, poor sanitary conditions or even situations of abuse and exploitation.[22]

Rural-urban mobility: Over the past 65 years Africa's urban population has steadily increased.[23] Countries such as Guinea, Mali and Niger experienced rapid growth in their urban population between 2000 and 2015, up to around 5% in Niger and 3.3% in Guinea per annum. While migration patterns to and from major African cities remain under-researched it is clear that capitals and large coastal cities in the region attract many migrants. This includes as places of wide economic possibilities, study and as part of fragmented migratory paths towards other regions. The economic role of these cities is enormous. However, they are marked by poor urban service delivery, contributing to vulnerabilities across all communities.

2.1.2 Pre-pandemic vulnerabilities

People on the move in West Africa have always faced vulnerabilities and barriers to services. While these are too numerous to list exhaustively, several critical vulnerabilities affecting different groups of persons stand out in the literature:

- **Access to medical care:** A joint IFRC/UNHCR[24] study into migrants in an irregular situation, refugees and asylum-seekers in the region identified distance to health facilities, prohibitive expense, and quality of healthcare as barriers to health assistance. While in ECOWAS countries migrants, refugees and asylum-seekers nominally possess the right to access healthcare and identity documents are not required to receive services, in practice accessing medical assistance is difficult or unaffordable for many migrants.

20 Altai Consulting (2015) *Irregular migration between West Africa, North Africa and the Mediterranean.* Abuja: IOM.

21 Other major groups include those from Burkina Faso (27%), Mali (10%) Cote d'Ivoire and Sierra Leone (2%) (see IOM (2020b) *Les 'Ruées Vers L'or En Haute-Guinée: Profils Et Dynamiques Migratoires.* Dakar: IOM).

22 IOM (2020b).

23 Data available *here.*

24 Bluett, K. and Davy, D. (2020).

- **Legal status, information, and assistance:** The aforementioned IFRC/UNHCR study highlights the absence of a consolidated strategy across ECOWAS to provide legal advice to persons on the move. Migrants of all kinds may lack essential documentation, legal assistance and information on their rights and where they can seek support for violations; a lack of legal documentation can also hinder asylum and resettlement processes. In addition, many migrants struggle to access formal employment opportunities due to discriminatory labour laws and limited ability to pursue work permits, including due to lack of formal documentation.
- **Increasingly restrictive migration policies:** EU policies towards West African states have in recent years increasingly emphasized joint migration management, characterized by efforts to curb what is considered irregular migration into North Africa and Europe. Much has been written on this fraught topic that is outside the scope of the current research.[25] Most importantly, these policies have rendered formerly typical patterns of movement more difficult, dangerous and less visible, with more migrants seeking to evade detection by authorities and humanitarian actors.
- **Housing:** With the exception of refugees and asylum-seekers residing in formal camps, people on the move in West Africa often seek shelter and housing among host communities. Temporary housing is made available to specific sub-groups, such as survivors of trafficking, unaccompanied minors, and persons awaiting formal Assisted Voluntary Return and Reintegration (AVRR) services offered by IOM. However, such assistance is limited in geographic scope and in capacity. Those unable or opting not to find shelter out of fear often sleep in precarious settings such as streets, bus stations, and markets, exposing them to risks of theft, exploitation and (particularly for women and children) sexual harassment or assault. **Human rights violations and other protection concerns:** Certain groups of migrants are vulnerable to human rights violations during their journey. The extortion of bribes, gifts or other services from people on the move is one of the most common risks.[26] Women and girls, in particular, suffer heightened vulnerability to exploitation, abuse (including trafficking and forced labour) and GBV. Children also face particular vulnerabilities, including separation from caregivers and families, forced labour and sexual abuse.[27] Lesbian, Gay, Bisexual, Queer, Transgender and Inter-sex (LGBTQI) individuals also face the risk denial of rights and services, while intolerant attitudes and anti-gay laws in certain countries raise the risk of human rights violations.[28]

25 See, for example: Boyer, F. (2019) *'Sécurité, développement, protection. Le triptyque de l'externalisation des politiques migratoires au Niger'.* Hérodote, 172: 171-91; Molenaar, F., Tubiana, J. and Warin, C. (2018) *Caught in the middle: A human rights and peace-building approach to migration governance in the Sahel.* The Hague: Clingendael - Netherlands Institute of International Relations.

26 According to one MMC survey in 2019, these incidents represented two thirds of all incidents recorded, with 50% of interviewees reported to have suffered or witnessed these abuses at least once (but in the majority of cases more than one time). For further analysis, see MMC (2019a) *Navigating borderlands in the Sahel: border security governance and mixed migration in Liptako-Gourma.* Dakar: MMC.

27 IRC (2018) *Pushing the boundaries : Insights into the EU's response to mixed migration on the Centra Mediterranean Route.* Brussels: IRC.

28 Homosexuality is illegal in Cameroon, Gambia, Ghana, Guinea, Mauritania, Nigeria, Senegal, Sierra Leone, and Togo in the West Africa region. See Amnesty International (2019) *'LGBTI rights: Mapping anti-gay laws in Africa'*, 31 May.

2.2 COVID-19: trends across the world and in West Africa

2.2.1 COVID-19: global overview

On March 11 2020 COVID-19 was officially designated a pandemic by the World Health Organisation (WHO), following the rapid spread of transmission across different regions.[29] As of 30 October 2020, the WHO documented over 44 million confirmed cases of COVID-19 globally and well over one million deaths.[30] While many of the worst outbreaks in the first months of the pandemic were concentrated in Europe and North America, new hotspots have emerged across world regions.[31]

Governments across the world responded to the pandemic through sets of measures unprecedented in scope and scale, including restrictions on movement, physical distancing, public health measures, governance and socioeconomic measures, and full and partial lockdowns.[32] While these measures were considered necessary to slow the progression of a deadly pandemic, their social and economic consequences have been enormous. The World Bank has estimated that in 2020 alone, COVID-19 could push up to 60 million people around the world into poverty, causing the fourth worst global recession in the past 150 years.[33] The World Bank has predicted a 20% drop in remittances globally in 2020 and as high as 23.1% in Sub-Saharan Africa.[34]

Available evidence suggests that COVID-19 has already had significant impacts on human mobility worldwide, disrupting movement through many of the world's key major migration corridors: in some cases leaving migrants unable to begin journeys in the first place and in others leaving them stranded, either in transit or in countries of destination.[35] Importantly, migrants have made significant contributions to local and national responses to COVID-19.[36] However, the literature also emphasises how migrant communities, in particular migrants in an irregular situation, may be at heightened risk.[37]

In some cases vulnerabilities are shared with other marginalised groups, for example slum dwellers, homeless individuals, gig economy and informal workers, poorer and marginalised communities and ethnic minorities. Other vulnerabilities are more unique, for example linked to migration status, legal entitlements, exclusion from national response plans, access to international protection or differential measures applied to migrant populations.[38] For many migrants, risks overlap with those due to other factors such as age, gender and disability.[39]

29 For a timeline of events relating to the COVID-19 pandemic see Devex (2020) *'COVID-19 — a timeline of the coronavirus outbreak'.*

30 See WHO (2020a) *'WHO Coronavirus Disease (COVID-19) Dashboard'.*

31 In particular, this includes new hotspots in Latin America and South Asia. See Lang, H. (2020) *COVID-19 and the other one percent: An agenda for the forcibly displaced six months into the emergency.* Washington, DC: Refugees International.

32 This categorisation of measures is drawn from ACAPS (2020) *COVID-19 Government Measures: Impact on Displaced Populations Update III.* Geneva: ACAPS.

33 United Nations (2020a) *Policy Brief: COVID-19 and People on the Move.* Geneva: United Nations; Dempster, H. Ginn, T., Graham, J. et al. (2020a) *Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion.* Policy Paper 179. Washington, DC: Center for Global Development, Refugees International and IRC.

34 KNOMAD (2020) *Migration and Development Brief 32: COVID-19 Crisis Through a Migration Lens.* Washington, DC: World Bank.

This study divides vulnerabilities faced by migrants during COVID-19 into two broad categories:

- **Primary impacts:** Namely, heightened risks for migrants of contracting COVID-19 or experiencing serious disease. For example, due to crowded or unsanitary living conditions (including in camps, immigration detention and transit sites), limited access to water, hygiene and sanitation, exposure through work, limited access to risk communications due to linguistic barriers or mistrust of authorities, co-morbidities, and challenges accessing timely screening and treatment.[40] [41]
- **Secondary impacts:** This includes vulnerabilities going beyond direct impacts of COVID-19 on migrants' physical health. In particular, research has shown that migrants are likely to face disproportionate economic impacts during COVID-19, including loss of income and unemployment.[42] Other secondary impacts include implications for migrants' status,[43] psychosocial impacts,[44] disruption to education and non-COVID healthcare (including sexual and reproductive health services),[45] decreased availability of humanitarian services,[46] challenges accessing international protection and solutions,[47] pushbacks and refoulement [48] and wide-ranging protection risks.[49]

35 United Nations (2020a); Guadagno, L. (2020) *Migrants and the COVID-19 pandemic: An initial analysis.* IOM Migration Research Series No. 60. Geneva: IOM.

36 For an illustration of migrants' contributions to the COVID-19 response across different regions, see ODI (2020) *'Key workers: Migrants' contributions to the COVID-19 response'.*

37 See Guadagno, L. (2020); UN Migration Network (2020) *Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond.* Geneva: United Nations;; Bopal, R. (2020) 'COVID-19: undocumented migrants are probably at greatest risk'. BMJ, 369: 1673.

38 WHO (2020b) *Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings. Interim guidance.* Geneva: WHO; IFRC (2020a) *Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic.* Geneva: IFRC.

39 For analysis of the gender implications of COVID-19 see CARE and IRC (2020) *Global Rapid Gender Analysis for COVID-19.* Geneva: CARE and IRC. For an overview specific to migrant women see UN Women (2020) *Guidance Note: Addressing the Impacts of the COVID-19 pandemic on Women Migrant workers.* New York: UN Women.

40 See United Nations (2020a); Guadagno, L. (2020); Hargreaves, S., Zenner, D., Wickramage, K. et al. (2020) 'Targeting COVID-19 interventions towards migrants in humanitarian settings'. The Lancet, 20 (6): 645-6; Refugees International (2020) *COVID-19 and the displaced: Addressing the threat of novel Coronavirus in humanitarian emergencies.* Washington, DC: Refugees International.

41 Challenges accessing COVID-19 healthcare intersect with well-documented barriers to prior to the pandemic, including legal entitlements, direct and indirect costs, cultural and religious norms, language barriers, administrative complexities, information access, fears that confidentiality will not be respected, discrimination or stigmatisation. See IFRC (2020a).

42 Evidence from the 2008 financial crisis suggests migrants are more exposed during financial crises. They are also over-represented in sectors worst hit by COVID-19. See: KNOMAD (2020); UN Women (2020); Dempster, H. et al. (2020a).

43 IOM (2020c) *Emerging Immigration, Consular and Visa Needs and Recommendations. Brief 1.* Geneva: IOM

44 This includes worries surrounding COVID-19 itself, as well linked to confinement and isolation, anxiety about being stranded, arrested or the subject of stigmatisation/xenophobia. See Guadagno, L. (2020); UN Migration Network (2020).

45 United Nations (2020a); ACAPS (2020); UN Women (2020).

46 For example, due to travel restrictions, supply chain disruption, limits on public gatherings and pressures on funding. See United Nations (2020a); Guadagno, L. (2020); Refugees International (2020).

47 In May UNHCR reported that at least 99 countries made no exception to border restrictions for asylum (cited in United Nations (2020a)). Other challenges include suspended asylum processing and disruptions to resettlement, family reunification and voluntary return programmes (Guadagno, L. (2020); UNHCR (2020a) *Practical recommendations and good practice to address protection concerns in the Context of the COVID-19 pandemic.* Brussels: UNHCR).

48 Human Rights Watch (2020a) *COVID-19: A Human Rights Checklist.* New York: HRW; ICRC (2020) *Note on the protection of migrants in the face of COVID-19.* Geneva: ICRC.

Various actors have undertaken activities to address migrant vulnerabilities during COVID-19, including state authorities, formal humanitarian actors and informal civil society networks. This has spanned both programmatic responses and advocacy initiatives. The UN Global Humanitarian Response Plan for April-December 2020, which includes a vast $2.01 billion funding appeal, specifically includes the needs of migrants as one of its three priorities for the response.[50] Within the Red Cross and Red Crescent Movement, the joint IFRC and ICRC global appeal (which as of 28 May totalled CHF 3.1 billion) also contains significant focus on migrants as a group considered especially vulnerable during the pandemic.[51]

Xenophobia, stigmatization[52] and discrimination towards migrants have also been high on the international agenda COVID-19.[53] For example, the UN Secretary General has spoken of a 'tsunami of hate and xenophobia, scapegoating and scare-mongering' towards migrants and other minorities, many of whom were the target of prejudice before the pandemic.[54] Incidents of stigmatisation and discrimination towards migrants have been documented around the world, including suspicions and microaggressions, the denial of access to work, goods and services, verbal and physical abuse, and discriminatory practices from governments.[55] However, to date, analysis has largely relied on media reporting, anecdotal, and qualitative evidence, making it difficult to fully understand the scale of challenges faced; equally, evidence of negative perceptions during COVID-19 should be balanced with emerging evidence of social solidarity and positivity (for a more detailed exploration of these dynamics, see Box 2).

49 Risks cited in the literature include: returns to situations of conflict or danger, inability to flee due to travel restrictions, use of the pandemic to justify detention or deportation, heightened risks of exploitation and labour rights violations, family separation, increasing risks of trafficking, and use of riskier migration routes (see United Nations (2020a); Guadagno, L. (2020)). The literature notes particular protection risks facing migrant women and girls, including the exacerbation of intimate partner violence and risks of negative coping mechanisms. See UN Women (2020); United Nations (2020a).

50 The priority area concerning migrants is divided into two pillars: Advocacy and assistance to safeguard migrants' fundamental rights, access to healthcare, inclusion in planning/surveillance and access to information; and efforts to prevent, anticipate and address risks of violence, discrimination and marginalisation – through enhanced awareness of COVID-19 at community levels. See United Nations (2020b) *Global Humanitarian Response Plan: COVID-19. United Nations Coordinated Appeal. April-December 2020.* Geneva: United Nations.

51 IFRC (2020b) *Revised Appeal MDRCOVID19. Emergency Appeal COVID-19 Pandemic.* Geneva: IFRC; IFRC and ICRC (2020) *COVID-19: The International Red Cross and Red Crescent Movement's Approach.* Geneva: IFRC/ICRC.

52 Social stigma is defined in line with joint agency guidance, as 'the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease' (see IFRC, UNICEF and WHO (2020a) *A guide to preventing and addressing social stigma associated with COVID-19).*

53 See for example ICRC (2020); United Nations (2020c) *'We are all in this Together: Human Rights and COVID-19 Response and Recovery'*, 23 April; IOM (2020d) *'Combatting Xenophobia is Key to an Effective COVID-19 Recovery'*, 22 May.

54 Cited in United Nations (2020d) *'COVID-19: UN counters pandemic-related hate and xenophobia'*, 11 May.

55 Particularly in the early stages of the pandemic, media and other reporting documented widespread instances of negative perceptions towards individuals of Chinese and Asian descent, due to links made with the virus' geographical origin. As the pandemic progressed this has spilled over to other groups. See IOM (2020e) *Issue Brief: Countering Xenophobia and Stigma to Foster Social Cohesion in the COVID 19 Response and Recovery.* Geneva: IOM; Human Rights Watch (2020b) *'COVID-19 Fueling Anti-Asian Racism and Xenophobia Worldwide'*, 12 May; Bauomy, J. (2020) *'COVID-19 and xenophobia: Why outbreaks are often accompanied by racism'*, Euronews, 6 March.

Box 2: Perceptions of migrants during COVID-19 – learning from the global literature[56]

Perceptions of migrants during COVID-19 should be considered alongside the stigmatisation of other marginalized groups, as well as those who have tested positive for COVID-19 or who are suspected to have contracted the virus. Such perceptions can be situated within a wider climate of confusion, anxiety, and fear linked to a new disease with many unknowns[57] – in which rumours, misinformation and even outright conspiracy theories[58] have found significant traction, at times amplified by media reporting and politicians.[59]

Research on stigmatization in the context of past epidemics highlights the importance of considering historical social relationships and power dynamics.[60] The COVID-19 pandemic descended upon a world abounding in diverse perceptions towards migrants. Research conducted prior to COVID-19 shows how in most contexts only smaller sub-sets of the population hold overtly positive or negative views while for most, perceptions are more nuanced.[61] Perceptions of migrants appear complex and individualised, being influenced by wide-ranging factors including individual psychology, personality and values, cultural traditions, media and political discourse, concerns – such as competition over resources (whether real or perceived) and day-to-day experiences.[62] They are also highly context-specific, varying significantly between different countries, regions and even sub-nationally.[63]

Migrants and other socially marginalized groups have often been characterised as carriers as disease, both in the context of day-to-day life and during health epidemics. For example, in relation to cholera in the 1830s, the 1918 Flu, 2008 H1N1 pandemic, HIV/AIDS and the 2014-2016 Ebola epidemic in West Africa.[64] More widely it has been suggested that the COVID-19 pandemic may trigger psychological predispositions associated with anti-migrant sentiment, including valuing security, preferences for authority and in-group loyalty.[65] It is also possible that the long-term secondary economic consequences of COVID-19 may yet have the greatest impact on perceptions, with more negative attitudes towards migrants historically seen during periods of economic recession.[66]

Yet conversely, the literature also suggests how pre-existing positive values and perceptions emphasizing empathy, solidarity and acknowledgement of migrants' contributions may create space for more positive perceptions during times of hardship.[67] Indeed, discussion of negative perceptions during COVID-19 should be balanced with evidence of positivity. For example, one survey conducted in the United States and six European countries found that around three quarters of those surveyed agreed with the statement 'the COVID-19 crisis has reminded us that no matter where we are from, as humans we are fundamentally the same'.[68] Ultimately – whether in terms of positivity and acceptance, or anti-migrant sentiment and xenophobia – COVID-19 is likely to act as an accelerator of existing trends, with precise dynamics differing between countries, communities and individuals.

56 This box summarises a more detailed review of the literature, included in Annex 4.

57 IFRC, UNICEF and WHO (2020a). See also Des Jarlais, D. C., Galea S., Tracy, M. et al. (2006) *'Stigmatization of Newly Emerging Infectious Diseases: AIDS and SARS'.* American Journal of Public Health, 96: 561-7.

58 These include anti-immigrant, white supremacist, ultra nationalist, anti-Semitic, Islamophobic and xenophobic conspiracy theories, spread on and offline. See ISD (2020) *COVID-19 Disinformation Briefing No.1.* Washington, DC: ISD.

59 United Nations (2020e) *UN Guidance Note on addressing and countering Covid-related Hate Speech.* Geneva: United Nations; Human Rights Watch (2020a); Dempster, H. et al. (2020a); IOM (2020e).

60 Des Jarlais, D. C. et al. (2006).

61 Dempster, H., Leach, A. and Hargrave, K. (2020b) *Public Attitudes Towards Immigration and Immigrants: What People Think, Why, and How to Influence Them.* London: ODI.

62 For a review of evidence see Dennison, J. and Dražanová, L. (2018) *Public attitudes on migration : rethinking how people perceive migration : an analysis of existing opinion polls in the Euro-Mediterranean region.* Vienna: ICMPD.

63 Dempster et al. (2020b).

64 See Guadagno, L. (2020); IOM (2020f) *COVID-19 Analytical Snapshot #6: Stigmatization & discrimination.* Geneva: IOM; Bauomy, J. (2020).

2.2.2 COVID-19 in West Africa

As of 6 October 2020, there were 187,676 confirmed cases of coronavirus in West Africa and 2,888 deaths per official statistics.[69] The first cases were documented in March and steadily rose to a peak in late July, although with a substantial decline since (see Figure 1). Overall, the toll of COVID-19 in West Africa has to date been far less severe than in other regions of the world, with West African countries making up less than 0.3% of confirmed deaths worldwide. The extent to which countries have been impacted thus far varies significantly within the region. Only Nigeria, Ghana, Côte d'Ivoire, Senegal, Mauritania, Gambia and Mali have recorded over 100 deaths due to COVID-19, with numbers as low as 40 in Benin and Guinea-Bissau, and as high as 1,113 in Nigeria (see Figure 2). However, variations in testing capacity and policy mean that case and death statistics, as well as cross-country comparisons, should be interpreted with caution.

The pandemic's slow momentum in West Africa thus far can to some extent be explained by the low average age in sub-Saharan Africa (the bulk of the population is under 25) and high levels of mortality from other diseases endemic to the region (such as malaria, dengue fever and cholera).[70] However, strong government public health responses are also likely to have played a role, drawing on experience gained from the management of the Ebola epidemic between 2014 and 2016 (see Box 3). West African governments took action promptly in response to COVID-19 throughout March and early April, moving quickly to declare states of emergency[71] (Cabo Verde, Côte d'Ivoire, Guinea, Guinea Bissau, Liberia, Senegal and Sierra Leone)[72] and public health emergencies (Gambia, Burkina Faso and Niger).[73] A wide range of prevention measures were swiftly implemented, spanning curfews and lockdowns, closure of schools and universities, bans on public gatherings, (including religious gatherings), heavy business restrictions/closures, and border closures.[74]

65 Dennison, J. (2020) 'The effects of the COVID-19 pandemic on the public opinion, politics and policies of migration'. Presentation in Migration Policy Centre Webinar *Public Attitudes to Migration*, 3 June.

66 See Isaksen, V. J. (2019) *'The impact of the financial crisis on European attitudes toward immigration'*. Comparative Migration Studies; 7(24); Dempster et al. (2020a).

67 Juan-Torres, M. (2020) 'Public opinion on immigration: speaking to core beliefs and looking through the COVID lens'. Presentation in Migration Policy Centre Webinar *Public Attitudes to Migration*, 3 June.

68 More in Common (2020) *The new normal? A 7-country comparative study on the impacts of COVID-19 on trust, social cohesion, democracy and expectations for an uncertain future.* London: More in Common.

69 OECD (2020b) *'Tackling the Coronavirus (COVID-19): West African perspectives'.*

70 Dusoulier, A. (2020) *'La COVID-19 en Afrique l'Ouest: une gestion aux multiples facettes'.* GRIP, 16 June.

71 A *state of emergency* derives from a governmental declaration made in response to an extraordinary situation posing a fundamental threat to the country. The declaration may suspend certain normal functions of government, may alert citizens to alter their normal behaviour, or may authorise government agencies to implement emergency preparedness plans as well as to limit or suspend civil liberties and human rights.

72 ICNL (2020) *'African Government Responses to COVID-19. An Overview from the COVID-19 Civic Freedom Tracker'.*

73 A *Public Health Emergency of International Concern* is defined in the International Health Regulations (2005) as, 'an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response'. This definition implies a situation that is: serious, sudden, unusual or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action.

74 For further detail of how measures varied between countries see OECD (2020c) *'COVID-19 Policy Tracker'.*

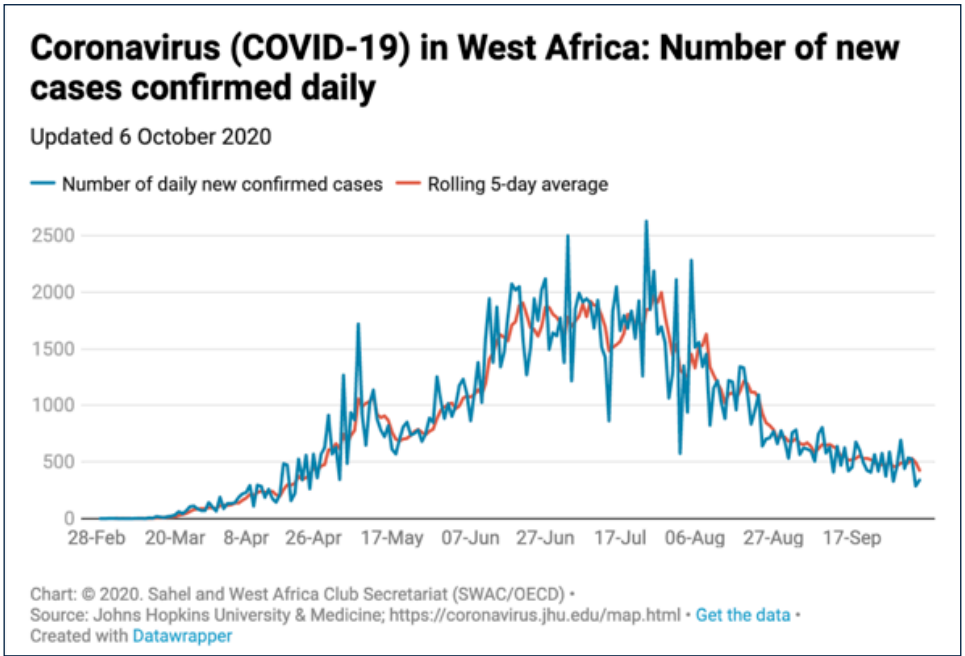


Figure 1: Source – SWAC/OECD (2020a)

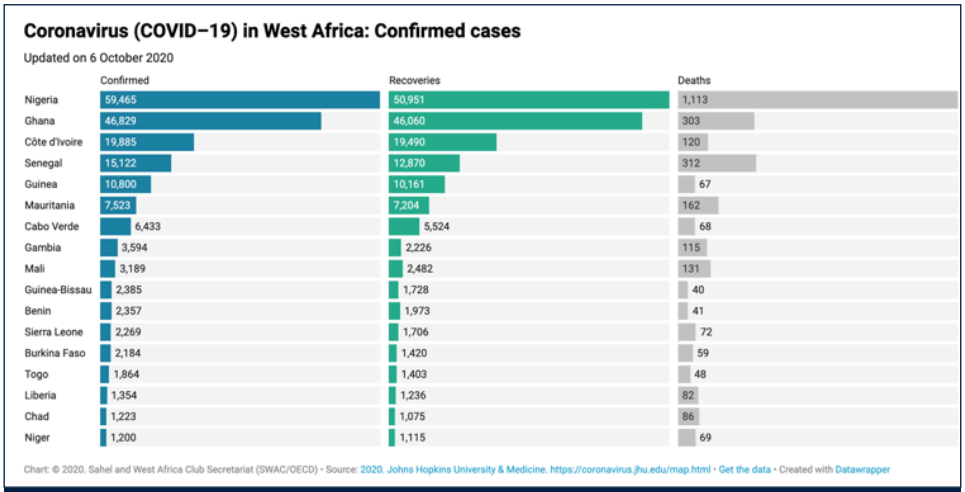


Figure 2: Source – SWAC/OECD (2020b)

Box 3: Learning from Ebola and other disease outbreaks in West Africa

During the COVID-19 pandemic, many have attributed West African governments' responsiveness to difficult lessons learned during the Ebola crisis in the region between 2014 to 2016, that particularly devastated Liberia, Sierra Leone, and Guinea. More than 28,000 people were infected, of whom more than 11,000 lost their lives, while 16,000 children lost their parents or caregivers.[75] Still more people were affected by the epidemic's secondary impacts, including the disruption to livelihoods, food security, fragile health and educational systems as well as an increase GBV and violence against children.[76] Governments took stringent measures to control the epidemic, such as quarantines, border closures, curfews, and roadblocks, which were deemed necessary to control a deadly disease but also devastating to livelihoods and public life. Survivors of Ebola were in some cases met with stigma upon their return to community life, with research documenting incidents of social ridicule, eviction from homes, loss of jobs and divorce.[77]

Ebola is perhaps the most recent but not the sole outbreak that has rocked West African countries. Nigeria in particular has a heavy history with polio, being one of only two countries worldwide suffering from outbreaks into the 2010s. The disease persisted in large part due to widespread misinformation and popular beliefs against vaccines, that took years of community-based work to tame.[78] The HIV/AIDS crisis—while generally not as devastating in West Africa as in the East and Southern regions of the continent—has been another chapter in the region's heavy past with outbreaks. The response to the HIV/AIDS epidemic has been hindered by political challenges, including moral debates and conservative backlash to prevention efforts.[79] In all of these disease outbreaks, traditional beliefs and misinformation played a heavy role in spreading the disease, while community-based approaches have repeatedly found success.

These immediate measures aimed to leave some time for the medical system to equip itself and slow the pandemic's momentum; they likely helped countries avert high levels of infection during the early stages of the pandemic - albeit with far-reaching unintended consequences (discussed in Section 4).[80] Such restrictions were accompanied by strong public health measures, including risk communication (encouraging preventative measures such as handwashing and social distancing), installation of handwashing facilities in public spaces, testing and quarantine policies and mask mandates.[81] At the time of research and writing, many of the more stringent restrictions on daily activities (such as curfews, lockdowns and business closures) have been lifted – albeit with varying timing and pace between countries – though many public health measures remain in place (for an overview of how restrictions have progressed in Guinea and Niger, see Box 4).[82]

75 UNICEF (2017) *Evaluation of UNICEF's response to the Ebola outbreak in West Africa 2014-2015.* New York: UNICEF Evalutation Office.

76 ACAPS (2016) *'Beyond a Public Health Emergency: Potential Secondary Humanitarian Impacts of a Large-Scale Ebola Outbreak'.* Geneva: ACAPS.

77 See, for example James, P.B., Wardle, J., Steel, A. et al. (2020) *'An assessment of Ebola-related stigma and its association with informal healthcare utilisation among Ebola survivors in Sierra Leone: a cross-sectional study'.* BMC Public Health, 20: 182; Overholt L., Wohl D. A., Fischer, W. A. et al. (2018) *'Stigma and Ebola survivorship in Liberia: Results from a longitudinal cohort study'.* PLoS One, 13 (11).

78 See Chen, C. (2004) *'Rebellion against the polio vaccine in Nigeria: implications for humanitarian policy'.* African Health Sciences, 4 (3): 205-207; O'Donnell, J. (2019) *'Dispatch: Nigeria Just Won a Complex Victory over Polio'.* Foreign Policy, 21 August.

79 Djomand, G., Quaye, S. and P. S. Sullivan (2014) *'HIV epidemic among key populations in west Africa'.* Current Opinion in HIV and AIDS, 9(5): 506-513.

At the regional level, steps have been taken to encourage consistent public health measures across ECOWAS member states, supported by the West African Health Organisation (WAHO). In March ECOWAS issued a statement appealing to national authorities to implement measures including surveillance at borders, isolation of confirmed cases and advice to citizens on preventative measures.[83] A Regional Strategic Plan for Preparedness and Response to Epidemics was later adopted by the ECOWAS Assembly of Health Ministers, reportedly costed at USD 51 million, with resources mobilised from partners.[84] ECOWAS has provided financial support to member states, provision of tools and personnel, and the acquisition of testing equipment, ventilators and Personal Protective Equipment (PPE).[85] National and international humanitarian actors have also played a role supporting governments, including with Risk Communication and Community Engagement (RCCE), installation of handwashing stations, providing hygiene promotion kits, and support to isolation and quarantine. This includes actions taken under the United Nations Global Humanitarian Response Plan (HRP)[86] and through the Red Cross and Red Crescent Movement Global Appeal.[87]

80 Maru, M. T. (2020) *'Africa's Scorecard in Countering Covid-19'.* IPSI, 12 June; IOM (2020g) *Overview of border status due to COVID -6/07/2020.* Dakar: IOM.

81 By mid-May 2020, mask-wearing was compulsory in all public spaces in 11 of 17 West African countries and compulsory in some settings in Niger, Benin, Togo, Cote d'Ivoire and Cabo Verde, and recommended in Gambia. (See OECD (2020d) *West Africa makes mask use compulsory).*

82 For example, lockdowns in Benin and Ghana were eased as early as April, when non-essential shops in Gambia were also re-opened. See (see IOM (2020h) *West & Central Africa - COVID-19 - Impact On Mobility Report (April 2020).* Dakar: IOM). In other countries – for example Mali, Burkina Faso, Guinea and Niger – restrictions were not fully or partly lifted until May onwards (see OECD (2020c).

83 ECOWAS (2020a) *'ECOWAS Provides Support to Member States in The Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic',* 21 March.

84 ECOWAS (2020b) *'ECOWAS Communique N° 02 of 6 April 2020 on The Fight Against The Coronavirus Disease',* 6 April; Herpolsheimer, J. (2020) *ECOWAS and the Covid-19 Pandemic: Regional Responses and African Interregional Cooperation,* ReCentGlobe Working Paper 42. Leipzig: Leipzig University.

85 ECOWAS (2020b).

86 The United Nations Global Humanitarian Response Plan includes country plans for some countries, including Burkina Faso, Chad, Mali and Niger. For more information see United Nations (2020b); IOM (2020i) *External Update – Covid-19 Response. IOM in West and Central Africa.* Dakar: IOM.

87 Red Cross and Red Crescent National Societies across West Africa have been heavily involved in national responses to COVID-19, in coordination with government national response plans. Activities have been coordinated under the IFRC Sahel Cluster, in line with the IFRC Emergency Appeal (see IFRC (2020b)).

Box 4: Government responses to COVID-19 in Guinea and Niger

KIIs and focus groups conducted for this study detailed the distinct experiences of the COVID-19 pandemic in Guinea and Niger. As of 6 October 2020, both countries had confirmed just under 70 deaths linked to COVID-19; although registered cases ranged from 1,196 in Niger to 10,598 in Guinea. Following the onset of the pandemic, governments in both countries put in place tightly restrictive measures aimed at limiting transmission.

In Niger, restrictions were put in place from 17 March, beginning with the closure of schools and universities, bars and nightclubs, places of worship and bus stations (with public transportation suspended). The government instituted a ban on public gatherings of more than 50 people (including communal prayers) and closed the country's international borders. Niger's restrictions were further tightened on 27 March, when a public health emergency was declared, at which point a curfew and quarantine were imposed on the capital Niamey. While Guinea's restrictions were enacted at a slower pace, they followed a similarly restrictive path. This began with the declaration of a state of emergency on 26 March. The declaration led to a nationwide curfew, the closure of schools and universities, bans on gatherings of more than 20 people, restricted access to public places (including markets, bars, cinemas, theatres, restaurants, banks), closure of mosques and suspension of sport events.

At the time of research (August to early October 2020), many of these restrictions had been eased significantly. Most of Niger's tightest measures (including in Niamey) were lifted in mid-May. Guinea eased its restrictions in May and June – although far more slowly in the capital Conakry due to increased prevalence of COVID-19.

3. Impacts of COVID-19 on mobility in West Africa

Overall, the long-term impact of COVID-19 for mobility in West Africa remains unclear. Key informants for this study suggested mixed prospects. On the one hand, raising the possibility that COVID-19 may interfere with long-held regional traditions of mobility, decreasing flows due to border controls, fear and lack of resources to facilitate migration journeys. On the other, raising the possibility of increased mobility in the medium- to long-term due to the expected economic fallout. However, in the short-term, clear and immediate impacts have already been witnessed.

This section explores the impacts of COVID-19 on mobility patterns in West Africa, drawing on primary data collected in Guinea and Niger, alongside wider regional data sources – in particular data collected by IOM and MMC. The section seeks to highlight big picture mobility trends, with more detailed impacts of the pandemic on migrants' lives, humanitarian needs and vulnerabilities explored in Sections 4 and 5.

3.1 Restricted movement and stranded migrants

At the onset of the pandemic many West African government instituted heavy restrictions on cross-border and internal movements as part of measures to limit transmission of COVID-19. While governments in the region have since taken steps to re-open border points, prioritising air borders in particular, most restrictions continue.[88] As of 21 October, 53% of international points of entry assessed by IOM in West and Central Africa were still fully and as many as 62% of land crossings: in both respects the highest proportion worldwide.[89]

These restrictions have had significant impacts for mobility. While IOM's Data Tracking Matrix (DTM) registered an increasing number of people on the move in the first quarter of 2020 (compared to the final quarter of 2019)[90] between February and March flows dropped significantly.[91] MMC data shows that both male and female migrants faced increased difficulties crossing borders and

88 For example, commitments were made through ECOWAS towards a phased re-opening (see Reuters (2020) *'West African ministers propose phased re-opening of borders'*. Reuters, 17 June). At the time of writing, most ECOWAS governments (bar Cabo Verde and Gambia) had re-opened their borders to some international flights, albeit with stringent requirements including PCR testing certificates (see IATA (2020) 'COVID-19 Travel Regulations Map').

89 IOM (2020j) *IOM COVID-19 Impact On Points Of Entry Bi-Weekly Analysis 21 October 2020*. Geneva: IOM.

90 IOM's DTM recorded an average of 7,849/daily individuals a day passing through their Flow Monitoring Points in January – March 2020 compared to average 6,700/daily in the same period in 2019 (see IOM (2020k) *West and Central Africa — COVID-19 — Regional Flow Monitoring Report (January — March 2020)*. Dakar: IOM).

91 IOM (2020k).

moving within countries during the pandemic.[92] Both humanitarian responders and local authorities interviewed for this study confirmed that in many cases border restrictions led to a visible slowing of migration movements. Similarly, many FGD participants reported that they could not continue or (in the case of host communities) start their journey due to COVID-19. One international migrant in Conakry explained, 'the *COVID19 pandemic has painfully impacted our plan for the future, with the closure of borders and even with Conakry closed off, travel is difficult, if not impossible*'.[93]

Evidence collected by this study, alongside that from MMC and IOM, points to a high number of stranded migrants in the region, who found themselves unable to continue or complete planned journeys as border restrictions took hold – with significant humanitarian consequences (detailed in Section 4). According to IOM's DTM data, 21,000 migrants were left stranded and 1,500 quarantined in West and Central Africa.[94] While in some cases stranded migrants have been less visible, being spread out within communities and neighbourhoods, in other cases migrants have been stranded in large groups, including those expelled or stranded close to border points.

Regionally, the following groups of stranded migrants were noted through FGDs and KIIs:

- **Nationals intending to migrate - who became stuck within their own country at closed border crossings, unable to cross to other countries as planned.** For example, this was seen in Gao, Mali, close to the country's border with Niger, where many Malians became stranded; as well as in Guinea at the border posts with Mali;
- **Transiting migrants unable to continue journeys.** For example, in the north of Niger closed borders prevented migrants from passing on towards North Africa;
- **Seasonal migrants unable to complete return journeys.** Restrictions imposed by states have significantly disrupted seasonal and circular migration flows. For example, Nigerien seasonal migrants were stranded outside Ouagadougou, Burkina Faso and many migrants were stranded in Guinean gold mines bordering Senegal;
- **Migrants wishing to return (including due to the impacts of COVID-19) but unable to do so due to border closures.** For example, many Guineans were left unable to return during the pandemic, with similar trends noted regarding Nigeriens in Nigeria. Elsewhere, many have been stranded in

92 Note that this question allowed respondents to select multiple answers, thus the total of the preferences exceeds 100%. In Niger, male and female migrants reported increased difficulty crossing borders (74% of both men and women), moving around inside countries (32% of women and 40% of men) and an overall feeling of being afraid to move (32% of women and 42% of men). Guinean migrants interviewed during the same period in Mali, Burkina Faso and Niger echoed these concerns: also reporting increased difficulty crossing borders (67% of women and 70% of men), increased difficulty moving around inside countries (27% of women and 40% of men) and fear of moving around (12% of women and 15% of men).

93 FGD with international male migrants, Conakry, Guinea.

94 IOM (2020k).

transit centres, including in Niger and Burkina Faso, with planned returns unable to continue due to the suspension of humanitarian charter flights;[95]

- Expelled migrants stranded near borders and unable to travel back to their homes due to internal travel restrictions. For example, Nigeriens were stranded in the country's north following expulsions from Algeria and unable to return to their homes in the south.

3.2 'Migration continues': continued mobility during the pandemic

Several KIs nonetheless stressed the view that, as one put it, 'migration continues'[96] – albeit at a slower pace. Data from MMC shows a small proportion of both female and male migrants reporting that COVID-19 had not impacted their journey.[97] In addition, the pandemic has not stopped conflict and violence, with displacement flows continuing. For example, in April ongoing violence displaced 23,000 refugees from Nigeria to Niger,[98] while by August 450,000 people in Burkina Faso had been newly displaced in 2020 alone.[99] Meanwhile, some displaced persons and migrants appear to be continuing journeys, particularly as the pandemic wears on. This is particularly true in the context of a region with a long history of porous borders and informal mobility. A humanitarian actor in Mali explained, *'The border closures lasted three to four months, after the first few months it started again unofficially in all directions'*.[100]

Existing data suggests mixed decision-making among migrants in terms of whether to stay put during the period of restrictions or find ways to circumvent controls. According to IMREF interviews with 99 prospective migrants in Mali, nearly 60 per cent stated that COVID-19 had a major impact on their travel plans and they did not want to travel despite restrictions as a result of the pandemic.[101] However, a sizable minority expressed an intention to continue despite the restrictions. FGDs in Niger suggested that several migrants appear to have adopted a 'wait and see' mentality. One male migrant in Zinder explained, *'It's true with the COVID-19 pandemic, it's not at all easy because the borders are very tightly controlled, so it's not easy. We're going to stay in Zinder for a while and see what happens'*.[102]

Return movements have also continued during the pandemic. Several KIs highlighted how, despite COVID-19, expulsions from Algeria and Libya had continued, including to Chad, Niger and Mali. Some FGD participants in Niger had themselves been forcibly returned following the onset of the pandemic. One

95 While chartered IOM return flights resumed in June, they are currently conducted in line with strict testing and quarantine procedures and are operating with a significant backlog.

96 KII (phone interview) with international humanitarian actor, Guinea.

97 In Niger, a small proportion of migrants affirmed that coronavirus had no impact on their journey (12% women and 7% men). A similar trend can be observed among Guinean migrants interviewed in Mali, Niger and Burkina Faso (18% women and 9% men).

98 UNHCR (2020b) *'Nigeria violence sees 23,000 refugees flee into Niger in last month alone'*, 12 May.

99 NRC (2020) *'A record one million displaced by violence in Burkina Faso amid Covid-19'*, 18 August.

100 KII (phone interview), international humanitarian actor, Mali.

101 IMREF (2020) *Exploring the Impact of COVID-19 on the Vulnerabilities of Migrants on the Central Mediterranean Route.* London: DFID.

102 FGD with male international migrants, Zinder.

female returnee in Kantché in Zinder region related her experience: *'I didn't come home on my own. I was forced to. I was begging in the street when a vehicle parked in front of me. And an officer asked me to get into the car. They drove me to my home and I packed my luggage with other migrant women. Then we were taken to a large yard where there were a lot of people. Days later a truck took us to Zinder and from there we arrived in Kantché'.* [103]

More prevalent however, has been the return of migrants through their own means. Like in many other contexts worldwide, the onset of the pandemic led many West African migrants to return in anticipation of future border closures. For example, one international humanitarian responder related a step rise in returnees to Guinea before the country's borders closed. Following border closures, in some cases returns continued to be facilitated by ad hoc agreements between governments. For example, KIs spoke of exceptions to restrictions made by governments to facilitate returns from Niger to Mali, and from Burkina Faso to Niger. In other cases, migrants reportedly sought informal channels to facilitate returns.

103 FGD with female returnees, Zinder

4. Impacts of COVID-19 for migrants and host communities

This section explores the primary and secondary impacts of the COVID-19 pandemic, as experienced by migrants and host communities. The analysis draws on KIIs, FGDs, secondary literature and MMC survey data to detail trends noted throughout the wider West African region, with particular emphasis on Guinea and Niger. In line with the scope of this research, particular emphasis is placed on impacts experienced by migrant communities. However, this is deliberately situated in the context of wider impacts on host communities, recognising the wide-reaching nature of these impacts across communities and their significance for the social dynamics discussed later in this report.

Importantly, it is noted here that, while this section highlights numerous vulnerabilities experienced by migrants and host communities during the pandemic, this is in spite of their extraordinary resilience. Research conducted for this study highlighted how, in response to acute and fast-evolving circumstances, individuals across communities have shown remarkable agency and resilience, as they have sought to navigate their own strategies in response to changing risks.

4.1. Primary impacts: visible trends and risk factors

As already outlined, at the time of research, reported case numbers in West Africa remained low in comparison with other regions. Accordingly, the primary impacts of the COVID-19 pandemic for both migrants and host communities – at least in terms of confirmed cases – have to date remained limited: none of the migrants or host community members reached by this study reported that had been infected with COVID-19, while most reported they did not know anyone who had been. However, many respondents nonetheless expressed some concern about contracting COVID-19. It is also important to remember that the pandemic is not yet over and could accelerate within the region in future. Several factors were identified that put migrants at heightened risk, particularly if levels of community transmission increase.

4.1.1 Risks linked to living and working conditions

As discussed further in Section 4.2, the pandemic has exacerbated migrants' already precarious access to safe shelter, leaving many homeless or living in overcrowded shelters, including transit centres. Humanitarian actors expressed concerns that shelter conditions heightened their risk of infection, particularly in overcrowded sites. Certainly, in circumstances of increased community transmission, outbreaks would likely prove difficult to contain in these settings, due to challenges isolating infected individuals. While concerns regarding working conditions during COVID-19 were not especially prevalent (although this may be linked to perceptions of risk linked to the virus, discussed below), KIIs in

Niger did indicate some particular challenges for women and girls, affecting both migrants and host communities. In particular, it was reported that those working in brothels were obliged to continue receiving clients during the lockdown with no protective measures, exposing them to heightened risks of contracting COVID-19, as well as other risks.

4.1.2 Difficulties accessing healthcare

MMC data from April to August finds that the majority of migrants surveyed believed that they would be able to access healthcare if they had Coronavirus symptoms. For example, in Niger this was the case for 66% of female and 58% of male migrants. However, it should be noted that a substantial proportion reported limited access. MMC's data captures various reported barriers in terms of accessing healthcare, many reflecting challenges prior to the pandemic. This includes costs of healthcare (reported by 53% of female and 45% male migrants in Niger; and 25% of female and 53% of male Guinean migrants), fear of being reported to authorities or arrested/deported when accessing healthcare (reported by 19% of female and 20% of male migrants in Niger) and lack of knowledge about where to go to access services (reported by 14% of female and 18% of male Guinean migrants).[104] As outlined in Section 6, fear of stigmatisation and discrimination have also posed a barrier for some, although the extent of this appears limited.

The extent of overall challenges accessing healthcare was evident from FGDs conducted for this study in both Guinea and Niger. For example, returned migrant women in southern Niger complained 'What medical assistance? In this village you have to buy everything. We cannot buy pharmaceuticals prescribed by the health centre. Everything is expensive. Even children under five whose treatment has been made free by the government do not receive medicines for free. You always have to buy prescription medicines'.[105] Such barriers have direct implications for migrants' ability to access appropriate testing and treatment should they become infected with COVID-19, creating both a public health concern and clear risks for migrants' own health outcomes.

4.1.3 Challenges accessing information about COVID-19

Migrants may also be at heightened risk due to challenges accessing information on COVID-19 and prevention measures. States and civil society actors have conducted extensive awareness raising and information sharing campaigns on COVID-19 to sensitize populations on the virus and essential prevention techniques. For example, from March to September 2020 Red Cross National Societies in nine Sahel countries reached over 13 million people with RCCE activities, mobilising a network of over 20,000 volunteers.[106]

Sensitisation campaigns appear to have been broadly successful in terms of raising basic awareness. In FGDs conducted for this study in both Guinea and

104 This and the following questions allowed respondents to choose multiple answers, so the total of the preferences exceeds 100%.

105 FGD with female returnees, Zinder.

106 IFRC (2020c) Sahel Cluster COVID-19 Response. March to September 2020. Dakar: IFRC.

Niger almost all participants (across both migrants and host communities) had heard of COVID-19 and most had been exposed to at least one information campaign through media, government or NGOs. While many campaigns have targeted the general population, humanitarian actors have taken steps to ensure the accessibility of information to migrant communities, including by targeting specific locations and communities (sometimes in coordination with migrant associations), use of diverse formats and translation of RCCE materials. Examples from within the Red Cross and Red Crescent Movement are detailed in Box 5.

Box 5: RCCE for migrants – good practices from Red Cross National Societies

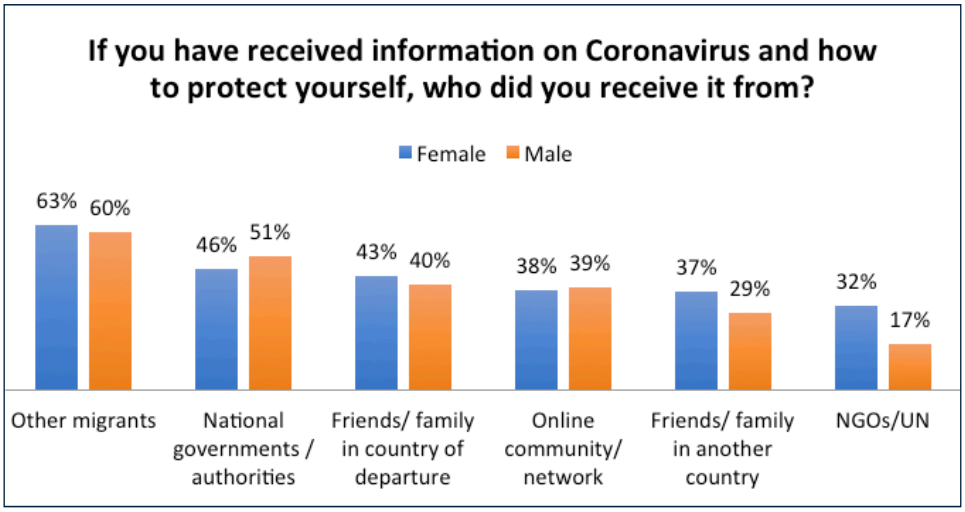
Red Cross National Societies across West Africa took steps to ensure migrants were reached by RCCE activities targeting the general population. Good practices documented for this study included:

- The Burkinabe Red Cross targeted communities already supported by programmes for RCCE, including in transit centres, IDP camps and sex workers in Ouagadougou and Fada.
- The Mauritania Red Cross undertook sensitisation activities targeting 150 Malian camp-based refugees, translating RCCE materials into Arabic to ensure their accessibility.
- The Chad Red Cross put up posters and conducted sensitisation sessions for returnees in quarantine sites they were managing. Other RCCE also targeted people on the move and returning migrants, for example the screening of a local movie on COVID-19 prevention measures on bus routes during the peak of the pandemic.
- The Gambia Red Cross worked with Senegalese migrant associations to translate and disseminate leaflets in local languages.
- The Malian Red Cross conducted RCCE activities in bus stations, markets and migrant shelters, using materials in English and French to ensure accessibility.

Some respondents (across migrants and host communities) mentioned that information campaigns broadcast on television and radio were useful and trusted primary sources of information, with information from NGOs also mentioned but less prominently so. In FGDs conducted for this study, returned male migrants in Zinder favourably described state sensitisation on television, saying, '*There are the first ladies who raise awareness through television by showing how to wash your hands and how to wear your mask. It is very important to see because it allows you to do it better and to educate others*'.[107] Data collected by MMC in Niger, Mali and Burkina Faso (detailed in Figures 3 and 4) also highlights the important role played by migrants' own networks, including information from other migrants, online communities, and friends and family (in countries of departure and elsewhere).[108]

107 FGD with male returnees, Niamey.

108 This question allowed respondents to choose multiple answers, so the total of the preferences exceeds 100%.



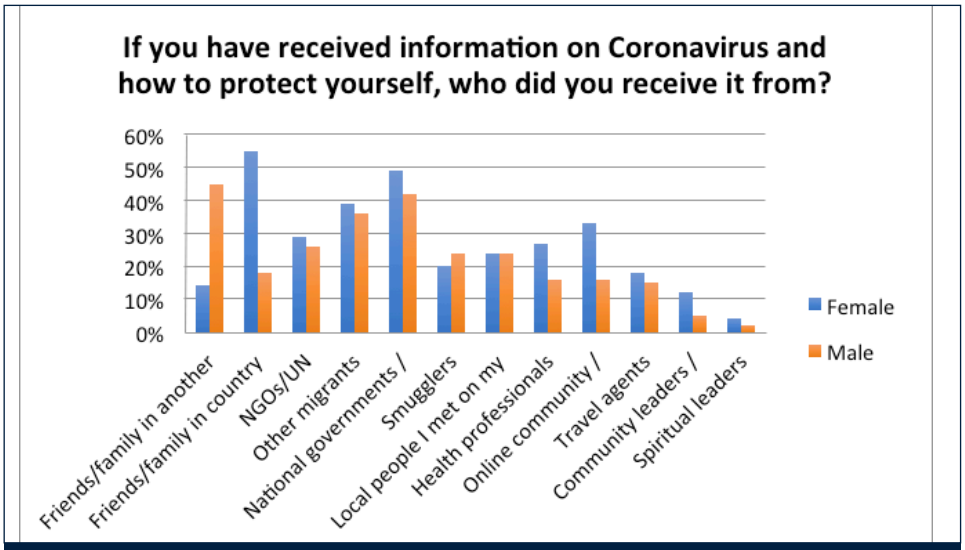


Figure 4: MMC data - Sources of information on Coronavirus received by Guinean migrants in Mali, Niger and Burkina Faso

Despite widespread sensitisation efforts, regional and global data suggests that fears of becoming infected remain high in some West African countries and that, at least among migrants, knowledge of protective measures may be weaker than in other world regions.[109] Global MMC data covering April to June 2020 showed that, while still relatively high, migrants' knowledge of COVID-19 protective measures was the lowest in West Africa of all world regions surveyed, with 76% of migrants in West Africa surveyed in June saying that they knew how to protect themselves against COVID-19.[110]

109 For example, the fear of contamination with COVID-19 is very high in Guinea: according to one study, 97.7% of the households interviewed at the national level declared that they were afraid of being infected with the disease (see DNEEP (2020) *Etude d'impact du COVID-19 sur l'économie guinéenne)*.

110 MMC (2020a) *Impact of COVID-19 on refugees and migrants: COVID-19 Global Update #5 – 30 June 2020*. Geneva: MMC.

KIIs and FGDs conducted for this study confirmed challenges specifically impacting migrants' access to information on COVID-19, particularly during the early stages of the pandemic and often more severely impacting more isolated groups. For example, a humanitarian actor based in the north of Mali explained that information of COVID-19 had not reached many migrants hosted by smugglers in the area's ghettos: '*Initially migrants did not have enough information about COVID-19. There was no clear information on the pandemic, on the symptoms. And for those who stayed in the houses run by smugglers where there was no TV, it was even more difficult to access information. Some migrants have telephones and so they use WhatsApp, social networks, but not everyone*'.[111] Challenges accessing information also appeared especially prominent in regions further from urban centres, for migrants and host communities alike. For example, in northern Niger there were reportedly lower levels of awareness of COVID-19 than in the capital at the beginning of the pandemic, though this later improved. This lack of clear information resulted in stress for many migrants, many of whom reportedly approached humanitarian actors in search of information.

4.1.4 Ability and willingness to adopt recommended protective measures

MMC data shows that many migrants in the region reported taking protective measures in response to COVID-19, in particular handwashing and wearing masks, followed by avoiding crowded spaces, wearing gloves and not touching their faces. However, a not insignificant minority reported that they were not taking any measures in response to COVID-19 (See Figure 5).[112] Research conducted for this study suggested this may in part be due to the fact that, even where migrants were aware of COVID-19 and recommended protective measures, various factors impacted their ability and willingness to practice them.

Many migrants were already living in situations of financial insecurity before COVID-19, with the pandemic significantly worsening their situation; in this context, many do not have sufficient resources to buy protective materials, nor is this necessarily seen as a priority compared to meeting basic needs such as food or shelter or continuing their journey. As outlined in Section 6, humanitarian actors have made some efforts to meet these gaps, for example distributing materials such as masks, soap and hand sanitiser. However, as discussed later in this report, while some migrants, especially those residing in formal centres, had received such assistance, others had not and remained unable to access protective materials.

111 KII (phone interview) with international humanitarian actor, Mali.

112 This was reported by 22% of female migrants and 17% of male migrants in Niger, and 21% of male Guinean migrants across the region. No female Guinean migrants interviewed by MMC selected this option.

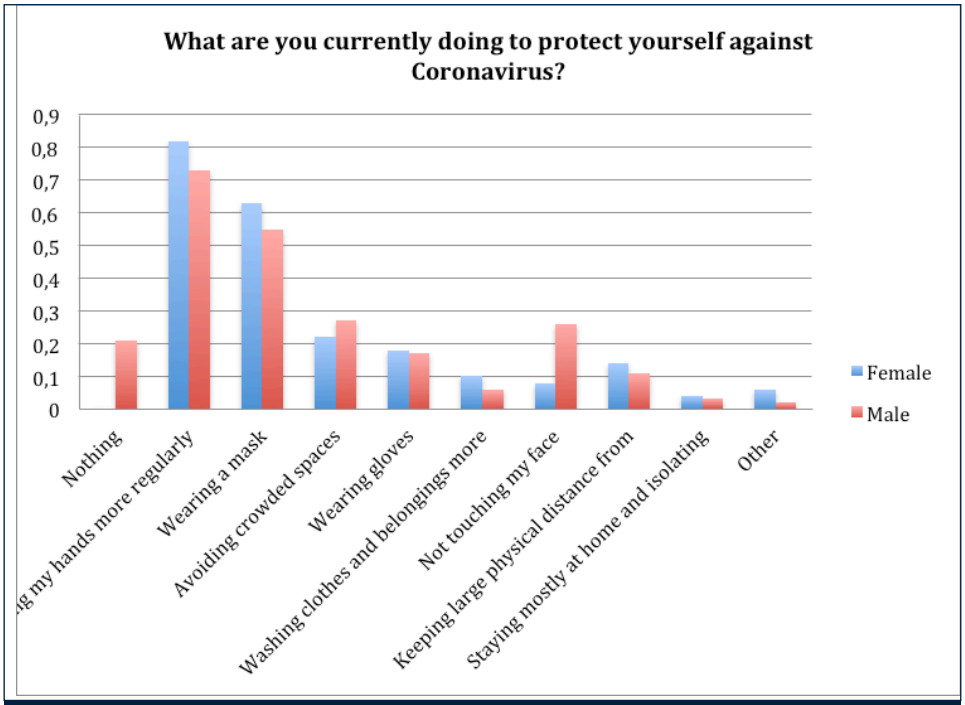


Figure 5: MMC data – What are you currently doing to protect yourself against Coronavirus?

Communities' perceptions of COVID-19 and widely circulating misinformation is also impacting compliance with recommended measures– across both migrant and host communities.[113] Regional trends include beliefs that COVID-19 does not exist at all, that it is manmade or spread deliberately by governments (whether citizens' own governments or foreign governments), that it can be cured with traditional remedies or infects only 'white people' (and not Africans), risking compliance with government measures.[114] Such misperceptions were reflected in KI interviews and FGDs conducted for this study (see Box 6), although it was also clear that perceptions differed significantly between individuals, as well as between geographic and social contexts. Migrants and host communities expressed a wide range of views, from disbelief to fear of the disease; many also espoused seemingly contradictory attitudes, for example saying they did not believe in COVID-19, while later mentioning that they had found information campaigns helpful.

113 For example, an Ipsos survey conducted in May 2020 found that 35 per cent of West Africans believed garlic can cure COVID, while prejudice against Chinese and beliefs that the virus is a bioweapon persist (see Ipsos (2020) *Responding to COVID-19 in African Countries: Analysis and Report of Survey Findings*).

114 These perceptions are highlighted through *IFRC analysis of community feedback* collected across Africa, weekly analysis of which has been published since 23 March 2020.

Box 6: Misinformation and misperceptions around COVID-19

Various humanitarian actors interviewed for this study expressed concerns regarding high levels of misinformation on COVID-19 in the region. This misinformation concerns both the nature of the disease and the more geopolitical context of its appearance and transmission, ranging from lower-level misinformation to outright conspiracy theories: all significantly damaging in terms of compliance with protective measures. Such disbelief and misinterpretations should not be dismissed and indeed provide important insights into the way populations understand their relationships with the authorities, institutions and the Global North.

With the first confirmed cases in African capitals among those returning from Europe,[115] many have linked the disease to groups connected with international travel – from international organisations, rich nationals, to migrants (discussed in more detail in Section 5). While several participants pointed out that this is not entirely inaccurate, it has become more so once community spread of the disease became established. Other misperceptions included the idea that it is a punishment from God, or that it affects only 'white people'. A humanitarian actor with a regional remit described how COVID-19 had become characterised in public imagination as a 'white disease plaguing Africa',[116] accompanied by rumours of vaccine tests on Africans.

In both countries FGDs also evidenced perceptions that government measures were motivated by wider political desires to restrict freedom of movement or assembly, potentially undermining public trust in and compliance with protective measures. In Guinea this was connected to community perceptions that the government was trying to repress oppositional movements, in the context of a contested constitutional referendum carried out during the phase of government restrictions.

Most notably, the relatively low case and death numbers in many parts of West Africa, compounded by misinformation, also appear to contribute towards a perception among many – particularly in areas not directly impacted – that the disease either does not exist or is not especially serious, particularly in comparison to other day-to-day challenges. For example, one host community member in Niamey explained, 'we do not at all believe in the existence of COVID […] *we have never seen anyone who has it. We have never met anyone who knows someone who has had it'.* [117] Again showing how perceptions have tracked the visibility of the disease, KIs in Guinea suggested that fear of COVID-19 was much higher in the first months of the pandemic, when community transmission was higher in Conakry, but that concerns had lessened as recorded deaths and cases remained relatively low, especially in comparison to previous experiences of Ebola.

4.2 Secondary impacts among migrants and host communities

With transmission of COVID-19 in the region to date limited, respondents emphasised that the most significant consequences of the pandemic for West Africans – including both migrants and host communities – have been its secondary impacts. In many cases this has been an unintended consequence of measures outlined in Section 2 enacted to control its spread. Regionally, considerable secondary impacts have already been observed linked to COVID-19, including civil unrest and security risks,[118] risks that the pandemic will exacerbate ongoing

115 In Senegal the *first detected case was a Frenchman returning from a skiing vacation in France,* the first two cases in Burkina Faso were detected in a *couple returning from France,* the *same* is true for Mali.

116 KII (phone interview) with international humanitarian actor, Senegal.

117 FGD with male host community members, Niamey.

118 In some conflict-affected areas, the closure of borders has also resulted in increasing security incidents and attacks on humanitarians. One international humanitarian respondent in Northern Mali reported that, which many businesses disrupted, security incidents increased greatly as a consequence and became more systematic. This included reported attacks on mobile teams from humanitarian organisations.

conflict,[119] an economic downturn,[120] wide-sweeping school closures (impacting both access to education and nutrition),[121] protections risks (including higher rates of gender-based violence) and disruptions to humanitarian assistance.[122]

This section focuses in detail on economic impacts and challenges meeting basic needs, alongside protection risks, as two areas particularly highlighted in KIIs and FGDs. Wider impacts in terms of perceptions of migrants, social relations between communities and their humanitarian consequences are further elaborated in Section 5.

4.2.1 Economic impacts and challenges meeting basic needs

Measures taken to control transmission of COVID-19 have had vast impacts on economic activity in West African countries, the full extent of which are yet to be fully understood. For many among both host communities and migrants, the risk of the virus is not considered as immediate and serious as the economic consequences of movement restrictions and business closures. More than 50% of the population across the region derive their livelihoods from the informal sector and other economic activities affected by COVID-19.[123] Women are particularly likely to be impacted; multiple sources note that women (including migrant women) are over-represented in informal work such as street vending, paid domestic and childcare work, cooking, hospitality and tourism.

Interviews and FGDs in Guinea and Niger elaborated how government measures taken during the pandemic have affected the economic well-being of essentially all groups of the population. Many respondents reported they could not continue their commerce or professional activities as usual; many could not work at all during the months of heavy restrictions. A local authority representative in Niger explained, *'During the pandemic, all layers (of society) felt this inability to conduct activities. This has led to great losses for some, and total unemployment for others'.*[124] Many reported being impacted by mandated business closures and curfews. The same local authority in Niamey elaborated further, *'Between the migrants and the host community, it must be understood that the pandemic has put them in a state of anxiety, particularly because of the curfew. Migrants who had previously managed to do activities in order to meet their needs saw their livelihoods blocked. This is the case for men who carry out casual labour or for women who have workshops. But also some who engage in sex work. It was difficult for them to pay the rent, to provide for certain needs'.*[125]

119 Some reports have expressed concern that COVID-19 will exacerbate ongoing conflicts in the Sahel and other fragile areas of the continent (see Berlingozzi, L. (2020) *'How West African Jihadists Did (Not) Exploit the Pandemic, Commentary'*. ISPI, 12 June).

120 There are different projections for the extent to which the economic downturn will impact African economies in the medium- to long-term. However, there is consensus that the impact will be negative. For an analysis on short to long-term prospects, see OECD (2020e) *COVID-19 and Africa: Socio-economic implications and policy responses*. Paris: OECD

121 KIs highlighted that in many cases the closure of schools had disrupted school feeding programmes, with no alternative provisions made to support these students during closures.

122 See Regional Inter Sector Coordination Group for Humanitarian Affairs in West and Central Africa (R-ISCG) (2020) *Humanitarian Impacts of COVID-19 in West and Central Africa Region*. Dakar: R-ISCG.

123 Ipsos (2020).

124 KII (in-person) with local authority, Niamey.

125 Ibid.

Whereas, in a region where commerce is highly linked to regular movement of people and goods, mobility restrictions have also had grave economic consequences. One female migrant in Siguiri, Guinea explained the impact of border closures for her business,[126] '*My product is leaving Mali for here and since the borders closed my product is blocked there.* So I can no longer do my business'. Individuals working in transnational commerce and the transport of goods (for example, truck drivers and transporters) have also faced increased transport costs during the pandemic. One trader explained, '*The increase in transport [costs] has impacted a lot on me. I am a trader and once at the station I pay for my transport, which has doubled, and also I give the money for the transport of my goods. So, in practice after the sale, I have no profit left*'.[127]

Despite significant individual resilience, generalized vulnerability across all communities – and in particular that of women, children and people with disabilities – coupled with the absence of large-scale social protection measures, severely limits their capacity to navigate these challenges. Exacerbating this situation, many respondents reported increased prices for goods, transport and fuel due to supply chain disruptions, severely impacting their ability to meet basic needs. Economic challenges have also had significant impacts of all communities' psychosocial well-being. Economic hardship was the most prominent stressor reported in FGDs, alongside wider concerns surrounding the restrictive measures, for example linked to confinement.[128]

While many economic impacts were experienced in similar ways by migrants and host communities alike, migrants in the region appeared specifically vulnerable in certain ways. Reflective of global trends, this can be attributed to the more precarious status of their jobs, sparser social networks in host countries (particularly in transit), lack of savings and infrequent access to social safety nets – though some of these challenges also impact host communities.[129] Particular challenges were noted among those who found themselves stranded due to border restrictions and had to use their savings for survival. Migrants in Niger highlighted that border closures had exacerbated already high rates of poverty and high costs of living. One internal migrant in Siguiri, Guinea, explained: '*Everything was going well since my arrival in Siguiri de N'zérekoré in May 2019. I had almost a lot of money with my hairdressing salon and I was preparing to continue for Mali, Bamako, and after that to Algeria, when the borders were closed due to COVID-19 […] I ended up spending [the money] on rent and food. I'm starting over again. Cursed be this pandemic*'.[130]

Those continuing journeys during the pandemic reported rising costs. Whereas returned migrants, reported impacts on their reintegration plans, as well as on communities they would normally rely for support. One male returnee in

126 FGD with female international migrants, Siguiri.

127 FGD with female internal migrants, Siguiri.

128 For example, returnees in Conakry explained that curfews and other containment measures had deeply impacted their everyday lives, to the point that they felt as if they are imprisoned.

129 See United Nations (2020a); ACAPS (2020).

130 FGD with with internal female migrants, Siguiri.

Siguiri explained, 'With the state of health emergency, it is very difficult to find a job, since with this pandemic period people are afraid of foreigners. So there is great mistrust of newcomers. The COVID-19 pandemic has increased difficulties insofar as everyone has to stay at home for fear of being infected by others and this has really drained our family savings'.[131] Specific challenges were also noted for returnees trying to start a business. Another returnee in Siguiri explained, '*COVID-19 has turned my plans upside down. I was in the process of setting up a small shop but everything screwed up because of the pandemic and today I find myself without a penny*'.[132]

Participants shared that – as discussed further in Section 5 – before the pandemic, migrants most regularly turned to local communities for housing or temporary shelter (as well as other needs). However, this was rendered close to impossible during the period of strict governmental measures due to social distancing requirements. Many migrants, including those who found themselves stranded, therefore struggled to access safe shelters and many resorted to sleeping in gas stations, bus stations or mosques. A male migrant in Conakry lamented, '*Currently we are living in an extremely precarious situation, we have difficulty finding food, we sleep in piles because we are unemployed, and we cannot find help or assistance anywhere*'.[133]

In Niger, many stranded migrants sought shelter in government- and IOM-run transit centres in Niamey and Agadez. For migrants who were able to secure this housing, it was seen as an acceptable temporary option as they waited for borders to reopen. Indeed, both migrants and several key informants reported that many had agreed to participate in the Assisted Voluntary Return and Reintegration (AVRR) programme in order to access shelter and basic assistance in transit centres, in the absence of other options. Illustrating this, a male international migrant in Niamey explained, '*we are accommodated, fed, clothed and even have pocket money. COVID-19 is a blessing for us. IOM takes care of everything; we want for nothing*'.[134] However, in Agadez region, several actors reported concerns that the number of migrants stranded outnumbered spaces for safe housing in government- and IOM-run shelters, leading to periods of overcrowding and inadequate conditions.

4.2.2 Protection risks

KIIs and FGS indicated that COVID-19 has exacerbated protection risks, including those impacting all communities, as well migrants more specifically. Several migration assessments in the region have shared concerns that migrants may become increasingly likely to enlist the help of smugglers in order to continue journeys, potentially resulting in increased risks and use of less visible, dangerous routes. At the onset of the pandemic, smugglers seeking to continue operations during COVID-19 faced significant resistance not only from local communities

131 FGD with male returnees, Siguiri.
132 FGD with male returnees, Siguiri.
133 FGD with male international migrants, Conary.
134 FGD with male international migrants, Niamey.

and armed groups but also other smuggling networks.[135] However, after an initial hiatus, some appear to have since resumed operations – albeit using more dangerous routes and at a much higher cost, also exacerbating economic challenges. MMC data surveying 562 migrants in Burkina Faso, Mali and Niger, found that almost half of migrants reported that smugglers had become more difficult to access, while 56% said that smugglers' fees had increased and 60% reported smugglers taking more dangerous routes.[136]

Migrants in an irregular situation are more vulnerable to trafficking, and some KIs highlighted concerns relating to heightened risks of trafficking for persons on the move in particular. Pre-pandemic, trafficking was rife in West Africa; according to a 2020 study, an estimated 62% of cross-border victims were women,[137] despite reportedly making up only 25% of people on the move regionally.[138] Results from a July survey of 94 trafficking survivors from 40 countries and frontline organizations in 102 countries (including 13 per cent from Africa) released by UN Women and the Office for Democratic Institutions and Human Rights found that COVID-19 had severely impacted law enforcement, national referral mechanisms and child protection systems, making detection of trafficking cases even more challenging. In the context of COVID-19, survivors of trafficking globally, including in West Africa, have faced greater obstacles accessing essential services such as health care and shelter and are showing increased symptoms of post-traumatic stress (PTSD) and other psychological issues.[139]

Women and girls across demographic groups have also experienced various other heightened protection risks, with existing information suggesting that COVID-19 has occasioned a rise in GBV (particularly of domestic violence) in the region, mirroring trends seen in the previous Ebola outbreak (see Box 7). One online survey conducted by the NGO Justice and Dignity for the Women of the Sahel found that intimate partner violence (IPV) has increased on average by nearly 12 per cent in six West African countries due to COVID-19, though this has not been systematically documented. This is alongside a simultaneous constriction of related services for women and girls, alongside challenges providing appropriate services in light of restrictions (see Section 6). While FGDs conducted for this study did not specifically ask women or men about their personal experiences of violence, some KIs noted anecdotal reports. For example, an INGO specialized in protection operating in northern Niger noted a spike in GBV cases among women and girl migrants when large numbers of migrants were suddenly blocked in Arlit and Agadez.

135 REACH (2020) Impact du COVID-19 sur les migrants en transit et de retour au Mali.

136 MMC (2020b) *COVID-19 Global Thematic Update #1 - 1 September 2020. Impact of COVID-19 on migrant smuggling.* Geneva: MMC.

137 Temitope F. A (2020) *'Cross-Border Trafficking of Women in the Face of Displacements in West Africa'.* World Journal of Innovative Research, 8 (1): 69-76.

138 This ranges between 11% in Mali and 13% in Chad to 35% in Guinea, Cameroon and 31% in Senegal. See IOM (2020l) *West and Central Africa — Quarterly Regional Migration Report 1 (January — March2020).* Dakar: IOM.

139 See OCSE ODIHR and UN Women (2020) *Guidance: Addressing Emerging Human Trafficking Trends and Consequences of the COVID-19 Pandemic.* New York: UN Women.

Box 7: GBV and disease outbreaks: learning from the Ebola outbreak in West Africa

It is too early in the ongoing pandemic to have definitive, high-quality data on COVID-19's impact upon women and girls. However, some insights can be drawn from experiences of past epidemics.[140] In particular, literature on the Ebola crisis that devastated West Africa from 2014 to 2016 makes clear how an epidemic in countries with pre-existing high levels of GBV, deep structural gender and economic inequalities and inadequate services created a perfect storm. During this time, women and girls were disproportionately affected by Ebola's social and economic impacts due their traditional roles as caregivers – which kept them confined in the home and away from economic and support networks - and their involvement in informal work that took a painful blow following the restrictions intended to control the epidemic.

During the Ebola outbreak in West Africa, there were observed increases in gender-based violence,[141] though it is important to emphasize that globally GBV goes under-reported and thus any statistics or data do not represent the full extent of the problem.[142] Adolescent girls — already at a comparative disadvantage due to discriminatory age and gender norms — represented a particularly vulnerable group, with data suggesting that they experienced greater levels of sexual exploitation and pregnancy, in part aggravated by school closures, quarantines, curfews and the resulting economic losses. While it cannot be assumed that the COVID-19 pandemic will follow the same trajectory, some similarities are emerging.

Finally, although the present research focused on adults, concerns were nonetheless noted in terms of the impact of COVID-19 and related restrictions on children on the move. Linked to the above challenges, concerns were reported in terms of GBV risks for young and adolescent girls, as well as negative psychosocial impacts where children were confined, particularly in abusive homes. All children were impacted by the mandated closure of schools, in terms of their ongoing access to education. Girls were, however, again reported to be at heightened risk. Many girls were considered unlikely to resume their studies after long school closures, with some facing risks of early marriage as families sought coping mechanisms to navigate economic hardships.[143] Specific challenges were also reported in relation to the closure of Quranic schools. This left students, many of whom were migrants, stranded or expelled, for example from Nigeria to Niger.

140 For a review of literature documenting the impact of pandemics on violence against women and girls, including research from the Ebola epidemic in West Africa, see Peterman, A., Potts, E., O'Donnell, M. et al. (2020) *Pandemics and Violence Against Women and Children.* Washington, DC: CGD.

141 See, for example O'Brien, M. and Tolosa, M. X. (2016) *'The effect of the 2014 West Africa Ebola virus disease epidemic on multi-level violence against women'.* International Journal of Human Rights in Healthcare, 9(3):151-60; Onyango, M.. A., Resnick, K., Davis, A. et al. (2019) 'Gender-based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak' in D.A. Schwartz et al. (eds.), Pregnant in the Time of Ebola, Global Maternal and Child Health. New York: Springer.

142 See Katie Robinette (2020) *The Importance of Donor Support for Gender-based Violence Programming in Emergencies, Even in the Absence of Prevalence Data.* GBV AoR HelpDesk Research Query.

143 KII (phone interview) with international humanitarian actor, Senegal.

5. Perceptions and social dynamics in migrant-hosting communities

Building on the findings already elaborated in terms of experiences of the pandemic, this section delves into the complex question of social dynamics in communities in West Africa, seeking to understand if and how the first eight months of the COVID-19 pandemic affected existing dynamics Social dynamics is an admittedly broad term, encompassing the ways in which different communities and their members perceive and interact with one another, including social norms, rituals, interactions and the values and the meanings attached to these. While taking a broad view of social dynamics and exchanges, this study places particular emphasis on perceptions among and between different groups, understanding perceptions as an indicator for and influencing factor on social dynamics.

5.1 Ambivalence, tolerance, acceptance: trends in pre-COVID-19 West Africa

It is important to first acknowledge the difficulty—and potential sensitivity—of drawing generalizable conclusions on a complex and sometimes fraught topic, particularly on the basis of qualitative data collected over a brief span of time. In particular, it is difficult to draw definitive conclusions, given the complexity and diversity of West Africa as a region and the differential experiences of the individuals who participated in this study. This section therefore focuses on patterns that also have resonance in the wider literature and quantitative data currently available, as outlined in Section 2.

In particular, the question of whether – and how – COVID-19 has impacted perceptions of migrants should be understood in the context of perceptions prior to the pandemic, which data collection for this study sought to explore in significant detail. In West Africa, perceptions around migrants and migration—as well as social dynamics within and between diverse population groups—should be understood in a region in which migration is a historically normalized phenomenon embedded in the region's social fabric and economy.[144][145] The majority of West Africans know people who have migrated (internally or abroad) or can count at least one migrant in their extended family or social network.[146] The very normality of constant movement within and between countries is likely to shape positive perceptions among West Africans. Indeed, KIs explained that within the region migrants are not always seen as a separate category of people and to an extent 'blend in' within societies.

144 See for example Charrière, F. and Frésia, M. (2008) *West Africa as a Migration and Protection Area.* Dakar: UNHCR.

145 Turner, M. and Teague, M. (2019) *Trans-Saharan labour emigration from Niger: Local governance as mediator of its underlying causes and consequences.* ICLD Working Paper No. 16. Stockholm: ICLD.

146 See IOM (2015) *How the world views migration.* Geneva: IOM. p.25.

Although representative national data on perceptions remains scarce, what does exist largely points to more accepting or even favourable perceptions of migrants and migration among West Africans compared to other regions in the world. Illustrating this, a 2015 Gallup poll in multiple regions in the world (including the West African countries of Benin, Burkina Faso, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria and Senegal) found predominantly positive attitudes towards migration, with a majority expressing support for the same or increased immigration levels, and the highest percentage of adults in the world expressing support for increased immigration.[147] More recently, several countries in West Africa (Burkina Faso, Chad and Sierra Leone) ranked within the top ten most accepting countries in the world towards migrants according to Gallup's Migrant Acceptance Index, with perceptions in Niger some of the most improved since 2016 (and only just outside the top ten), contrary to an increasingly negative global trend.[148]

Yet, while migration is deeply embedded within the region's social fabric, there are historical precedents for tension, such as the famous examples of Ghana expelling Nigerian migrants in 1969 and Nigeria pushing out ECOWAS citizens following the onset of economic crisis in the early 1980s.[149] In recent decades, conflicts between pastoralists—many of whom carry out cross-border transhumance—and sedentary farming communities have been of increasing concern in West Africa and the Sahel, notably in Mauritania, Guinea, Burkina Faso, Mali, Niger and Nigeria.[150]

In many ways, the data collected for this study in Guinea and Niger reflects these broader trends, overall depicting a complex, diverse, and occasionally fraught West African social context at the onset of COVID-19. As elaborated further below, most painted the picture of a tolerant – if not always accepting – environment for migrants before the COVID-19 pandemic. Yet this appears at times tested by hardships, with external and environmental stresses in some communities straining West African values of tolerance, alongside harsh expectations, attitudes, and risks for migrants at all stages of their journeys. It is important, however, to note significant subtlety and diversity in opinions, with broad patterns obscuring contextual, gender, and individual differences.

5.1.1 'Like brothers and sisters': narratives of positivity

Reflecting on social dynamics prior to the pandemic, several FGD participants in Niger and Guinea expressed a narrative of highly positive social dynamics in their communities. Respondents pointed to shared family ties and values of solidarity and mutual generosity. This type of response featured more prominently among individuals from host communities, local authorities, and local humanitarian responders. In some cases, this was situated within historical precedents of tolerance and generosity within African society. Illustrating this,

147 IOM (2015).

148 See Esipova, N., Ray, J. and A. Pugliese (2020) *'World Grows Less Accepting of Migrants'*. Gallup, 23 September.

149 Charrière, F. and Frésia, M. (2008).

150 See, for example UNOWAS (2018) *Pastoralism and Security in West Africa and the Sahel: Towards Peaceful Coexistence*. Dakar: UNOWAS.

several respondents in Niger pointed to their country's reputation for peace and hospitality towards outsiders, asserting that migrants can find a place to stay and a meal through mosques and local people. A community leader in Zinder shared *'we have positive relations with foreigners. This we have inherited from our grandparents, and we are obligated to follow in their footsteps'*.[151] Women from the host community in Siguiri situated social relations positively in shared goals and experiences in life, saying *'Perceptions among each group were truly good. Before the pandemic, nationals, migrants, others got along well since they all shared the same objective of getting by in life (earning money) and returning home'*.[152]

Returned and on-the-move migrants in some cases also adhered to this narrative, justifying this through instances in which they had been treated with exceptional kindness and hospitality by the host community. Indeed, the fact that migrants often reported relying on the host community first when they required support, in their journey or upon their return, speaks to a certain level of mutual trust. A returned Nigerien male migrant in Zinder shared how, when he returned from Saudi Arabia penniless, a local had housed him for three months: *'I will never forget (what he did for me) for the rest of my life. He gave me food, water, and we lived together like brothers'*.[153] In Niger, one group of young male international migrants currently blocked in Niamey spoke highly of the host community, sharing how they regularly played soccer with local friends and had received credit from a local shop, alongside support from the local mosque.

5.1.2 Tolerance versus acceptance

These positive experiences notwithstanding, respondents across all categories spoke with more subtlety and occasional ambivalence on pre-pandemic perceptions and social dynamics. Female host community members in Niger acknowledged how interactions with migrants varied significantly and may relate to individual differences: *'There are migrants who are good and migrants who are bad. Those who are good help us with our daily tasks, those who are bad steal things from our houses'*.[154]

It was often mentioned that shared traditions and norms (citing examples such as religion, dress, and language) influenced perceptions and social relations. In Niamey and Zinder, members of the host community pointed to Islam and its associated dress, behaviour and social rituals (for example, group prayer) as strong social connectors, as well as the fact that Islam urges its followers to practice tolerance. However, factors such as religion and language also appeared to drive negative perceptions in cases of difference.[155] Cultural differences

151 KII (in-person) with community leader, Zinder.

152 FGD with female host community members, Siguiri.

153 FGD with male returnees, Zinder.

154 FGD with female host community members, Zinder.

155 This is reflective of findings in the broader literature, indicating positivity towards migrants who are culturally similar to host populations and negative perceptions rooted in cultural difference. For example this has been noted in Europe and North Africa (see Dempster et al. (2020b), in East Africa (UNHCR and ILO (2019) *Doing Business in Dadaab*. Nairobi: ILO) in Bangladesh (XChange (2018) *"The Rohingya Amongst Us" Bangladeshi Perspectives on the Rohingya Crisis Survey)* and in regards to Syrian displacement (see Mercy Corps (2012) *Analysis of Host Community-Refugee Tensions in Mafraq, Jordan*; Harb, C. and Saab, R. (2014) *Social Cohesion and Intergroup Relations: Syrian Refugees and Lebanese Nationals in the Bekaa and Akkar)*.

between (often predominantly Christian) coastal and inland Sahelian (often predominantly Muslim) populations are a common trope, though it is important to note that cultural differences go beyond religion, with Muslims and Christians present in both regions. In Niger some host community members demonstrated less-than-positive, stereotyping attitudes towards non-Muslims or those visibly outside prescribed dress and behavioural norms. Representing the strength of this perspective for some, one male member of the host community in Niamey stated, '*Honestly, we mistrust migrants who are not Muslim. They steal and prostitute themselves. They bring debauched behaviour to our communities. We can say that they impact us negatively in this way*'.[156]

Furthermore, a number of respondents spoke to external stresses that coloured perceptions and weighed heavily upon social relations in many communities before the pandemic, particularly unemployment, insecurity and poverty. Guinea's fraught history with the Ebola pandemic, increased insecurity in Niger, and rising economic fragility in both countries were tests to social solidarity before the advent of COVID-19. Host community men in Conakry spoke of 'numerous' strains on social relations in communities affected by migration, such as youth unemployment and the stress of daily life. A community leader in Zinder departed from the narrative of pre-pandemic social cohesion, stating, '*Relations between the different groups were not good even before the pandemic, the view of migrants was sometimes hostile. Some members of the community perceived migrants as people who show up and threaten their job prospects. But this is not really the case, migrants generally accept little jobs that locals do not want to do, like being a house boy*'.[157]

Yet at the same time, host community members suggested that negative perceptions did not necessarily extend to people's behaviour. Reflecting this, regional-level key informants noted that negative perceptions rarely culminated in violence or confrontations. For example, one local humanitarian responder in Niger explained that cultural differences between migrants from predominantly Christian coastal areas and overwhelmingly Muslim locals could engender minor misunderstandings but not full-blown crises. However, these trends make clear that tolerance of differences does not always equal acceptance, and that pre-pandemic social relations were much more complex beyond the external impression of coexistence.

5.1.3 Adventure, disappointment, and shame: perceptions of migration and of returned migrants

While both men and women in Niger and Guinea widely stressed that migration was a normal part of life within West Africa and their community, perceptions of whether migration was a net positive phenomenon were more diverse. This seemed to depend largely on individual experiences and views, with participants within similar demographic groups expressing diverging opinions on this topic.

156 FGD with male host community members, Niamey..

157 KII (in-person) with community leader, Zinder..

Several respondents expressed disapproving views of migration, in particular towards Europe. Migration, according to some participants, is denominated as an 'adventure'[158] that many pursue with unrealistic expectations that lead inevitably to disappointment. For example, several male host community members in Niamey and Zinder showed disapproval of migration, with a Niamey participant noting that *'Migration is nothing but a waste of time. They go off to be security guards, do scrap metal work, domestic work. There are things that we can do here. Even worse, women go prostitute themselves and their relatives even encourage them…. the problem is overall with those that go to Europe. But what all migrants have in common is the search for El Dorado'*.[159] Yet some disagreed, arguing that migration was an acceptable way for a man to support his family.[160]

These attitudes carry over to attitudes of and around returned migrants, who upon their return may experience relief, shame, and difficulty reintegrating. Importantly, many West African migrants act in part on family and social pressures (and fund their journey with family or community resources) to migrate and provide economically for those who remain at home. Those who are perceived as having failed in this project often suffer from shame and stigma, despite the difficulty of achieving success, often understood as earning and sending money back to family members.[161] The prospect of perceived failure to live up to family expectations is acutely painful for both men and women. In Guinea, women returnees in Siguiri described having difficulty reintegrating into daily life due to the shame and negative talk about them, pushing them into greater isolation. For some migrants, the manner of their return—whether by choice, circumstances or a combination of these—appears to have a bearing on the level of stigma faced. Women and children from southern Niger felt stigma after having been refouled from North Africa, enduring brusque treatment on their way back from the north, and returning home more empty-handed than when they set off.

Such unforgiving perceptions around the idea of return and failing in the migration project partially explain why so many migrants are determined to not go home, despite the travails endured. Togolese women in Niamey said they would caution against migration: *'I would say to our sisters who stayed in our country to not take on this perilous journey. Because many among us have failed and returned home empty-handed, a great disgrace for their families'*.[162]

5.1.4 Gendered perceptions

Respondents often pointed to the disproportionate influence of gender on how migrants were perceived in West Africa pre-pandemic. Perceptions of men and women migrants are largely tied to prescribed gender norms and roles in host

158 Throughout the region migration journeys are often labelled as 'aventure' in French, in this way emphasising the unforseeable outcomes of the migration enterprise.

159 FGD with male host community members, Niamey.

160 Ibid.

161 Focusing on migration from Niger, Turner and Teague illustrate the enormous pressure faced by migrants from family members, even—or perhaps especially – when they have been able to secure money. (Turner, M. and Teague, M. (2019)).

162 FGD with female international migrants, Niamey.

societies and countries of origin, that generally place women in the home and depict men as providers. Both men and women in Niger and Guinea were quick to point out that it is more socially acceptable—even, in some cases, expected— for men to undertake migration. Illustrating this, one male host community member in Zinder stated that men's migration should be encouraged as it enables men to meet needs and take care of their family. This reflects strong notions around men's role as providers, that likely feed into pressures felt by men and boy migrants. Female host community members in Zinder agreed, pointing out a harsh double standard: *'migrant women are poorly perceived in the community. They are seen as prostitutes. But men's migration, this is considered as benefitting their family because it's the man's job to feed his family. He has the right to go wherever he wants to get money'*.[163]

Interestingly, many men migrants evaluated their vulnerability to risks along the journey as greater than that of their female counterparts. Here, again, gender roles and stereotypes are an underlying reason, with men noting that women are often more likely to receive support from other migrants, host communities, and from humanitarian service providers at all stages of their journeys. Ironically, migrant men appear disadvantaged by restrictive gender norms around women (i.e. the idea that women are weaker and therefore more deserving of assistance). Men, according to both migrants and some key informants, are in some contexts more distrusted by the host community who stereotype them as vagrants, thieves, or swindlers.

Overall, however, while both men and women migrants were subject to gendered stereotypes, perceptions around both international and internal migrant women were largely more unforgiving, linked their perceived transgression of gender norms. In a FGD with migrant women in Siguiri, a woman expressed, *'Local communities think that if a women goes to a different city or prefecture for a change, she is going to engage in sex work because in their community, women are not supposed to go out to earn money, it is the man's role to do that'*.[164] In this sense, a woman who migrates for economic reasons is perceived as having already transgressed her prescribed role. These harsh stereotypes put women in a difficult position: up against social or circumstantial pressure to earn money, alongside the risk of stigmatization incurred by undertaking movement to accomplish this.

Migrant women throughout West Africa are often stereotyped as sex workers or blamed for bringing vice to communities; young foreign migrant men in Niamey, for example, spoke to local perceptions that foreign migrant women 'spoil' local young men, selling their bodies and creating a temptation that would normally not be there. According to host community women in Siguiri, '*Women migrants are not considered as trustworthy in contrast to men who are. Women are exposed to many bad things, sexual violence, prostitution. And for the community, a woman who leaves her family is good for nothing, as women are made for staying at home and not to go on adventures. Adventure is something solely for men*'.[165] This stigmatization follows

163 FGD with female host community members, Zinder.

164 FGD with female internal migrants, Siguiri.

165 FGD with female host community members, Siguiri.

women upon their return to their homes, where they may be ostracized due to a perception that they have engaged in sex work or been subject to other forms of violence or exploitation. Migrant women interviewed in southern Niger described how, upon return, they had lost ties with family and friends (who refused to speak with them), while some had been divorced by their husbands. Women returnees (including victims of trafficking) who returned to Guinea lamented how after undergoing traumatic experiences, locals and their family saw them as 'prostitutes, sick people, and bandits'.[166]

5.2 Impacts of COVID-19 on perceptions and social dynamics

As already outlined, study participants were overwhelmingly clear that the most significant impacts of the COVID-19 pandemic in West Africa had been largely in terms of economic consequences and related hardship. However, participants showed decidedly less consensus on the pandemic's impact on social dynamics and perceptions: many migrants, host communities and KIs questioned whether there was any impact at all, while others observed dramatic shifts. Others still were ambivalent, noting that broader social values and dynamics appeared unchanged, but perhaps amplified or compromised. This diversity in opinions in unsurprising given what is known about perceptions of migrants more broadly (see Box 2 in Section 2): reflecting the wider social and geographical diversity of the region, as well as individuals' unique experiences. It is likewise important to emphasize that these findings present a snapshot of perceptions at the time of data collection, with the pandemic still in its early stages and long-term impacts worldwide yet to be seen.

5.2.1 'We help each other': examples of solidarity during the pandemic

This study identified examples of solidarity and mutual understanding in response to the pandemic and the hardships generated by the government measures. These examples reinforce the notion of the highly communal social system of West African cultures, in which wider social networks have and continue to be critical for many people's survival in times of hardship and crisis. For example, a Guinean migrant in Siguiri described the warm hospitality she had received from a woman she had never met, who offered her lodging for several days immediately following her arrival at the bus station. Women in southern Niger noted that certain members of the host community provided them with food or donations of clothing during COVID-19. Women in the host community in Niamey summed this up, saying, '*Migrants have always been among us, and vice versa when we ourselves travel other places. They bring activities here and we bring activities there, so we help each other*'.[167]

5.2.2 A ripple and not a tidal wave: changes to social routines

Many men and women across demographic profiles insisted that the pandemic had minimal impact on social relations, and impacts noted were deemed more superficial. In several cases, the insistence that social relations remained unchanged was linked to the doubts and disbelief about the pandemic already

166 KII (in-person) with local humanitarian actor, Guinea,

167 FGD with female host community members, Niamey

discussed. Illustrating this, a male international migrant in Niamey related *'Relations have not at all changed, they are the same as before. There has been no change. Here, for a lot of people the pandemic exists only in Europe or elsewhere'*.[168]

Notably, some contradictory views arose during discussions and interviews: some individuals denied any changes to social relations and then later brought up perceived shifts. For example, a local government authority in Niamey insisted that COVID-19 had not altered relations but also mentioned other difficulties contributing to social stress: '*apart from the movement restrictions and the high cost of living, the pandemic has not changed anything with regards to social relations*'.[169] Responses such as these could perhaps be situated within the ambivalence, uncertainty, anxiety, and other emotions many are experiencing during a continuously evolving pandemic; it is also possible that the discussions stirred reflections and observations that had not yet occurred to certain participants.

Yet more broadly, migrants, host communities, authorities, and local humanitarian responders expressed a widely held sentiment that (both large and small) disruptions to social rituals due to the pandemic had, and continue to, degrade social dynamics. For both migrants and host communities across demographic groups, physical separation has had a harmful effect in limiting regular daily interactions and rituals among all groups in the community – including with migrants. Wearing masks, social distancing, opting not to shake hands or engage in other forms of physical contact was perceived to have detracted from the sense of closeness or goodwill that such rituals generated. Rituals holding heavy material and/or symbolic value within West African societies, such as marriages, baptisms, and sharing meals for cultural and religious celebrations, were also disrupted. An authority in Siguiri explained: '*If there was a death, people would normally gather to visit the family as a show of solidarity and this is not done now, and the same thing with ceremonies. And the impact of these perceptions on relations is that the social fabric has disappeared, as has the harmony among us before this happened*'.[170] Migrants and host communities particularly lamented the restrictions on group prayer, representing a positive and essential social ritual for many West Africans.

Such disruptions appear to have a reverberating effect at all social levels, felt within extended families, host communities, and between migrants and host communities. Yet this is felt differently by women, children, and other groups. For example, in Niamey and southern Niger (as in most areas of the region), the inability for women to come together for meetings of women's savings groups is an economic and also psychosocial setback to women who derive psychosocial benefits from gathering with other women. Similarly, the inability of children to pursue schooling (formal and Quranic) has a bearing on their opportunities for positive socialization as well as education. For local humanitarian responders interviewed, the physical barriers they had to follow has created a sense of separation from beneficiaries, with implications for the quality and humanity of their work.

168 FGD with male returnees, Zinder.

169 KII (in-person) with local authority, Niamey.

170 KII (in-person) with local authority, Siguiri.

5.2.3 Negative impacts: fear, mistrust, and stigma

Discussions around social relations and perceptions in the time of COVID-19 also highlighted a common theme of fear and distrust of others arising from the pandemic —and the consequent deleterious effects on social relations. Interviews and FGDs indicated a widely expressed perception of outsiders, those returning from abroad and groups perceived to travel frequently as vectors or carriers of the virus. This was connected to an idea of COVID-19 'coming from outside' and included but was not limited to, migrants, while also spanning other groups such as well-off nationals, staff from international organisations[171] and even government officials.[172]

These fears were in some cases attributed to misinformation or incomplete information on the virus and its causes, as well as a general sense of uncertainty in the context of COVID-19. Yet this perception also reflects the very real fact that the virus was brought to the region by travellers coming from other more affected parts of the world. Additionally, the COVID-19 pandemic may have reawakened memories of mistrust of foreigners that were rife during the previous Ebola epidemic. Mistrust related to the pandemic appeared more prominently in Guinea, which has a heavily fraught past with Ebola. While this was more often directed at strangers, returned migrant women in Siguiri suggested it affected perceptions of neighbours: *'With the pandemic, everyone is suspicious of those close to them'*.[173]

In some cases, fear and mistrust resulted in discrimination or stigma against those travelling, newly arrived and returnees. Such attitudes are highly problematic considering the fundamental role of host communities in accommodating migrants, who overwhelmingly look towards the host community for food, shelter, and other forms of fundamental assistance.[174] Migrant men in Siguiri described how quickly this fear fed the mistrust of transiting migrants in border areas of Guinea simmering in recent years of increasing insecurity: *'there is a negative attitude directed at migrants when they arrive. Some of them went to the host community to find lodging for a few days but found none, they were forced to sleep in the streets and pass their days eating discarded/leftover food in markets and sleeping in public markets. It was all due to the fear of contracting the pandemic that they were rejected [by the host community]'*.[175] In the decidedly more restive region of western Niger on the border with Mali and Burkina Faso, a humanitarian worker recounted that before the pandemic conflicts between host communities and the various populations on the move had for the most part been rare. However, when the first COVID-19

171 Within West Africa, suspicion of international organisations as bringing in the disease from abroad were likely reinforced by early cases of COVID-19 among INGO staff – although it was noted that such mistrust was considered far less severe than in the context of Ebola.

172 *Feedback collected by IFRC* at the Africa at the regional level reflects broader perceptions across the continent of COVID-19 as a disease linked to Chinese nationals, white people, the rich or foreign travellers.

173 FGD with female returnees, Siguiri.

174 MMC 4Mi data has found that migrants generally look first towards family and friends, then to local populations, for assistance. See MMC (2019b) *MMC West Africa 4Mi Snapshot September 2019*. Geneva: MMC.

175 FGD with male international migrants, Siguiri.

case was registered among the displaced community, the local host community began restricting access to the wells, resulting in a need for mediation.[176]

However, it was rare that these incidents culminated in acts of outright violence, abuse or discrimination (such as the denial of access to work, goods and services) with regional KIs suggesting that mistrustful or fearful attitudes often stayed at the level of negative perceptions or verbal comments. While lower-level stigmatisation may stoke migrants' fear that they will be victim to more violent forms of stigmatization or suffer discrimination, visible negative encounters appeared significantly rarer.

Regional KIs observed that stigma and discrimination linked to COVID-19 was highly contextual, generally being more common in areas where tensions among different groups were already higher prior to the pandemic. Social relations appeared less impacted in regions where relations were more favourable prior to the pandemic. For example, several observers described rising tensions in the Agadez region of Niger, which in recent years had already suffered a more fraught and politicized social context around migrants. One humanitarian actor described how in Agadez the period after the closure of the borders had made migrants far more visible than before, with a large number of migrants suddenly immobile and therefore highly visible in contrast to previously more transient populations (many of whom sought to remain inconspicuous). This sudden presence of a large number of stranded migrants enflamed prejudices around foreign migrants, exacerbated by the large number of confirmed COVID-19 cases among them: in July 43 out of 71 positive cases in Niger were among migrants, perhaps serving to reinforce negative prejudices held by the host community about them.

5.2.4 Amplification of existing prejudice and stigma: perceptions of gender and returnees during COVID-19

Just as COVID-19 inflamed existing tensions in some communities, it also amplified existing prejudices and stigmatizing social patterns. This came out particularly saliently for women migrants and returnees of both genders, with the pandemic in some cases aggravating harmful gender norms and stereotypes. Nigérien migrant women intending to travel north reported that the pandemic had done nothing to ease negative stereotypes labelling them as sex workers and 'fallen women'. Similarly, a key informant in northern Niger described how women migrants from Nigeria had suffered physical and psychological aggressions, primarily due to the fact of being foreign women perceived as 'vectors' of the disease.

Women who returned amidst the pandemic have suffered the added pain of being viewed by many as dirty or contaminated. Returned women in Niger lamented how being returned by the State after COVID-19 added to the list of prejudices levied against them; people now avoided them out of fear of contamination. Returned women migrants in Siguiri also poignantly described how the pandemic

176 It is important to keep in mind the complexity of social relations and perceptions of the Liptako-Gourma region, as well as other border areas in the region where views of migration and migrants are highly contextual and textured. For further analysis, see Mixed Migration Centre (2019a).

made reintegration even more difficult and painful: *'It is very difficult to resume the course of your life after a failed adventure, because when you return to your home, society things of you in a different way than before. You become something of a scapegoat and you are excluded from community activities. This makes returnees afraid of asking for assistance or getting a job. And the pandemic has only increased these difficulties'.*[177]

On their part, men in Guinea who had returned also shared that they had not received a warm welcome back to their own families due to the pandemic.[178] With stigma and fear associated with COVID-19 adding to that already experienced by returnees, it is understandable why stranded migrants interviewed were hesitant to go home despite the uncertainty of their futures. A young Togolese woman currently waiting in Niamey stated that she and her traveling companions had no intention of abandoning their project and would wait to see if the roads became safe again: *'Those who return are considered cowards, of not having the heart to continue. And because of that people will insult your family…at one point I wanted to give up, but my cousin persuaded me not to. Even if I have to stay a while in Niamey to make money, I am not going to go back go back my country'.*[179]

5.3 Implications for access to assistance and broader social cohesion

There was not a great deal of consensus on how trends regarding perceptions and social relations impacted the help-seeking behaviours of migrants, particularly as many respondents were not in agreement that perceptions had drastically changed at all. The shame and stigma suffered by certain categories of migrants—particularly women and returnees—before the pandemic already impacted their experience in asking for and receiving assistance. In Siguiri, both men and women pointed to higher levels of mistrust that made it even more difficult to ask for assistance during COVID-19, with returned migrant women sharing that they had misgivings about going to the sites where they would receive assistance. They pointed out the unsustainability of relying on humanitarian assistance for extended periods of time, particularly as humanitarian actors cannot meet all their needs.

Humanitarian respondents also reported migrants' fear of stigmatisation during the pandemic as one of the factors preventing them from asking for assistance. One explained, *'As a consequence of these fears, migrants were staying at home because of this concern. We saw they [migrants] weren't going out, there were increasing vulnerabilities because they were concerned'.*[180] Interestingly, however, MMC data suggests that stigmatization is a present but not dominant barrier in terms of accessing healthcare services specifically, with only 4 per cent of women and 7 percent of men interviewed in Niger, and 12 percent of women and 3 percent of men Guineans across the region citing this as a concern.

177 FGD with female returnees, Siguiri.
178 FGD with male returnees, Siguiri.
179 FGD with female international migrants, Niamey.
180 KII (phone interview) with international humanitarian respondent, Senegal.

Indeed, it is likely that the level of need and desperation – which has only been exacerbated by COVID-19 - impels certain migrants to seek assistance, despite facing fear or shame. Interviews in southern Niger made clear that women still approached the host community for assistance if considered the only option, despite shame and stigma. There is likewise no significant evidence that perceptions among formal humanitarian actors were drastically altered by the pandemic on a large scale: it was reported by a small handful of humanitarian actors that at the beginning of the pandemic, when anxiety levels ran high, some staff had misgivings assisting migrants. However, these were largely rectified when they learned how to keep themselves safe during their work and had adequate protective equipment.

In terms of broader social cohesion, is not currently clear whether impacts on perceptions and social relations are profound and long-lasting or more superficial and temporary. Those who felt the changes to be temporary may be affected by an impression that the most intense period of the pandemic is decidedly in the past, particularly as, at the time of data collection, more restrictive government measures had been lifted. An authority interviewed in Niamey summed up this sentiment, saying, *'The pandemic changed relations among groups…mostly due to this panic around COVID-19 […] following these four or five months this panic/psychosis caused by the pandemic has disappeared, or diminished. Social relations currently are not the same as they were before COVID-19, but the tendency is towards recovery as people have resumed to go about their business now'*.[181]

Given the pandemic's potential for exacerbating existing challenges in the region, it is indeed difficult to predict how social dynamics will respond as the pandemic progresses – and particularly as secondary impacts of the pandemic grow more pronounced. It is useful here to revisit the fact that perceptions and social dynamics during times of stress (including during the pandemic) emerge largely out of historical and current relations and power dynamics between different groups (see Box 2 in Section 2). In this sense, it is not surprising that in a broad sense, West African communities have shown a certain level of resilience—though not immunity—to the stresses the virus has placed on social dynamics and solidarity in other parts of the world, including those often considered to be more developed.

As time progresses, it will be important to pay close attention to areas in the region where perceptions and dynamics were already fragile before the pandemic and where further deterioration will likely exacerbate the suffering of vulnerable groups. Without being dismissive of these risks, we must not discount the West Africans who expressed confidence that that ideals of tolerance and social solidarity in the face of hardship would prevail in the long-term.

181 KII (phone interview) with local authority, Niamey.

6 . Impacts for humanitarian responses in West Africa

Humanitarian actors in West Africa – including those addressing vulnerabilities among migrants – have faced a multi-pronged challenge: of scaling up a wide-ranging response to direct impacts of COVID-19, addressing new and complex secondary risks created by the pandemic, while ensuring that ongoing and pre-existing humanitarian needs continue to be met. This section explores the difficulties that have been experienced throughout this work, further exacerbating challenges already outlined, alongside the considerable efforts made to adapt operations in order to meet existing and new needs among migrant communities. While in many cases migrants sought – and obtained – assistance from other migrants and host community members in response to challenges experienced during COVID-19, this section explores the role played by more formal humanitarian actors.

6.1 Challenges for humanitarian work during COVID-19

Containment measures imposed by the governments in the region, alongside other challenges, heavily impacted humanitarian operations during COVID-19. The following challenges were highlighted by KIIs working on migration programmes, although many have wider relevance:

- **Limitation to 'essential' work only:** several respondents reported that governments had limited field interventions to 'essential' services only. For many humanitarian organizations it was very hard to ensure their work was recognised as 'essential'. In some West African countries a particularly stringent definition of 'essential' was applied, including only activities directly linked to the COVID-19 response.[182]
- **Restrictions on mass gatherings and physical contact:** Strict restrictions created difficulties for various activities, including food distribution (including in the school canteens), refugee screening, group PSS sessions and livelihoods trainings. While, as outlined below, many activities were able to continue with adaptations introduced, navigating these constraints nonetheless posed a significant operational challenge.
- **Restrictions on internal and international travel:** Travel restrictions significantly limited the ability of teams to move around, particularly at the height of restrictive measures. Reduced proximity to affected communities impacted humanitarian actors' ability to deliver assistance, assess needs and to identify those in need of support. International travel restrictions also impacted organisations' ability to deploy new staff in support of responses.

182 For example, according to one regional international humanitarian respondent, the governments in Nigeria and Mauritania suspended all activities not strictly linked to WASH or health responses to COVID-19.

- **Shrinking humanitarian space:** The above obstacles compounded pre-existing access challenges in the region, particularly in highly insecure areas. After the onset of COVID-19 humanitarian actors reported being unable to go to the places where they accessed previously due to rising insecurity and new restrictions.
- **Preventative measures taken by humanitarian organisations:** Many organizations decided to restrict movements of their teams in order to reduce risks of exposure and transmission, even where not mandated by governments. This included limiting movements between bases, circumscribing the movements of the field teams, remote working and limitations on in-person activities. While effective in terms of prevention, such measures introduced new difficulties discussed below.
- **Price rises and supply chain issues:** Price rises for basic goods impacted humanitarian organizations, who reported increased costs for fuel and other essential goods. In some contexts humanitarian actors also reported challenges with supply chains, particularly for items in high demand during the pandemic such as PPE.

6.2 Adaptation of programmes to navigate restrictions and reduce risks

The eruption of the pandemic significantly slowed humanitarian activities, particularly in the early stages of the crisis, as organisations scrambled to navigate new restrictions and adapt to shifting risks. One respondent explained that, from their perspective, humanitarian organisations had been slow to adapt in the first weeks of the emergency. Several respondents mentioned that they found it difficult to reallocate funds and prioritize interventions in a fast shifting context – although some had conducted rapid needs assessments to strengthen their first response and manage limitations.

Particularly in the period of heightened lockdowns, some activities were halted altogether, for example mobile health services and group sessions. In Mali, one humanitarian actor explained that all programmes within their organisation were paused for over one month while staff were trained and PPE procured. Many meetings were swiftly moved online. However, while this allowed collaboration to continue in spite of restrictions, difficulties were noted relating to stable access to internet and electricity, alongside wider challenges linked to adapting to new ways of working.

After some initial difficulties, most humanitarian organisations reported that they were able to continue the majority of their work, albeit with significant adaptations to ensure staff and beneficiaries' safety. Several protection actors reported moving from face-to-face services to remote case management or phone consultations, particularly during the period of particularly tight government restrictions. An international humanitarian respondent providing services to migrants in Niger mentioned that phone consultations became their go-to procedure for case management. The organisation's contact details were

distributed to migrants and community leaders, so that they could reach out to the organisation. Some training activities were also carried out remotely through social networks and messengers such as WhatsApp and Facebook.[183]

While remote activities appeared successful in the circumstances, inevitably some reduction was seen in the speed of implementation of existing programmes and the quality of services that could be provided. For these reasons, some respondents detailed how they had decided to continue face-to-face activities with protective measures, where this was considered the most appropriate option and possible under government restrictions. For example, a protection actor operating in northern Niger noted that remote management of GBV cases introduced risks to survivors and therefore took the decision to continue face-to-face case management in private quarters on-site, or dispatched staff to visit beneficiaries. For those who still preferred phone consultations, the organization introduced steps to verify that the client was in a secure and private place where they could express themselves before beginning the session.

Where activities were conducted in person, substantial adaptations were introduced in order to ensure safety, in line with government restrictions and national public health recommendations. Multiple sets of guidelines were produced on this topic, alongside trainings on recommended measures. Several respondents reported that where in-person working had continued group sizes were reduced, for example from 40 to 8 participants. Humanitarian organisations also introduced other preventive measures for both staff and project beneficiaries. For instance, during the awareness raising and other gatherings, participants were equipped with masks, hand-washing kits, hand sanitizer and asked to respect a one metre social distancing rule. While important, these changes created further challenges, impacting how meetings and interviews were carried out, as well as the pace of work.

6.3 Responding to emerging needs among migrants

Humanitarian organisations working with migrants in West Africa demonstrated significant efforts to flex their work to respond to emerging needs during the pandemic. In particular, humanitarian responders have mounted impressive work to scale-up information provision about COVID-19 to migrant communities (discussed in Section 4), alongside efforts to meet basic needs in light of secondary impacts. Groups specifically targeted for assistance during COVID-19 included those in transit, returning or expelled migrants (and who were stranded or quarantined at border points), as well as other groups of stranded migrants.

Data collected for this study suggested that support varied with the location and capacity of each organization, from logistical support to mobile teams, identification and management of patients, provision of temporary shelters, support to the health points and basic needs assistance. Encouragingly, KIs reported strong examples of coordination between agencies to meet migrants'

183 For example, one respondent detailed carrying out life and employability trainings online, through WhatsApp and Facebook, in order to avoid suspending activities. This entailed some preparation, for instance pre-recording messages on WhatsApp so that the participants could listen to instructions and then carry out activities.

needs – particularly in countries covered by a multi-country and multi-partner migration programme supported by the UK Department for International Development (DFiD) – with efforts to make the most of respective capacities. In some KIs view, such collaboration had been significantly strengthened by shared challenges during the pandemic. Interviews also demonstrated various examples of strong collaboration between humanitarian responders and national governments.

In some cases, migrants were targeted under regional and country-specific emergency response plans to the pandemic, as part of the global COVID-19 response outlined in Section 2. For example, in Senegal and Chad, Red Cross National Societies assisted in quarantine sites for returnees as part of their national COVID-19 response, including through the establishment of quarantine facilities, hygienic installations, distribution of family kits, hot meals, installing latrines and boreholes. In many cases this proved a successful way to reach migrants. However, some KIs noted a problematic assumption in some cases, for example regarding information provision, that responses targeting the general population would automatically reach migrants, without specific measures taken to ensure this or assess whether it was happening.

In other cases, emerging needs among migrant communities were targeted as an extension of existing migration programmes in the region. For example, some humanitarian actors included COVID-19 sensitisation messages in ongoing information, PSS and livelihood training sessions with migrant communities. Existing programme teams also made use of strong relationships with migrant communities and specialised staff to identify and provide support to migrants facing increased risks. For example, Box 8 highlights efforts by the Niger Red Cross. In particular, existing programmes extended humanitarian assistance to migrants who had become stranded, including to meet their basic needs, as well as efforts to meet an increased demand for legal advice and expertise, in terms of visas, expectations, rights and obligations. In Burkina Faso one existing migration programme targeted new needs among migrant sex workers, who were left without work and in some cases destitute due to curfew measures. However, this was in some cases reportedly at the expense of existing programmes – particularly for organisations whose overall capacity was stretched by new demands.

Box 8: Responding to migrants' needs during COVID-19 in Niger – the role of the Red Cross and Red Crescent Movement

The Niger Red Cross provides a clear example of how strong engagement with migrants prior to COVID -19 supported the organisation's ability to respond to new and evolving needs among migrants during COVID-19. At the onset of COVID-19 the Niger Red Cross was in a relative position of strength, with dedicated migration programmes targeting vulnerable migrants, specialised staff with experience working with migrants and connections with migrant communities, alongside a dedicated strategy for support to migrants.

During the pandemic the Niger Red Cross conducted wide-ranging activities responding to migrants' needs. Proactive efforts were made to include migrants in RCCE activities in Zinder and Niamey. Materials were translated and migration programme volunteers visited migrant neighbourhoods where they had previously worked, with house-to-house visits and loudspeakers conveying messages in four languages. A WhatsApp group was also set up for migrants assisted by existing programmes to share COVID-19 messages. Alongside sensitisation messages, volunteers distributed hygiene kits, including masks, sanitiser and soap, with support also provided with healthcare referrals and hand-washing equipment provided to health partners and migrant centres.

The Niger RC also identified and provided emergency assistance to newly vulnerable groups. For example providing 550 shelters to Nigeriens quarantined on their return from Burkina Faso. Support was also provided to talibé children expelled from Nigeria, who were provided with a health check-up, food, PSS and transport to home. Support provided to migrants also included more complex forms of assistance, such as ongoing PSS services, which were provided remotely (via phone and a WhatsApp group) during the national lockdown. At the time of writing, in-person PSS sessions had since resumed and had been adapted to the pandemic, including through protective measures, as well as by providing mask- and soap-making activities. The NS also continued their ongoing social cohesion work once the national lockdown was lifted, conducting a clean-up activity of the river banks in Niamey, bringing together migrants and host communities.

Despite these efforts, regional data from MMC suggests overall limitations with humanitarian efforts to meet migrants' needs: the majority of migrants interviewed by MMC between April and August 2020 had not received any additional assistance since the beginning of the pandemic, though women were somewhat more likely than men to have done so (forms of assistance received are illustrated in Figures 6 and 7).[184] KIs interviewed for the present research noted challenges reaching vulnerable groups, remarking that activities had often targeted more visible groups, for example IDPs in camps, returnees at borders and in quarantine sites, migrants in formal transit centres, or those expelled or stranded in large groups. Whereas concerns were expressed that less visible groups, such as migrants in an irregular situation (including those forced into irregular movement due to border closures), urban IDPs/refugees and those more dispersed communities (for example, pastoralists), had proved harder to identify for assistance.

184 The initial question asked by MMC does not specify what is meant by 'assistance': 'have you received additional assistance since the coronavirus began?'. However, those who answered that they had received additional assistance were then asked who this was received from. In Niger, this assistance was received from NGOs (by 64% of both female and male migrants), the United Nations (by 55% of female and 23% of male migrants), fellow migrants (by 22% of female and 9% of male migrants) and from family and friends (by 19% of female and 23% of male migrants). Among Guinean migrants and refugees interviewed by MMC in Mali, Burkina Faso and Niger, this assistance was received from local population and community organisations (by 56% of female and 25% of male migrants), family and friends (by 44% of female and 18% of male migrants), NGOs (by 22% of female and 38% of male migrants), and from the government of the country migrants were in (by 11% of female and 22% of male migrants).

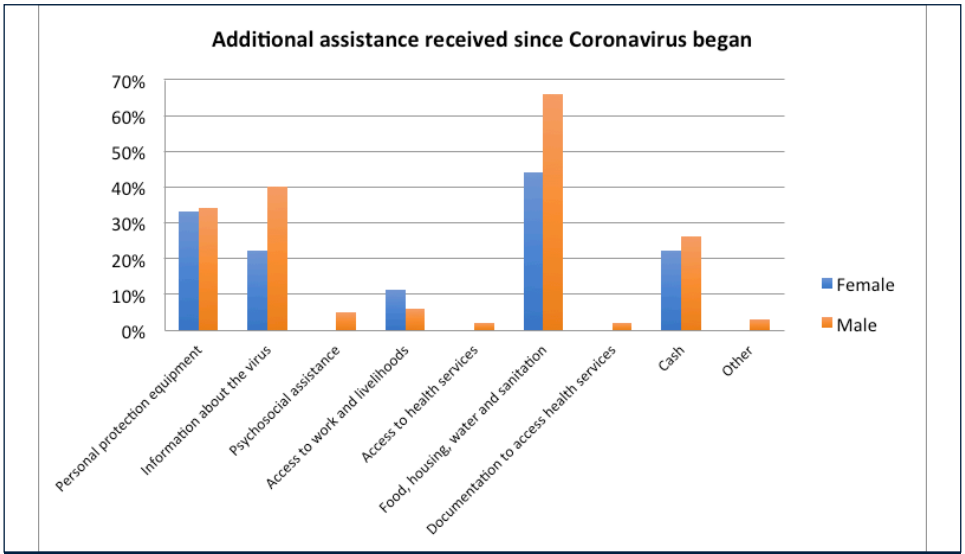


Figure 6: MMC data - Additional assistance received by migrants interviewed by MMC in Niger.

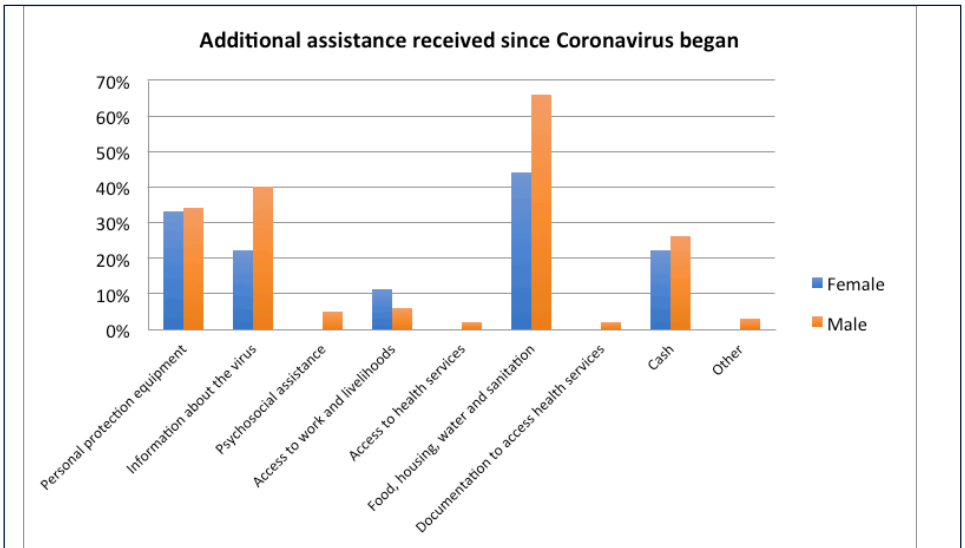


Figure 7: MMC data - Additional assistance received by Guinean migrants interviewed by MMC in Mali, Burkina Faso and Niger.

Groups not already widely benefitting from migration programmes prior to the pandemic also appeared significantly less well served in light of vulnerabilities linked to COVID-19. In some cases, for example stranded seasonal migrants, this can be attributed to the fact that the pandemic significantly increased vulnerabilities among groups not previously vulnerable to this extent, and so not previously targeted for support.

However, this also reflects the sometimes politicised nature of funding for migration programmes in the region prior to the pandemic, which has often prioritised those moving across borders (as opposed to internally), and on routes towards Europe, with significantly less attention to needs among other groups. With the COVID-19 pandemic exacerbating needs across the board, these disparities have become increasingly visible. For example, many highlighted that internal migrants had received less attention from formal humanitarian actors during the pandemic, compared to international migrants. One male internal migrant in Zinder reflected, *'We take care of ourselves, so we do not receive any assistance. We don't know where to go for help if we need it. Only the people with whom we share the neighbourhood help us a little. It's about food assistance. Whether there is a pandemic or not we are fighting to have enough to meet our needs'*.[185] While these difficulties likely also reflect challenges identifying internal migrants in need of support, funding objectives and target groups set by Western donors undoubtedly play a role.

More broadly, extensions of existing programmes required negotiation with donors, in terms of activities, targets, and additional funding. Several KIs remarked that measures such as sensitization campaigns and new hygiene measures had received ready approval, and several respondents had also obtained endowments of equipment from donors, for example, hand wash, gels, soaps, gloves and disinfectant. Other respondents, who mentioned forced suspension of field activities in March and April, underlined that donors had shown flexibility in negotiating no-cost extensions of projects. However, some KIs also reported that donors were not always able to approve reallocation of funds, in particular where this was considered to substantially change the character of programming from specific migration programming to more general COVID-19 response. While the rationale behind this was considered reasonable, it also posed a challenge in terms of ensuring activities funded through these programmes were sufficiently integrated into overall responses and did not operate in siloes. Interestingly, KIs also noted that – while cash and voucher assistance (CVA) was considered a promising modality to respond to future and evolving complex needs among migrant communities as a result of the pandemic – this was considered likely to prove sensitive with European donors, who were judged likely to worry that cash distributed to migrants might be used to fund onwards journeys.

Finally, humanitarian actors also suffered from challenges related to trust and perceptions of their work among migrant communities. Many respondents reported that migrants (particularly those in transit or seeking to cross borders irregularly) may have been hesitant to seek support from formal humanitarian actors and local authorities during the pandemic, due to perceptions that the latter may urge or force them to stop their journey, or that assistance comes with strings attached. This reflects a pre-existing trend that has in some instances created frustration for humanitarian organizations attempting to deliver services.

185 FGD with male internal migrants, Zinder.

7. Conclusion and recommendations

As outlined in this report, the COVID-19 pandemic and containment measures taken by governments have in many cases had wide-ranging impacts for both migrants and host communities in West Africa, shaping individuals' lives, livelihoods and social dynamics within communities.

Research for this report yielded three key considerations framing understandings of COVID-19 within the region. First, the need to situate the COVID-19 pandemic amidst the long-standing systemic challenges that render life difficult for many West Africans, including conflict, insecurity, poor governance, and poverty and economic instability. It is in fact these challenges that have played such a critical role in shaping the pandemic's impact.

Secondly, the recognition that COVID-19 is in most cases not the most important concern facing communities: certainly at the time of data collection, for many the direct threat posed by COVID-19 paled in comparison to other day-to-day challenges. Equally, the most important impacts were often those resulting from measures taken to limit the virus' spread rather than the virus itself. It is therefore critical not to project assumptions based on the pandemic's trajectory and impacts in other parts of the world to West Africa.

Finally, the complexity of perceptions, including of COVID-19 itself, those providing assistance during the pandemic and between groups. Vast differences were found between countries, communities and individuals, making it difficult to make generalisations on these topics.

7.1 Responding to the impacts of COVID-19 among migrants and vulnerable host communities

The following recommendations were identified in terms of responding to the impacts of COVID-19 among migrants and host communities:

To humanitarian actors – including the Red Cross and Red Crescent Movement:

- **Ensure that responses to primary impacts of COVID-19 are equally accessible for all groups of migrants, alongside host communities.** While COVID-19 does not yet appear to have spread widely within West African countries to the same extent as other global regions, it is important not to assume that the pandemic is in the past. With cases remaining relatively low at the time of writing, there is an important window to ensure that all prevention, surveillance and response activities are equally accessible to migrants compared to other groups. Humanitarian actors should take tangible steps to ensure equitable access to COVID-19 prevention and response measures on an ongoing basis. All groups of migrants should be taken into consideration, including international migrants, internal migrants, refugees, IDPs, and both migrant men and women.

- **Develop comprehensive medium- to long-term strategies to address secondary impacts of COVID-19 – among both migrants and host communities.** To date secondary impacts, particularly of government measures taken to control the spread of COVID-19, have created some of the most important challenges in both migrants' and host communities' day-to-day lives. Addressing such challenges is important both from the perspective of humanitarian need, as well as to avoid pressures on communities that may exacerbate social tensions. While responses have made some efforts to address immediate secondary impacts, for example providing food or shelter to meet urgent humanitarian needs, more comprehensive strategies will be needed in the medium- to long-term in order to address profound and deepening vulnerabilities. Such planning should begin today, working across stakeholders, with governments and donors to develop plans capable of meeting the scale of these challenges.
- **Address misperceptions and prioritise community-based approaches.** This research, as well as past experiences with disease outbreaks in the region, demonstrates the importance of multi-pronged community-based approaches that engage a wide and diverse range of local actors (including religious leaders), including to make essential information on the pandemic available effectively. Humanitarian actors are therefore urged to continue to pursue or upscale such efforts to enable communities to protect themselves as the pandemic progresses.
- **Undertake country specific needs analysis – listening to feedback from communities to ensure responses reach, and that resources are appropriately channelled towards, the most vulnerable.** This should include those who are less visible among communities (for example migrants in an irregular situation) and those less well served by programmes prior to the pandemic (for example, internal and intra-regional migrants). Analysis of challenges specific to migrants should be embedded in wider analysis aimed at understanding needs within host communities. Such analyses should always incorporate a gender, age, and diversity lens to identify specific needs among marginalised sub-groups.
- **Continually monitor and reassess programmatic adaptations.** Humanitarian actors should regularly assess programming modalities in the context of restrictions to make sure that they are appropriate, providing the best quality services in the context of restrictions. Humanitarian actors should consider maintaining face-to-face activities when possible (with safety regulations in place) if a shift to remote modality will sacrifice quality.
- **Prioritise protection:** The pandemic has exacerbated existing protection risks experienced by women, girls, young children and other marginalized individuals in migrant and host communities. Humanitarian actors should consider protection services as life-saving, essential services that should be continued during lockdowns and other restrictive periods. Case management for GBV survivors and children should especially be prioritized. While it is sometimes possible to shift services to remote modalities, protection actors should keep the option of in-person services open to ensure confidentiality.

Protection programmes should also take into account vulnerabilities to trafficking and expand access to transparent asylum processes.

- **Integrate targeted support for returned migrants into migration programmes.** This research highlights the pronounced practical, psychosocial, economic and social challenges faced by those returning during the COVID-19 pandemic. Humanitarian actors should ensure that comprehensive reintegration services are available in communities, including options for professional training and job coaching, as well as confidential psychosocial support options for returnees to cope with feelings of failure and stigma. These efforts need to be sensitive to the different experiences of men and women returnees and should include broader messaging for the host community encouraging accepting attitudes towards returnees.

To international donors:

- **Ensure flexibility within existing migration-related funding to adapt to COVID-19.** While this study indicated that donors have for the most part been flexible in allowing funding to be reallocated within programmes in light of COVID-19, this was not always the case. Donors should ensure sufficient flexibility within existing programmes, acknowledging that the context in which actors now find themselves implementing migration programming is in certain respects fundamentally different, that needs have shifted, and so too should funding.
- **Develop comprehensive funding packages specifically targeting the secondary impacts of COVID-19 among migrants and host communities.** As already outlined, COVID-19 has had deep secondary impacts in the region, particularly in terms of economic consequences. International donors should ensure that meaningful funding is prioritised towards addressing medium- to long-term impacts, including those experienced by migrants, as part of broader plans targeting wider host communities. This should include, but go beyond, immediate humanitarian assistance to meet urgent needs, and should consider expanding modalities such as cash and vouchers, including for migrant communities.
- **Ensure that funding towards assisting migrants in West Africa is based on demonstrated needs alone, and is not unduly influenced by donor priorities or political incentives.** This study highlighted that many migrants who were best served by humanitarian assistance during the pandemic were groups previously benefitting from existing programmes. While not itself the cause of these challenges, the pandemic has made visible how the groups previously targeted for assistance has often been determined by availability of funding, and thus often political interests of donors, with other groups falling through the gaps. For example, often prioritising assistance targeting those moving across borders as opposed to internally, or those on routes towards Europe rather than intra-regional migrants.
- **Keep long-term systemic issues and vulnerabilities on the agenda.** As outlined in this report, prior to the pandemic West African host communities

and migrants alike already faced many challenges, including conflict, fragility, natural hazards food insecurity. While new challenges emerging in the context of COVID-19 should not be understated, humanitarian actors should avoid the assumption that COVID-19 is the most important issue facing the region, ensuring that more systemic challenges are not forgotten.

To national governments in the region:

- **Take steps to include migrants in programmatic and policy responses to the COVID-19 pandemic.** This study highlights how migrants have been profoundly impacted by COVID-19, in particular its secondary consequences, alongside members of host communities. Government responses to primary and secondary impacts of the COVID-19 pandemic should take steps to ensure that migrants' needs are integrated into policy frameworks and strategies relating to COVID-19. Governments should also take steps to ensure the meaningful participation of migrants, as well as vulnerable host communities, in decision-making that impacts their lives. In terms of primary consequences, there is a strong public health rationale for migrants' inclusion. In terms of secondary impacts, steps to mitigate consequences among migrant communities (for example through targeted assistance or by considering extending social protection initiatives to migrants, where these exist for host communities) can play a key role addressing pressures that may lead to tensions between communities, particularly in areas of pre-existing tension.
- **Ensure that all measures enacted in response to COVID-19 are necessary, proportionate and take into account unintended consequences.** West African governments are to be commended for acting swiftly in response to COVID-19, introducing measures that have most likely limited the spread of the virus and its primary impacts on communities. However, these have also had wide-ranging and often negative secondary consequences, as in other regions of the world. While restrictions may indeed be necessary, it is also important they are constantly evaluated in light of their proportionality, necessity and unintended effects. Governments should ensure that COVID-19 response plans include provisions for mitigating the unintended secondary impacts of the pandemic, particularly on livelihoods, for all groups in society.

7.2 Addressing perceptions and social relations

The complexity and contextual specificity of social relations and perceptions means that any broad strategies in this area should be based on detailed context analysis, both at the national level and within individual communities. The following broad principles are recommended for all actors, including international humanitarian actors, donors, regional governments and local authorities:

- **Global discussions surrounding community perceptions of migrants during COVID-19 should highlight positive as well as negative trends, pointing to West Africa as a counterpoint to narratives elsewhere in the world:** Global discussions on the impacts of COVID-19 for host community

perceptions of migrants have often focused on trends witnessed in Europe and North America. Efforts should be made to ensure perceptions in West Africa are highlighted in global discussions; the region provides an interesting counterpoint, with perceptions often positive before the pandemic and to date proving relatively resilient in the face of new stress. This would be supported by efforts to build a more robust evidence base on perceptions in light of the pandemic in West Africa, similar to that emerging in other regions, in line with wider calls to strengthen data on attitudes towards migrants in low- and middle-income countries.[186]

- **Programmatic responses should avoid generalisations, acknowledge and actively seek to understand nuances in perceptions and social relations.** This study highlights the complexity of perceptions of migrants and social relations between communities, underscoring the importance that any interventions in this area are grounded in detailed contextual understanding, including of dynamics prior to the pandemic. In advance of interventions, all actors should actively seek to avoid assumptions about perceptions and to understand their nuances. This should include avoiding assumptions that COVID-19 is necessarily the most important factors shaping dynamics. Contextual analysis should be informed by thorough power and gender analyses to enable a more subtle understanding of social relations and how they impact men and women differently.
- **Use community feedback to closely monitor 'hotspot' communities where tensions were higher prior to the pandemic and risk igniting.** This study highlights how perceptions and social relations during COVID-19 appear largely determined by pre-pandemic trends, with negative interactions most likely in communities where tensions existed prior to the pandemic. Humanitarian responders should target such communities for closer monitoring, for example through community feedback sessions conducted as part of COVID-19 responses and wider community engagement, in order to react promptly to any early signs of rising tension. On the basis of strong context analysis, humanitarian actors can deploy appropriate good practices observed in other settings (see Box 9).

186 See Dempster, H. et al. (2020b).

Box 9: Addressing negative perceptions of migrants during COVID-19: good practices

There are various efforts underway to address negative perceptions of migrants during-COVID-19 and instances of discrimination, xenophobia and stigmatisation – although to date few have been evaluated. Many documents foreground government response and legal redress for xenophobia and discrimination.[187] However, beyond government action, the literature stresses the need for whole of society approaches. with key roles to be played by others including the media, community and religious leaders, UN agencies, civil society and the private sector.[188]

Guidance on addressing broader COVID-19 related stigma emphasises the importance of fact-based communications by all such actors, making sure that they do not contribute to misinformation and stigmatisation, including through use of 'people first', avoiding hyperbolic language and stereotyping, avoiding attaching locations to the disease and ensuring that communications do not attribute blame or responsibility to specific groups.[189]

Interventions have also drawn on pre-pandemic best practices for engaging with host community perceptions of migrants, including:

- **Efforts to address host communities' needs alongside migrants:** For example, the UN Global Appeal notes the need for equal provision of assistance to migrants and host communities in order to foster social cohesion and dispel tensions.[190]
- **Interventions encouraging contact between migrants and host communities:** Such strategies have faced difficulties during COVID-19 due to restrictions on movement, the closure of public spaces and physical distancing recommendations. However, actors have nonetheless explored options to facilitate contact between communities, including digital and online contact, as well as support to migrant volunteering during the pandemic.[191]
- **Information campaigns:** Humanitarian sector RCCE efforts during COVID-19 have included significant focus on addressing misinformation and stigma, tracking community feedback and rumours to address negative or inaccurate perceptions or stereotypes.[192]
- **Campaigns engaging with values:** Some actors have also called for communication campaigns that, rather than relying on facts alone, aim to engage with host community members' values.[193] Some have proposed campaigns that give visibility to migrants' social and economic contributions as part of the COVID-19 response and recovery.[194] Others have recommended campaigns focused on humanising migrants and encouraging social solidarity during the pandemic. For example, in Nepal UN agencies, the Nepal Red Cross and other national and international NGOs advanced a #SpreadLove campaign, aiming to address stigmatisation of returnees through a broader message of social solidarity.[195]

187 United Nations (2020e) *UN Guidance Note on addressing and countering Covid-related Hate Speech.* Geneva: United Nations; Human Rights Watch (2020b); IOM (2020e); Guadagno, L. (2020); ICRC (2020).

188 IOM (2020e); United Nations (2020e); Human Rights Watch (2020b).

189 IFRC, UNICEF and WHO (2020a); See also United Nations (2020e)

190 United Nations (2020b).

191 See IOM (2020e). Positive instances of migrant volunteering are reported by IOM in Poland and the UK.

192 See IFRC, UNICEF and WHO (2020a); IFRC, UNICEF and WHO (2020b) *COVID-19 Rapid Assessment Tool.* Geneva: IFRC, UNICEF and WHO; IFRC, UNICEF and WHO (2020a). Red Cross and Red Crescent resources relating to addressing stigma relating to COVID-19, including linked to migrant communities, can be found on the Community Engagement Hub.

193 The role of values in shaping host community perceptions of migrants is discussed in Dempster et al.(2020b).

194 Guadagno, L. (2020); Dempster et al. (2020b).

195 WHO (2020c) *'Joint Press Statement: Stop Stigma and Discrimination, Spread Love'*, 23 June.

Annex 1: Participants reached by field data collection

	TYPE	TOTAL	CONAKRY	SIGUIRI	NIAMEY	ZINDER
Migrants, per definition of the IFRC (including internal and international migrants)	FGD	49 in total, including: 25 men and 24 women; 20 international and 29 internal migrants.	1 FGD with 5 male migrants from Sierra Leone 1 FGD with 5 female migrants from Sierra Leone	1 FGD with 9 female Guinean internal migrants 1 FGD with 10 male Guinean internal migrants	1 FGD with 5 international female migrants[196] 1 FGD with 5 male international migrants[197]	1 FGD with 5 male Nigérien internal migrants 1 FGD with 5 Nigérien female internal migrants
Returnees: Migrants who have returned to their country of origin (by choice, force, or circumstances)	FGD	42 in total, including: 27 men and 15 women.	1 FGD with 5 returned Guinean women 1 FGD with 6 returned Guinean men	1 FGD with 2 returned Guinean women[198] 1 FGD with 10 returned Guinean men	1 FGD with 6 returned Nigérien men migrants[199]	1 FGD with 8 returned Nigérien women migrants[200] 1 FGD with 5 returned Nigérien men migrants
Host communities (HC): Individuals living in the selected research locations	KII	53 in total, including: 25 men and 28 women.	1 FGD with 5 HC women 1 FGD with 6 HC men	1 FGD with 9 HC women 1 FGD with 10 HC men	1 FGD with 9 HC women 1 FGD with 4[201] HC men	1 FGD with 5 HC women 1 FGD with 5 HC men
Local authorities and customary leaders with regular contact with migrants, including neighbourhood chiefs and mayoral representatives	KII	20 in total (all male).	5 (all men)	5 (all men)	5 (all men)	5 (all men)
Red Cross National Society Field Staff and volunteers	KII/ FGD	16 in total, including 14 men and 2 women.	5 (all men)	5 (all men)	4 (3 men, 1 woman)	2 (1 man, 1 woman)

196 Including three women from Togo, one from Cameroon, and one from Côte d'Ivoire.

197 Including two men from Gambia, one from Liberia, and two from Cameroon.

198 The research team had to carry out a FGD with a limited number of respondents due to unavailability of these women because of heavy rains and agricultural works done in this period of the year.

199 The research team was unable to carry out a FGD with returned migrant women in Niamey, partly due to the unavailability of locating a group of these women, combined with the issues with availability occasioned by the floods.

200 This FGD occurred in Kantché, close to Zinder.

201 This includes one man of Ghanaian origin residing in Niamey.

Annex 2: Perceptions of migrants: an overview of the global literature

1. Overview of global evidence

Globally, a significant body of research exists mapping perceptions of and attitudes towards migrants in host countries and communities.[202] This includes various global and regional datasets measuring attitudes towards migrants, alongside more detailed national and sub-national surveys.[203] This body of research interrogates a number of questions, with common areas of focus including:

- Whether host community members would prefer to increase, decrease or maintain current levels of migration;
- The salience of migration among host populations (i.e. how important it is considered compared to other issues);
- Levels of acceptance towards migrants living in the country/community, for example whether individuals support or oppose about having migrants as neighbours;
- Perceptions of whether migration is overall considered to have positive or negative impacts;
- Documenting perceptions of specific groups – for example refugees, high- and low-skilled migrants.

Notably, however, many of the most detailed datasets focus predominantly on perceptions in high income countries, in particular in Europe and North America. In contrast, polling data is significantly more scarce in low- and middle-income countries and particularly so in Sub-Saharan Africa; there are also gaps in terms of available research on transit and origin countries, with most studies covering countries of longer-term destination. In these contexts, where reliable national data is not available, some of the most informative assessments of host community perceptions are found through smaller sub-national surveys or qualitative studies in areas hosting large migrant and refugee populations, often conducted by humanitarian actors to inform programming; although the availability of such studies is uneven and varies significantly between contexts.

202 The term 'migrant' is used here in line with the IFRC's 2009 Policy on Migration, defining 'migrants' as persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. This includes migrant workers, stateless migrants, migrants deemed irregular by public authorities, as well as asylum seekers and refugees. Where the term 'migrant' is used this broad sense is intended; whereas where specific types of migrants are referred to these more specific designations are given (e.g. migrant workers or refugees). Such distinctions can be important in studies measuring perceptions, with more positive attitudes often seen when individuals are asked about perceptions of refugees as opposed to 'migrants' or 'immigrants' more broadly (see Dempster, H. et al. (2020b).

203 Key global datasets covering migration include the Gallup World Poll, Pew Global Attitudes Survey, World Values Survey and Ipsos Global Trends. For an overview of relevant key global datasets see Dempster, H. et al. (2020b).

Despite these limitations, the global evidence base suggests several common considerations:

Perceptions of migrants vary significantly between different countries and regions. For example, data from the 7th wave of the World Values Survey (2017-20), covering 77 countries worldwide, shows significant differences when respondents were asked whether migrants had positive or negative impacts on their country's development. While just 31% overall cited negative impacts, this ranged from as few as 4% of respondents in Andorra to as high as 73% in Jordan.[204] While commonalities can be identified, perceptions of migrants are likely to be highly context-specific.

Within countries perceptions vary between different demographics among host communities. In particular, more positive views are often found among those who are younger and more highly educated.[205][206] Interestingly, gender does not appear to have a significant impact on attitudes, although some differences are seen in select countries, for example in Greece and Germany.[207]

Individual perceptions are complex. Studies have consistently pointed to complexities and even apparent contradictions within individuals' perceptions of migrants. For example, one 2019 poll found that almost two thirds of those surveyed in Turkey (63%) agreed that people should be able to take refuge in other countries, yet a similar proportion (59%) felt that the country should close its borders entirely to refugees.[208] Top line polling data can often mask these complexities, tending to portray perceptions as either wholly positive or negative towards migrants. Yet, in reality evidence suggests that only smaller sub-sets of the population hold such overtly positive or negative views and for the majority perceptions are often far more nuanced.[209]

Attitudes are often more positive in long-standing host countries. Studies have consistently found that more positive views of migrants are often seen in countries and communities with higher numbers of migrants and long histories as receiving countries.[210] However, larger migrant populations do not in all cases correlate with more positive attitudes. In particular, negative perceptions

204 Data for the World Values Survey Wave 7 (2017-2020) is available *here*

205 See for example Crawley, H. (2009) *Understanding and Changing Public Attitudes: A Review of Existing Evidence From Public Information and Communication Campaigns.* London: The Diana, Princess of Wales Memorial Fund; IOM (2015) How the World Views Migration.; Esipova, N., Fleming, J. and Ray, J. (2017) *'New Index Shows Least-, Most-Accepting Countries for Migrants'.*

206 It has been suggested that education has a greater impact on attitudes in countries with higher GDP per capita (see Mayda, A. (2006) 'Who is against immigration? A cross-country investigation of individual attitudes towards immigrants'. The Review of Economics and Statistics, 88(3): 510-530). However, various studies nonetheless evidence this trend in low- and middle- income contexts, indicating it remains significant to some extent. See for example XChange (2018) Silver, L., Devlin, K. and Tamir, C. (2020) *'Attitudes Toward Diversity in 11 Emerging Economies'.*

207 See Dempster, H. and Hargrave, K. (2017) *Understanding public attitudes towards refugees and migrants.* London: ODI.

208 Ipsos (2019) *World Refugee Day: Global Attitudes towards refugees.*

209 This has been demonstrated through a new approach to analysis of attitudes towards migrants, which divides the population of countries into different segments, based both on attitudes to migration as well as broader perceptions and values. For examples of such studies see: *https://www.moreincommon.com/our-work/publications/.*

210 Dennison, J. and Dražanová, L. (2018) for a wider overview see Dempster, H. et al. (2020b).

have been noted in contexts where numbers of migrants have increased suddenly/sharply or where migrants have been highly concentrated in specific communities.[211]

2. Factors influencing perceptions of migrants:

There is a substantial body of theoretical literature suggesting various factors driving perceptions of migrants, including:

- Individual psychology, personality and values;
- Upbringing, early life experiences and education;
- Cultural traditions;
- Media and political discourse;
- Perceptions of economic competition between migrants and hosts;
- Day-to-day experiences in an individual's community, including contact with migrants.[212]

While this literature often seeks to explain the predominance of certain factors over others, less attention has been paid to explaining the interplay of different factors and how they combine to determine attitudes. As a notable exception, Dennison and Draznova have suggested a 'funnel of causality' model, attributing perceptions of migrants to a combination of different factors and distinguishing between those which are more fundamental to an individual (for example an individual's personality, values and culture), which are suggested to play the largest role, and more transient factors (for example experiences of economic competition, neighbourhood safety or media discourse).[213]

While this theoretical literature draws heavily on analysis of perceptions of migrants in the United States, and to a lesser extent Europe, similar trends can be identified in low- and middle-income contexts. However, as indicated above, available studies are often relatively small-scale and qualitative in nature – and often focus on refugees as opposed to wider groups of migrants. Table 1 provides an overview of commonly identified factors among studies in low- and middle-income settings, alongside relevant examples. In line with Dennison and Draznova's analysis, this literature points to perceptions across different contexts rooted in both day-to-day experiences and more fundamental factors.

211 See BDRCS (2019) *Perspectives and Priorities from Guest and Host Communities in Cox's Bazar*; Hangartner, D., Dinas, E., Marbach, M., et al. (2019) 'Does Exposure to the Refugee Crisis Make Natives More Hostile?. American Political Science Review, 113(2), 442-455; Hargrave, K. and Mosel, I. with Leach, A. (2020) Public narratives and attitudes towards refugees and other migrants: Uganda Country Profile. London: ODI. For a review of evidence in the United States and Europe see Dennison, J. and Dražanová, L. (2018).

212 For a review of evidence see Dennison, J. and Dražanová, L. (2018).

213 Ibid.

TABLE 1: FACTORS LINKED TO PERCEPTIONS OF REFUGEES AND OTHER MIGRANTS – EVIDENCE FROM STUDIES IN LOW- AND MIDDLE-INCOME HOST COUNTRIES

FACTOR	DEEP-ROOTED OR CIRCUMSTANTIAL?[214]	EXAMPLES FOUND IN STUDIES IN:
FACTORS LINKED TO POSITIVE PERCEPTIONS		
Welcoming values eg. empathy, solidarity, common humanity and brotherhood	Deep-rooted	Chad;[215] Uganda;[216] Colombia, Ecuador and Peru[217]
Shared language, religion or culture	Deep-rooted	Kenya;[218] Tanzania;[219] Ghana;[220] Bangladesh[221]
Positive economic interactions and impacts	Circumstantial	Kenya;[222] Rwanda;[223] Ghana[224]
Regular and positive social contact– for example at shared service points or other shared spaces	Circumstantial	Chad;[225] Rwanda;[226] Uganda[227]
Perceptions that host communities are benefitting from humanitarian support	Circumstantial	Kenya;[228] Chad;[229] Ghana[230]
FACTORS LINKED TO NEGATIVE PERCEPTIONS		
Cultural, religious or language differences	Deep-rooted	Jordan;[231] Lebanon[232]
Perceptions that migrants are better off than host communities due to humanitarian assistance	Circumstantial	Kenya;[233] Chad;[234] Lebanon;[235] Jordan[236]
Negative economic impacts (e.g. labour market competition, price inflation of basic goods and housing), real or perceived	Circumstantial	Ghana;[237] Jordan;[238] Lebanon;[239] Turkey;[240] Bangladesh;[241] Thailand;[242] Colombia, Ecuador and Peru[243]
Environmental degradation and competition over natural resources (e.g. land, firewood)	Circumstantial	Kenya;[244] Uganda;[245] Chad;[246] Ghana;[247] Tanzania;[248] Bangladesh[249]
Pressures on public services e.g. heath, education – real or perceived	Circumstantial	Jordan;[250] Colombia, Ecuador, Peru;[251] Ghana[252]
Security incidents, conflict and criminal activity linked to migrants – real or perceived	Circumstantial	Kenya;[253] Tanzania;[254] Ethiopia;[255] Lebanon;[256] Bangladesh;[257] Thailand;[258] Colombia, Ecuador, Peru[259]
Perceptions that migrants are s preading disease	Circumstantial	Bangladesh;[260] Thailand;[261] Tanzania;[262] Ethiopia[263]

214 As noted above, deep-rooted factors are those that are relatively fixed and more fundamental to individuals (for example their personality or values), whereas circumstantial factors are more changeable, often responding to an individual's external environment.

215 Watson, C., Dnalbaye, E. and Nan-guer, B. (2018) *Refugees and host communities in Chad: Dynamics of economic and social inclusion.* World Bank study.

216 Dryden-Petersen, S. and Hovil, L. (2003) *Local integration as a durable solution: refugees, host populations and education in Uganda.*

217 Oxfam (2019) *Yes, but not here. Perceptions of xenophobia and discrimination towards Venezuelan migrants in Colombia, Ecuador and Peru.*

218 UNHCR and ILO (2019).

219 Danish Refugee Council (2017) *'You may not think he is a human being' Refugee and host community relations in and around Nduta and Mtendeli refugee camps, Western Tanzania.*

220 UNESCO (2018) Migration, displacement and education: Building bridges, not walls. Regional migration in West Africa: Attitudes and perceptions towards migrants in Ghana.

221 XChange (2018).

222 UNHCR and ILO (2019); Betts, A., Omata, N., Rodgers, C. et al. (2019) *The Kalobeyei Model: Towards Self-Reliance for Refugees?*

223 Fajth, V., Bilgili, Ö., Loschmann, C. et al. (2019) 'How do refugees affect social life in host communities? The case of Congolese refugees in Rwanda'. Comparative Migration Studies, 7(33): 7, 33 (2019).

224 Codjoe, S.N.A., Quartey, P., Tagoe, C.A. et al. (2013) 'Perceptions of the Impact of Refugees on Host Communities: The Case of Liberian Refugees in Ghana'. International Migration & Integration, 14: 439–456.

225 Watson et al. (2018).

226 Faith et al. (2019).

227 IRRI (2019) *Understanding conflict dynamics around refugee settlements in northern Uganda.*

228 UNHCR and ILO (2019).

229 Watson et al. (2018).

230 Codjoe et al. (2013).

231 Mercy Corps (2012) *Analysis of Host Community-Refugee Tensions in Mafraq, Jordan.*

232 Harb, C. and Saab, R. (2014) *Social Cohesion and Intergroup Relations: Syrian Refugees and Lebanese Nationals in the Bekaa and Akkar.*

233 UNHCR and ILO (2019); Betts et al. (2019); Ikanda, F. N. (2008) 'Deteriorating conditions of hosting refugees: A case study of the Dadaab complex in Kenya'. African Study Monographs, 29(1): 29-49.

234 Watson et al. (2018).

235 RCA Team Lebanon (2019) *Qualitative Research on Social Tensions, Lebanon. Round 1, Year 1.*; Jing-Liu, M.C Thorleifsson, C. M. and Tiltnes, A. (2013) *Lebanese attitudes towards Syrian refugees and the Syrian crisis.*

236 Mercy Corps (2012).

237 UNESCO (2018).

238 Mercy Corps (2012).

239 Jing-Liu, H. C. et al. (2013); Harb, C. and Saab, R. (2014).

240 WFP (2018) *Social Cohesion in Turkey: Refugee and Host Community Online Survey. Round 1.*

241 BDRCS (2019) XChange (2018).

242 Sunpuwan, M. (2012) 'Perception and Misperception: Thai Public Opinions on Refugees and Migrants from Myanmar'. Journal of Population and Social Studies, 21(1):47-58.

243 Oxfam (2019).

244 UNHCR and ILO (2019); Betts et al. (2019); Ikanda (2008).

245 IRRI (2019); UNHCR and World Bank (2016) *An assessment of Uganda's progressive approach to refugee management.*

246 Watson et al. (2019).

247 Codjoe et al. (2013).

248 Danish Refugee Council (2017); Berry, L. (2018) *The impact of environmental degradation on refugee-host relations: a case study from Tanzania.*

249 BDRCS (2019); Xchange (2018).

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253 UNHCR and ILO (2019); Betts et al. (2019); Ikanda (2008).

254 Danish Refugee Council (2017).

255 Gebrehiwet, K., Gebreyesus, H., & Teweldemedhin, M. (2020). The social health impact of Eritrean refugees on the host communities: the case of May-ayni refugee camp, Northern Ethiopia. BMC research notes, 13(1): 182.

256 Jing-Liu, M. C. et al. (2013) *Lebanese attitudes towards Syrian refugees and the Syrian crisis.*

257 BDRCS (2019); XChange (2019).

258 Sunpuwan (2012).

259 Oxfam (2019).

260 XChange (2018).

261 Sunpuwan (2012).

262 Danish Refugee Council (2017).

263 Gebrehiwet et al. (2020).

Notably, analysis in such studies more commonly tends to focus on explaining negative perceptions and tensions, as opposed to explaining positivity; with concerns around security, economic impacts and environmental pressures most regularly cited. In some cases, such concerns relate to real impacts experienced by host communities, particularly where, as discussed above, migrant populations are large, grow suddenly or are concentrated in particular areas. In other cases, negative perceptions are instead rooted in how host communities perceive the presence of migrant communities is impacting their lives and communities.

Many studies exploring perceptions of migrants also point to the role played by media reporting and political rhetoric in influencing perceptions. While positive media framing is also documented, media reporting related to migration can often be negative, amplifying host communities' concerns and framing migration as a threat to economies, wellbeing and culture.[264] Across various contexts, such narratives have also been prominent in political discourse, both among mainstream politicians, as well as far-right political parties – who have in some parts of the world drawn on concerns linked to migration to fuel tensions or xenophobia.[265] Indeed, while this review focuses primarily on community-level perceptions, it is noted that perceptions among politicians and government authorities (both at central and local levels) may often reflect sentiments within the broader population – with implication for policymaking, implementation and migrants' broader humanitarian situation.[266] While research suggests that political and media narratives are likely to have some impact on perceptions, the literature is overall inconclusive in terms of determining a causal effect. Overall, evidence appears mixed as to how far these factors influence perceptions; in particular, whether such reporting and rhetoric creates new perceptions among individuals or simply reinforce pre-existing beliefs.[267]

Finally, there is a distinct literature concerning perceptions of returnees, which links negative perceptions to a relatively distinct factors. This literature details instances of stigma and discrimination towards returnees across multiple contexts, as well as returnees' own feelings of shame, including linked to perceptions of failed migration journeys, experiences during journeys and continued needs for support/service.[268] Such stigmatisation can pose an important barrier to returnees' reintegration and in some cases even prevent migrants from returning to communities of origin altogether.

3. Tools for engaging with host community perceptions

Various approaches have been developed for engaging with host community perceptions of migrants. While there is a broad range of existing practice, three main areas for intervention can be identified within the literature:

266 As noted in *in IFRC's 2009 Migration Policy*; Public authorities, other institutions, and the general public may have assumptions about migrants that differ from what the migrants themselves see as their interests, needs and capabilities.'

267 ICMPD (2016); Allen, W., S. Blinder and R. McNeil (2017) *'Media reporting of migrants and migration'* in IOM (2017) World Migration Report 2018.

268 See IOM (2019) *Reintegration Handbook: Practical guidance on the design, implementation and monitoring of reintegration assistance.*

3.1 Reducing impacts and addressing needs within host communities

Particularly where negative perceptions are grounded in genuine negative impacts or risks experienced by host communities – for example due to environmental degradation, resource competition and livelihoods impacts – interventions may aim to influence perceptions by targeting host communities for humanitarian support or long-term development assistance. This can also help to ensure the prioritisation of assistance to migrants and host communities on the basis of needs alone, avoiding perceptions of inequality or unfair treatment.[269]

Interventions targeting host communities have long been established as good practice among humanitarian actors and, where significant needs exist among host communities, may indeed be necessitated by the principle of impartiality. This has been particularly prominent in terms of responses to refugee crises. For example, a 1997 statement from the Executive Committee of UNHCR's Standing Committee outlines the various impacts refugee crises may have on developing host countries, stating that the international community's response to this challenge had to date been 'uneven'.[270] UNHCR's subsequent 2008 manual *A Community-based Approach in UNHCR Operations* stresses the importance of maintaining 'a continuous dialogue with the host community, keeping it informed of what is happening and supporting individuals in any way possible to address some of the challenges they face'.[271]

Such interventions have gained increased traction in recent years, particularly with regards to the role of development actors in providing longer-term development support to mitigate impacts on host communities, including through the involvement of actors such as the World Bank. This is reflected in commitments made as part of the recent Global Compact on Refugees (GCR) and Global Compact for Safe Orderly and Regular Migration (GCM), both of which contain commitments to develop a better understanding of impacts of refugee and migrant populations on hosting countries. The GCR also commits to reducing impacts on host communities through responsibility-sharing, complementary development assistance and efforts to reduce environmental degradation.[272]

3.2 Encouraging contact between migrants and host communities

Another set of interventions seeks to encourage positive perceptions by supporting contact between migrants and host community members. Where tensions are acute, this may be through projects bringing communities together for conflict resolution or mediation.[273] Alternatively, projects may bring communities together for shared social activities, for example through sports matches, cultural activities or shared meals.[274] Or they may aim to foster positive perceptions by

269 For a detailed overview of the literature and good practices surrounding integrated and balanced assistance to host communities, specifically in the context of refugee crises, see Walton, O. (2012).

270 UNHCR ExCom (1997) *'Social and economic impact of large refugee populations on host developing countries'.*

271 UNHCR (2008) *A Community-Based approach in UNHCR Operations.*

272 GCM 17 (j); GCR paras 32, 45, 48, 65, 78-9

273 Walton, O. (2012).

274 For examples see Krasnoff, L. S. (2019) *'The positive impact of sport on refugees and migrants'*; Sakkab, A. and Dunmore, C. (2018) *'In Jordan, sweet Ramadan treats unite refugees and locals'*; LCVS (2017) 'Open Arms Project – *Connecting Refugees and Asylum Seekers with Local Residents'.*

bringing communities together at shared service points, where services such as healthcare, education or vocational training are provided jointly to migrants and host communities.[275]

Such interventions are often grounded in the principles of Contact Theory, namely the idea that inter-group prejudice can be reduced by bringing individuals from different groups into contact with one another.[276] Yet, while this area of theory is well-established, evidence has also emphasised that contact must take place under specific conditions in order to reduce prejudice, including that the contact is meaningful or intimate, the individuals involved have equal status, shared goals and that it is supported by authorities – otherwise such interventions may have the opposite effect.[277]

3.3 Information and communication campaigns

Different actors, in particular humanitarian and civil society organisations, have also sought to influence perceptions of migrants through targeted information and communication campaigns. Broadly speaking, such campaigns tend to focus either on debunking negative beliefs about migrants –known as 'myth busting' – or drawing on positive emotions or values (for example, empathy, solidarity, shared humanity or migrants' contributions to host societies).[278] Communications campaigns may take place at the level of local communities or as part of national, regional or even global campaigns. They may employ relatively low-tech methods (for example printed materials or face-to-face communication) or alternatively use online and social media platforms to share their message.

Yet, while there are many examples of such campaigns, rigorous evaluation is often weak (partly due to methodological difficulties ascribing causal relationships between campaigns and perceptions, as well as broader challenges such as funding), leading to mixed evidence about what works and in which conditions.[279] Some conclusions can, however, be drawn, For example, evidence has suggested the limits of campaigns resting solely on 'myth busting', highlighting they may in some cases inadvertently reinforce negatives perceptions, although evidence is overall mixed. Research has also highlighted the importance of engagement with host community members' values in order to promote positive perceptions.[280] Finally, another key conclusion in the literature is that designing effective campaigns requires significant investment. In particular, that information and communication campaigns work best where they are directly grounded in a detailed understanding of host community perceptions in a specific context and messaging tailored to what is most likely to resonate with these audiences.

275 For example, in Uganda interaction between refugees and host community members at shared service points has been shown to support cohesion between the two groups in Uganda's settlements (see Hargrave, K. and Mosel, I. (2020).

276 Allport, G. W. (1954). The nature of prejudice. Cambridge, MA: Perseus Books.

277 Ibid. For summary of evidence see also Dennison, J. and Dražanová, L. (2018).

278 For review of relevant campaigns see Dempster, H., et al. (2020). IFRC's 2008 *Migration Policy* highlights the role National Societies can play emphasising the benefits migrants bring to host communities and countries of origin.

279 Ibid.; see also IOM (2020e).

280 Dempster, H. et al. (2020).

For example, IOM's Public Communication Campaign Toolkit emphasises the importance of context analysis and suggests a number of steps for effective campaign design:

- **Defining the campaign issue** (the problem)
- **Identifying the main stakeholders,** including by identifying and understanding different audiences, how they access information and what is likely to resonate with them
- **Selecting a campaign approach,** including by using appropriate campaign tools to address the campaign issue and engage stakeholders; developing messaging based on an understanding of what would motivate the audience to think, feel or act; and pre-testing of campaign materials.[281]

281 IOM (2020m) *IOM Public Communication Campaign Toolkit.*

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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