

Migrants' access to healthcare in times of Covid-19: Cases of Libya and Sudan

IOM Assessments Reports

Talking Points and comments

IOM /ERF Joint webinar series: Covid-19's socio-economic impact on migrants and IDPs in the Middle East and North Africa

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Overall

- **IOM / ERF joint effort is excellent initiative addressing and important global and regional priority topic. The results and findings are informative and useful.**
- **IOM / UNDP Analytical framework used for assessment of Covid-19 impact on migrants and IDPs in Eastern Sudan and Libya generated valuable and key results that are helpful for program design and implementation.**
- **The framework successfully selected “Health” as first Pillar #1.**

Specific

- **Slide #10: Ability to access healthcare: Libya yes 62% vs Sudan 64% (miscalculation – probably 58%)**
- **Slide # 11: Striking and useful findings: Barriers to healthcare:**
 - Affordability Sudan 67% are not able to afford healthcare vs Libya 34%**
 - Discrimination at facilities: Libya 23% vs Sudan 12%**
 - Fear of getting infected: Libya 50% vs Sudan 2%**
- **Slide # 12: Covid 19 stigma – Realistic cases of Libya migrant from B- Faso, Sudan migrant from Eritrea**
 - Stigma is a huge barrier.**
- **Slide # 13: 77% of migrants in Sudan accept vaccination. Need to work on the 23% through awareness, advocacy and reassurance.**

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Conclusions and Recommendations

- **Slide #15: Take home message: IOM would continue to collect disaggregated data**
- **The two assessments are good build-up toward quality improvement of services for migrants and IDPs.**
- **IOM and partners are encouraged to consider addressing the following gaps:**
 - 1. Reproductive health related urgent needs (often concealed priorities)**
 - 2. Among the mass movements (Refugees and IDPs) there is 25% of the total are women in reproductive age (WRA) of 15 to 49 years.**
 - 3. 9% of the WRA are currently pregnant: 5% of them would need C-section.**
 - 4. There increase in early marriage often related to economic or financial situation**
 - 5. IOM might want to establish multi-disciplinary approach to address and prevent GBV which usually increases in crises situations as well as an impact of Covid-19.**

Early marriage (EM) as a harmful practice

EM denies girls their rights to make vital decisions about their sexual health and well-being.

EM forces them:

1. out of education
2. into a life of poor prospects,
3. into a life with an increased risk of violence,
4. into a life with an increased risk of abuse,
5. into a life with an increased risk of ill health,
6. into a life with an increased risk of early death.