

# Navigating Through A Pandemic Amid Inflation and Instability: An Assessment of The Socioeconomic Impact of Covid-19 On Migrants in Eastern Sudan

Joris Jourdain, Elizabeth Griesmer, Raffaele Bertini  
and Lorenza Rossi

# **NAVIGATING THROUGH A PANDEMIC AMID INFLATION AND INSTABILITY: AN ASSESSMENT OF THE SOCIO- ECONOMIC IMPACT OF COVID-19 ON MIGRANTS IN EASTERN SUDAN<sup>1</sup>**

Joris Jourdain, Elizabeth Griesmer, Raffaele Bertini and Lorenza Rossi

**Working Paper No. 1553**

**June 2022**

This report benefited from the substantive inputs of reviewers from IOM's Regional Office and Country Offices in the Middle East and North Africa (MENA) alongside IOM's Headquarters. We would like to thank the IOM country mission staff from Sudan, who dedicated time, resources, and effort to the data collection and analysis process. We would also like to thank all the key informants and beneficiaries of the IOM programs and beyond for their time and valuable insights and contributions.

**Send correspondence to:**

Joris Jourdain

International Organization for Migration

Email: [jjourdain@iom.int](mailto:jjourdain@iom.int)

---

<sup>1</sup> This publication was made possible through support provided by the IOM Migration Resource Allocation Committee (MIRAC) and IOM Sudan. The opinions expressed herein are those of the authors and do not necessarily reflect the views of IOM or MIRAC.

First published in 2022 by  
The Economic Research Forum (ERF)  
21 Al-Sad Al-Aaly Street  
Dokki, Giza  
Egypt  
[www.erf.org.eg](http://www.erf.org.eg)

Copyright © The Economic Research Forum, 2022

All rights reserved. No part of this publication may be reproduced in any form or by any electronic or mechanical means, including information storage and retrieval systems, without permission in writing from the publisher.

The findings, interpretations and conclusions expressed in this publication are entirely those of the author(s) and should not be attributed to the Economic Research Forum, members of its Board of Trustees, or its donors.

## Abstract

The 2019 coronavirus (COVID-19) pandemic and its associated containment measures have impacted numerous dimensions of the lives of migrants, including their health, education, livelihoods and economic security, social cohesion, and mobility. As part of the International Organization for Migration's (IOM) efforts to draw attention to the adverse consequences of the pandemic for migrants in the Middle East and North Africa (MENA) region, this study focuses on international migrants (mainly from Ethiopia and Eritrea) living in the states of Kassala and Gedaref in Sudan. To differentiate between various forms of mobility between countries of origin and Sudan, this report disaggregates the impact of the pandemic across three categories of migrants: 1) long-term migrants in Sudan, 2) migrants in transit who seek to settle in a third country other than Sudan, and 3) seasonal migrant workers whose stay in Sudan is temporary and who migrate between Sudan and their country of origin regularly. The study primarily examines the socio-economic outcomes of migrants living in Kassala and Gedaref, regardless of their reason for coming to Sudan. The research team conducted qualitative interviews with 30 key informants and collected quantitative information from 937 respondents using a household survey. The questions posed to key informants and migrants considered the multidimensional consequences of the COVID-19 pandemic along six pillars, as adapted from the United Nations' Sustainable Development Group's (UNSDG) framework for evaluating the immediate socio-economic impact of the health emergency: 1) Health, 2) Protection and access to basic services, 3) Economic response and recovery, 4) Macroeconomic response and multilateral collaboration, 5) Social cohesion and community resilience, and 6) Mobility (2020). Key findings of the paper are summarized under these six pillars.

**JEL Classifications:** I1, I3, H5

**Keywords:** COVID-19, migrants, health, education, livelihoods and economic security, social cohesion, mobility, Sudan

## ملخص

أثر جائحة فيروس كورونا 2019 (COVID-19) وتدابير الاحتواء المرتبطة به على أبعاد عديدة من حياة المهاجرين ، بما في ذلك صحتهم وتعليمهم وسبل عيشهم وأمنهم الاقتصادي والتماسك الاجتماعي والتنقل. كجزء من جهود المنظمة الدولية للهجرة (IOM) للفت الانتباه إلى العواقب السلبية للوباء على المهاجرين في منطقة الشرق الأوسط وشمال إفريقيا (MENA) ، تركز هذه الدراسة على المهاجرين الدوليين (بشكل رئيسي من إثيوبيا وإريتريا) الذين يعيشون في ولايتي كسلا والقضارف بالسودان. للتمييز بين الأشكال المختلفة للتنقل بين البلدان الأصلية والسودان ، يصنف هذا التقرير تأثير الوباء عبر ثلاث فئات من المهاجرين: (1) المهاجرون على المدى الطويل في السودان ، (2) المهاجرون العابرون الذين يسعون إلى الاستقرار في بلد ثالث بخلاف السودان ، (3) العمال المهاجرون الموسميون الذين تكون إقامتهم في السودان مؤقتة والذين يهاجرون بين السودان وبلدهم الأصلي بانتظام. تبحث الدراسة بشكل أساسي في النتائج الاجتماعية والاقتصادية للمهاجرين الذين يعيشون في كسلا والقضارف ، بغض النظر عن سبب قدومهم إلى السودان. أجرى فريق البحث مقابلات نوعية مع 30 مخبرًا رئيسيًا وجمع معلومات كمية من 937 مستجيبًا باستخدام مسح منزلي. نظرت الأسئلة التي طُرحت على المخبرين الرئيسيين والمهاجرين في العواقب متعددة الأبعاد لوباء COVID-19

على ست ركائز ، على النحو المقتبس من إطار مجموعة الأمم المتحدة للتنمية المستدامة (UNSDG) لتقييم الأثر الاجتماعي والاقتصادي الفوري لحالة الطوارئ الصحية: 1 ( الصحة ، 2) الحماية والوصول إلى الخدمات الأساسية ، 3) الاستجابة الاقتصادية والتعافي ، 4) استجابة الاقتصاد الكلي والتعاون متعدد الأطراف ، 5) التماسك الاجتماعي ومرونة المجتمع ، 6) التنقل (2020). تم تلخيص النتائج الرئيسية للورقة في إطار هذه الركائز الست.

## Introduction

### Timeline

- **11 March 2020:** The World Health Organization (WHO) declares the outbreak of a pandemic (WHO, 2020).
- **13 March 2020:** First COVID-19 case is detected in Sudan (World Bank and Sudan Central Bureau of Statistics, 2020; *The East African*, 2020).
- **Mid to end of March 2020:** The government imposes the closure of schools, airports, ports, and land crossings; bans travel between states; and prohibits mass gatherings. A partial lockdown is enforced in Khartoum and other states (World Bank and Sudan Central Bureau of Statistics, 2020).
- **12 April 2020:** The government declares a public health emergency.
- **26 April 2020:** Gedaref goes into total lockdown. Local authorities deploy security forces to maintain social distancing, including imposing mobility restrictions and closing schools and universities.
- **September to December 2020:** The government gradually lifts mobility restrictions (interview with various key informants in Khartoum, July 2021).
- **4 November 2020:** The conflict in the Tigray region of Ethiopia begins (Al Jazeera, 2021).
- **March 2021:** Sudan receives its first delivery of COVID-19 vaccines with over 800,000 doses via the COVID-19 Vaccines Global Access (COVAX) Facility (WHO, 2021a).
- **July 2021:** The inflation rate in Sudan reaches 422.78 percent (Reuters, 2021).
- **September 2021:** The cumulative number of confirmed COVID-19 cases reaches 37,931 cases, including 2,837 deaths related to COVID-19 (WHO, 2021b).

On 13 March 2020, the first confirmed COVID-19 case was detected in Sudan. Almost two weeks later, on 24 March, the government imposed a night curfew nationwide (from 10 p.m. to 6 a.m.) (International Center for Not-For-Profit Law and European Center for Not-for-Profit Law, 2021). Soon after, on 12 April 2020, the government declared a nationwide public health emergency to curb the transmission of the virus. The order criminalized failure to quarantine as well as non-compliance with lockdown measures and failure to maintain physical distancing in several social contexts (International Center for Not-For-Profit Law and European Center for Not-for-Profit Law, 2021). Mitigation measures were also promptly introduced, such as restrictions on travel through the closure of airports and points of entry along land borders and maritime boundaries, as well as domestic movement restrictions. As of 22 December 2021, WHO recorded 46,037 confirmed cases of COVID-19 and 3,298 deaths (WHO, 2021b).

Alongside COVID-19 and the mobility restrictions that followed, the states of Kassala and Gedaref experienced political and climate-related challenges. These include issues related to the transition of power following the 2018 Sudanese revolution; rising inflation (which reached 422.78 percent at the time of data collection); continued regional political instability related to the conflict in Tigray, which dramatically increased the number of refugees into southeast Sudan; and a record-breaking 2020 rainy season alongside numerous climate disaster events (Amin, 2020).

Historically, internal displacement and return in Gedaref and Kassala have been limited. However, since 1984, both states host large non-citizen populations. In 2020, it was estimated that the cumulative number of foreign nationals living in Sudan was around 400,000 across ten states in Sudan. The states of Kassala and Gedaref host approximately 60 percent of the total. In the Kassala and Gedaref, most foreign nationals come from bordering regions in Ethiopia and Eritrea (IOM, 2021b). The reasons for this mobility are varied, including better access to essential services (including medical), education or training, international protection, family reunification, and better employment opportunities (whether on a temporary or permanent basis).

### **Approach to the assessment**

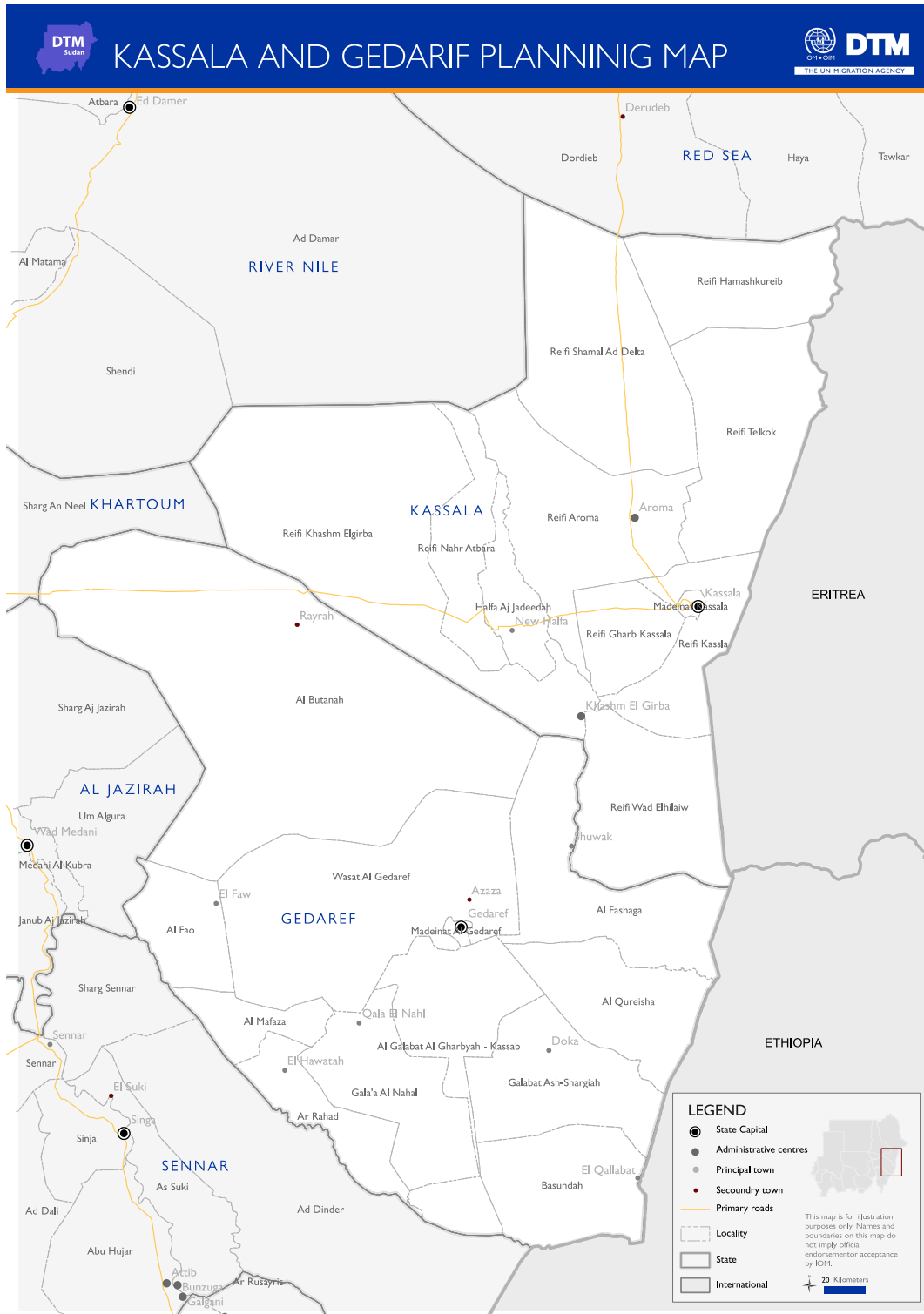
This assessment focuses on international migrants living in Kassala and Gedaref, meaning it includes all foreign nationals living in both states, apart from those registered as refugees with the United Nations High Commissioner for Refugees (UNHCR). International migrants include any individual who is not of Sudanese origin, regardless of their legal status or whether they sought international protection while in Sudan. Since Gedaraf and Kassala neighbor Ethiopia and Eritrea, respectively, nearly all migrants surveyed are nationals of one of these two countries (64 percent from the former and 35 percent from the latter).

This study uses an evidence-based approach to take stock of how COVID-19 has affected and continues to affect migrants and displaced persons in Sudan. It examines the implications of the COVID-19 pandemic along six key pillars, including (1) Health services and systems during the crisis, (2) Access to social protection and basic services, (3) Economic response and recovery, (4) Macroeconomic response and multilateral collaboration, (5) Social cohesion and community resilience, and (6) Mobility. As further explained in [Annex X.1.](#), these pillars were adapted from the United Nations Sustainable Development Group's (UNSDG) framework to evaluate the immediate socio-economic impact of COVID-19. This study comes as part of a broader regional effort to analyze how and to what extent COVID-19 affects the socio-economic outcomes of migrants and displaced persons in the Middle East and North Africa (MENA) region. IOM uses this regional knowledge base for advocacy and programming. Additionally, the objectives of the Global Compact for Safe, Orderly and Regular Migration (GCM), which Sudan has endorsed, structure the report's recommendations for maintaining the rights and dignity of migrants in the country (UN General Assembly, 2018).

[Sections I to VI](#) present the findings of the study by pillar. Each pillar aggregates existing evidence with reference to a set of socio-economic indicators. When relevant, the findings have been disaggregated according to relevant criteria necessary for context-specific analysis (for example, migratory status, gender...etc.). [Section VII](#) presents concluding remarks and outlines the knowledge gaps that ought to be filled through subsequent research on this topic. [Section VIII](#) provides a list of recommendations addressed to humanitarian/development actors and civil society organizations. Among the many consequences introduced by the pandemic, access to healthcare and basic goods and services prove the most significant for migrants in Kassala and Gedaref. Additionally, disruptions to education, the continuation of jobs and

economic activities, and the transfer of remittances all constitute critical challenges for these groups.

**Figure 1: The Kassala and Gedaref states**





## Overview of the methodology

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

**Table 2: Overview of the methodology**

<b>Inception phase</b>	<ul style="list-style-type: none"><li>- Context monitoring in Khartoum, Kassala, and Gedaref in April 2021</li><li>- Desk research of relevant literature</li><li>- Defining and reviewing the list of indicators</li></ul>
<b>Data collection</b>	<ul style="list-style-type: none"><li>- Mixed-methods data collection</li><li>- Research team visit to Khartoum, Kassala, and Gedaref in July 2021</li><li>- Thirty key informant interviews conducted with government officials, humanitarian practitioners, migrants, healthcare workers...etc.</li><li>- Quantitative survey conducted with 937 migrants</li></ul>
<b>Final report and dissemination</b>	<ul style="list-style-type: none"><li>- Data coding and analysis</li><li>- Report writing in August-December 2021</li></ul>
<b>Study limits</b>	<ul style="list-style-type: none"><li>- <b>Multiple causality.</b> The study focuses mostly on the effects of COVID-19 on migrants living in Eastern Sudan. Nonetheless, several other factors likely influenced migrants' socio-economic outcomes. To overcome this limit, the research protocol includes a qualitative component aiming to disentangle the specific consequences of the pandemic from the protracted economic problems in the country.</li><li>- <b>Focus on urban migrants.</b> Due to logistical constraints, the enumerators were unable to collect data in the rural areas of Kassala and Gedaref, with a possible impact on the representativeness of the sample.</li></ul>

## Migratory status and general challenges

### Migratory status

In line with Objective 1 of the Global Compact for Safe, Orderly and Regular Migration, the research team disaggregated survey results by migrant category throughout the report. Doing so allows the report to assess the ways through which different groups of migrants may be impacted by the pandemic. Based on interviews conducted at an early stage of the study (see [Annex X.1](#) for more details), the research team defined the following three migration categories:

- *Long-term migrants*,<sup>2,3</sup> meaning individuals who have settled in Sudan for at least a year. Some of these individuals were born in Sudan or have lived there since their early childhood.
- *Migrants in transit*,<sup>4</sup> meaning individuals whose longer terms plans are to establish themselves in another country outside of Sudan. A significant share of these individuals intends to travel to North African countries and/or Europe.
- *Seasonal migrant workers*, meaning individuals who engage in circular migration between Sudan and their country of origin.

Although this study focuses primarily on voluntary migrants rather than asylum seekers or refugees registered with UNHCR, some migrants in the sample stated that they moved with the intention of obtaining international protection. These individuals had not yet presented themselves to UNHCR as asylum seekers. Therefore, while refugees and asylum seekers were deliberately excluded from data collection, the sample of migrants under scrutiny constitutes a mixed flow, with migrants leaving their country of origin for a wide variety of reasons.

As noted throughout the report, each migrant category is vulnerable in different ways to the negative consequences of the COVID-19 pandemic. For example, survey results show that the share of seasonal migrant workers and migrants in transit who are daily workers is significantly higher (respectively 51 percent and 49 percent) than that of long-term migrants (34 percent). As COVID-19 related mobility restrictions impede the latter group from seeking out daily work, levels of unemployment and loss of income may be higher for this group because of the pandemic. By extension, this suggests that seasonal migrant workers and migrants in transit, who make up a greater portion of these casual workers, may face more severe economic consequences.

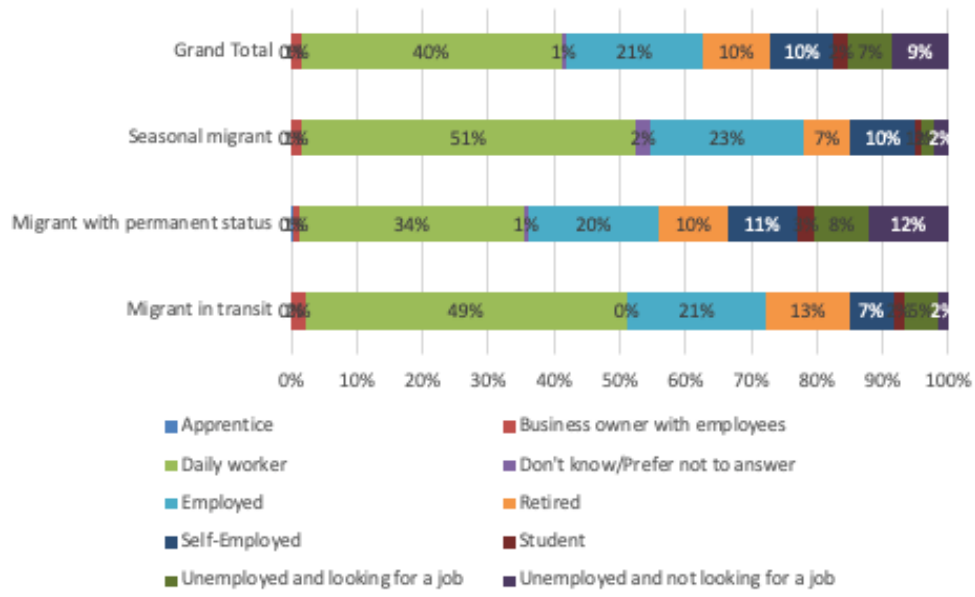
---

<sup>2</sup> A long-term migrant is defined in IOM's 'International Migration Law Glossary on Migration' as "a person who moves to a country other than that of his or her usual residence for a period of at least one year, so that the country of destination effectively becomes his or her new country of usual residence." IOM, *International Migration Law Glossary on Migration* (Geneva, 2019).

<sup>3</sup> This category may include individuals who otherwise qualify as refugees but have not registered with UNHCR or the Commission for Refugees, as well as former refugees who lost their status, such as Ethiopians who fled to Eastern Sudan in the 1970s and 1980s. Consequently, the use of the term 'migrant' here may be open to contestation and may fail to reflect the self-identification of such individuals as refugees. As a result, the term 'migrant' here functions as a broad but imperfect label when capturing the diversity of migration and displacement to Eastern Sudan.

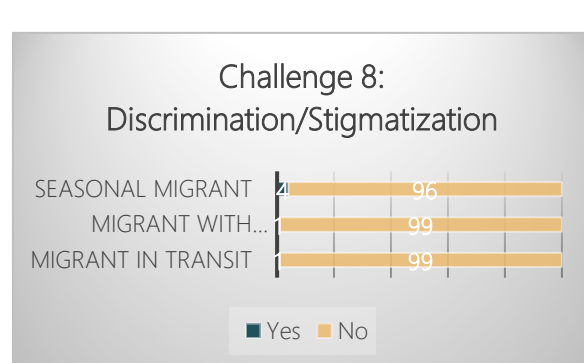
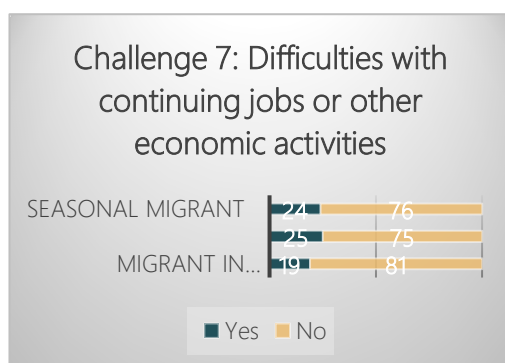
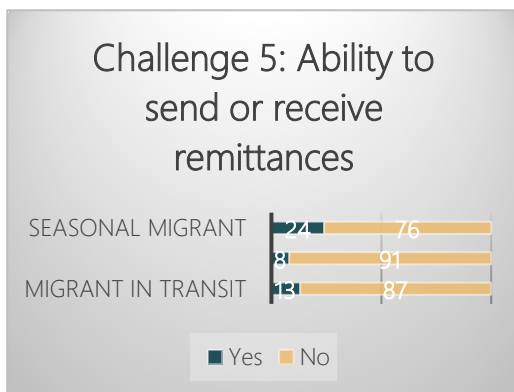
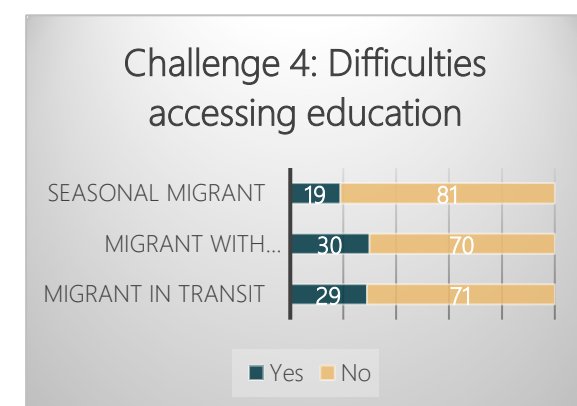
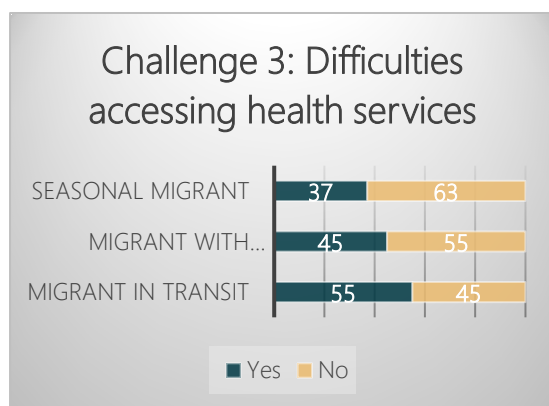
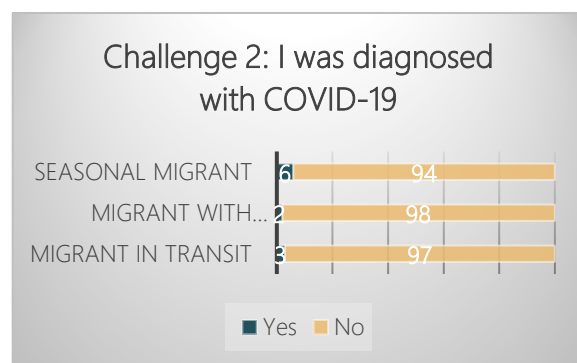
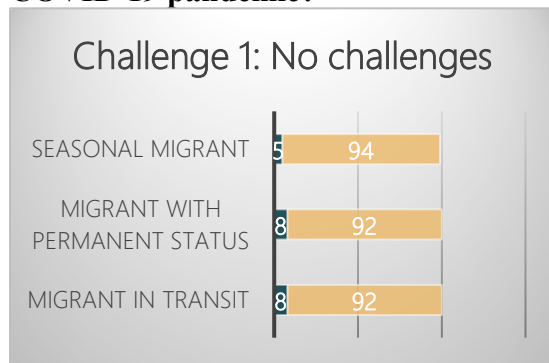
<sup>4</sup> Transit is defined in IOM's 'International Migration Law Glossary on Migration' as "a stopover of passage of varying length while travelling between two or more States." A note referencing the United Nations Office of the High Commissioner for Human Rights, *Situation of Migrants in Transit* (2015) adds the following: "There is a notion of temporariness in the concept of transit. However, for many migrants, particularly those migrating irregularly, the journey to the intended destination can take months or years. This challenges the very notion of transit and triggers the question on how much time needs to pass for the country of transit to be considered as a destination." IOM, *International Migration Law Glossary on Migration* (Geneva, 2019).

### Respondents' job status



## Key challenges faced by respondents

**Question 1: Have you encountered any of the following challenges since the start of the COVID-19 pandemic?**



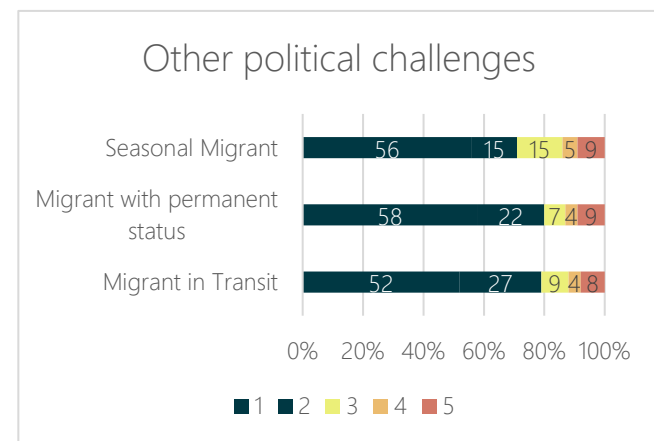
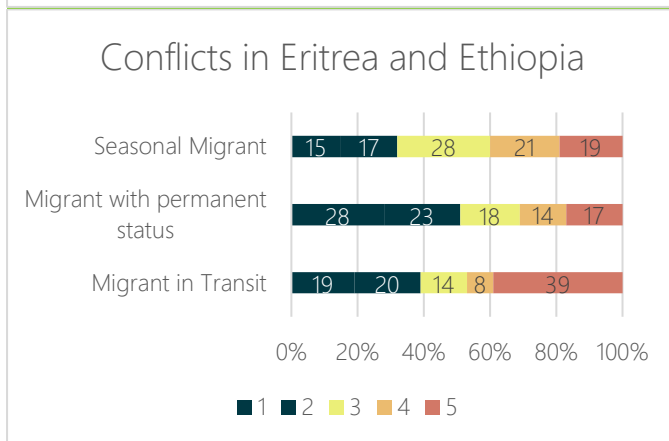
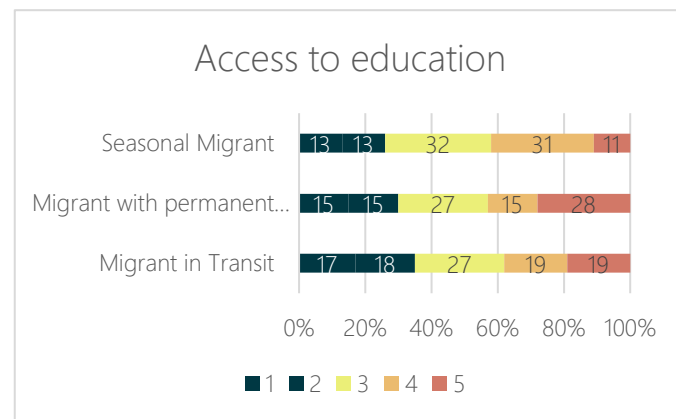
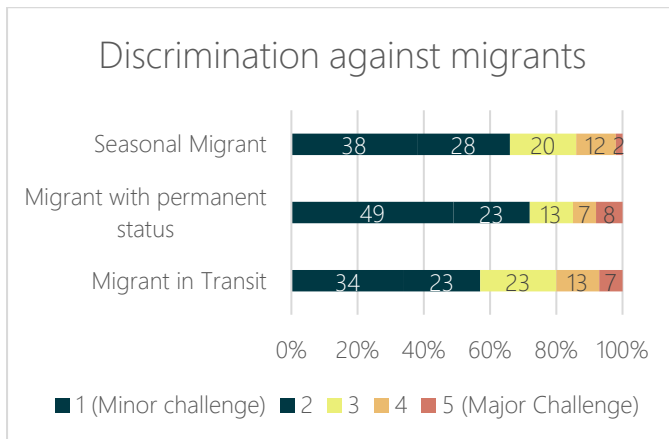
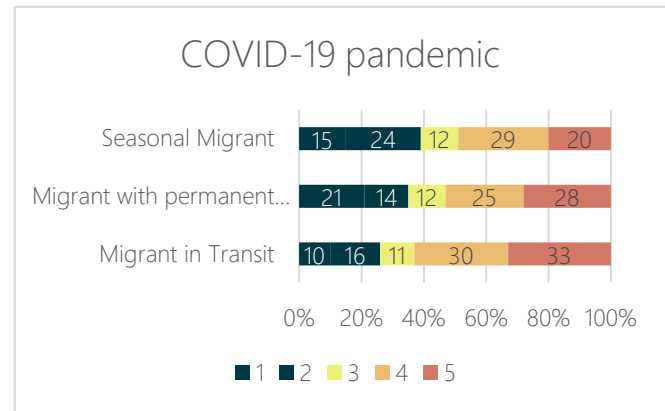
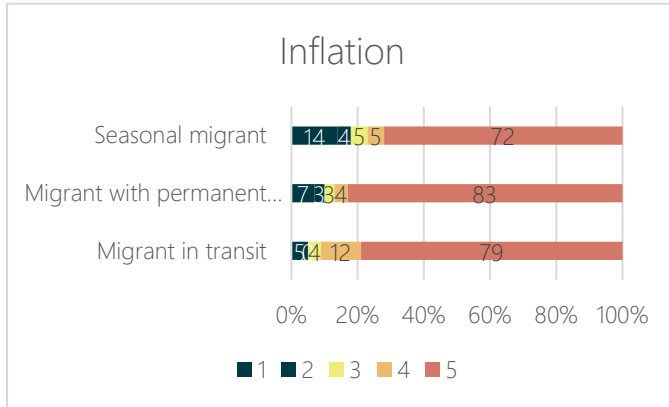
The outbreak of COVID-19 has had far and wide-reaching impacts on migrants' lives. The graphs above provide an overview of some of the socio-economic challenges that the surveyed migrants face in Sudan. The following sections explore the economic and social impacts of the COVID-19 pandemic and the coping mechanisms that migrant communities have adopted in response.

Difficulties accessing basic goods and services (Challenge 6) and health services (Challenge 3) were the challenges most cited by respondents, regardless of their migration status. Nevertheless, compared to other migrant populations, migrants in transit reportedly face the most difficulty in accessing both types of services (75 percent of migrants in transit reported difficulties in accessing basic services, compared to 66 percent and 63 percent of long-term migrants and seasonal migrant workers). This result may be explained by their transitory status. For example, these individuals may be less likely to have networks in their current location, be less aware of the existence of such services and means for obtaining them, and/or potentially possess fewer financial assets.

Several respondents also cited access to education (Challenge 4), the continuation of jobs or other economic activities (Challenge 5), and the transfer of remittances (Challenge 7) as key challenges since the onset of the COVID-19 pandemic. Interestingly, around a quarter of seasonal migrant workers (24 percent) reported that sending remittances was a key challenge since the start of the pandemic (compared to merely 13 percent of migrants in transit and eight percent of long-term migrants). As shown in [Pillar 4](#), this difference may be linked to the fact that these individuals are more likely to send remittances than any other migrant group. Additionally, since seasonal migrant workers expect to return to their country of origin, they may be more invested in ensuring that income earned abroad is well-invested in the home country.

Only a small minority of migrants declared that they were diagnosed with COVID-19 (Challenge 2) or that they faced discrimination or stigmatization (Challenge 8). Determining whether these results genuinely reflect the lived experiences of respondents or if they were underreported due to their sensitivity is difficult.

**Question 2: How important are each of the following challenges for migrants in East Sudan? (Rate each of the challenges from 1 to 5; 1 means the challenge is minor to the respondent’s life and livelihood and 5 means the challenge is major to the respondent’s life and livelihood).**



The above graphs highlight that COVID-19 is only one of the challenges faced by migrants in Eastern Sudan. The option ‘inflation’ had the highest proportion of respondents rating it at 4 or 5, meaning this issue poses a significant challenge to their life or livelihood. This finding reveals the widespread impact of Sudan’s hyperinflation, which reached a peak during data collection in July 2021 (Reuters, 2021). The problem of hyperinflation in Sudan first emerged in late 2019, well before the outbreak of COVID-19 (Trading Economics, 2021). However,

disruptions to supply chains during the pandemic have placed additional upward pressure on prices, putting basic goods and services further out of reach (OCHA, 2021c).

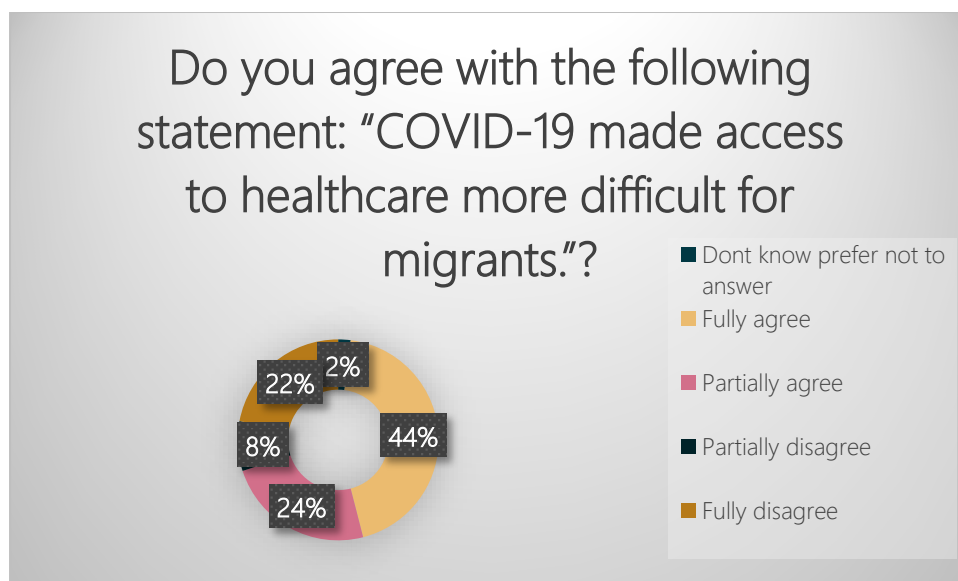
Beyond the COVID-19 pandemic, access to education and conflicts in Eritrea and Ethiopia were also rated by a substantial number of respondents as major challenges to their lives and livelihoods. A large number of migrants in transit (39 percent) perceived the conflicts in Eritrea and Ethiopia as major challenges to their lives and livelihoods. This result may be explained by the fact that these individuals recently left Eritrea and Ethiopia and are now transiting in Sudan.

## **Pillar 1: Health services and systems**

### **Access to functional health services**

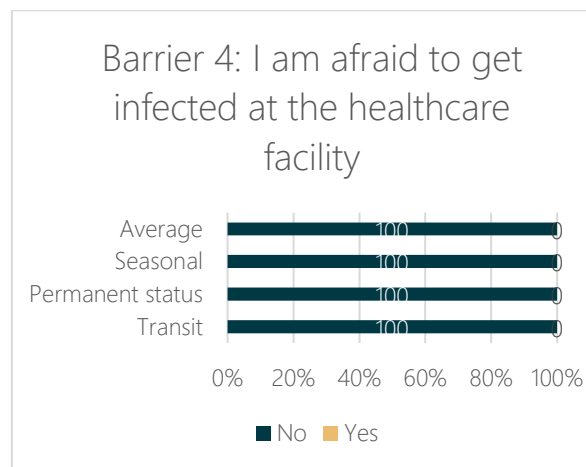
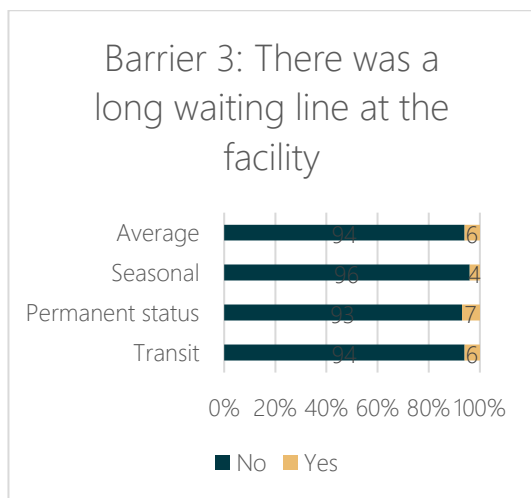
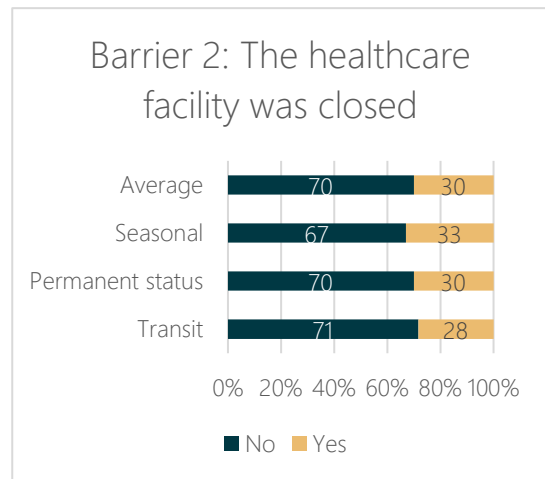
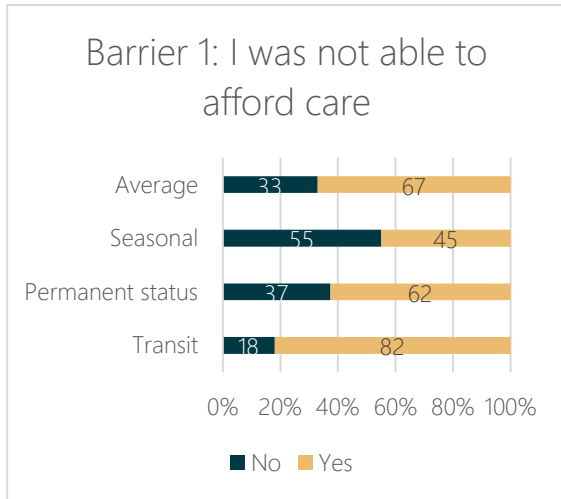
The pandemic has placed Sudan’s health system under high levels of stress. Even prior to the pandemic, access to functional health services was severely limited in Sudan, with around **81 percent of the Sudanese population lacking access to a functional healthcare facility within two hours of their home** (OCHA, 2021a). Additionally, healthcare staff are unequally distributed within Sudan, as 70 percent of healthcare professionals in the country work in urban settings, and half of them practice in Khartoum (UNDP, 2020).

**The pandemic has increased the pressure on healthcare facilities and caused the widespread closure of healthcare facilities as well as a significant shortage in the availability of basic medical supplies** (Internews, 2021). Additionally, interviews with several stakeholders, including governmental officials, health workers, and aid workers, revealed that migrants faced a set of unique obstacles (i.e. a lack of civil or legal documentation, the high price of healthcare, and discrimination at health facilities). The existence of such difficulties is suggested by the findings of the survey data. **A sizeable majority of respondents (68 percent) reported that they either partially or fully agreed with the statement that COVID-19 has made access to healthcare more difficult for migrants.**

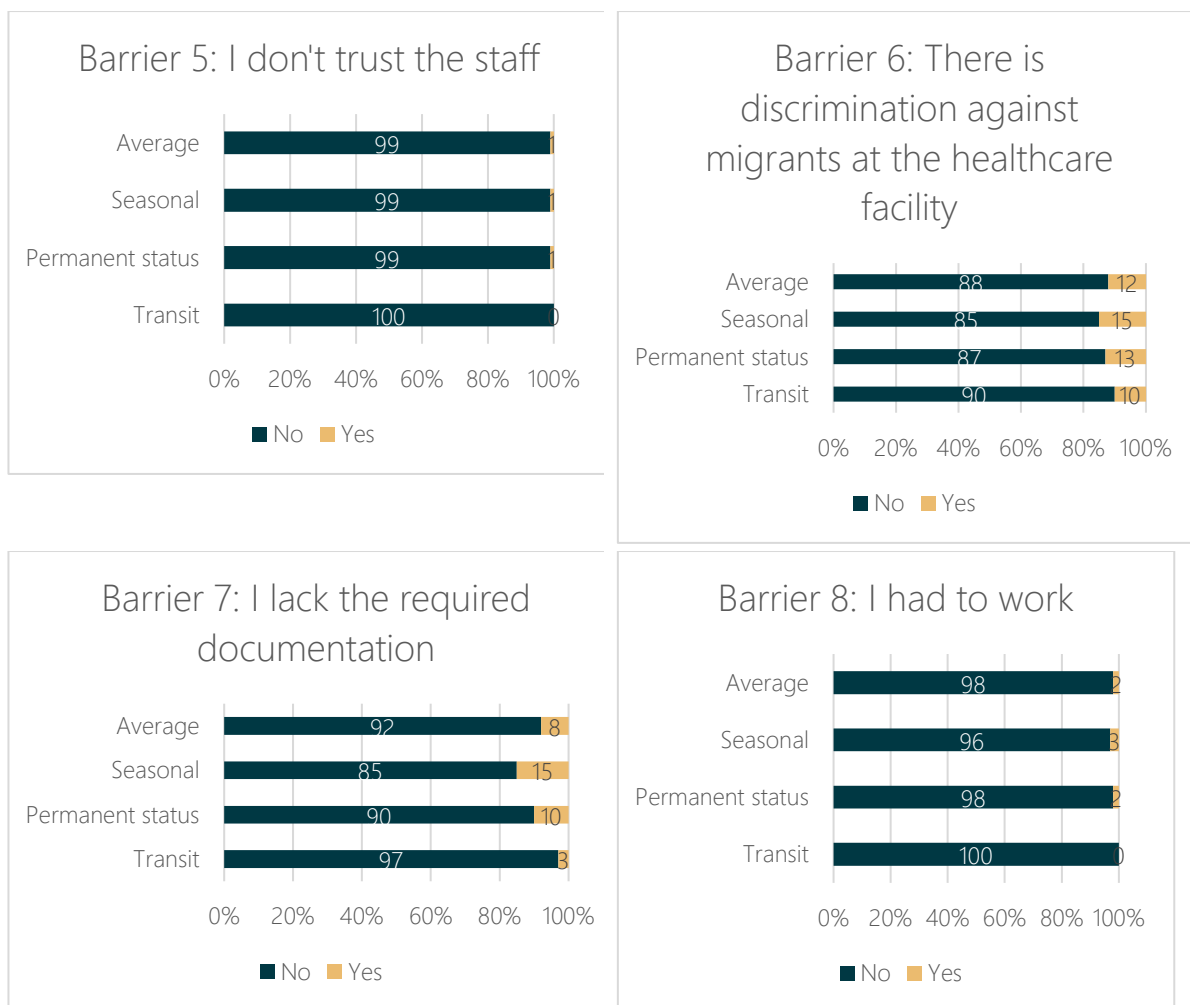


Difficulties in accessing healthcare services are indicated by the survey data. When respondents were asked whether they had been able to access healthcare when needed since the start of the COVID-19 pandemic, **only 46 percent of respondents answered that they had been able to do so**. As outlined in the below graphs, several barriers impeded them from accessing health care when they needed it.

**Question 3: What barriers prevented you from accessing the healthcare facility when you needed it?**







**Affordability of healthcare services is the most cited barrier to accessing healthcare.** On average, more than two-thirds of respondents (67 percent) indicated that the high price of healthcare impeded them from getting treatment. Although Sudanese nationals, migrants, and refugees can access healthcare pursuant to Sudan’s 2016 Health Insurance Act, insured patients may pay as much as 70 percent of costs out-of-pocket, heightening barriers to healthcare (Bilo et al. 2020; Salim & Hamed, 2018). Compared to other migrant profiles, migrants in transit were reportedly more likely to struggle to afford healthcare services. Interviewees suggested that one reason for this difference was that migrants in transit had fewer financial assets than other types of migrants who were established in the country for longer.

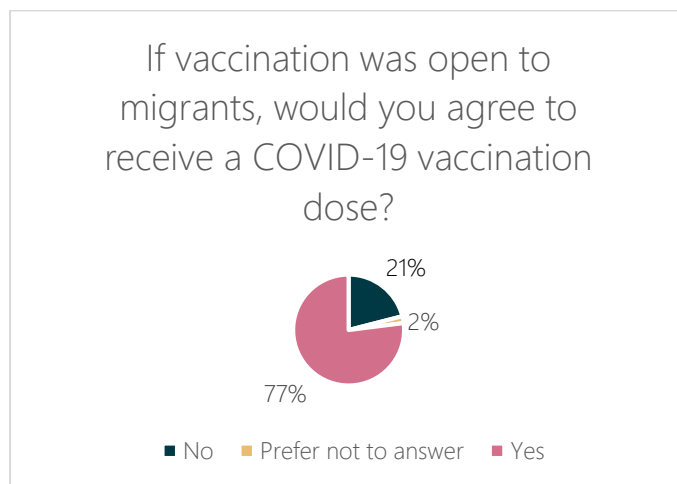
**Around 30 percent of respondents outlined that the closure of healthcare facilities was an important barrier to accessing healthcare.** During the first wave of the pandemic, Sudanese authorities decided to close several private healthcare facilities as part of mitigation measures against the spread of the virus (OCHA, 2021c). Moreover, the healthcare facilities that remained open sometimes refused patients due to a lack of medicine, supplies, and available beds. Routine services in hospitals and other healthcare facilities were also affected due to the sporadic closures following outbreaks of COVID-19 and the unavailability of medical staff (OCHA, 2021c). Although healthcare facilities reopened after the first wave and medical

personnel adapted their working methods to the pandemic, the Sudanese health system remains weak because of decades of underfunding and poor infrastructure (OCHA, 2021c).

**Moreover, 12 percent of all respondents reported facing discrimination while accessing healthcare services.** Data gathered from interviews with key informants showed that, in the initial stages of the pandemic, host communities sometimes considered migrants responsible for spreading the virus. Considering the sensitivity of the issue, determining the extent to which discrimination is widespread in hospitals is difficult. However, several key informants also outlined that, because Kassala and Gedaref have hosted large migrant populations for decades, relations between the latter group and Sudanese nationals were good overall.

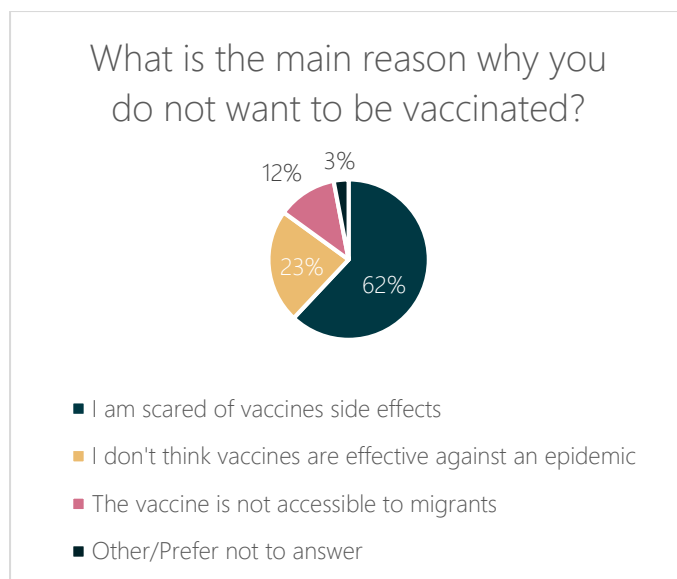
### **Awareness and interest in COVID-19 vaccination**

In March 2021, Sudan received 800,000 COVID-19 vaccines through the COVAX Facility, a program led by Gavi, the Vaccine Alliance, which distributes tests, vaccines, and other supplies to low- and middle-income countries. These doses were administered first to healthcare workers and individuals aged 45 years and older with medical conditions and living in areas with high transmission or expected high transmission (OCHA, 2021c). At the time of data collection, Gedaref and Kassala were amongst the states in Sudan that had started to administer COVID-19 vaccines to the population. Nonetheless, COVID-19 vaccines were only accessible to Sudanese nationals (interviews with government officials from Gedaref and Kassala, 10 July 2021).<sup>5</sup>



---

<sup>5</sup> According to discussions between IOM and WHO in October and November 2021, migrants who are particularly vulnerable to infection, based on factors such as age and preexisting conditions, are now eligible to be vaccinated, regardless of their legal status. Despite this formal eligibility, however, informal barriers to access for migrants may persist.



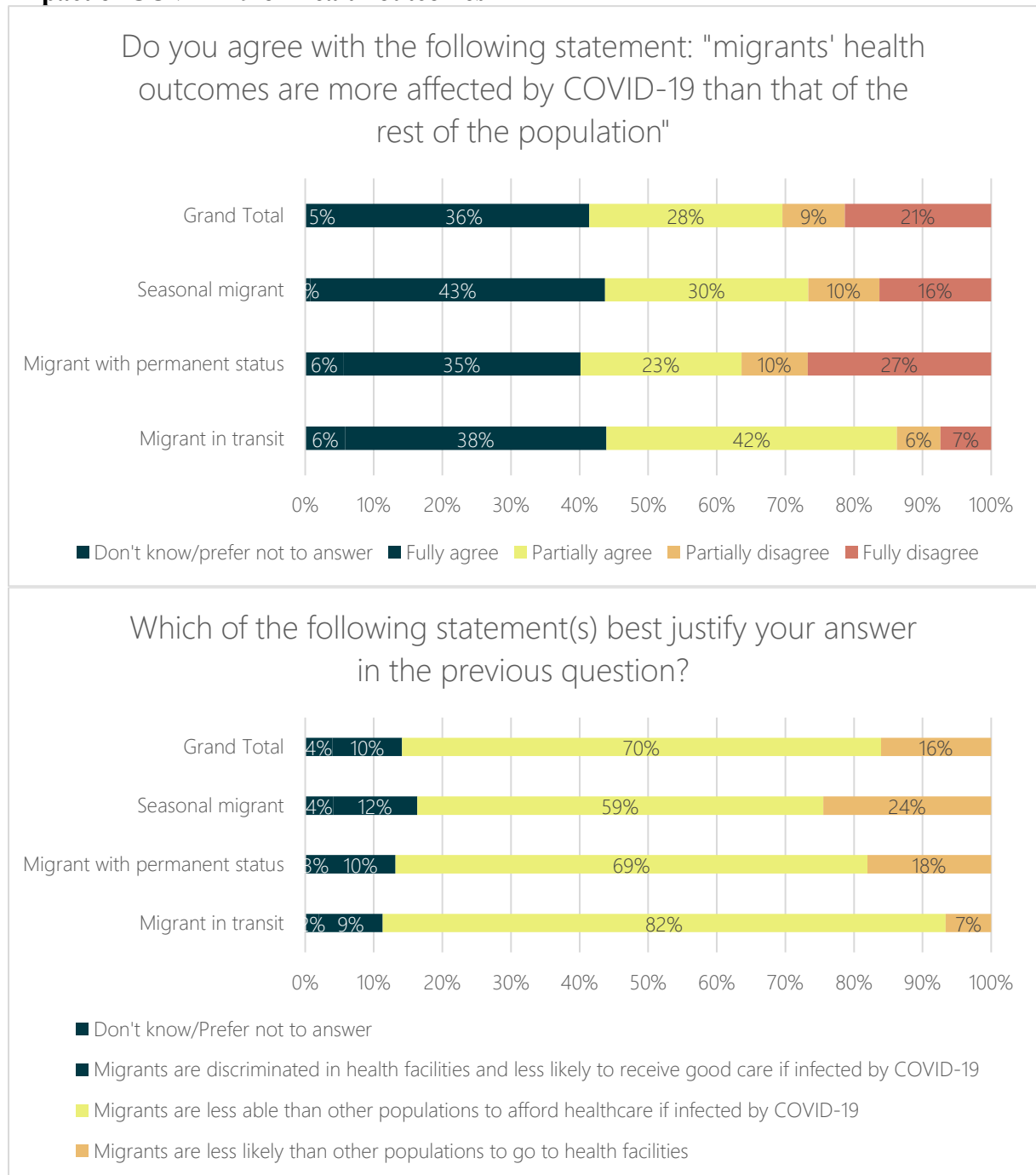
**As the above figures show, more than three-quarters of respondents (77 percent) stated that they would agree to be vaccinated against COVID-19,** suggesting that efforts to raise awareness about the positive effects of the vaccine were fruitful. Across all three categories of migrants under consideration, the proportion willing to be vaccinated was at least 74.6 percent, or roughly three-quarters. Long-term migrants were the most willing to be vaccinated, followed by seasonal migrant workers and migrants in transit. Because of the social values surrounding vaccination, social desirability bias may influence these responses (Fisher, 1993).

Nevertheless, misperceptions around the vaccine’s effects were reportedly still circulating. Many medical staff members interviewed as part of this study reported that migrants living in Sudan had been influenced by rumors oftentimes spread through social media. **Vaccine hesitancy is present in the survey findings, with about one-fifth of respondents (21 percent) reporting that they would not agree to be vaccinated.** Of these individuals, a majority (62 percent) noted that their main reason for refusing vaccination was fear of the side effects of the vaccine.

These concerns over the vaccines may be related to low levels of trust in the sources conveying information about COVID-19. According to a survey of refugees and migrants in Sudan by the Mixed Migration Center, most respondents (62 percent) received COVID-19-related news through online networks, while other respondents indicated international and national non-governmental organizations (I/NGOs) and UN agency campaigns, friends and family, and government officials as their primary source of information (van Moorsel, 2021). Young people in particular were reported to rely on social media for information, although there may be greater risks of exposure to misinformation on these channels (van Moorsel, 2021). Across these sources, I/NGO and UN agencies were considered the most trustworthy, as reported by 34 percent of respondents, although none of the sources were viewed as ‘highly trustworthy’ by a majority of those interviewed. Additionally, language barriers may contribute to a lack of information on COVID-19 transmission and vaccines, as little information was shared in

Amharic (the official language of Ethiopia) or Tigrinya (a widely spoken language in Eritrea and northern Ethiopia) (van Moorsel, 2021).

### Impact of COVID-19 on health outcomes

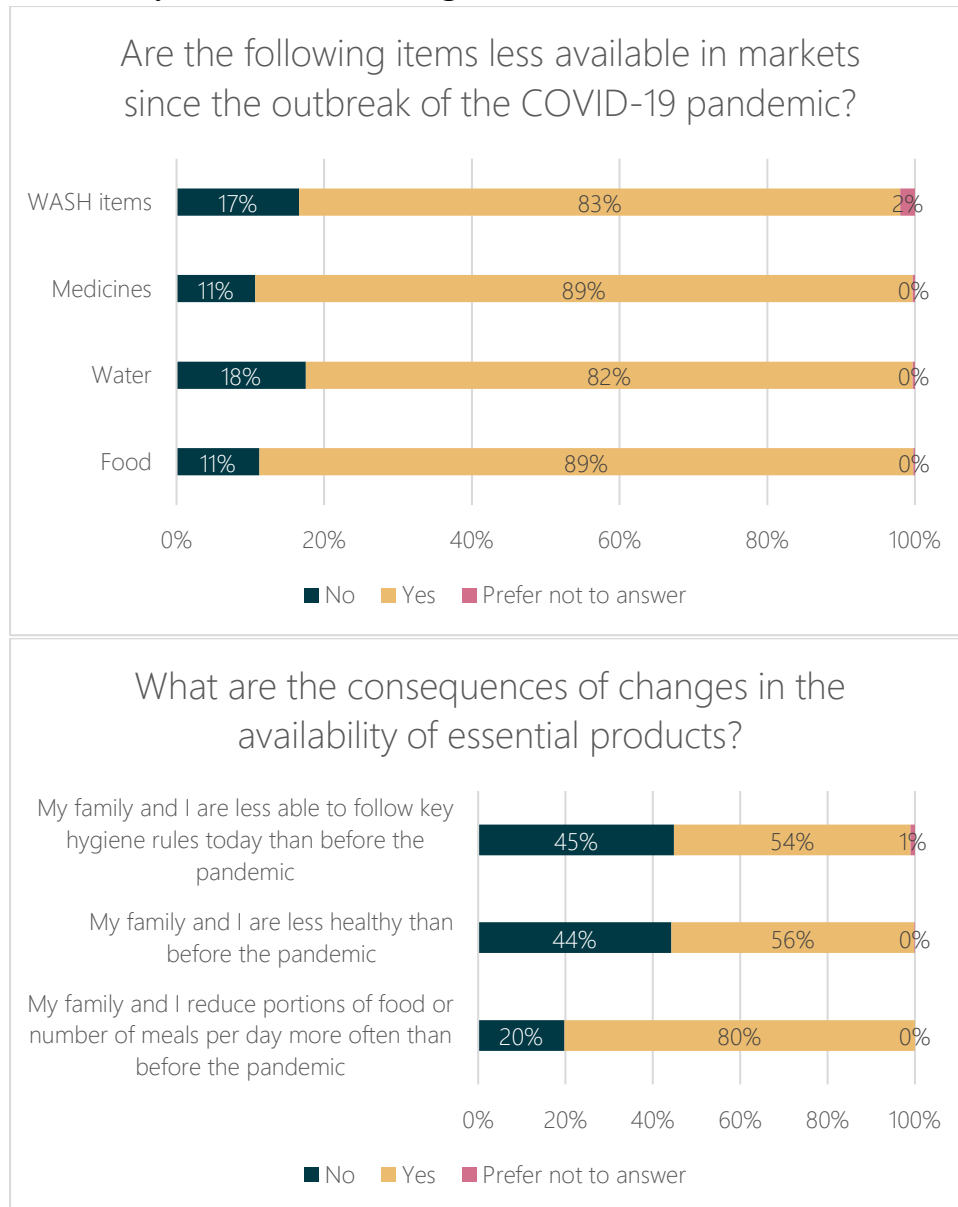


**A notable portion of respondents believed that migrants were more impacted by the COVID-19 pandemic than other population groups.** In particular, the majority of those interviewed (64 percent) partially or fully agreed with the statement “Migrants’ health is more affected by COVID-19 than that of the rest of the population.” Migrants in transit were particularly concerned with the impact of COVID-19 on their health, with about 80 percent of this category partially or fully agreeing with the proposed statement. On the other hand, long-

term migrants were reportedly less worried about this issue, with only 37 percent partially or fully disagreeing with the statement. One potential explanation for this difference, as suggested by several key informants, is that migrants in transit have fewer financial assets than other migrant categories and thus are less able to afford healthcare. The survey results confirm this explanation, with 82 percent of migrants in transit saying that migrants are less able than other populations to afford healthcare if they contract COVID-19.

**Pillar 2: Protecting people – Social protection and basic services**

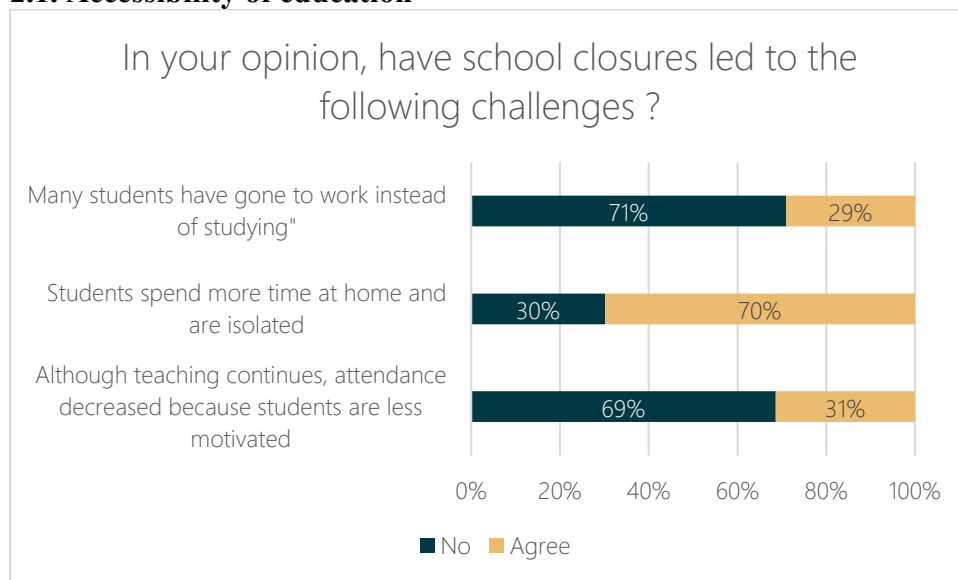
**Availability and access to basic goods**



**At the national level, the implementation of lockdowns, border closures, and the disruption of supply chains (March-July 2020) had a negative impact on the availability and prices of goods (REACH, 2020).** Several food items (milk, dairy products, and cereals) and medicines were reportedly unavailable in markets or temporarily out of stock during the second half of 2020 (World Bank and Sudan Central Bureau of Statistics, 2020). Survey

respondents report similar issues in Kassala and Gedaref, with a substantial share of respondents reporting that **essential goods including sanitation and hygiene (WASH) items (83 percent), medicine (89 percent), water (82 percent), and food (89 percent) were less available in markets since the beginning of the pandemic.** Survey respondents also outlined the disruptive effects of the lack of goods in markets on their food security (80 percent), health (56 percent), and hygiene (54 percent).

## 2.1. Accessibility of education



**The Government of Sudan decided to suspend universities and schools on three occasions (March 2020, December 2020, and May 2021) in the wake of COVID-19 waves (OCHA, 2021c).** Although the pandemic-related lockdown of schools largely coincided with the regular school closure period, in most states, it was not possible to complete school exams due to increased COVID-19 concerns (Salma and Mohammed, 2020).

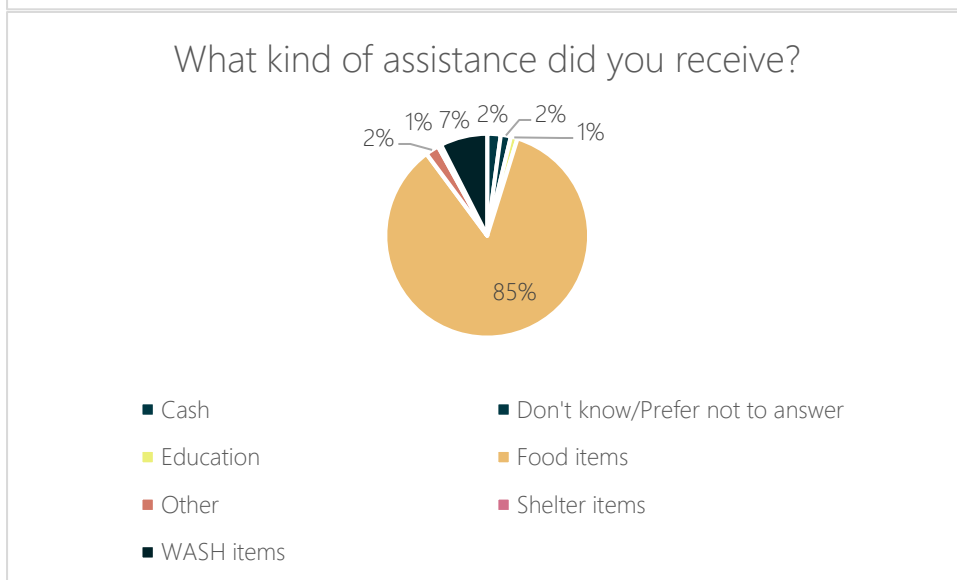
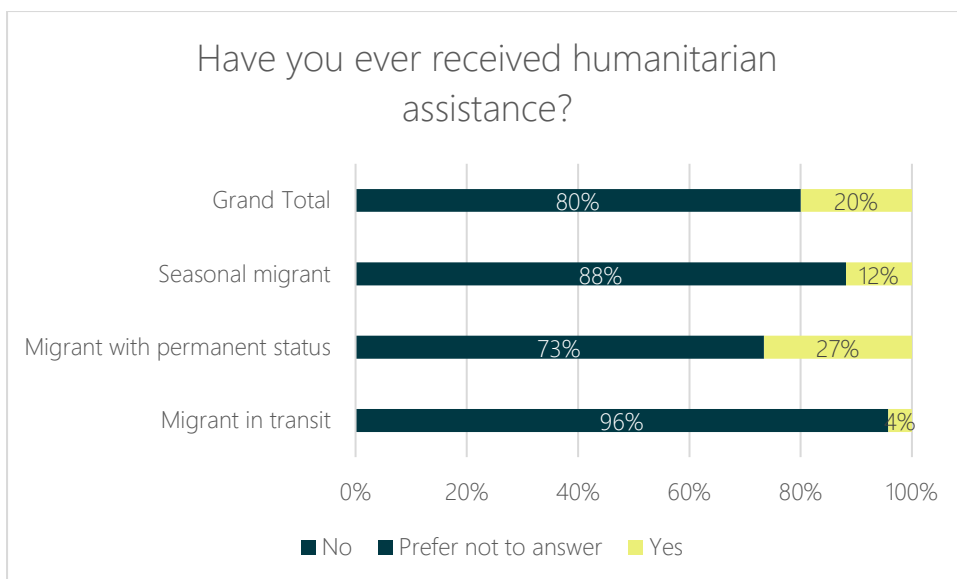
Due to pre-existing vulnerabilities such as lack of documents, language barriers, and limited financial assets, migrants are likely more affected by the negative effects of school closures than other populations. **One significant challenge reported by 70 percent of survey respondents is that students spend more time at home and are isolated.** An Ethiopian mother elaborated on the negative impact of school closures on his son’s life: “We arrived from Ethiopia a few months before the start of the pandemic, and it has been very difficult for (my son) to be integrated in his new school. Suddenly, the pandemic happened and for a long period, he had nobody to socialize with. After schools closed for the first time, he started to become very demanding with me and started having anger issues. I have to work and cannot rely on anyone to look after him during the day... sometimes he stayed for entire days in the house, without learning anything new... but due to my current financial situation, I am not able to help him further.” Thus, school closures can prevent migrant students from learning the languages and cultural customs of their host country and building a social network through contact with peers and teachers. At the same time, a lack of financial resources can prevent migrant families from hiring paid carers or accessing educational resources outside of school settings (van

Moorsel, 2021). School closures may also impact students who depend on the provision of free meals as a key source of nutrition (UNDP, 2020). Additionally, irregular migration status may discourage migrant families from accessing available services, out of fear that they will be asked to show documents as a condition for receiving help.

As suggested by this interview and confirmed by **31 percent of respondents who indicated that students were less motivated, the closure of schools can have negative effects on the mental health of students**. Migrants who are isolated and have limited financial assets are likely to be deeply affected by such negative effects. Additionally, reduced access to activities centered on learning and socializing can affect the development of migrant children (van Moorsel, 2021).

Around **30 percent of respondents outlined that due to school closures, many migrant children worked instead of studying**. One interviewee said that children living in families who had been harshly impacted by the pandemic often started helping their parents conduct their activities. The same interviewee raised the concern that even after teaching at school resumed, some children who were working with their parents did not go back to school.

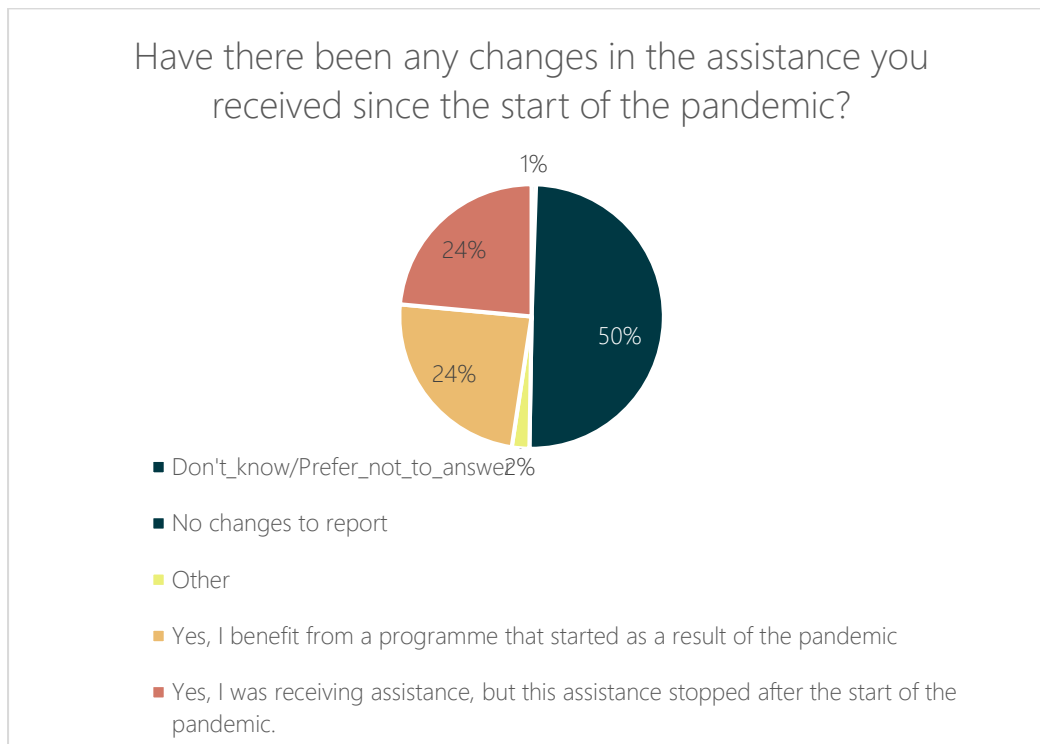
**Access and availability of social protection schemes and/or humanitarian assistance**  
**In Sudan, only certain categories of migrant workers are eligible for government-led social protection schemes and such migrants must work in the formal sector and be in regular migration status to qualify** (ILO, 2020). Given the significance of both informal employment and irregular migration in the country, these limitations exclude a substantial portion of the migrant population (ILO, 2020; IOM, 2011). Humanitarian assistance aims to fill this gap by providing life-saving assistance. However, humanitarian assistance only reaches a limited number of individuals. **Only 20 percent of respondents declared having ever received humanitarian assistance**. Some categories of migrants are more difficult to reach even for humanitarian organizations. For instance, only four percent of migrants in transit declared that they ever received humanitarian assistance. **Amongst those individuals who declared having received assistance, most (85 percent) outlined that the main assistance they received was food**. While this aid fills a critical need, it does not constitute a long-term strategy to improve the well-being and socio-economic position of migrants.



**COVID-19 has placed an additional strain on humanitarian organizations’ ability to deliver life-saving assistance.** The impact of the pandemic on humanitarian assistance has been multifaceted. Several organizations have had to suspend, delay, or modify planned activities to limit the spread of the virus and protect populations of concern. Some essential activities, including in-kind/cash distributions, psychological services, and refugee registration services, were reportedly suspended during the lockdown (OCHA, 2021b). Additionally, as the response to the pandemic may take precedence over other population needs and concerns, funding and personnel may be transferred away from programs deemed less critical, despite the vital gaps they may be filling. For example, maternal and reproductive healthcare is reportedly more difficult to access in Sudan in the wake of the pandemic, which may put the lives of women at risk (Bauman, 2021). Moreover, shifting funding and donor priorities during the pandemic may influence the type of programs that can continue operating. These changes coincide with a sharp increase in the numbers of migrants seeking humanitarian aid due to the economic stresses introduced and exacerbated by the pandemic (van Moorsel, 2021).



**Survey data show that the outbreak of the COVID-19 pandemic had negative effects for around a quarter of aid recipients (24 percent), who reportedly stopped receiving assistance because of the pandemic.** At the same time, an equal share of the respondents (24 percent) declared that they started receiving humanitarian assistance as a result of the pandemic, suggesting that humanitarian assistance was able to resume – at least partially – after the end of mobility restrictions.



### **Impact of COVID-19 on exploitation**

Similar to the legal frameworks governing social protection schemes, certain categories of migrants in regular status and employed in the formal sector are covered under the 1997 Labor Act setting out the rights of workers. However, as the International Labour Organization concluded in a 2020 assessment of Sudan’s labor migration governance, the legal framework establishing the labor rights of migrant workers lacks clarity and requires further elaboration. This lack of clarity, in turn, impedes the effective enforcement of labor law and awareness among migrants of their rights (ILO, 2020).

With respect to exploitation, the 2005 National Interim Constitution criminalizes compulsory labor. Additionally, the 2014 Combatting of Human Trafficking Act outlaws some forms of trafficking but does not set out a definition of exploitation or compulsory labor. Migrant workers in regular status are covered under these laws, yet insufficient enforcement undermines their reach (ILO, 2020). To address this gap, Sudan launched its 2021-2023 National Action Plan to Combat Human Trafficking to support survivors, enhance law enforcement training on trafficking, and bring Sudanese law in line with international frameworks governing human rights (ILO, 2020; European Commission, 2021).

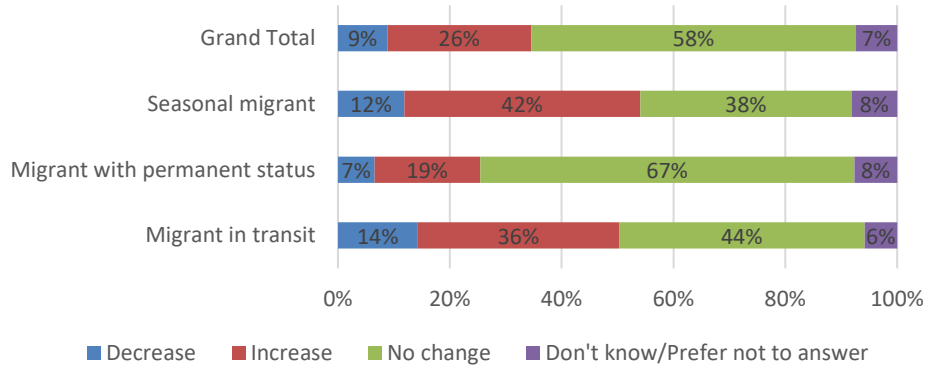
Because migrants often lack financial assets, documentation, and networks, they may be compelled to accept lower wages or exploitative work conditions. Irregular migrants in particular may be afraid to report exploitation, lest their complaints draw attention to their migration status (ILO, 2020). As a result, migrants in Sudan may face a higher risk of abuse, violence, or exploitation, and in some cases, they may be forced to adopt negative coping strategies, such as early or forced marriage.

**More than a quarter of respondents noticed an increase in the level of forced labor and other forms of exploitation.** The share of respondents indicating an increase was higher among seasonal migrant workers and migrants in transit (42 percent and 36 percent, respectively), suggesting that they are more vulnerable to these issues than long-term migrants. This result can be explained by the fact that these populations likely have fewer financial assets and more limited networks in Sudan than long-term migrants who have lived in the country for a longer period. These networks create social capital for migrants, which increases their awareness of available opportunities and enhances their ability to obtain work opportunities through more extensive connections.

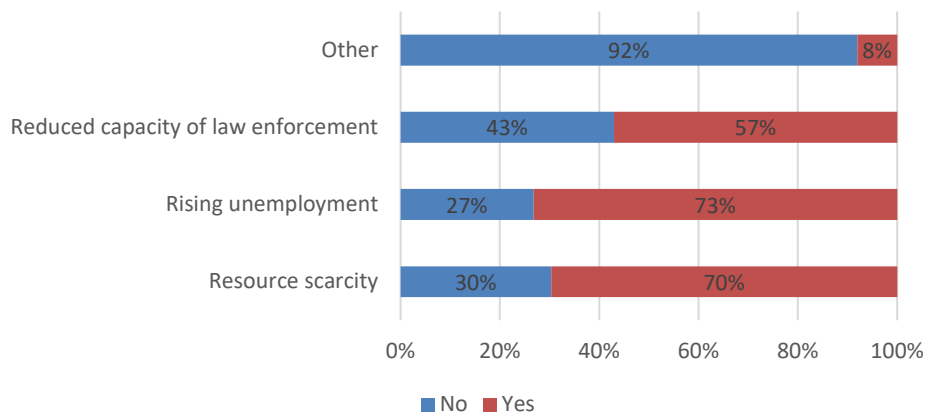
**There is consensus that the main factor related to COVID-19 that impacts forced labor and exploitation is the difficult economic situation, with rising unemployment and resource scarcity cited by 73 and 70 percent of respondents, respectively.** Lower incomes and decreased job opportunities may compel migrants to take any job they can find, regardless of the working conditions. The reduced capacity of law enforcement is also cited as a contributing factor by more than half of respondents (57 percent).

**Working extra hours without being paid is reportedly the most common form of exploitation, as outlined by 34 percent of respondents.** The number of seasonal migrant workers who reported this issue is significantly higher than the rest of the population (49 percent), suggesting that seasonal workers are particularly vulnerable to this form of exploitation. This issue was confirmed during interviews with seasonal workers, who said the following: “With COVID-19, only a small number of job opportunities are available to us, and we have no choice but to accept anything that employers offer. There was a time when the owner of the farm asked me to continue working after my shift. It was clear that if I did not accept, he would find someone else, so I said yes” (interview with an Ethiopian migrant living in Kassala, July 2021). However, one interviewee outlined that, with the conflict in Tigray, fewer Ethiopian workers were able to come to Sudan. This suggests that the supply of foreign workers is lower due to the COVID-19 pandemic, thus reducing competition for jobs typically filled by migrants. In turn, this situation may enable seasonal migrant workers and other categories of migrant workers to find employment under better conditions (interview with an officer from border control office in Gedaref, July 2021).

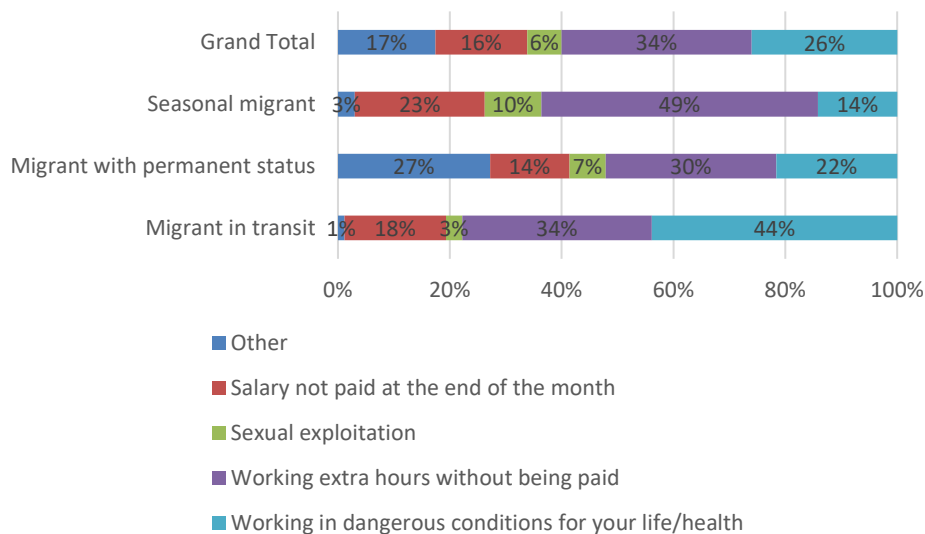
### Have you noticed any changes in the level of forced labor or other forms of exploitation since the start of COVID-19?



### In your opinion, what COVID-19 related factors have contributed to these changes?

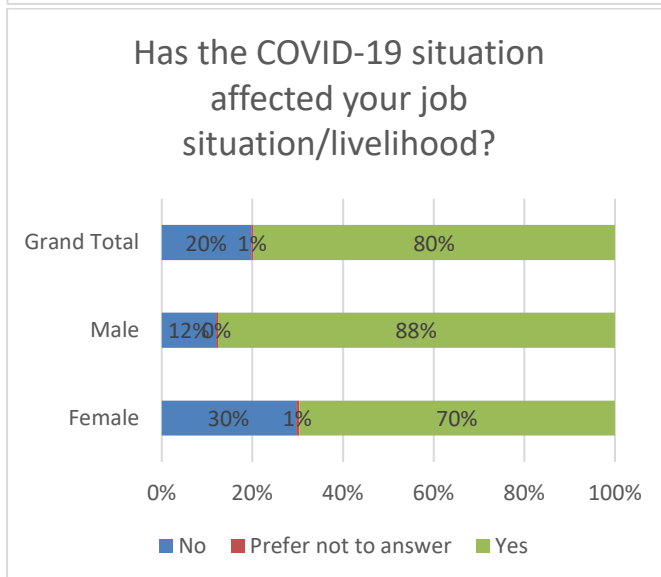
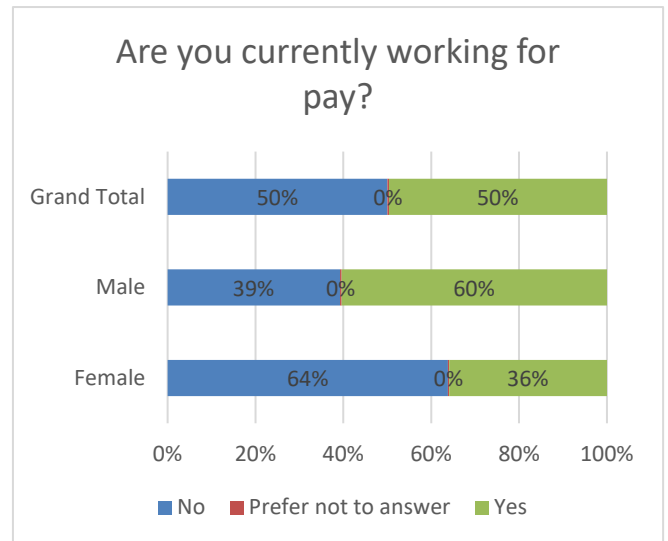
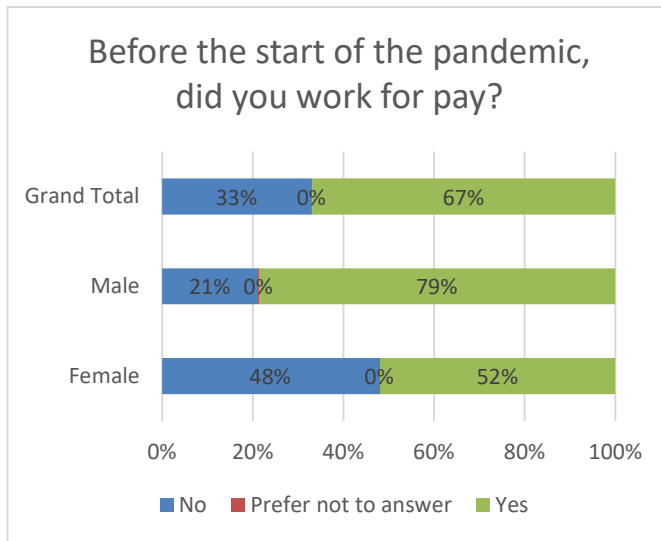


### What is the most common form of exploitation in your area?

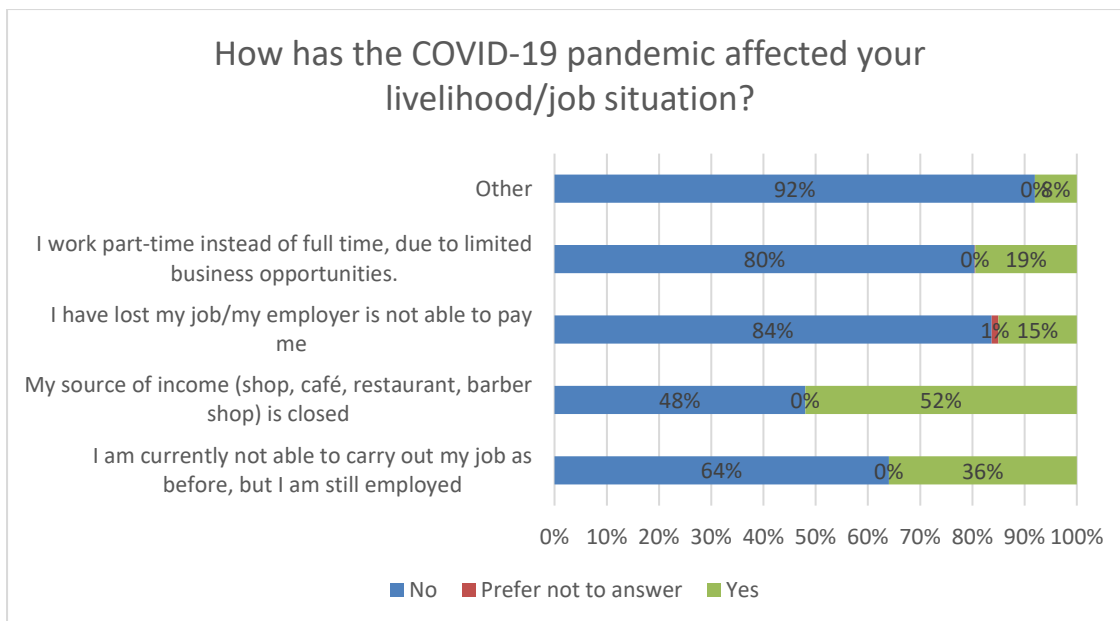


**Pillar 3: Economic response and recovery – Protecting jobs, SMEs, and informal sector workers**

**3.1. Access and availability of employment and income-generating opportunities<sup>6</sup>**



<sup>6</sup> For this indicator, there were no statistically significant differences in the results per migration status. The authors of this report have therefore decided to disaggregate results per respondents' gender to showcase existing differences between the male and female migrants surveyed.



Prior to the pandemic, the Sudanese labor market was characterized by a high degree of informality and dependence on the service sector, which produced nearly 60 percent of the gross domestic product (GDP) in 2019 (UNDP, 2020). The hospitality, tourism, and transportation industries have been particularly impacted by the imposition of mobility restrictions and closure of borders, while industries such as construction have experienced more indirect effects as investments plummet (UNDP, 2020). Additionally, casual workers engaged in the informal sector did not have access to social protection floors as the pandemic rocked the economy, while daily workers faced heightened precarity due to their inability to seek out new employment opportunities in the face of mobility restrictions (UNDP, 2020). The fact that migrant workers are frequently employed in these sectors and work in casual or daily capacities implies that they are particularly vulnerable to terminations and drops in income.

Survey results show that most male (79 percent) and more than half of female respondents (52 percent) reported engaging in some form of paid work prior to the outbreak of the virus. The percentage of survey respondents who said that they are still working for pay after the pandemic dropped from 79 percent to 60 percent for men (a 19-percentage point difference), and from 52 percent to 36 percent for women (a 16-percentage point difference). When asked if their job situation/livelihood had been affected since the start of the COVID-19 pandemic, 88 percent of men and 70 percent of women said yes. The ways in which migrants' livelihoods have been affected by the pandemic are varied, with 19 percent reporting that they are now working part-time instead of full-time and 36 percent saying that they are not able to carry out their livelihood activities as before.

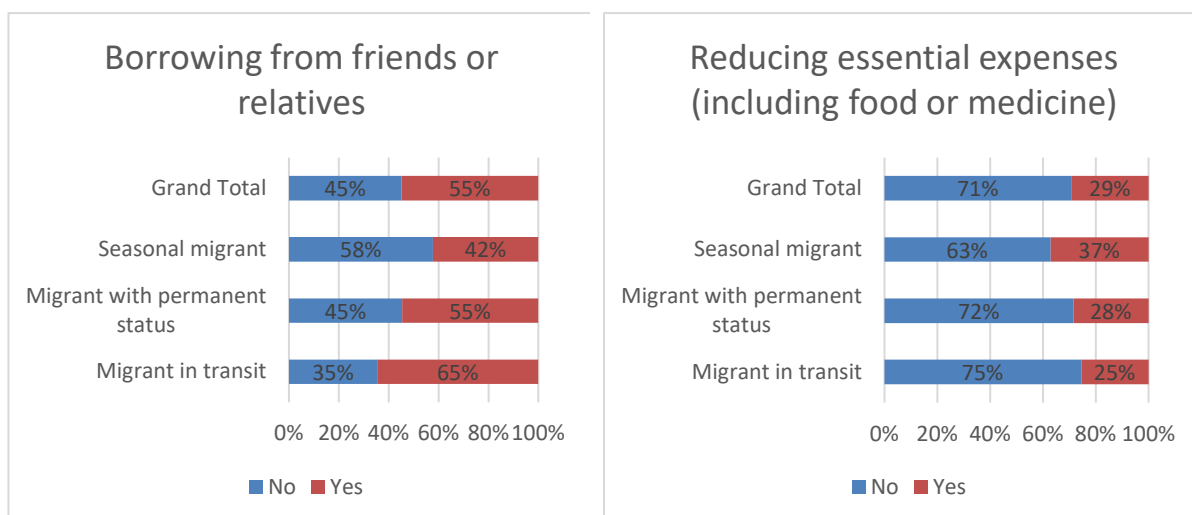
**Although the differences observed between male and female respondents are not statistically significant in each survey question, men's livelihood activities have been slightly more affected by the pandemic than those of women.** This result is not surprising considering that in many of the households surveyed, men were the only family member engaged in paid employment. Nonetheless, some interviewees also said that female migrants

who had lost their jobs after the pandemic faced difficult situations. One interviewee said that she was very concerned by her unemployment: “It is not always easy for women to work here and sometimes [the community] have prejudice against me... but, at least, when I started working, I felt like I was independent. When the coffee place closed, I lost my job and started asking my father for money again, so I feel like I am back at the beginning” (interview with a female Ethiopian migrant, 5 July 2021). Additionally, the disproportionate effects of the pandemic on informal and service sector employment may affect female migrants more, as most women in Sudan are reported to work in low-paying, informal jobs (van Moorsel, 2021). **Given that this survey was undertaken more than a year and a half since the onset of the COVID-19 pandemic, these findings reveal the long and pervasive consequences of the health emergency on migrants’ livelihoods.**

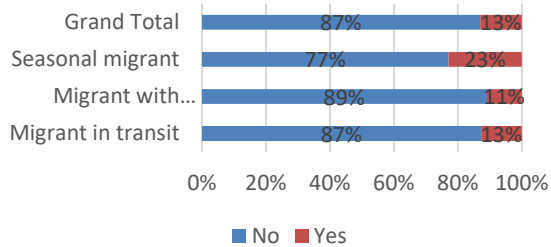
**Among respondents who indicated that the COVID-19 pandemic impacted their livelihoods, male migrants were slightly more likely to report an increase in exploitation during the pandemic than female migrants (27 percent and 24 percent, respectively), although this difference is not statistically significant.** However, when disaggregating by the type of exploitation indicated as most common, nearly twice as many female migrants whose jobs were impacted by the pandemic selected sexual exploitation (ten percent to five percent). Nonetheless, for both groups, working extra hours without pay was the most common form of exploitation.

**Presence of coping strategies to respond to the economic consequences of the pandemic**

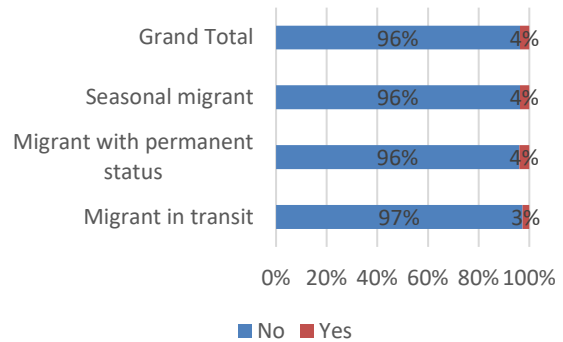
The COVID-19 pandemic has severely impacted migrants’ ability to earn an income. Against this backdrop, many migrants have been forced to resort to a variety of unsustainable and negative coping strategies, which can increase their economic vulnerability and threaten their safety.



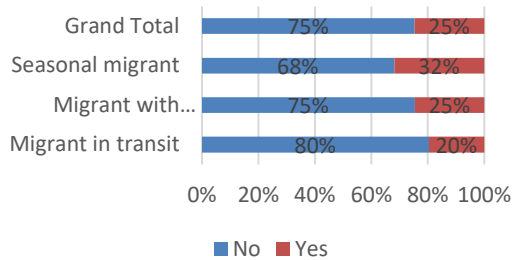
### Accepting work under exploitative conditions (insufficient salary or dangerous for your health)



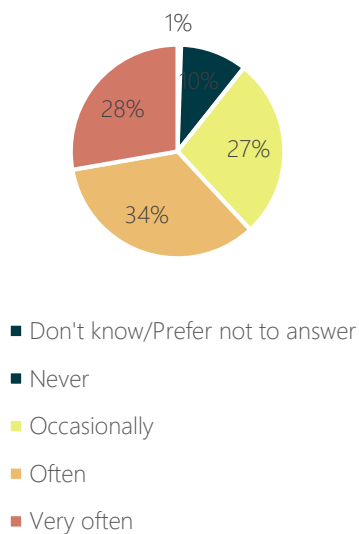
### Accessing credit at a financial institution



### I have not adopted any specific strategies to cope with the effects of COVID-19



### How often have you had to reduce the size, content or frequency of your meals since the start of the COVID-19 pandemic?



**Survey results suggest that the COVID-19 pandemic worsened the economic situation of the migrants interviewed, with more than half of respondents (55 percent) reporting that they resorted to negative coping strategies more often after the start of the pandemic.** Borrowing from friends and relatives (cited by 55 percent of respondents) and reducing essential expenses (29 percent) are reportedly the most widespread coping strategies to cope with the effects of the pandemic.

**Additionally, a small yet substantial share of respondents (13 percent) reported that they accepted work under exploitative conditions since the start of the pandemic.** Seasonal migrant workers are more likely than other populations to use this strategy, with about one quarter (23 percent) reporting that they had resorted to this strategy since the onset of the pandemic. The survey's results were possibly influenced by the broader economic situation, including the impact of inflation. Nonetheless, qualitative interviews confirmed that the COVID-19 pandemic played a significant role in worsening the economic situation of the migrants interviewed. Several respondents reported that during the pandemic, they had been forced to sell productive assets and had not been able to repurchase them. In the words of an interviewee: "I have my sewing business and have been established in Kassala for ten years. Before the pandemic, I had four sewing machines, which allowed me to have three employees and a good productivity rate. With the first lockdown, all shops were closed, and I didn't receive any income for several months. For this reason, I had to sell three of my sewing machines and was unable to pay the salary of my employees. Although the lockdowns are now over, I still haven't been able to purchase my sewing machines back, because my income is insufficient." **This example demonstrates how emergency strategies for coping with the economic challenges of pandemic-related lockdowns can undermine the financial position of migrants in the long run by reducing productivity and sources of income.**

#### **Pillar 4: Macroeconomic response and multilateral collaboration**

##### **Changes in monthly price stability for the basic consumer price index**

##### **Background: Inflation in Sudan**

The sources of Sudan's enduring inflation are multifold, reflecting both international and domestic policy choices. The transitional government, which came to power in 2019 following the removal of President Omar al-Bashir, has inherited economic challenges stemming from corruption, policies implemented under authoritarian rule, and the separation of South Sudan (Barron's, 2021; UNDP, 2020). Decades-long international sanctions have compounded these difficulties (Barron's, 2021). The political transition in Sudan brought forward several economic reforms that aimed to promote economic development and qualify the country for debt relief under the Highly Indebted Poor Countries initiative (UNDP, 2021). These reforms included the removal of fuel and petrol subsidies and the introduction of a flexible hard currency rate (Abdelaziz and Eltahir, 2021; OCHA, 2021c). While these policies supported Sudan's qualification for debt relief under the International Monetary Fund, which allowed for the cancellation of USD 14.1 billion from Sudan's debt by the Paris Club of Creditors (Barron's, 2021), the measures have contributed to one of the highest inflation rates in the world (O'Neill, 2021). The sharp increase in the prices of basic goods and services has adversely impacted the 46.5 percent of the population living below the poverty line in the country, particularly among those living in rural areas. The coup on 25 October 2021 has further set back Sudan's economic recovery with the suspension of USD 650 million in funding by various stakeholders. A new



political agreement was reached on 21 November (Salih and Beaumont, 2021); however, progress achieved to date has most likely been compromised and high inflation rates are likely to remain (UNDP, 2021).

Country	February 2020 (Q4 2019)	April 2020 (Q1 2020)	July 2020 (Q2 2020)	October 2020 (Q3 2020)
Sudan	+23%	+84%	+55%	+67%

**In recent years, a persistent and significant trend of inflation in Sudan has driven up the price of basic food items.** The problem of inflation in Sudan predates the COVID-19 pandemic, with rates of inflation rising sharply from late 2019 until mid-2021 (Trading Economics, 2021). Key factors contributing to inflation in the country include the depreciation of the Sudanese pound, increasing input costs and shortages of food and gas (WFP, 2020a, 2020b, 2020c, 2020d). The COVID-19 pandemic further weakened the health of the Sudanese economy through disruptions to economic activities and supply chains (OCHA, 2021c). Beginning in August 2021, the trend of continuously increasing inflation was reversed, as the rate of inflation dropped from a peak of 423 percent to 388 percent (Abdelaziz and Eltahir, 2021).

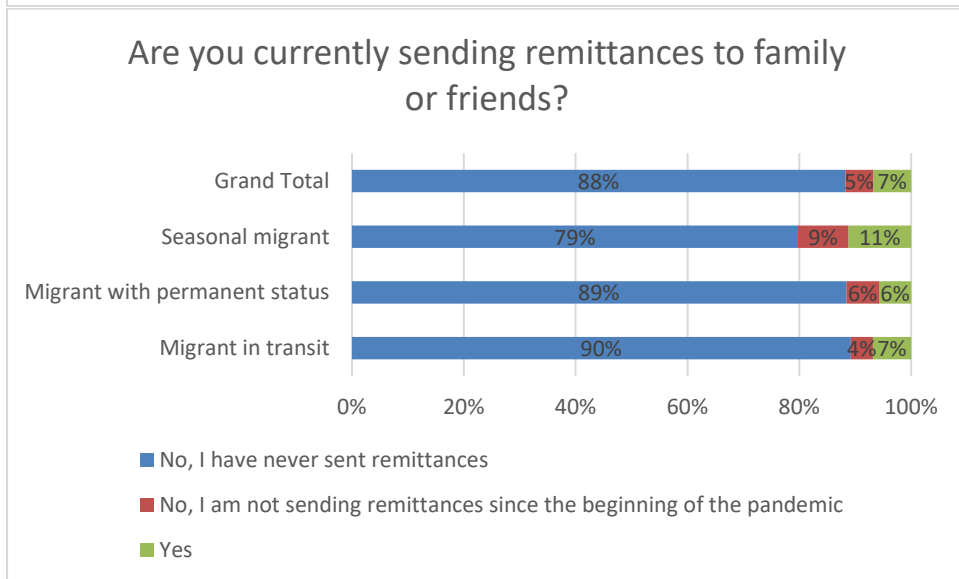
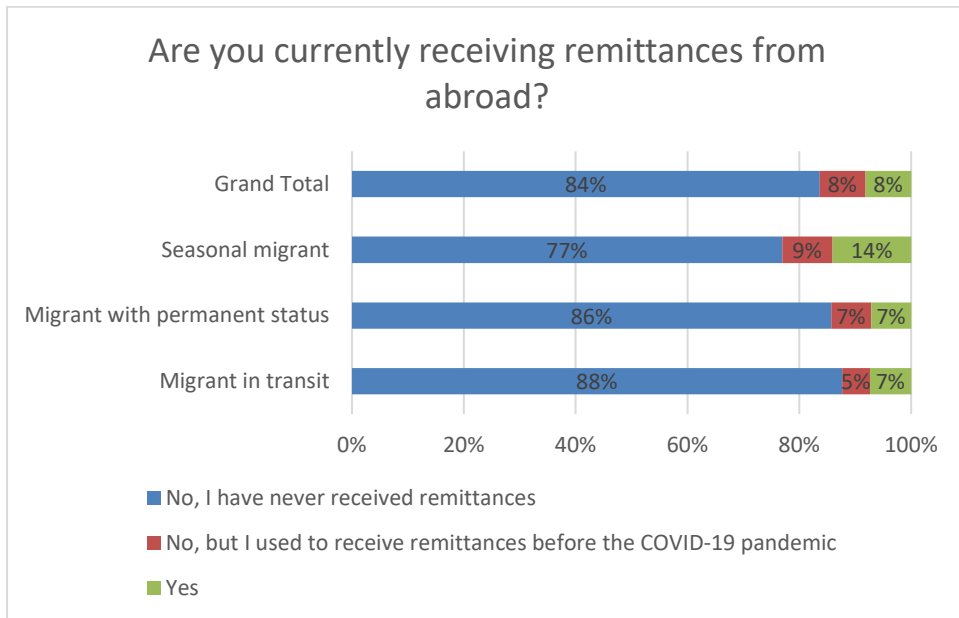
This steep growth in inflation has coincided with the outbreak of the COVID-19 pandemic in Sudan, thereby exacerbating the economic challenges facing the country. Between March 2020 and March 2021 at the height of the pandemic, the depreciation of the Sudanese pound contributed to a three-fold increase in the price of millet and sorghum (WFP, 2021). Additionally, reduced business activities stemming from mobility restrictions and disruptions in supply chains have placed further upward pressure on prices, decreased public revenue and contributed to a rise in public spending (OCHA, 2021c). As a result of this economic hardship, food insecurity rose 22 percent in 2020 to affect 7.1 million people (OCHA, 2020).

**Examining changes in the prices of basic food items over the periods immediately preceding and following the outbreak of the COVID-19 pandemic, it becomes evident that the pandemic amplified the pre-existing problems of inflation within Sudan.** The largest percentage point increase in food prices between quarters occurred in Q1 2020. While COVID-19 mobility restrictions were imposed toward the tail end of this quarter, inflation was already on the rise at the beginning of 2020 (Trading Economics, 2020). Inflation continued to climb through the second and third quarters of 2020, albeit to a lesser extent than in Q1 2020. These findings provide support to the conclusion that both COVID-19 and non-COVID-19 related factors are contributing to dramatic increases in inflation in Sudan.

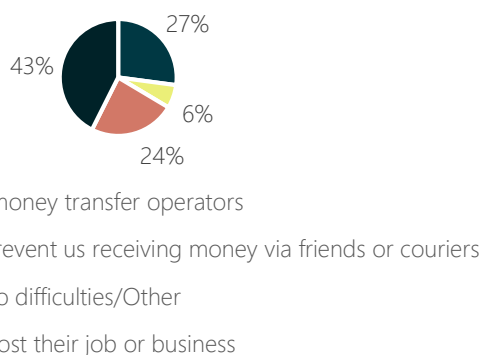
<sup>7</sup> The table was adapted from data collected by the World Food Program available [here](#), as well as IOM's Report, *Assessing the Socio-Economic Impact of COVID-19 on Migrants and Displaced Populations in the MENA Region*, 2021. Percentages are calculated based on averages of prices of basic food items including rice, sugar, wheat, bulgur, oil, bread, and millet, among others.

### Changes in capacity to send and receive remittances

Remittances act as a source of income and a form of insurance in times of crisis by providing a substitute for lost income or compensation for other economic shocks. Individuals and families who depend on remittances to meet their basic needs are put at risk during crises.



What difficulties have you experienced with receiving/sending remittances from/to your relatives?



**Survey data suggest that because of the pandemic, the number of individuals engaged in remittance transfers decreased,** with respectively eight percent and five percent of respondents declaring that they were not sending or receiving remittances since the start of the pandemic, even though they were doing so in the past. Several factors influenced respondents’ capacity to send/receive remittances. The most cited factor is related to loss of livelihoods, with 43 percent of respondents outlining that they were not able to send/receive remittances because they or their family had lost their job or business. Beyond this, mobility restrictions have disrupted families who wish to send/receive remittances. Twenty-seven percent of respondents said that they were not able to send/receive remittances to their relatives because banks and/or money transfer operators were closed.

**Pillar 5: Social cohesion and community resilience**

Even prior to the pandemic, the resettlement of a significant population of migrants had the potential to create tension at the community level over access to resources and basic services. Following the outbreak of the pandemic, the ability of already overstretched healthcare and education facilities to maintain service provision to growing populations has been challenged.<sup>8</sup> At the same time, demonstrations of solidarity by the host community as well as cultural affinities between groups reflect and promote positive relations between them, particularly in the face of widely disruptive events such as the pandemic.

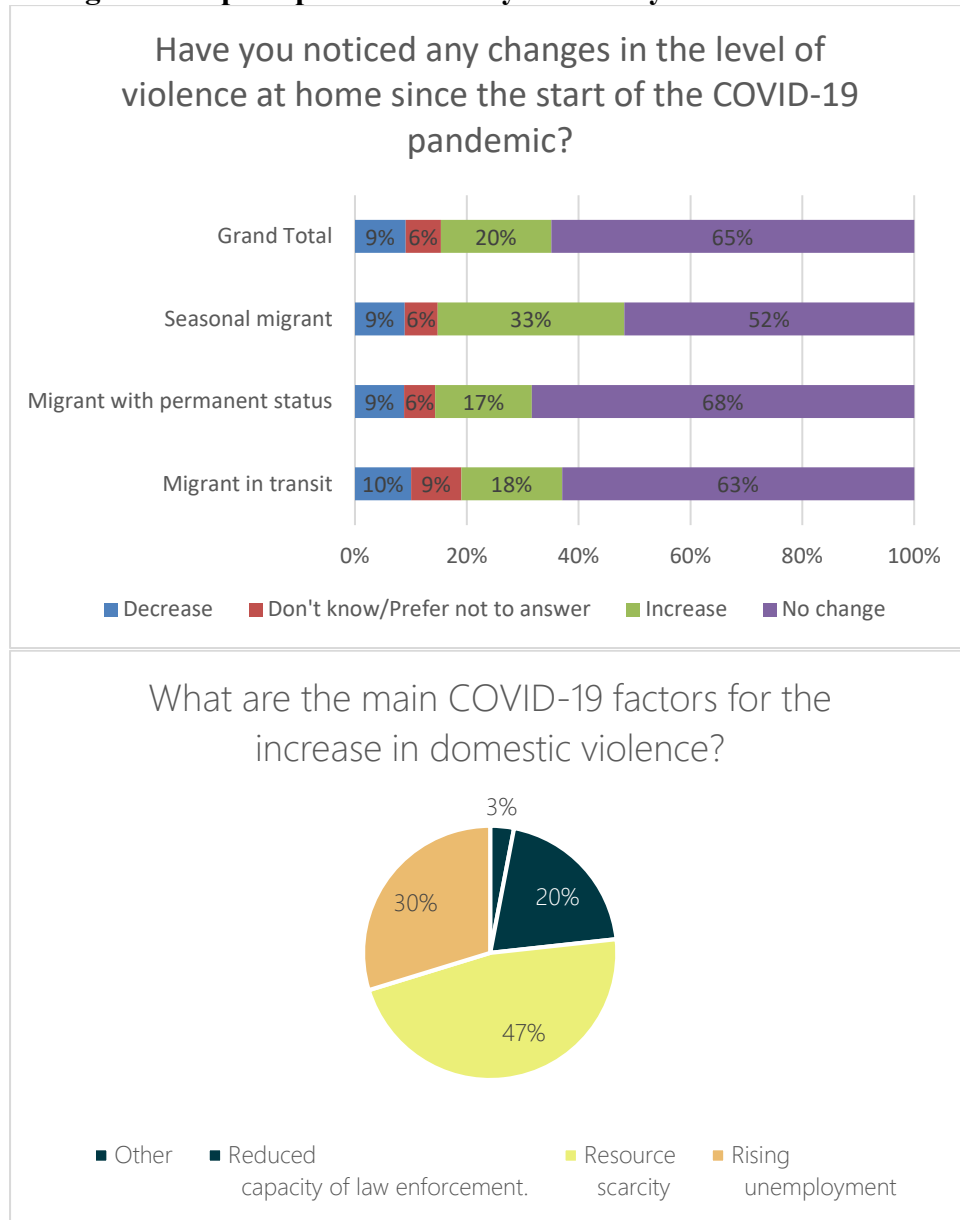
On an interpersonal level, the pandemic has exacerbated experiences of domestic violence due to the increased isolation of victims, the redirection of funding away from gender-based violence (GBV) services, and the heightened household stress related to the economic consequences of containment measures and confinement (Schwarz et al., 2021). Experiences of domestic violence and GBV in Sudan occur in a context where women face limited legal

---

<sup>8</sup> At the time of data collection, Gedaref and Kassala experienced a large influx of refugees. Although outside the scope of this report focused on the socio-economic impact of COVID-19 on primarily voluntary migrants, these arrivals may have influenced social cohesion between host communities and non-nationals.

protection against such acts of violence. Notably, marital rape and domestic violence are not recognized as crimes under Sudanese law. Additionally, women continue to face de jure discrimination in property and citizenship law. As a result, women in Sudan face significant obstacles when fleeing domestic violence and seeking redress for this harm (Schwarz et al., 2021).

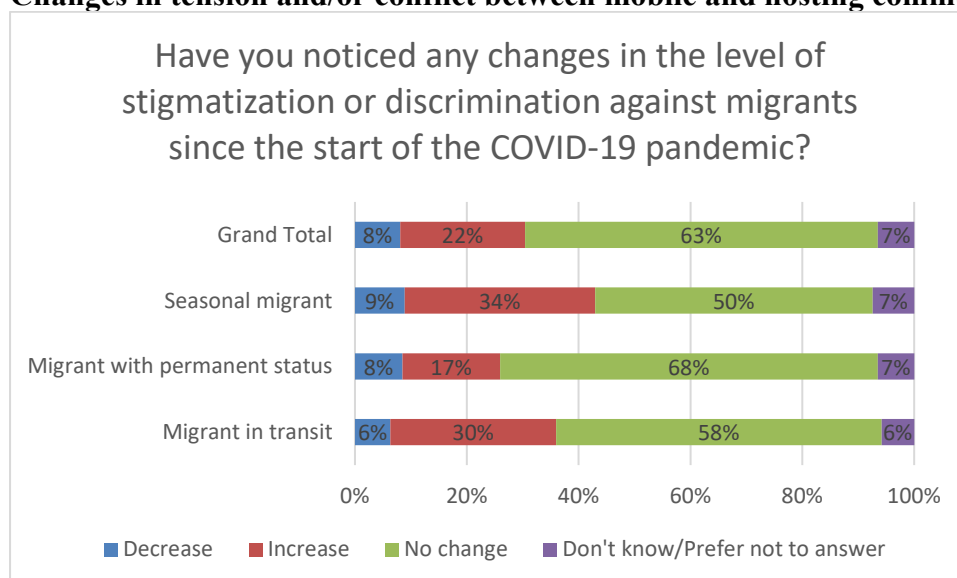
### Changes in the perception of security and safety



**Survey results indicate that the COVID-19 pandemic appears to have increased experiences of domestic violence in Sudan, with 20 percent of respondents indicating that they noticed an increase in the level of violence at home since the start of the COVID-19 pandemic.** Since domestic violence is underreported, this increase may be an underestimation. Survey respondents also outlined that the factors behind the increase in domestic violence were mostly socio-economic, with resource scarcity and rising unemployment being the causes cited by the highest share of respondents (47 percent and 30 percent, respectively.)

Research at the global level shows that financial stress stemming from lockdown-induced loss of employment or income can heighten tension and conflict in households (Voluntās & IOM, 2021). Moreover, loss of employment may result in reliance on negative coping mechanisms, such as substance abuse, which, in turn, can increase the potential for violence in the home (UNDP, 2020). Furthermore, isolation caused by mobility restrictions can exacerbate situations of domestic violence, as it enables abusers to operate with greater impunity and assert greater control over victims, cuts off victims’ access to support systems and services, and creates obstacles to escaping the situation (Schwarz et al., 2021). Finally, the pandemic has impacted GBV service provision and shelter operation. Reduced or diverted funding means that some services are no longer able to operate at the same scale and the need to maintain social distancing in shelters reduces the already limited spaces available for victims (Schwarz et al., 2021).

### Changes in tension and/or conflict between mobile and hosting communities



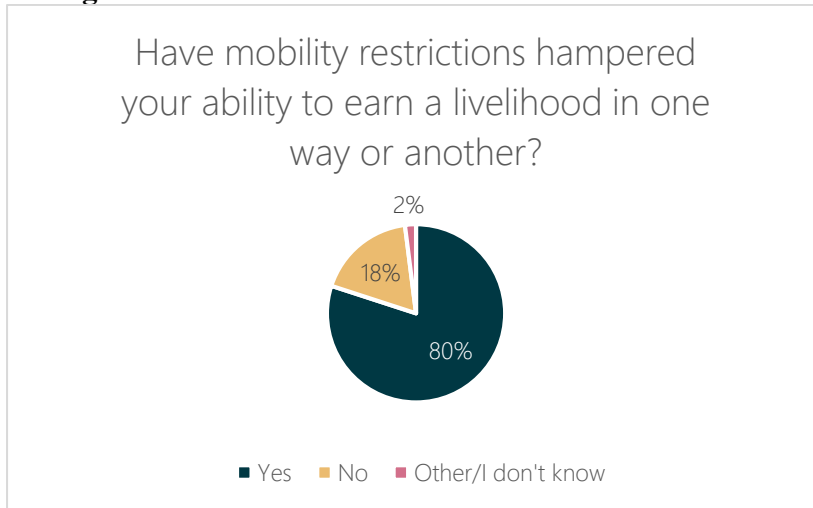
**Most survey respondents (63 percent) outlined that there was no change in the level of stigmatization or discrimination since the start of the pandemic.** This finding is in line with data gathered during interviews, as most respondents mentioned that relations between migrants and nationals were overall very good, as many migrants had been living in Sudan for decades and nationals were used to their presence. Additionally, some interviewees explained that the relations between migrants and host communities were good due to shared ethnic belonging and family ties between migrants and host communities.

Nonetheless, several key informants reported cases of stigmatization and discrimination against migrants since the onset of the pandemic. These incidents particularly targeted migrants who had recently arrived in the country. One key informant recalled a period of tension between host communities and migrants who had arrived after the end of the first lockdown, because the migrants were perceived as disease carriers. **This observation is in line with the survey**

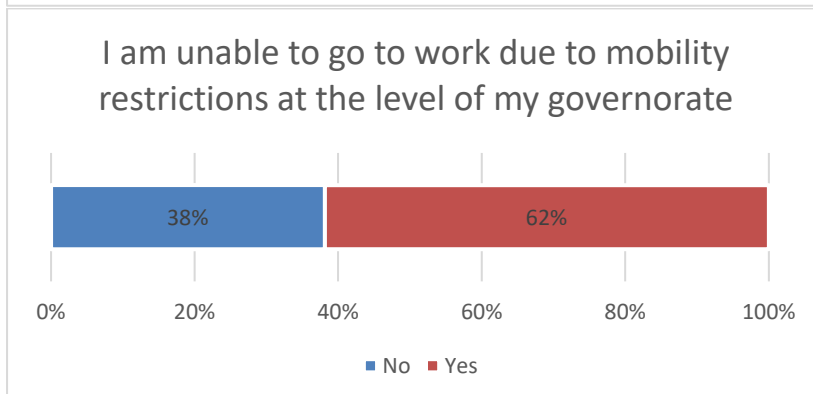
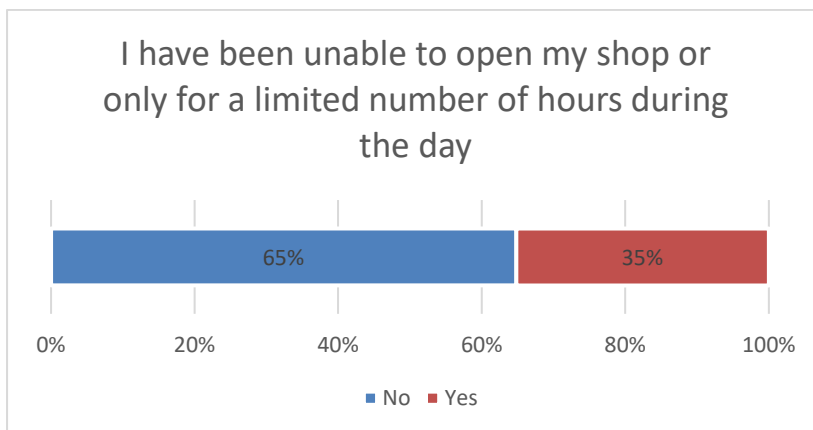
results, where a larger proportion of seasonal migrant workers and migrants in transit report an increase in discrimination (34 percent and 30 percent, respectively).

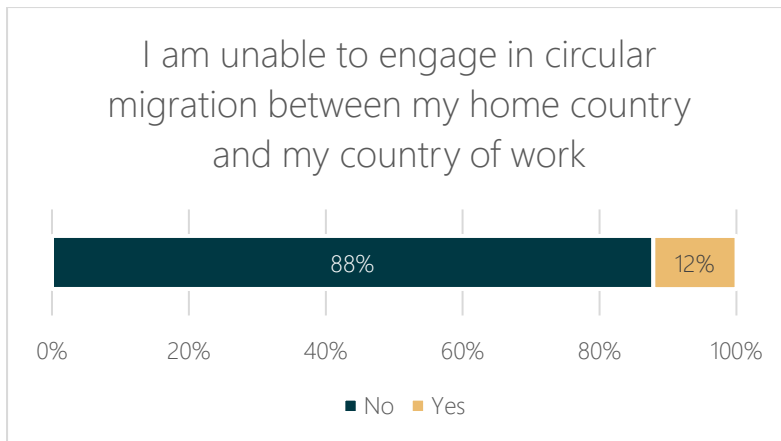
**Pillar 6: Mobility**

**Changes in freedom of movement**



**In what ways have mobility restrictions hampered your ability to earn a livelihood?**

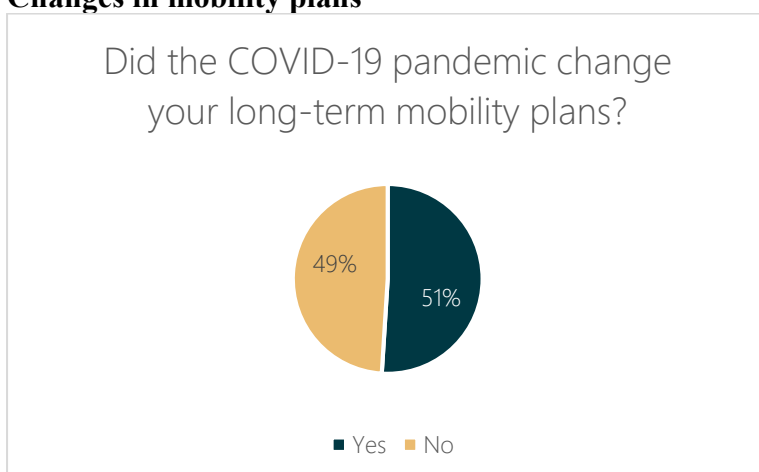




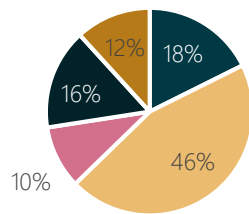
Since the start of the pandemic, mobility restrictions were put in place to curb the spread of the virus, including lockdowns, curfews, restrictions on mobility between governorates/regions and restrictions on international movement. For some, containment measures prevented them from travelling locally to and from work. For others, restrictions hindered international movements either to a third country or to their country of origin. **Consequently, these restrictions had significant consequences on migrants’ ability to earn a livelihood, as expressed by a vast majority of respondents (80 percent).**

As indicated in the figures above, mobility restrictions have affected migrants’ ability to earn a livelihood in diverse ways, depending on their sector of employment and other factors, such as their living situation. **For more than one third of respondents (35 percent), these restrictions prevented them from opening their shops, while preventive measures hindered commutes to work for nearly two-thirds of respondents (65 percent).** A minority of respondents (12 percent) faced challenges engaging in circular migration between their country of origin and Sudan because of the pandemic. However, several key informants indicated that the impact of mobility restrictions on livelihoods was less significant in recent months compared to the beginning of the pandemic. This is primarily attributable to the fact that after the first wave of the pandemic, mobility restrictions put in place by the government have been less drastic (World Bank and Sudan Central Bureau of Statistics, 2020).

### Changes in mobility plans



### How did the COVID-19 pandemic change your mobility plans?



- Don't know/Other
- Due to mobility restrictions/border checks, I am stranded in Sudan, whereas I wanted to go to another country
- Due to mobility restrictions/border checks, I am unable to engage in circular migration
- Due to mobility restrictions/border checks, I am unable to return to my home country
- I have not changed my destination, but the COVID-19 pandemic has delayed my travel

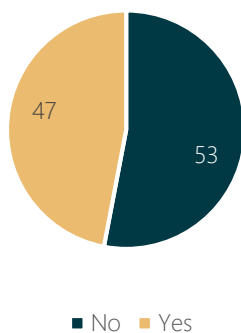
The COVID-19 pandemic impacted the mobility plans of more than half of respondents (51 percent). This finding reflects the consequences of mobility restrictions and the economic effects of the pandemic, which reduced the affordability of returns and journeys onwards (van Moorsel, 2021). The type of impact induced by the pandemic differed significantly across respondents. Nearly half of respondents (46 percent) outlined that their intention to move to another country had been hindered by mobility restrictions related to COVID-19. Other mobility patterns were also impacted by the pandemic, with some survey respondents outlining that they were unable to return to their country (16 percent) or engage in circular migration (ten percent). Additionally, worsening security along the border of Eastern Sudan has contributed to restricted movement in Gedaref and Kassala. Despite this, IOM's voluntary return assistance enabled 135 migrants hosted in Sudan to return to their countries of origin in 2020 (IOM, 2020). In the case of Eritreans, however, IOM does not provide Assisted and Voluntary Return and Reintegration support and has suspended all returns to Ethiopia.

Although mobility patterns have been affected by the evolution of the pandemic, key informants did not feel that the mobility intentions of migrants changed significantly because of the pandemic. Most key informants believed the COVID-19 pandemic had not changed migrants' primary intention, which was to move to another country. They suggested that, despite mobility restrictions, migrants could be even more tempted to migrate to another country, as the COVID-19 pandemic worsened their economic situation in Sudan.

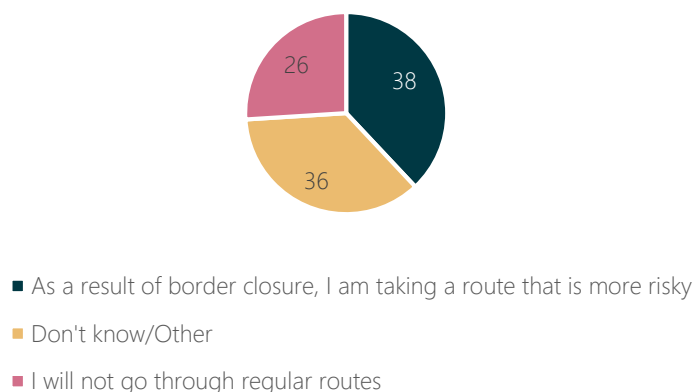


## Changes in migratory routes

Has the COVID-19 pandemic changed the route you were planning to take to arrive at your destination?



What is the main consequence of COVID-19 on the route you are taking to migrate?



Nearly half of the migrants who expressed their intention to migrate to a third country reported that the route they were taking changed because of COVID-19. Amongst them, 38 percent reported taking a riskier route and 26 percent mentioned that they will not use regular routes. Since migrants traveling irregularly may fear detection, the proportion of migrants taking irregular routes may be higher than reported. These findings align with the conclusions of other studies indicating an increased reliance on smugglers to migrate during the pandemic (van Moorsel, 2021). Migrating along irregular routes through Sudan poses numerous challenges, such as the risk of detection, detention, and deportation; risks to health due to exhaustion or exposure to harsh environmental conditions, and risks of theft or violence, including abduction, assault, or sexual violence (Strachan, 2016).

## Conclusion

Due to pre-existing vulnerabilities such as limited access to the national healthcare system, lower salaries, reliance on informal sources of income, and lack of documentation, **migrants**

**living in Eastern Sudan have been disproportionately affected by the negative effects of the COVID-19 pandemic, compared to other populations.**

Among the numerous consequences of the pandemic that affect migrants, respondents most frequently highlighted difficulties accessing healthcare and basic goods and services, including education. Additionally, significant proportions of respondents noted the disruptive effects of the pandemic on the continuation of jobs and economic activities and the transfer of remittances. Despite the progressive lifting of mobility restrictions, several respondents, including business owners, reported that their turnover had not reached pre-pandemic levels.

Beyond these general trends, the assessment also sheds light on the specific vulnerabilities of different migrant categories. Because of their temporary status and limited financial assets, migrants in transit reportedly face more challenges in affording healthcare compared to other migrants, and they are less likely to have received any form of humanitarian assistance. Moreover, seasonal migrant workers expressed concerns about exploitation in the workplace, with several reporting that they were working extra hours without being paid or working in dangerous conditions. As reflected in the findings, long-term migrants are less concerned by these issues, but they nevertheless do not enjoy the same socio-economic conditions as nationals, although many of them were born in Sudan.

At the time of writing, Sudan is at a crucial point of its history. In addition to the COVID-19 pandemic, the country is facing overlapping challenges, with significant consequences on political stability, safety, prices, employment, and access to basic services. All these factors interplay and ultimately influence the socio-economic well-being of mobile populations in Sudan. Therefore, monitoring how the socio-economic outcomes of migrants in Sudan are evolving and including a wider range of populations (notably IDPs) and greater geographical coverage is needed.

## **Recommendations**

While the COVID-19 pandemic has affected several dimensions of migrants' lives, it also presents an opportunity to address certain policy, programmatic, and operational shortcomings that the pandemic has revealed (IOM, 2021a). The pandemic has also drawn attention to the potential tools that already exist, such as video technology for remote service provision. The following recommendations are based on the pillars described in the report and offer solutions that can be enacted immediately or in the medium to long term.

### ***Pillar 1: Health – Protecting health services and systems during the crisis***

**Recommendation 1: In coordination with relevant governmental counterparts, continue and intensify efforts to ensure that migrants have easy, low-cost access to healthcare**

#### ***A. Support the healthcare sector and subsidize costs***

Affordability of healthcare services is most likely the biggest barrier to accessing healthcare for migrants. To ensure that migrants can access healthcare, organizations aiding migrants in Sudan should continue their advocacy efforts to ensure that **migrants are able to access**

**healthcare at a reasonable price.** These efforts should go hand in hand with other potential efforts in the mission to ensure the inclusion of migrants in national social protection schemes.

Additionally, to overcome access issues relating to the closure of healthcare facilities, state and non-state actors should **channel funding and resources towards this sector**, through training, provision of supplies and personal protective equipment (PPE), secondment of healthcare workers to underserved regions, and support for the establishment of COVID-19 wards in hospitals (Voluntās & IOM, 2021). Considering the limited fiscal space of the Sudanese government, **enhanced data collection and analysis** on health indicators is essential to prioritize limited resources for those in greatest need (UNDP, 2020). Furthermore, given the migration of Sudanese healthcare professionals overseas, **enhanced engagement with the diaspora** can be used to strengthen the technical skills of personnel in-country and fill critical labor market gaps (Shabaka, 2021).

*B. Increase accessibility of COVID-19 testing for migrants*

Providing **free testing** will allow migrants to overcome cost barriers, while **rapid and anonymous testing** can reduce concerns for irregular migrants who do not possess valid documentation. Establishing **mobile testing sites** can also improve access for migrants living in remote areas (Voluntās & IOM, 2021).

*C. Combat vaccine disinformation through targeted campaigns*

Since the survey results revealed a degree of misinformation about vaccines, the government, along with humanitarian and development organizations, should **develop information campaigns** to confront this problem head on. Involving migrants in the design of information campaigns and requesting their participation to spread information amongst their networks can help organizations anticipate challenges such as language barriers or culturally informed stigmas while enhancing the reach of these campaigns. Additionally, these information campaigns should communicate the benefits of widespread vaccination against COVID-19 for the community.

*D. Continue advocacy efforts to strengthen migrants' access to healthcare and COVID-19 vaccination, regardless of their legal status*

In the medium to long term, groups that are focused on migrants' rights should lobby the government to **improve access to healthcare and vaccines** for migrants (Voluntās & IOM, 2021).

***Pillar 2: Protecting people – Social protection and basic services***

**Recommendation 2: Improve access to goods and services by addressing funding shortfalls and developing targeted, cash-based assistance programs**

*A. Increase international funding and public revenue*

Improving migrants' ability to purchase essential items will require greater economic support to these groups. Considering the economic crisis in Sudan, the government must turn to the **international community to provide this financial support** through measures such as debt relief (Voluntās & IOM, 2021). However, the 25 October 2021 coup has caused the suspension

of USD 650 million in international funding from the World Bank and International Monetary Fund, casting doubt on the viability of obtaining international support in the near future (Lewis, A., K. Abdelaziz & N. Eltahir, 2021).

*B. Maximize limited resources through assistance programs targeting vulnerable groups and sectors*

Once funding challenges are addressed, humanitarian and development organizations should establish **programs providing migrants with unconditional, multipurpose direct assistance and individual livelihoods support**, which offer greater autonomy to migrants to determine the best use of such funds. In the face of internal mobility restrictions that may prevent migrants from accessing banks, organizations can expand the use of mobile money services or encourage the use of automated teller machines (ATMs) (IOM, 2021a). However, rather than distribute blanket funds to the migrant population in Sudan, these organizations should first **prioritize population groups and industries facing the greatest impacts** of the health emergency. These groups include older migrants, migrants with health conditions, and migrants who cannot perform their jobs remotely (Voluntās & IOM, 2021). The government and other organizations should **target heavily impacted sectors employing migrants** such as the tourism, hospitality, food and beverage industry, basic metals, livestock, and transportation industries (UNDP, 2020). Additionally, organizations should set aside funds for **migrants who contract COVID-19** and risk losing income or their job as a result, particularly as migrants are excluded from social protection floors (Voluntās & IOM, 2021). Furthermore, migrants who work as **daily laborers** or are **engaged in the informal sector** may require additional support, as mobility restrictions impact their ability to find new employment opportunities and a lack of social and labor protections in the informal sector can increase the consequences of abrupt firings due the pandemic. Finally, migrants who have **recently arrived in Sudan** should be prioritized for financial support, as they often lack networks and have reduced awareness of services available to them (Voluntās & IOM, 2021).

*C. Invest in local-level economic revitalization and hard-hit industries to fast-track recovery*

The individual-level support outlined above should be paired with **community-based economic revitalization projects** to strengthen local economies and create job opportunities for both migrant and host communities. In the long-term, sectors of the economy that both employed a significant portion of migrants prior to the outbreak of the pandemic and who were particularly impacted by mobility restrictions, such as the hospitality, transportation, tourism, and construction industries, should receive **business support packages** to help them deal with future waves of the pandemic and promote recovery.

**Recommendation 3: Restore access to educational programs by developing COVID-19-safe strategies for the reopening of schools and the reestablishment of after-school activities and by supporting students at risk of dropping out**

*A. Support safe school reopening through the provision of PPE and the redesigning of classrooms to ensure physical distancing and develop contingency plans*

Resuming in-person education is critical for migrant and non-migrant students in Sudan, as both groups tend to lack access to educational resources outside of school environments.

Avoiding a rise in cases once schools open their doors will require the **provision of PPE** to students and faculty as well as **improving the design of classrooms** to maintain physical distancing and promote good hygiene practices. Schools should also **establish contingency plans** for operations based on COVID-19 case-level scenarios (Voluntās & IOM, 2021).

*B. Reduce dropouts through financial support and targeted information campaigns*

Schools can lessen or offset the financial burden of education on families by providing students with **free meals** or introducing **flexible or delayed payment plans for tuition**, where applicable. Organizations focused on education can also target groups at higher risk of dropping out through **information campaigns** on the benefits of education.

*C. Develop remote or safe in-person after-school programming to support migrant students' development*

The creation of either **remote or physically distanced after-school programming** for migrant students allows them to connect with their peers and further their academic, social, and physical development (Voluntās & IOM, 2021). For example, sports activities designed to reduce the risk of COVID-19 (that is, through playing outdoors, wearing face masks, and maintaining physical distancing) would allow students to break their isolation in a safe manner while maintaining their physical health (Healthy Children, 2021). Finally, existing out-of-school educational programs should **lift any requirement to demonstrate legal immigration status** through documentation and **conduct outreach initiatives within migrant communities** to increase awareness of these programs.

***Pillar 3: Economic response and recovery: Protecting jobs, SMEs, and informal-sector workers***

**Recommendation 4: Bolster the long-term economic well-being of migrants through training programs targeting migrants, public works projects and support of remittance services**

*A. Promote the labor participation of underemployed groups through targeted training programs*

As part of a longer-term strategy to improve the economic outlook in Sudan, government officials should **develop training programs** focused on migrant populations to provide them with the skills to address gaps in the labor market.

*B. Fund public works projects to boost employment*

Allocating public revenue toward **labor-intensive projects in public works** engaging both migrants and members of the local community would have the dual benefit of promoting employment while improving the services and infrastructure of communities (UNDP, 2020).

*C. Support remittance transfers through mobile money services and engagement with the diaspora*

Government, humanitarian, and development actors should re-establish the transfer of remittances to and from Sudan through the development of **low-cost mobile money services**

and **engagement with the Sudanese diaspora** to promote investment (Healthy Children, 2021).

***Pillar 4: Macroeconomic response and multilateral collaboration***

**Recommendation 4: Strengthen the labor rights of migrants through continued labor inspections, increased funding to support groups, development of grassroots organizations, expansion of labor law, and augmented prosecution of exploitation cases**

*A. Maintain labor inspections during the pandemic*

In the short term, the Sudanese government should develop strategies for **the continuation of labor inspections** to ensure that the working conditions of migrants do not erode further during the pandemic. These inspections should be further expanded to encompass informal and seasonal work, considering the prominence of the grey labor market within Sudan.

*B. Boost funding for organizations supporting migrants*

**Increased and flexible funding** to humanitarian and development organizations can support programming to enhance the financial security of migrants, so that they are not compelled to accept the first job they find. This will also support humanitarian and development organizations as they adapt their programming to respond to the priorities and constraints caused by the pandemic. Furthermore, strengthened funding will enable organizations to maintain non-emergency but vital services such as maternal and reproductive healthcare and GBV response.

*C. Support the grassroots organization of migrants*

Local and international organizations should **create spaces for migrants to share information with one another, pool resources, and devise strategies to address common challenges**. These groups can also promote the organization of migrant workers through know-your-rights trainings and political education sessions.

*D. Expand labor laws to include migrants*

At the policy level, rights-based organizations should advocate for the government to **include all migrant workers, such as those engaged in informal employment or seasonal work or those in irregular status, in existing labor laws (ILO, 2020)**. The expansion of social protection floors to include all migrants can also improve working conditions as these policies provide migrants with the financial security to deal with periods of unemployment, which in turn places pressures on industries to attract workers through favorable working environments (UNDP, 2020). Finally, the Sudanese labor law should be further elaborated to enhance its clarity and support adequate enforcement (ILO, 2020).

*E. Strengthen the prosecution of exploitation of migrants*

The government should continue to invest the resources necessary to meet the goals outlined in its 2021-2023 National Action Plan to Combat Human Trafficking, such as **enhanced law enforcement training on trafficking** to support the apprehension and prosecution of perpetrators (ILO, 2020; European Commission, 2021). Moreover, the government should establish **amnesty measures to protect irregular migrants** reporting exploitation from

deportation. The availability of **specialized victim assistance services**, including shelter and legal aid, will contribute to effective reporting of abusive employers (Schwarz, K. et al., 2021).

*Pillar 5: Social cohesion and community resilience*

**Recommendation 6: Strengthen social cohesion through gender mainstreaming, domestic violence services, financial assistance, anti-discrimination information campaigns, facilitated interactions between migrant and host communities and improved funding to host communities**

*A. Continue to mainstream gender considerations into humanitarian and development programming*

To promote greater focus on gender-sensitive issues in the humanitarian and development sectors, humanitarian and development organizations should continue to **mainstream gender considerations into programming**, while also **maintaining gender-focused assessments and programming**.

*B. Channel funding toward domestic violence services*

Humanitarian and development actors should reinforce their efforts to combat root causes, mitigate the risk of (and respond to) GBV. Initiatives to prioritize include **community-based prevention interventions**, the reinforcement of capacities to **appropriately respond to disclosure**, and the continued availability of **specialized support services** throughout the pandemic, including **hotlines, shelters, and gender-specific health centers**. (UNDP, 2020).

*C. Increase economic support as a means of reducing violence*

As survey findings indicate that resource scarcity and rising unemployment are the primary drivers of increases in security incidents and domestic violence, **economic empowerment and financial literacy interventions** will be critical for improving the safety and security of migrants.

*D. Challenge COVID-19 stereotypes concerning migrants through information campaigns*

To combat the stereotype of migrants as carriers of COVID-19, migrant advocacy organizations should **conduct information campaigns** with healthcare professionals to fight this misconception (Voluntās & IOM, 2021). To improve the success of such campaigns, representatives from communities should be involved from the design stage onwards, offering insight into the perspectives of host communities and preferred platforms for dialogue between stakeholders. Such campaigns should highlight migrants' contributions to the local economy and introduce their cultures to local communities to nurture a sense of mutual respect.

*E. Facilitate interactions between migrant and host communities through remote or safe, in-person meetings*

**Personal interactions between the host community and newly arrived migrants**, whether in remote or socially distanced in-person settings, can improve feelings of trust and mutual understanding between groups (IOM, 2021a). Remote meetings have the added benefits of enabling the participation of more marginalized groups, but convenors of such meetings should

be mindful of how the digital divide can affect equitable access to video conferencing technology (IOM, 2021a).

*F. Support prominent host communities through funding for basic services*

Relations between host communities and migrant populations can be improved through equitable **funding directed at areas hosting a high number of migrants** to support the expansion of basic services such as education and healthcare and pay for costs related to integration for both migrants and members of the host community (Voluntās & IOM, 2021).

***Pillar 6: Mobility***

**Recommendation 7: Facilitate safe and legal migration through regulations instead of bans, the establishment of legal pathways for migration, and the development of a free movement agreement within the region**

*A. Develop migration regulations, not bans, aimed at curbing the spread of COVID-19*

Given the potential for COVID-19-related mobility restrictions to increase irregular migration (IOM, 2021a) and disrupt traditional livelihood activities such as pastoralism, herding, and seasonal migration, it may be preferable to **regulate rather than ban migration** – should Sudan experience a new wave of the virus. For example, **rapid antigen tests at border crossing points** would represent a low-cost, practical solution for migrants who are unable to access vaccines or more accurate but higher cost tests such as polymerase chain reaction (PCR) tests in their country of origin.

*B. Develop legal channels for migration and strengthen access to existing channels*

In the longer term, the Government of Sudan should generate **additional pathways for legal migration** into the country to reduce the need to enter the country irregularly and it should **promote access to territorial asylum**.

*C. Promote legal migration at the regional level through multilateral agreements*

States in the East and Horn of Africa, including Sudan, should **sign onto the Common Market for East and Southern Africa's Protocol on Free Movement of Persons, Labor, Services, the Right of Establishment and Residence**, which Burundi has ratified, and Kenya, Rwanda, and Zimbabwe have signed. Similarly, the Intergovernmental Authority on Development's Protocol Free Movement of Persons Protocol offers a ten-year roadmap to facilitate visa-free movement between nationals of the eight member states, which Sudan should implement (ILO, 2020).

***Further Research***

**Recommendation 8: Conduct further research on subgroups and sectors highly impacted by the pandemic and facilitate such research through the disaggregation of data, the sharing of datasets, and the development of creative methodologies designed to reach marginalized groups**

*A. Research specific groups and industries known to be negatively affected by the pandemic*

Just as this study examined the socio-economic consequences of COVID-19 on specific categories of migrants in Kassala and Gedaref, it is recommended that further research be



pursued to understand the impact of the pandemic on **specific groups or sectors of the economy known to be highly affected by the pandemic, or by the related containment measures** (IOM, 2021a). For example, IOM should produce further research on the consequences of the pandemic on marginalized subgroups of migrants and displaced populations, such as female migrants and IDPs, daily, domestic, and informal workers, as well as other frontline workers at higher risk of infection or exploitation.

*B. Promote further research and reuse of data through the disaggregation and sharing of datasets*

Data collected should be **disaggregated by age, sex, nationality, and other relevant factors** such as sector of employment (IOM, 2021a). This disaggregation also facilitates the reuse of data when the original analysis did not focus on a particular group. Therefore, **sharing datasets** on the impacts of COVID-19 for humanitarian and development purposes should be encouraged.

*C. Devise methodologies for surveying hard-to-reach populations*

Collecting data on marginalized groups may also require the **development of creative methodologies** to reach these populations. Consequently, reports on COVID-19 impacts should offer **detailed explanations of their sampling methods and interview techniques**, particularly if these details could help facilitate further data collection on groups of migrants typically excluded from analysis.

*D. Mainstream assessments on the socio-economic outcomes of migrants*

At the time of writing, Sudan was simultaneously experiencing an economic crisis and political instability, the effects of which cannot be disentangled from those of the pandemic. It is therefore recommended that the monitoring of migrants' socio-economic outcomes continue to note any post-pandemic shifts in trends and evolutions in need.

## References

- Abdelaziz, K. and N. Eltahir (2021). [Sudan inflation slows to 387.56% in August](#). *Reuters*, 14 September.
- African Development Bank* (2021). [Sudan Economic Outlook](#). n.d.
- Amin, M. (2020). [Record-breaking rains wreak havoc across Sudan during pandemic](#). *Middle East Eye*, 23 September.
- Barron's* (2021). [Sudan Inflation Soars Above 400% As Discontent Grows](#). 18 July.
- Al Jazeera* (2021). [Eight months of Ethiopia's Tigray conflict: A timeline](#). 4 May.
- Barigaba, J. (2020). [IGAD legal and policy experts now validate visa-free movement](#). *The East African*, 23 November.
- Bauman, E. (2021). [As the refugee and IDP crisis escalates, COVID-19 is bringing new woes](#). *Minority Rights Group*, n.d.
- Bilo, C., A. C. Machado, and F. Bacil (2020). [Social Protection in Sudan: System overview and programme mapping](#). *Research Report No. 53*. International Policy Centre for Inclusive Growth, Sudan's Ministry of Labor and Social Development and United Nations Children's Fund, Brasília and Khartoum.
- European Commission (2021). [Sudan launched its National Action Plan to counter and prevent human trafficking](#). Brussels.
- Fisher, R. J. (1993). [Social desirability bias and the validity of indirect questioning](#). *Journal of Consumer Research*, 20(2), September 1993, 303–315.
- German Cooperation (2018). [Better Migration Management Horn of Africa](#). <https://www.giz.de/en/workingwithgiz/65600.html>
- Healthy Children* (2021). [Youth sports and COVID-19: Understanding the risks](#). 30 September.
- International Center for Not-For-Profit Law and European Center for Not-For-Profit Law (2021). [COVID-19 Civic Freedom Tracker: Sudan](#). Washington, DC.
- International Labour Organization (ILO) (2020). [An Assessment of Labour Migration and Mobility Governance in the IGAD Region: Country Report for Sudan](#). Geneva.
- International Labour Organization (ILO) (2021). [Social Protection Sudan](#). Geneva.
- International Organization for Migration (IOM) (2011). [Migration in Sudan: A Country Profile](#). Khartoum.
- International Organization for Migration (IOM) (2019). [International Migration Law Glossary on Migration](#). Geneva.
- International Organization for Migration (IOM) (2020). [Return and Reintegration Key Highlights 2020](#). IOM, Geneva.
- International Organization for Migration (IOM) (2021a). [Assessing the Socio-Economic Impact of COVID-19 on Migrants and Displaced Populations in the MENA Region](#). Cairo.
- International Organization for Migration (IOM) (2021b). [Sudan - Mobility Tracking Round Two \(August 2021\)](#). Khartoum.
- International Social Security Association* (2019). [Country Profile: Sudan](#). n.d.
- Internews* (2021). [Sudan COVID-19 Community Feedback](#). Arcata.
- Lewis, A., K. Abdelaziz and N. Eltahir (2021). [Sudan cut off from \\$650 million of international funding after coup](#). *Reuters*, 8 December.
- O'Neill, A. (2021). [The 20 countries with the highest inflation rate in 2020](#). *Statistica*, 30 November.

- REACH (2020). *Sudan: 2020 Multi-Sector Needs Assessment: Final Report*, March 2021. Geneva.
- Reuters (2021). *Sudan inflation slows to 387.56% in August*. 14 September.
- Salih, Z. M. and P. Beaumont (2021). *Sudan military agrees to reinstate PM and release political detainees*. *The Guardian*, 21 November.
- Salim, A. & F. Hamed (2018). *Exploring health insurance services in Sudan from the perspectives of insurers*. *SAGE open medicine*, 6, 2050312117752298.
- Salma, I. and W. Shuaib Mohammed (2020). *How UNICEF Sudan is supporting children and families affected by school closures*. *UNICEF*, 14 July.
- Schwarz, K., A. Lumley-Sapanski, A. Valverde-Cano, M. Peiró Mir, A-R. Eltayeb, E. Death, M. Babiker, K. Ditcham, M. Jones, M. Crowther and S. Miley (2021). *The Impacts of COVID-19 on Human Trafficking in Sudan: A Case Study of Pandemic in Transition*. University of Nottingham Rights Lab, Global Partners Governance, Royal United Services Institute, Waging Peace, Nottingham, London.
- Shabaka (2021). *Roadmap for Diaspora Engagement in Sudan: Policy Briefing*. Shabaka, London.
- Strachan, A. L. (2016). *Rapid Fragility and Migration Assessment for Sudan: Rapid Literature Review*. Governance and Social Development Resource Centre (GSDRC) Applied Knowledge Services, University of Birmingham, Birmingham.
- The East African* (2020). *Sudan reports first coronavirus case*. 13 March.
- The World Bank and Sudan Central Bureau of Statistics (2020). *Socio-Economic Impact of COVID-19 on Sudanese Households*. Khartoum.
- Trading Economics* (2021). *Sudan inflation rate*.n.d.
- United Nations Children’s Fund (UNICEF) Sudan (2021). *COVID-19 vaccines and vaccination in Sudan*. Khartoum.
- United Nations Development Programme (UNDP) (2020). *COVID-19 Socio-Economic Impact Assessment for Sudan*. Khartoum.
2021. *The Economic Impact of Recent Political Developments in Sudan*. (Internal document).
- UN General Assembly (2018). *Global Compact for Safe, Orderly and Regular Migration*. UN General Assembly, New York.
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2020). *Humanitarian Needs Overview 2021: Sudan*. Khartoum.
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2021a). *Sudan - The Country continues to face health and humanitarian consequences of COVID-19*. 24 March, Khartoum.
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2021b). *Sudan Humanitarian Response Plan 2020: Periodic Monitoring Report*. Khartoum.
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2021c). *Sudan Situation Report*. Khartoum.
- UN Sustainable Development Group (2020). *A UN Framework for the Immediate Socio-economic Response to COVID-19*. New York.
- van Moorsel, J. (2021). *The Impact of the COVID-19 Pandemic on Refugee and Migrant Livelihoods in Sudan: A Socio-economic Stress Multiplier*. Mixed Migration Centre, Geneva.
- Voluntās and IOM Libya (2021). *Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya*. Tripoli.

- World Food Programme (WFP) (2020a). *The Market Monitor: No. 46*. Vulnerability and Analysis Mapping, Rome.
- World Food Programme (WFP) (2020b). *The Market Monitor: No. 47*. Vulnerability and Analysis Mapping, Rome.
- World Food Programme (WFP) (2020c). *The Market Monitor: No. 48*. Vulnerability and Analysis Mapping, Rome.
- World Food Programme (WFP) (2020d). *The Market Monitor: No. 49*. Vulnerability and Analysis Mapping, Rome.
- World Food Programme (WFP) (2021). *WFP Market Monitor – Sudan, September 2021*. Vulnerability and Analysis Mapping, Rome.
- World Health Organization (WHO) (2020). *WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020*. Geneva,
- World Health Organization (WHO) (2021a). *Sudan Receives First Delivery of COVID-19 Vaccines with over 800 000 Doses*. Geneva, 3 March.
- World Health Organization (WHO) (2021b). *WHO Coronavirus Disease (COVID-19) Dashboard* (accessed 22 Dec 2021). Geneva.

## Annexes

### Detailed methodology

#### Refining the indicator bank

The research team relied on an indicator bank previously developed for a similar assessment conducted at the regional level.<sup>9</sup> This indicator bank is based on the five pillars of the UN Framework on Immediate Socio-Economic Impact of COVID-19. These include: (1) Health first – Protecting Health Services and Systems During the Crisis, (2) Protecting People: Social Protection and Basic Services, (3) Economic Response and Recovery, (4) Macroeconomic Response and Multilateral Collaboration, and (5) Social Cohesion and Community Resilience (2020). In line with IOM’s mandate, the research team added a sixth pillar on Mobility.

For each pillar, a list of two to three indicators focused on the impact of COVID-19 on affected populations was developed (see [Annex X.2](#) for more information on the indicators). The research team developed a set of standard questionnaires to cover the indicators of the bank.

#### Desk research

The research team reviewed the literature available online, covering statistics, reports, and relevant secondary data from already existing COVID-19 impact assessments, in line with the focus of the analytical framework. The desk research informed the direction for the quantitative and qualitative tools described below and provided a basis for the triangulation of results from surveys and key informant interview data.

#### Exploratory qualitative data collection

In April 2021, the research team conducted a context monitoring exercise in Eastern Sudan to better understand key migratory flows from Eritrea and Ethiopia to Eastern Sudan. This exercise enabled the researchers to determine three migratory profiles for migrants living in Kassala and Gedaref – namely long-term migrants, seasonal migrant workers, and migrants in transit.

In July 2021, the research team undertook a visit to Khartoum, Kassala, and Gedaref to conduct interviews with key informants. In total, 30 individuals were consulted in this phase, as detailed in the table below:

---

<sup>9</sup> Find [here](#) the regional report published by IOM’s Regional Office published in June 2021.

**Table 1: Breakdown of interviewees per category and location**

<b>Khartoum</b>	<b>2</b>	Government official	1 Ministry of Health Representative 1 Ministry of Labor Representative
<b>Kassala</b>	<b>4</b>	Aid workers	2 IOM employees 2 Employees from Sudanese NGO
<b>Kassala</b>	<b>3</b>	Migrant community leaders	2 Eritrean community leaders 1 Ethiopian community leader
<b>Kassala</b>	<b>6</b>	Members of migrant community	3 Men 3 Women
<b>Kassala</b>	<b>3</b>	Government officials	3 Humanitarian Aid Commission representatives
<b>Gedaref</b>	<b>4</b>	Aid workers	3 IOM employees 1 Employee from a Sudanese NGO
<b>Gedaref</b>	<b>2</b>	Migrant community leaders	1 Eritrean community leader 1 Ethiopian community leader
<b>Gedaref</b>	<b>4</b>	Members of migrant community	2 Men 2 Women
<b>Gedaref</b>	<b>2</b>	Government officials	2 Humanitarian Aid Commission Representatives
<b>Total</b>	<b>30</b>	N/A	N/A

**Quantitative data collection**

A household survey was developed to assess the effects of COVID-19 on migrants living in Eastern Sudan. The research team developed the initial survey tool in English. The survey was later translated into Arabic and translated back into English to ensure the quality of translation. To determine the sample size, the research team relied on a total population estimate of 97,540 migrants, distributed by state and locality as follows:

**Table 2: Estimated number of migrants per state and locality**

<b>State</b>	<b>Locality</b>	<b>Estimated number of migrants</b>	<b>Number of individuals interviewed</b>
<b>Gedaref</b>	Galabat Ash-Shargiah	180	60
	Madeinat Al Gedaref	3341	264
	Wasat Al Gedaref	3 806	159
<b>Kassala</b>	Halfa Aj Jadeedah	2 200	69
	Madeinat Kassala	49 000	243
	Reifi Khashm Elgirba	9 300	52
	Reifi Kassla	29 713	118
<b>Total</b>	<b>N/A</b>	<b>97540</b>	<b>965</b>

The research team opted for Proportional to Population Size Stratified sampling based on locality. As indicated in the figure below, the total sample size required to obtain a sample that is a representative at a 95 percent confidence level with a margin of error +/-5 percent is  $n=661$ . The research team aimed to collect an extra 20 percent of the sample size for quality assurance. The target sample size was therefore of  $n=793$  respondents surveyed.

**Table 3: Sample size calculation**

Target population	97,540
Confidence level	99%
Margin of error	5%
Target sample size	661
Extra sample (cleaning, inclusion error)	20%
<b>Total target sample size (n)</b>	<b>793</b>

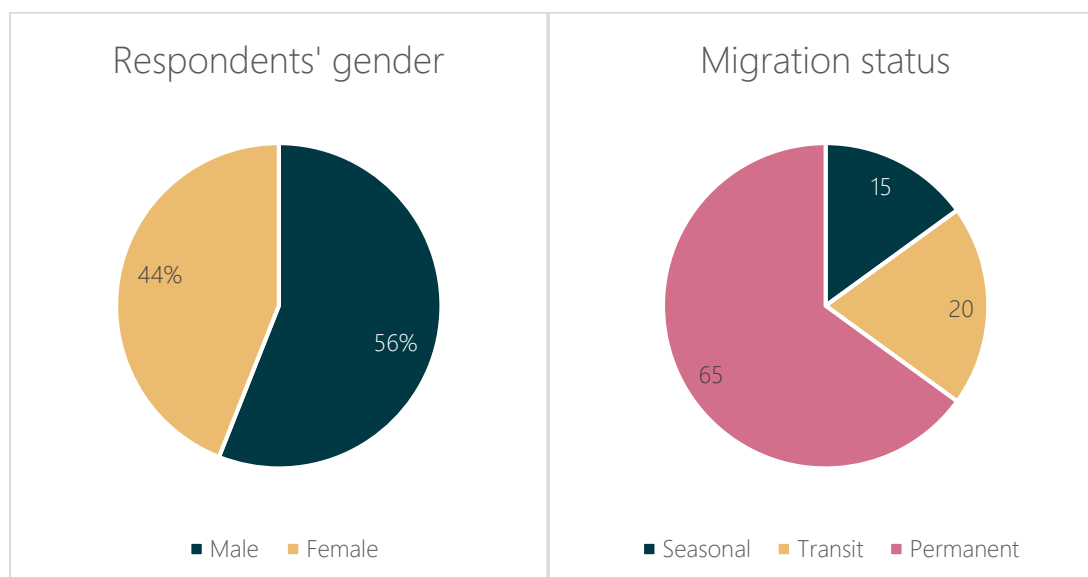
While the data collection target was 793, the research team surveyed 965 individuals. After cleaning the data and removing incoherent cases and outliers, the research team had a clean database with  $n=937$  cases.

Within each locality, the research team opted for a snowball sampling to target respondents, relying on the networks of migrants who had already answered the survey.

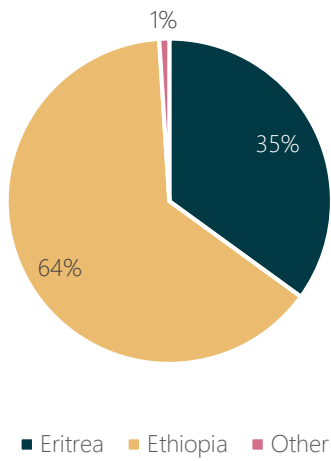
The data collection team administered the household survey via Mobile Data Collection. The team collected the survey on IOM's tablets using Kobo Toolbox. The research team hired a team of 22 enumerators, balanced in gender (11 women and 11 men). The team of enumerators were recruited through purposive sampling to be representative of the population, including Sudanese, Ethiopian, and Eritrean nationals.

### Survey sample general information

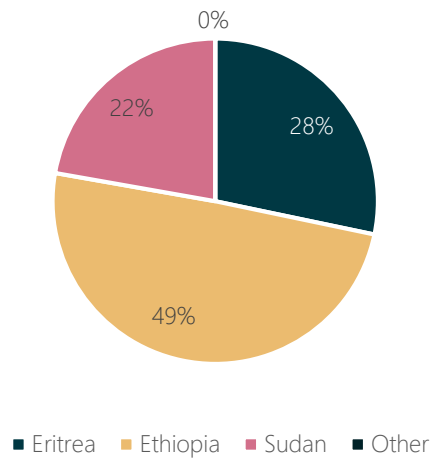
The following graphs show the demographics of the survey respondents.



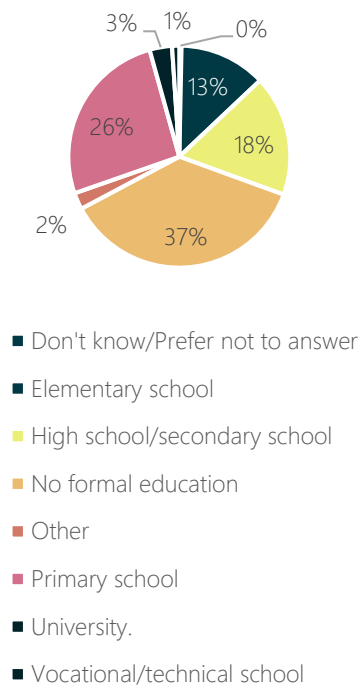
Country of citizenship



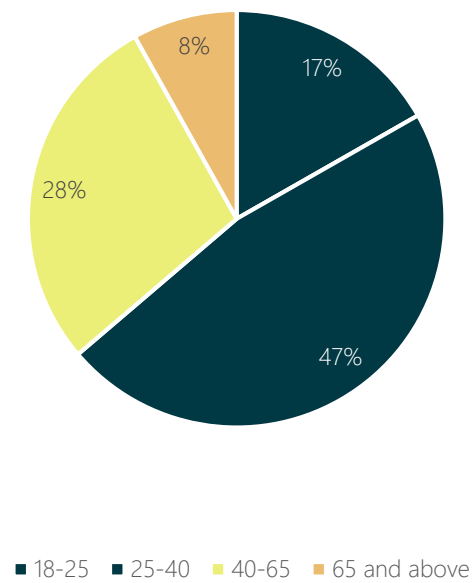
Country of birth



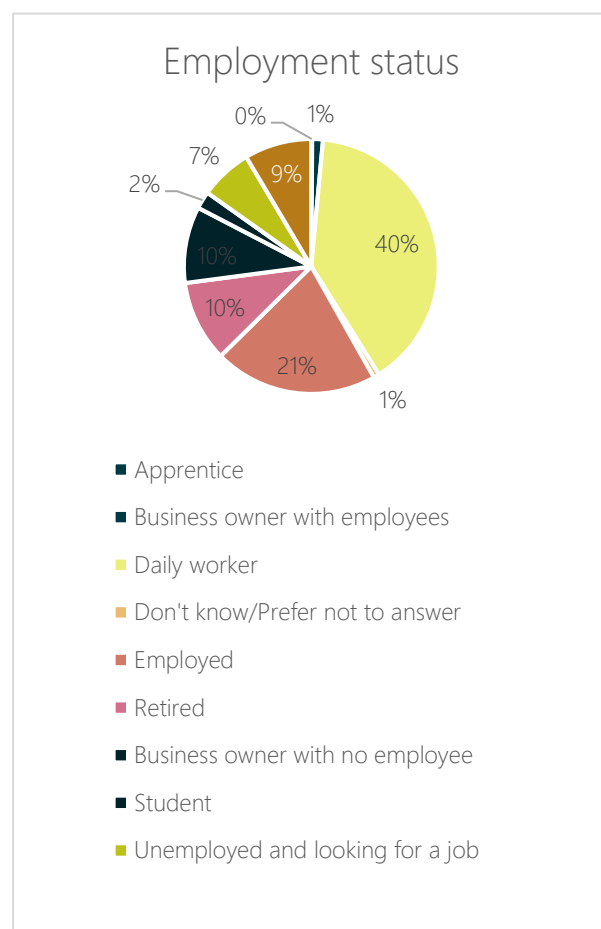
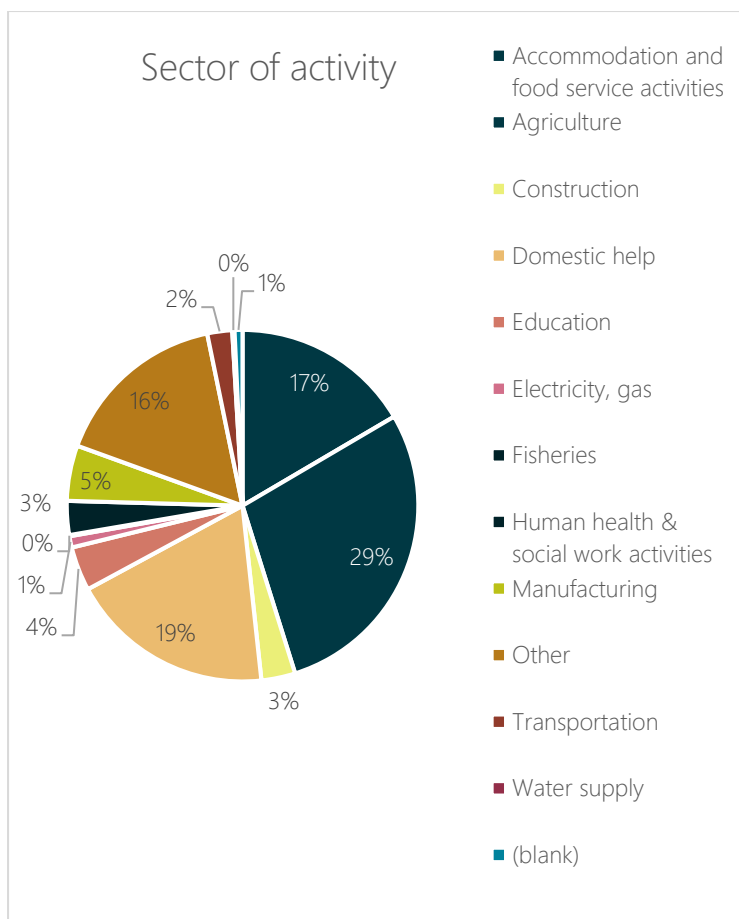
Level of education



Respondents' age







### Analysis, report writing and dissemination

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

### Limitations to the study

- **Multiple causality.** In some contexts (particularly in humanitarian contexts), separating the effects of the pandemic from those of conflict and/or pre-existing economic crises and vulnerabilities is difficult. To offset this issue, the authors strived to be as transparent as possible when multiple causality bias was suspected.
- **Focus on urban areas.** Due to logistical constraints, the enumerators were not able to collect data in rural areas of Kassala and Gedaref. This limitation may result in a methodological de-emphasis of the views of seasonal migrant workers, who often work on rural farms.

## Indicator bank

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

Pillar 1 - Health First: Protecting Health Services and Systems during the Crisis	Pillar 2 - Protecting People: Social Protection and Basic Services	Pillar 3 - Economic Response and Recovery: Protecting Jobs, SMEs, and Informal Sector Workers	Pillar 4 - Macroeconomic Response and Multilateral Collaboration	Pillar 5 - Social Cohesion and Community Resilience	IOM Pillar 6 - Mobility
1.1 Access and presence of functional health facilities	2.1 Availability of and access to basic services (basic food items and markets; education; banks and financial institutions; and WASH)	3.1 Access and availability of employment and/or income generating opportunities	4.1 Changes in monthly price stability for basic consumer price index	5.1 Changes in perception of security and safety	6.1 Changes in freedom of movement
1.2 Level of public and private awareness of the COVID-19 pandemic	2.2 Access and availability of social protection and/or humanitarian assistance	3.2 Changes in business environment due to COVID-19	4.2 Changes in capacity to send and receive remittances	5.2 Changes in tension and/or conflict between mobile and hosting communities	6.2 Changes in mobility plans
1.3 Impact of COVID-19 on health outcomes	2.3. Impact of COVID-19 on exploitation	3.3. Presence of coping strategies to respond to the economic consequences of the pandemic		5.3. Availability of community-based institutions	6.2 Changes in migratory routes