

NAVIGATING A PANDEMIC AMID POLITICAL AND ECONOMIC INSTABILITY: AN ASSESSMENT OF THE SOCIOECONOMIC IMPACT OF COVID-19 ON MIGRANTS IN EASTERN SUDAN

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LIST OF ABBREVIATIONS

| | |
|-----------------|--|
| COVID-19 | Coronavirus disease 2019 |
| COVAX | COVID-19 Vaccines Global Access (Facility) |
| GBV | Gender-based violence |
| IDPs | Internally displaced persons |
| ILO | International Labour Organization |
| IOM | International Organization for Migration |
| MENA | Middle East and North Africa |
| (I)NGO | International and national non-governmental organization |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| PPE | Personal protective equipment |
| UNSDG | United Nations' Sustainable Development Group |
| UNHCR | United Nations High Commissioner for Refugees |
| WASH | Water, Sanitation and Hygiene |
| WHO | World Health Organization |

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EXECUTIVE SUMMARY

BACKGROUND

The coronavirus disease 2019 (COVID-19) pandemic and 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 **Kassala and Gedaref states 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 workers¹** whose stay in Sudan is temporary and who migrate between Sudan and their country of origin regularly.

METHODOLOGY

The study primarily examines the socioeconomic outcomes of migrants living in Kassala and Gedaref states, 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 socioeconomic 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).

PILLAR 1: HEALTH

Protecting health services and systems during the crisis

1.1. Access to functional health services

- Only **46 per cent** of the respondents answered that they had been able to access health care when they needed it.
- The following three barriers to accessing health care were cited by respondents: affordability of services (**67%**); closure of health facilities (**30%**) and discrimination (**12%**).

1.2. Awareness and interest in COVID-19 vaccination

- A **total of 77 per cent** of respondents stated that they would agree to be vaccinated against COVID-19.
- Despite this, vaccine hesitancy is present in the survey findings, with **21 per cent** of respondents reporting that they would not agree to be vaccinated. Of these individuals, a majority (**62%**) cited their main reason for refusing vaccination as fear over the vaccines' side effects.

1.3. Impact of COVID-19 on health outcomes

- **Sixty-four per cent** of respondents partially or fully agreed with the statement: "Migrants health is more affected by COVID-19 than the rest of the population". Migrants in transit were particularly concerned with this issue, with about **80 per cent** of them partially or fully agreeing with the proposed statement.

PILLAR 2: PROTECTING PEOPLE

Social protection and basic services

2.1. Availability and access to basic goods

- Essential goods including water, sanitation and hygiene (WASH) items, medicine, water and food are reportedly less available in markets since the beginning of the pandemic.

2.2. 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 surges.
- Key challenges reported by respondents included the following: students spending more time at home and being isolated (**70%**); students being less motivated (**31%**) and migrant children being more prone to working rather than studying due to school closures (**30%**).

2.3. Access and availability of social protection and/or humanitarian assistance

- In Sudan, only certain categories of migrant workers are eligible for state-led social protection schemes and such migrants must work in the formal sector and be in regular migration status to qualify.
- COVID-19 has placed an additional strain on the ability of humanitarian organizations to deliver life-saving assistance. The outbreak of the COVID-19 pandemic has had negative effects for **24 per cent** of aid recipients who reportedly stopped receiving assistance because of the pandemic.

2.4. Impact of COVID-19 on exploitation

- A quarter of respondents noticed an increase in the level of forced labour and other forms of exploitation.
- Working extra hours without being paid is reportedly the most common form of exploitation, as outlined by **34 per cent** of respondents.
- While the COVID-19 pandemic has placed migrants in Sudan under greater economic stress, other outcomes of the pandemic, such as a reduced supply of foreign workers, may offset the negative economic consequences to a certain extent.

¹ Seasonal migrant workers are defined in the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families as "a migrant worker whose work, or migration for employment is by its character dependent on seasonal conditions and is performed only during part of the year." UN General Assembly (1990). International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families. UN General Assembly, 18 December, A/RES/45/158.

PILLAR 3: ECONOMIC RESPONSE AND RECOVERY

Protecting jobs, SME enterprises and informal sector workers

3.1 Access and availability of employment and income generating opportunities

- Most male and female migrants indicate that the COVID-19 pandemic affected their job situation or livelihood (**88%** and **70%**, respectively)
- Male migrants report a **27-percentage point drop** in paid employment since the outbreak of COVID-19, compared to a **16-percentage point drop** for female migrants.
- Slightly more than half of male migrants (**52%**) and a third of female migrants (**36%**) state they are working for pay during the pandemic.

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

- Over half of migrants interviewed (**55%**) state that they are resorting to coping strategies more often since the start of the pandemic.
- The most common coping strategy is borrowing from friends and relatives (cited by **55%**), followed by reducing essential expenses (**29%**).
- Seasonal migrant workers are more likely to report working under exploitative conditions than other migrant groups (**23%** vs. **13%** of all migrants).

PILLAR 4: MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

4.1 Changes in the monthly price stability for basic consumer price index

- Inflation in Sudan has dramatically increased from late 2019 through August 2021.
- Sudan experienced the largest percentage point increase (**84%**) in the price of basic food items during Q1 2020.
- Inflation in the price of basic food items has contributed to a **22 per cent** increase in food insecurity in Sudan over the course of 2020.

4.2 Changes in capacity to send and receive remittances

- Since the start of the pandemic, the proportion of migrants sending remittances has dropped by **eight percentage points**.
- The share of migrants receiving remittances also fell by **five percentage points**.
- Notable obstacles to sending remittances include the loss of a job or business (cited by **43%** of respondents), followed by the closure of banks and money transfer operations (**27%**).

PILLAR 5: SOCIAL COHESION AND COMMUNITY RESILIENCE

5.1 Changes in perception of security and safety

- The COVID-19 pandemic appears to have exacerbated the problem of domestic violence in Sudan, with **20 per cent** of respondents indicating an increase in the level of violence at home.
- The main factors driving this increase in domestic violence are resource scarcity, cited by **47 per cent** of respondents, and unemployment, cited by **30 per cent**.

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

- Most migrants interviewed (**63%**) state that there has been no change in the level of stigmatization or discrimination towards them since the start of the COVID-19 pandemic.
- Nonetheless, a higher proportion of seasonal migrant workers (**34%**) and migrants in transit (**30%**) indicate increases in stigmatization or discrimination compared to long-term migrants (**17%**).

PILLAR 6: MOBILITY

6.1 Changes in freedom of movement

- A full **80 per cent** of respondents said that COVID-19-related mobility restrictions hampered their ability to earn a livelihood, with **65 per cent** unable to go to work and **35 per cent** unable to open their shop.

6.2 Changes in mobility plans

- The COVID-19 pandemic impacted the mobility plans of most respondents (**51%**).
- Transnational mobility restrictions prevented **46 per cent** of those impacted from moving to another country, **16 per cent** from returning to their country of origin and **10 per cent** from engaging in circular migration.

6.3 Changes in migratory routes

- In response to mobility restrictions, **47 per cent** of those engaging in further travel were compelled to change their migratory route.
- Among these respondents, **38 per cent** will travel along a riskier route, while **26 per cent** will travel along an irregular route.

INTRODUCTION

TIMELINE

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% at the time of data collection); continued regional political instability related to the Northern Ethiopian Crisis, 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 states has 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 about 400,000 across ten states in Sudan.² The states of Kassala and Gedaref host approximately 60 per cent of the total. In Kassala and Gedaref states, 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.

2020

January

February

March

April

May

June

July

August

September

October

November

December

11th March 2020: The World Health Organization (WHO) declares the outbreak of a pandemic (WHO, 2020).

13th March 2020: First COVID-19 case detected in Sudan (The World Bank and Sudan Central Bureau of Statistics, 2020; The East African, 2020).

Mid to end of March 2020: The Government imposed closure of schools; airports; ports and land crossings; banned travel between states; and prohibited mass gatherings. A partial lockdown was enforced in Khartoum and other states (The World Bank and Sudan Central Bureau of Statistics, 2020).⁴

12th April 2020: Sudanese Government declares a public health emergency.

26th April 2020: The city of Gedaref goes into total lockdown. The local authority deployed security forces to maintain social distancing, including imposing mobility restrictions and closing of schools and universities.

September to December 2020: The Government gradually lifts mobility restrictions (Interview with various key informants in Khartoum, July 2021).

4th November 2020: Start of the Northern Ethiopian Crisis (Al Jazeera, 2021).



2021

March

April

May

June

July

August

September

March 2021: Sudan receives first delivery of COVID-19 vaccines with over 800,000 doses via the COVID-19 Vaccines Global Access (COVAX) Facility (WHO, 2021a).



July 2021: Inflation rate in Sudan reaches 422.78 per cent (Reuters, 2021).



September 2021: Cumulative number of confirmed COVID-19 cases reaches 37,931 cases, including 2,837 deaths related to COVID-19 (WHO, 2021b).

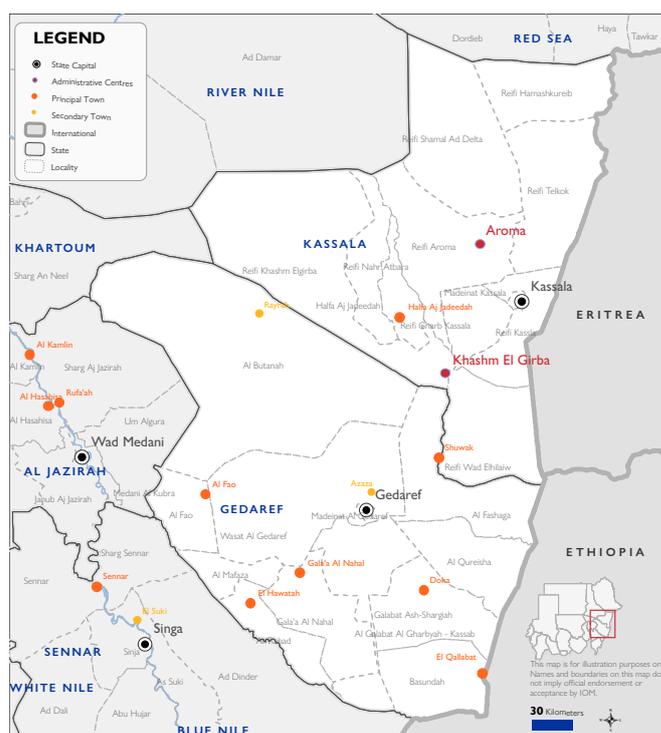


² DTM Sudan's Mobility Tracking methodology collects information on the prevalence of foreign nationals across Sudan. The estimated figure of foreign nationals is based on the knowledge of the key informants interviewed within targeted locations and is not yet a quotable figure for the number of migrants (in a state or nationally).

APPROACH TO THE ASSESSMENT

This assessment focuses on international migrants living in Kassala and Gedaref states, 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. As Gedaref and Kassala states neighbour Ethiopia and Eritrea, respectively, nearly all migrants surveyed are nationals of one of these two countries (64% from the former and 35% 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 socioeconomic impact of COVID-19. This study comes as part of a broader regional effort to analyse how and to what extent COVID-19 affects the socioeconomic 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, structures the report's recommendations for maintaining the rights and dignity of migrants in the country (UN General Assembly, 2018).



OVERVIEW OF THE METHODOLOGY

The study involved a desk review of the relevant literature, 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.](#)

Inception phase



- Context monitoring in Khartoum, Kassala and Gedaref in April 2021
- Desk research of relevant literature
- Defining and reviewing the list of indicators

Data collection



- Mixed-methods data collection
- Research team visit to Khartoum, Kassala and Gedaref states in July 2021
- Thirty key informant interviews conducted with government officials, humanitarian practitioners, migrants, health workers, etc.
- Quantitative survey conducted with 937 migrants

Final report and dissemination



- Data coding and analysis
- Report writing in August–December 2021

Study limits

- Multiple causality. The study focuses mostly on the effects of COVID-19 on migrants living in Eastern Sudan. Nonetheless, several other factors likely influenced migrants' socioeconomic 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.
- Focus on urban migrants. Due to logistical constraints, the enumerators were unable to collect data in rural areas of Kassala and Gedaref, with a possible impact on the representativeness of the sample.

Table 2: Overview of the methodology

MIGRATORY STATUS AND GENERAL CHALLENGES

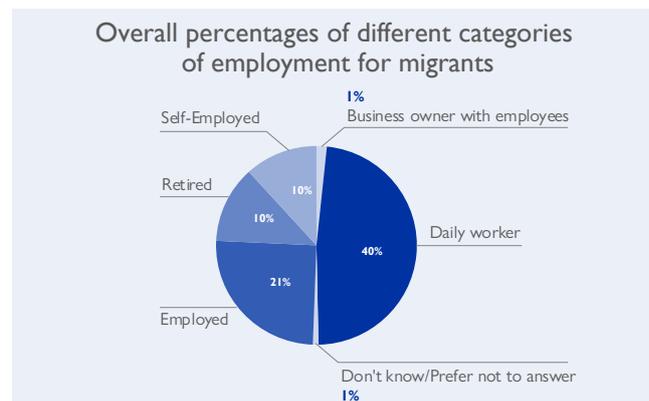
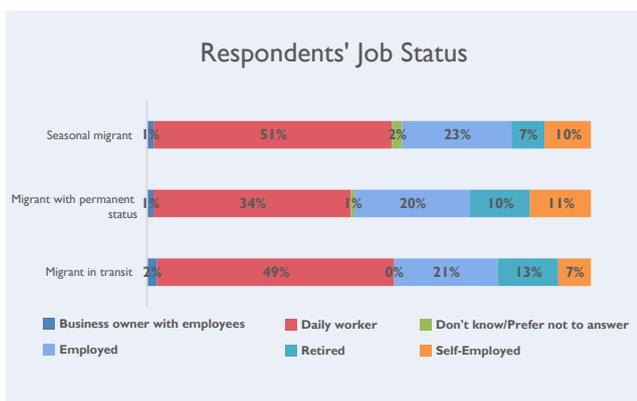
MIGRATORY STATUS

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,^{3,4} 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,⁵ meaning individuals whose longer terms plans are to establish themselves in another country outside of Sudan. A significant share of these individuals intend 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% and 49%) than that of long-term migrants (34%). 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.



KEY CHALLENGES FACED BY RESPONDENTS

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 socioeconomic challenges that 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 have the most difficulty in accessing both types of services (75% of migrants in transit reported difficulties in accessing basic services, against 66% and 63% 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 hold fewer financial assets.

Several respondents also cited access to education (Challenge 4), continuation of jobs or other economic activities (Challenge 5) and transfer of remittances (Challenge 7) as key challenges since the onset of the COVID-19 pandemic. Interestingly, about a quarter of seasonal migrant workers (24%) reported that sending remittances was a key challenge since the start of the pandemic (compared to merely 13% of migrants in transit and 8% 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.

³ 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).

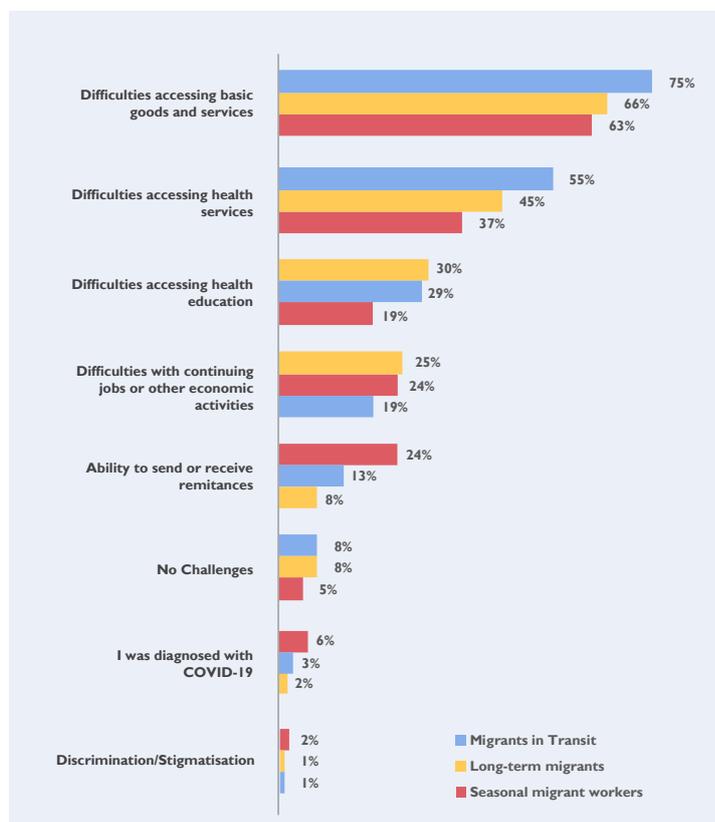
⁴ This category may include individuals who otherwise qualify as refugees but have not registered with UNHCR or the Commission for Refugees, as well as former refugees who lost their status, such as Ethiopians who fled to Eastern Sudan in the 1970s and 1980s. Consequently, the use of the term 'migrant' 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.

⁵ 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).

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.

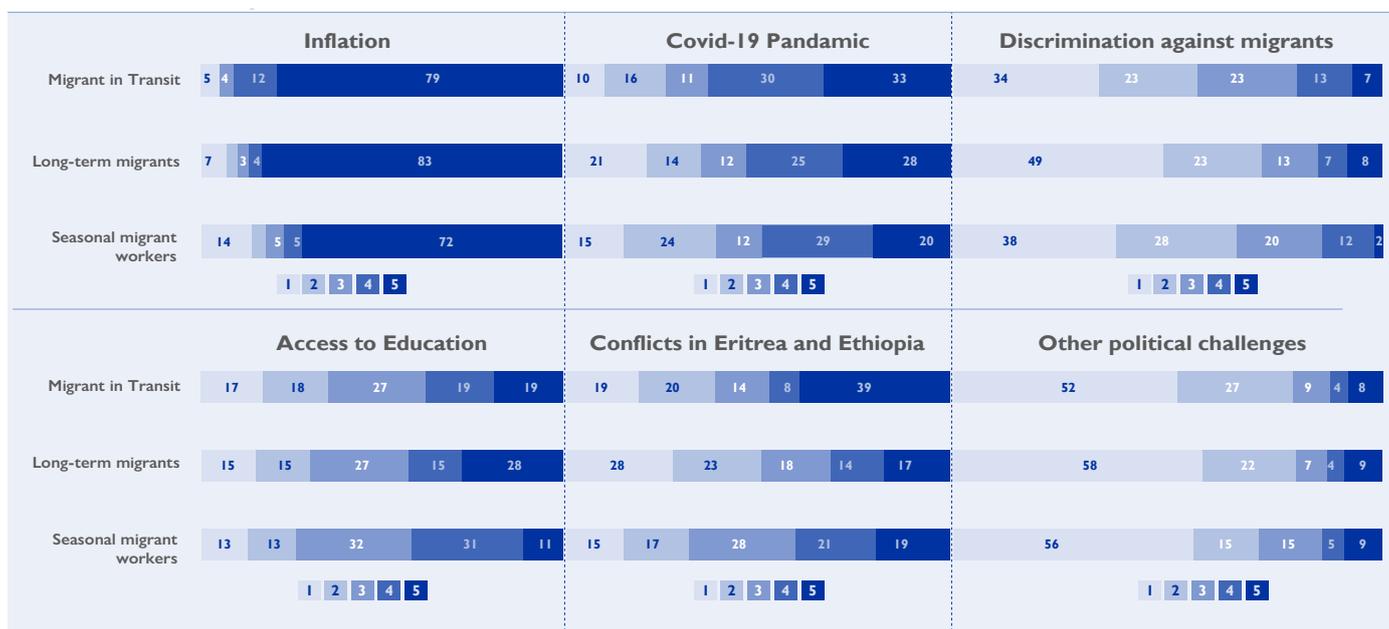
The above graphs highlight that COVID-19 is only one of the challenges faced by migrants in Eastern Sudan. The option 'inflation' had the highest proportion of respondents rating it as a 4 or 5, meaning this issue poses a significant challenge to their life or livelihood. This finding reveals the widespread 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 high number of migrants in transit (39%) 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 Sudan.



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

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).





PILLAR 1: HEALTH SERVICES AND SYSTEMS

1.1. 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 about 81 per cent of the Sudanese population lacking access to a functional health facility within two hours of their home (OCHA, 2021a). Additionally, health-care staff are unequally distributed within Sudan, as 70 per cent of health-care professionals in the country work in urban settings and half of them practice in Khartoum (UNDP, 2020).

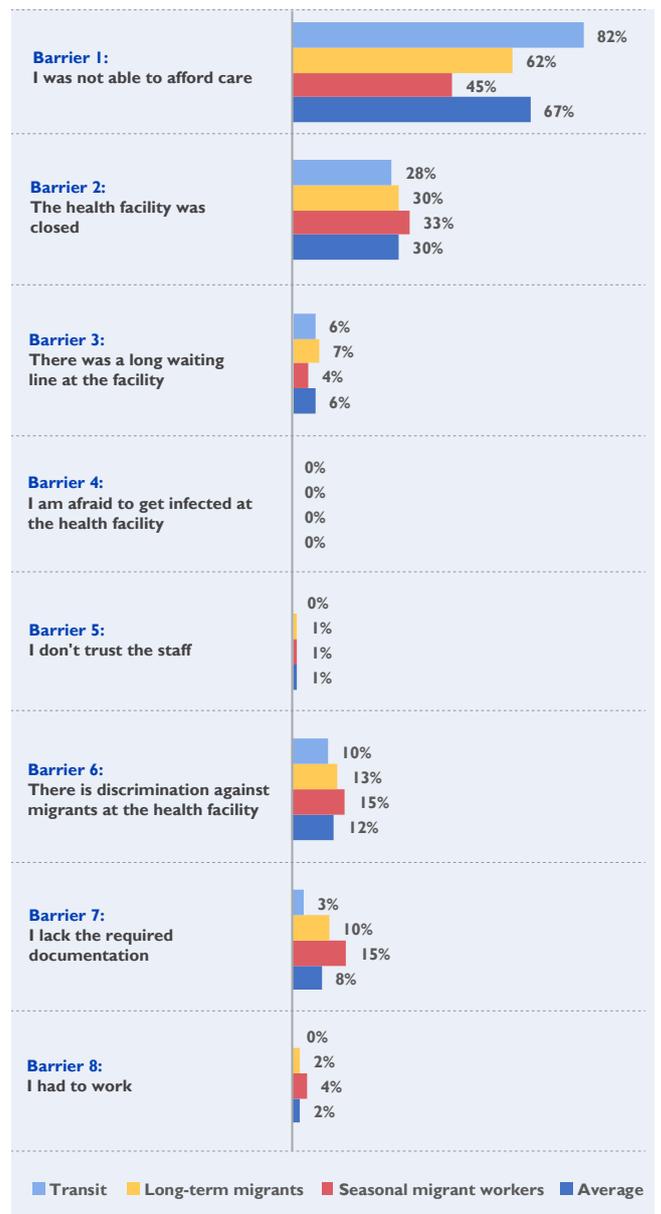
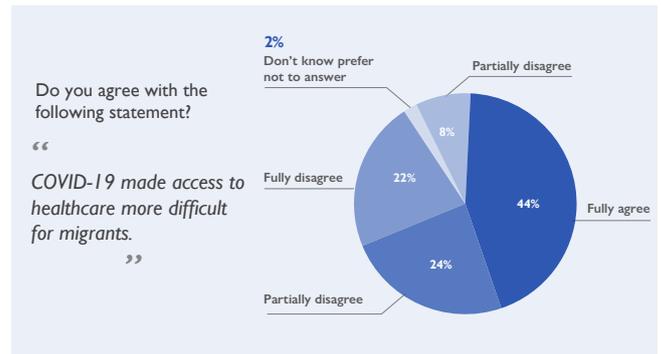
The pandemic has increased the pressure on health facilities and caused widespread closure of health facilities as well as a significant shortage in the availability basic medical supplies (Internews, 2021). Additionally, interviews with several stakeholders including governmental officials, health workers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

Difficulties in accessing health-care services are indicated by the survey data. When respondents were asked whether they had been able to access health care when needed since the start of the COVID-19 pandemic, only 46 per cent 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.

Affordability of health services is the most cited barrier to accessing health care. On average, more than two thirds of respondents (67%) indicated that the high price of health care impeded them from getting treatment. Although Sudanese nationals, migrants and refugees can access health care pursuant to Sudan's 2016 Health Insurance Act, insured patients may pay as much as 70 per cent of costs out-of-pocket, heightening barriers to health care (Bilo et al. 2020; Salim & Hamed, 2018). Compared to other migrant profiles, migrants in transit were reportedly more likely to struggle to afford health 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.

About 30 per cent of respondents outlined that closure of health facilities was an important barrier to accessing health care. During the first wave of the pandemic, Sudanese authorities decided to close several private health facilities as part of mitigation measures against the spread of the virus (OCHA, 2021c). Moreover, those health facilities that remained open sometimes refused patients due to lack of medicine, supplies and available beds. Routine services in hospitals and other health facilities were also affected due to sporadic closures following outbreaks of COVID-19 and unavailability of medical staff (OCHA, 2021c). Although health 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 per cent of all respondents reported facing discrimination while accessing health-care 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 states have hosted large migrant populations for decades, relations between the latter group and Sudanese nationals were good overall.



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

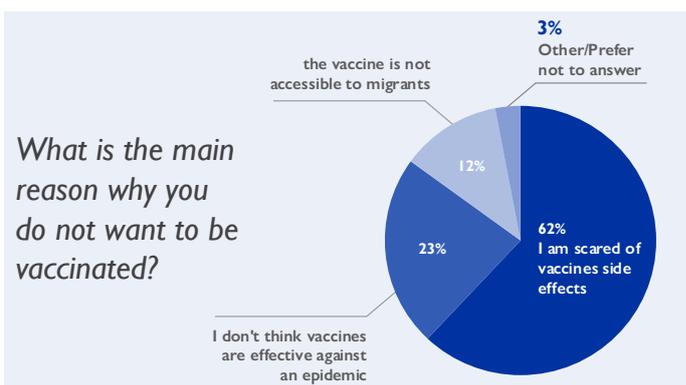
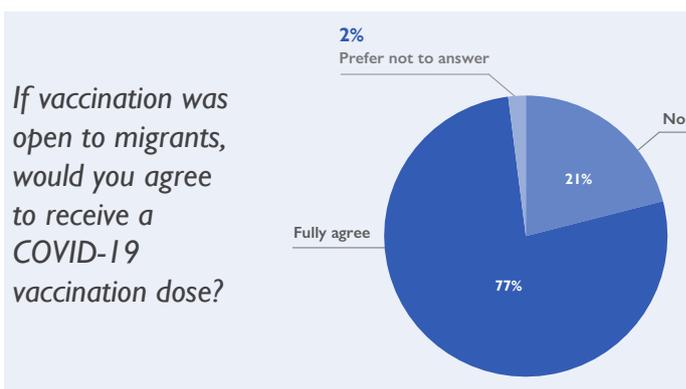
1.2. AWARENESS AND INTEREST IN COVID-19 VACCINATION

In March 2021, Sudan received 800,000 COVID-19 vaccines through the COVAX Facility, a programme 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 health workers and persons 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 states 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 states, 10th July 2021).⁶

As the above figures show, more than three quarters of respondents (77%) 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 per cent, 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 rumours, oftentimes spread through social media. Vaccine hesitancy is present in the survey findings, with about one fifth of respondents (21%) reporting that they would not agree to be vaccinated. Of these individuals, a majority (62%) noted that their main reason for refusing vaccination was fear of the vaccines' side effects.

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 Centre, most respondents (62%) 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 per cent 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).

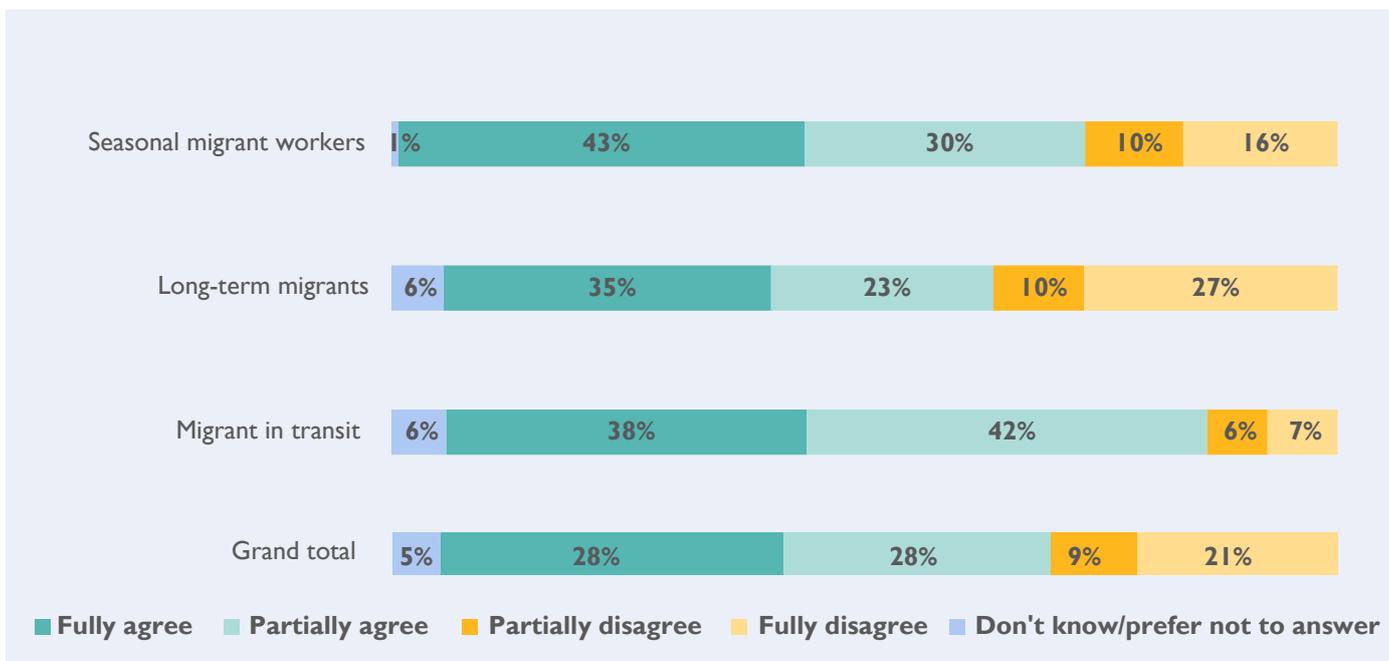


1.1. IMPACT OF COVID-1 ON HEALTH OUTCOMES

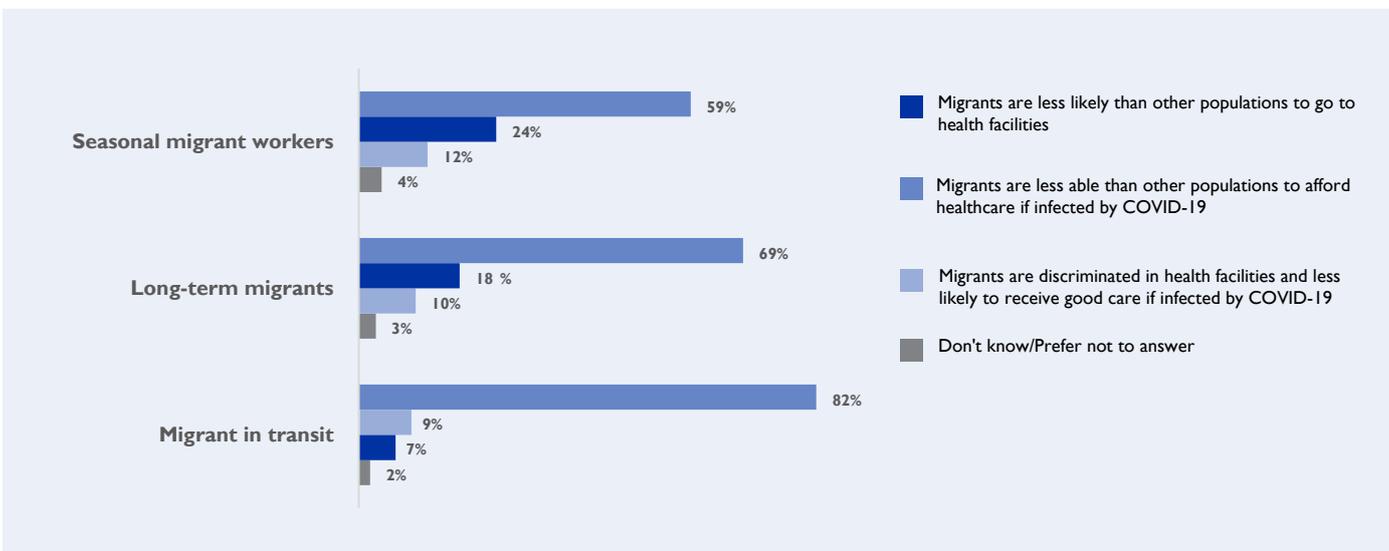
A notable portion of respondents believed that migrants were more impacted by the COVID-19 pandemic than other population groups. In particular, the majority of those interviewed (64%) partially or fully agreed with the statement: "Migrants' health is more affected by COVID-19 than that of the rest of the population." Migrants in transit were particularly concerned with the impact of COVID-19 on their health, with about 80 per cent 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 per cent 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 health care. The survey results confirm this explanation, with 82 per cent of migrants in transit saying that migrants are less able than other populations to afford health care if they contract COVID-19.

⁶ 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.

Do you agree with the following statement: “migrants’ health outcomes are more affected by COVID-19 than the rest of the population?”



Which of the following statement(s) best justify your answer in the previous question?





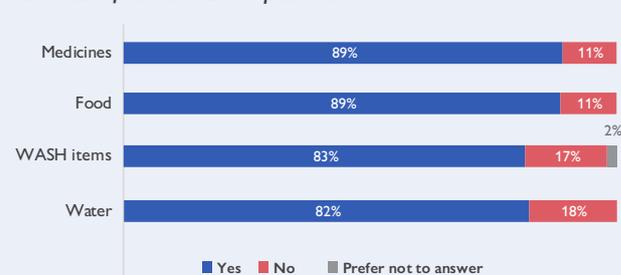
PILLAR 2: PROTECTING PEOPLE

SOCIAL PROTECTION AND BASIC SERVICES

2.1. AVAILABILITY AND ACCESS TO BASIC GOODS

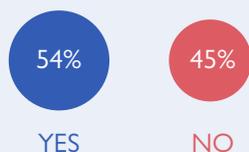
At the national level, the implementation of lockdowns, border closures and the disruption of supply chains (March–July 2020) had a negative impact on the availability and prices of goods (REACH, 2020). Several food items (milk, dairy products and cereals) and medicines were reportedly unavailable in markets or temporarily out of stock during the second half of 2020 (The 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%), medicine (89%), water (82%) and food (89%) were less available in markets since the beginning of the pandemic. Survey respondents also outlined disruptive effects of the lack of goods in markets on their food security (80%), health (56%) and hygiene (54%).

Are the following items less available in markets since the outbreak of the COVID-19 pandemic?



What are the consequences of changes in the availability of essential products?

My family and I reduce portions of food or number of meals per day more often than before the pandemic



My family and I are less healthy than before the pandemic



My family and I are less able to follow key hygiene rules today than before the pandemic



2.2. ACCESSIBILITY OF EDUCATION

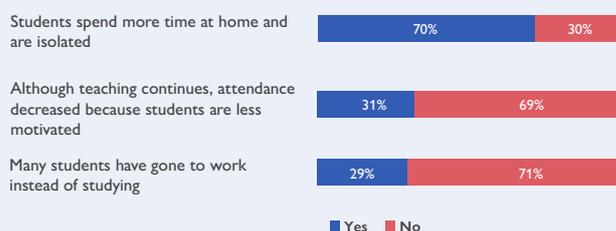
The Government of Sudan decided to suspend universities and schools on three occasions (March 2020, December 2020 and May 2021) in the wake of COVID-19 waves (OCHA, 2021c). Although the pandemic-related lockdown of schools largely coincided with the regular school closure period, in most states, it was 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 negative effects of school closures than other populations. One significant challenge reported by 70 per cent 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 they will be asked to show documents as a condition for receiving help.

As suggested by this interview and confirmed by 31 per cent of respondents who indicated that students were less motivated, 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 centred on learning and socializing can affect migrant children's development (van Moorsel, 2021).

About 30 per cent 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 to 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.

Do you agree with the following statements?



2.3. ACCESS AND AVAILABILITY OF SOCIAL PROTECTION SCHEMES

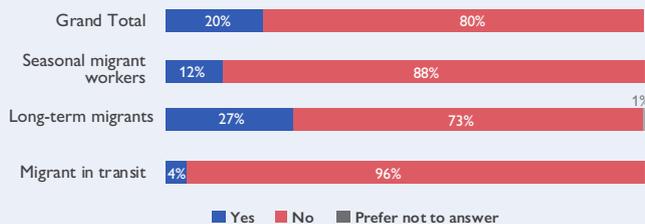
AND/OR HUMANITARIAN ASSISTANCE

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 endeavours to filling this gap by providing life-saving assistance. However, humanitarian assistance only reaches a limited number of individuals. Only 20 per cent 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 per cent of migrants in transit declared that they ever received humanitarian assistance. Amongst those individuals who declared having received assistance, most (85%) 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 socioeconomic position of migrants.

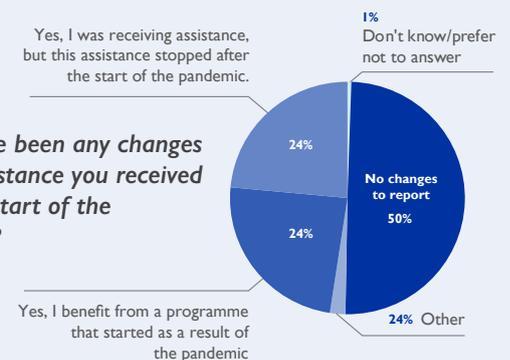
COVID-19 has placed an additional strain on humanitarian organizations' ability to deliver life-saving assistance. The impact of the pandemic on humanitarian assistance has been multifaceted. Several organizations have had to suspend, delay or modify planned activities to limit the spread of the virus 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 programmes deemed less critical, despite the vital gaps they may be filling. For example, maternal and reproductive health care is reportedly more difficult to access in Sudan in the wake of 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 programmes that can continue operations. 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 about a quarter of aid recipients (24%), who reportedly stopped receiving assistance because of the pandemic. At the same time, an equal share of the respondents (24%) 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.

Have you ever received humanitarian assistance?



Have there been any changes in the assistance you received since the start of the pandemic?



What kind of assistance did you receive?



2.4. 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 1997 Labour Act setting out the rights of workers. However, as concluded in a 2020 International Labour Organization assessment of Sudan's labour migration governance, the legal framework establishing the labour rights of migrant workers lacks clarity and requires further elaboration. This lack of clarity, in turn, impedes effective enforcement of labour law and awareness among migrants of their rights (ILO, 2020).

With respect to exploitation, the 2005 National Interim Constitution criminalizes compulsory labour. Additionally, the 2014 Combatting of Human Trafficking Act (amended in 2020) outlaws some forms of trafficking but does not set out a definition of exploitation or compulsory labour. 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).

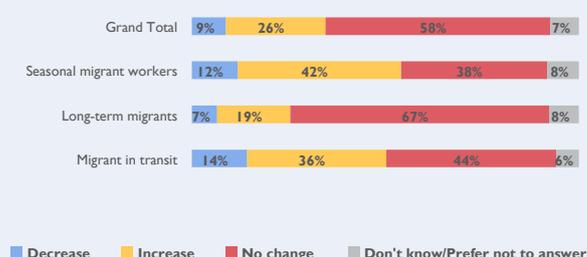
Because migrants often lack financial assets, documentation and networks, they may be compelled to accept lower wages or exploitative work conditions. Irregular migrants in particular may be afraid to report exploitation, lest their complaint draw attention to their migration status (ILO, 2020). As a result, migrants in Sudan may face a higher risk of abuse, violence or exploitation, and in some cases, 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 labour and other forms of exploitation. The share of respondents indicating an increase was higher among seasonal migrant workers and migrants in transit (42% and 36%, 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.

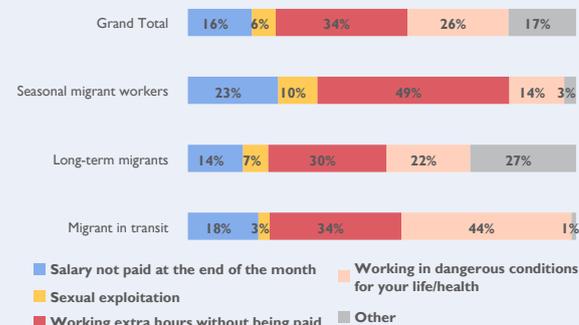
There is consensus that the main factor related to COVID-19 that impacts forced labour and exploitation is the difficult economic situation, with rising unemployment and resource scarcity cited by 73 and 70 per cent of respondents, respectively. Lower income and decreased job opportunities may compel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

Working extra hours without being paid is reportedly the most common form of exploitation, as outlined by 34 per cent of respondents. The number of seasonal migrant workers who reported this issue is significantly higher than the rest of the population (49%), 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 Ethiopian migrant living in Kassala, July 2021). However, one interviewee outlined that, with the Northern Ethiopian Crisis and closure of border points due to security concerns, 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 officer from border control office in Gedaref, July 2021).

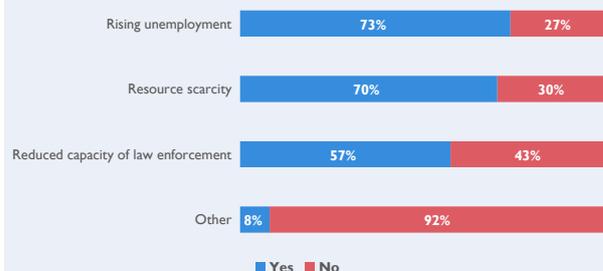
Have you noticed any changes in the level of forced labour or other forms of exploitation since the start of the COVID-19?



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



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





PILLAR 3: ECONOMIC RESPONSE AND RECOVERY

PROTECTING JOBS, SMEs AND

INFORMAL SECTOR WORKERS

3.1 ACCESS AND AVAILABILITY OF EMPLOYMENT AND INCOME

GENERATING OPPORTUNITIES⁷

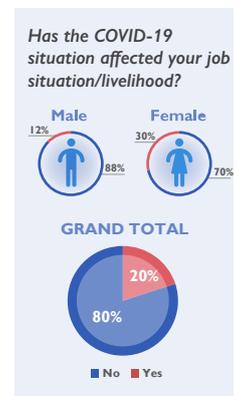
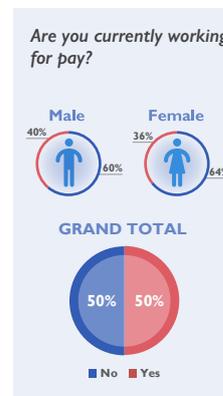
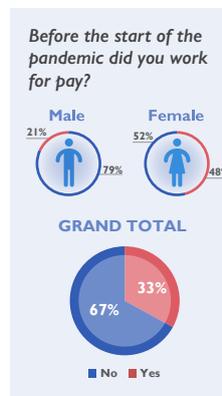
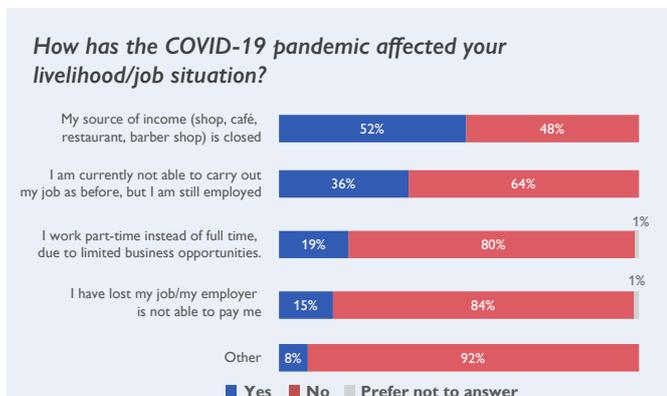
Prior to the pandemic, the Sudanese labour market was characterized by a high degree of informality and dependence on the service sector, which produced nearly 60 per cent of the gross domestic product (GDP) in 2019 (UNDP, 2020). The hospitality, tourism and transportation industries have been particularly 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). That migrant workers are frequently employed in these sectors and work in casual or daily capacities implies they are particularly vulnerable to terminations and drops in income.

Survey results show that most male (79%) and more than half of female respondents (52%) 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 per cent to 60 per cent for men (a 19-percentage point difference), and from 52 per cent to 36 per cent 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 per cent of men and 70 per cent of women said yes. The ways in which migrants' livelihoods have been affected by the pandemic are varied, with 19 per cent reporting that they are now working part-time instead of full time and 36 per cent 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 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 they [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 female Ethiopian migrant, 5th 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% and 24%, 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 (10% to 5%). Nonetheless, for both groups, working extra hours without pay was the most common form of exploitation.



⁷ 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 male and female migrants surveyed.

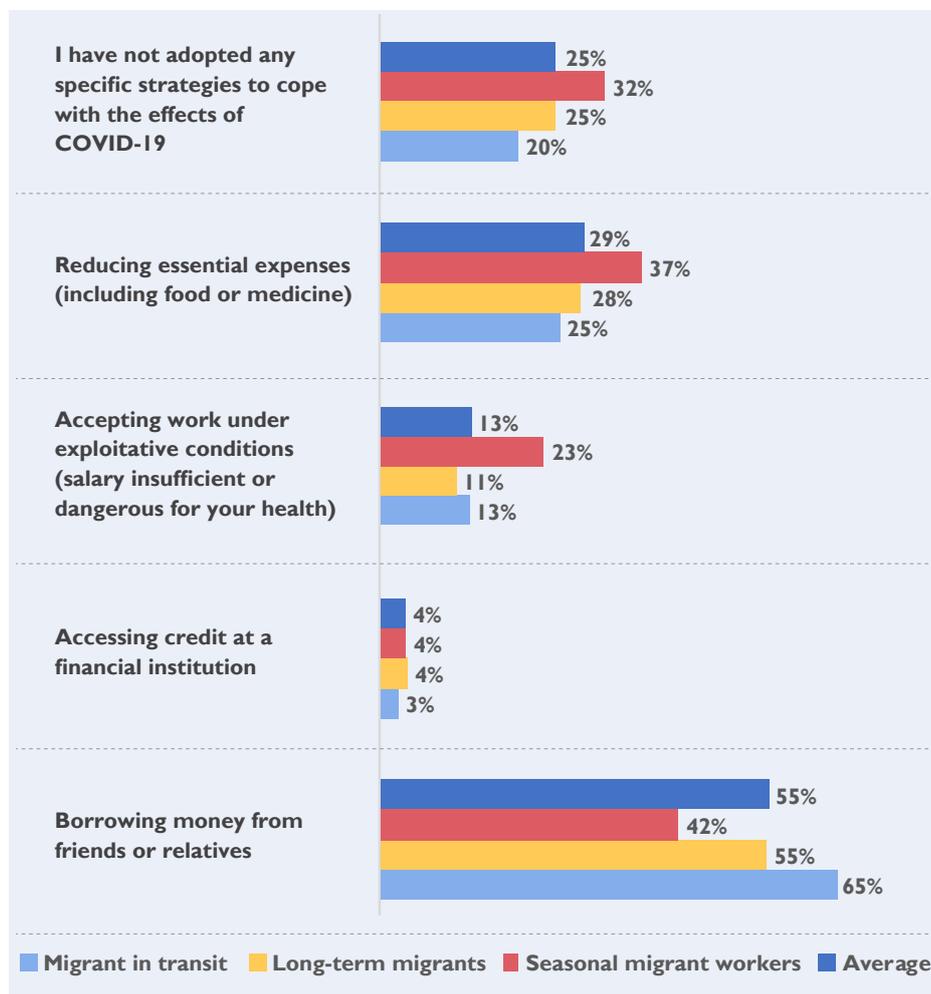
3.2. PRESENCE OF COPING STRATEGIES TO RESPOND TO THE ECONOMIC

CONSEQUENCES OF THE PANDEMIC

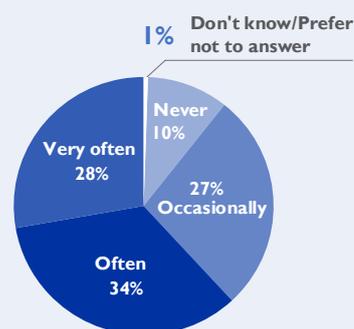
The COVID-19 pandemic has severely impacted migrants' ability to earn an income. Against this backdrop, many migrants have been forced to resort to a variety of unsustainable and negative coping strategies, which can increase their economic vulnerability and threaten their safety.

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

Additionally, a small yet substantial share of respondents (13%) 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%) 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 migrants interviewed. Several respondents reported that during the pandemic, they had been forced to sell productive assets and had not been able to re-purchase 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.



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





PILLAR 4: MACROECONOMIC RESPONSE AND

MULTILATERAL COLLABORATION

4.1. CHANGES IN MONTHLY PRICE STABILITY FOR 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 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 cancelling 14.1 billion United States dollars (USD) of 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 per cent of the population living below the poverty line in the country, particularly among those living in rural areas. The military takeover on 25 October 2021 has further set back Sudan's economic recovery with the suspension of USD 650 million in funding by various stakeholder. 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).

PRICE OF BASIC FOOD ITEMS (QUARTERLY MONITORING, IN PERCENTAGE POINTS)⁸

2020



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 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 per cent to 388 per cent (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, 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 per cent over the course of 2020 to affect 7.1 million people (OCHA, 2020).

Examining changes in the price 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 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 towards 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.

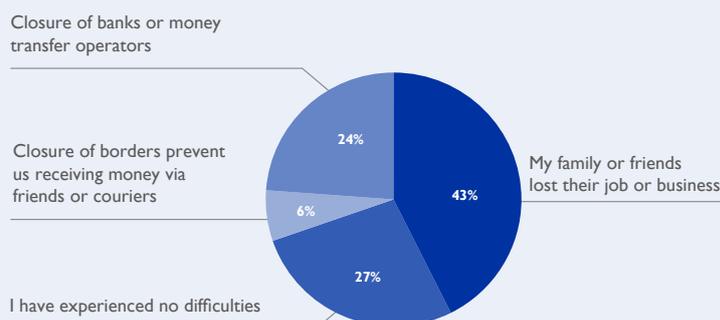
⁸ The table was adapted from data collected by the World Food Programme available [here](#), as well as IOM's Report, [Assessing the Socio-Economic Impact of COVID-19 on Migrants and Displaced Populations in the MENA Region](#), 2021. Percentages are calculated based on averages of prices of basic food items including rice, sugar, wheat, bulgur, oil, bread and millet, among others.

4.2. CHANGES IN CAPACITY TO SEND AND RECEIVE REMITTANCES

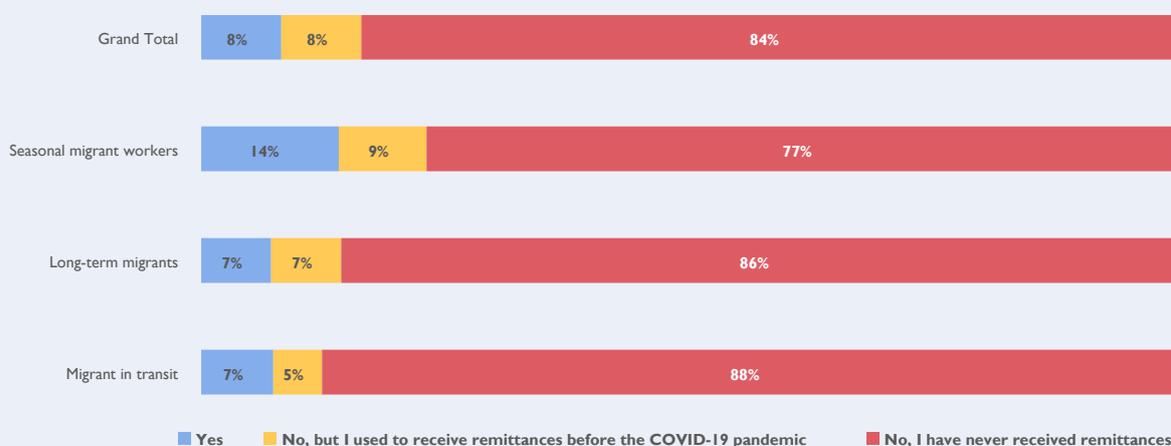
Remittances act as a source of income in times of crisis by providing a substitute for lost income. Individuals and families who depend on remittances to meet their basic needs are put at risk during crises. Most remittance inflows to Sudan occur through informal channels such as the hundi system.

Survey data suggest that because of the pandemic, the number of individuals engaged in remittance transfers decreased, with respectively 8 per cent and 5 per cent of respondents who declared that they were not sending or receiving remittances since the start of the pandemic, despite 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 per cent of respondents outlining that they were not able to send/receive remittances because they or their family had lost job or business. Beyond this, mobility restrictions have disrupted families who wish to send/receive remittances. Twenty-seven per cent of respondents said that they were not able to send/receive remittances to their relatives because banks and/or money transfer operators were closed.

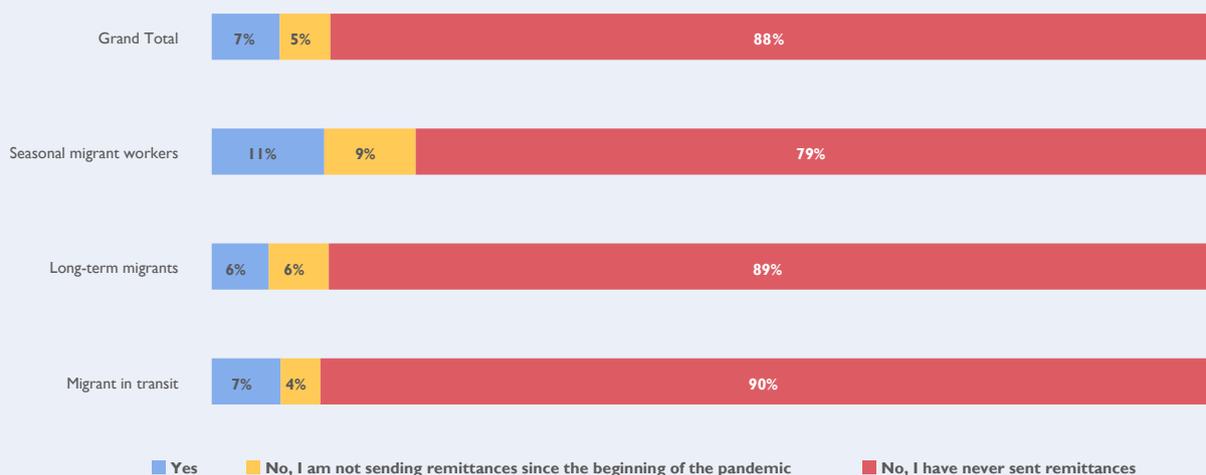
What difficulties you have experienced with receiving remittances from abroad since the start of the COVID-19 pandemic?



Are you currently receiving remittances from abroad?



Are you currently sending remittances to family or friends?





PILLAR 5: SOCIAL COHESION AND

COMMUNITY RESILIENCE

Even prior to the pandemic, 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 health-care and education facilities to maintain service provision to growing populations has been challenged.⁹ At the same time, demonstrations of solidarity by the host community, and cultural affinities between groups reflect and promote positive relations between them, particularly in the face of widely disruptive events such as the pandemic.

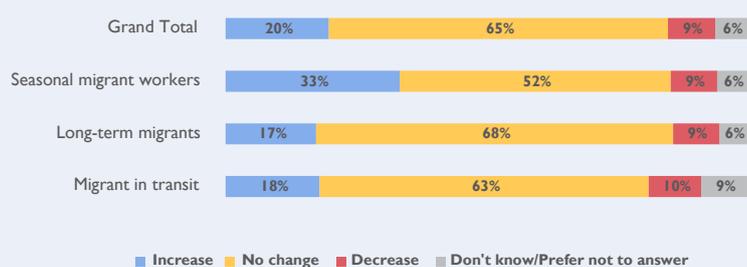
On an interpersonal level, the pandemic has exacerbated experiences of domestic violence due to the increased isolation of victims, redirection of funding away from gender-based violence (GBV) services and heightened household stress related to the economic consequences of containment measures and confinement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

5.1. CHANGES IN PERCEPTION OF SECURITY AND SAFETY

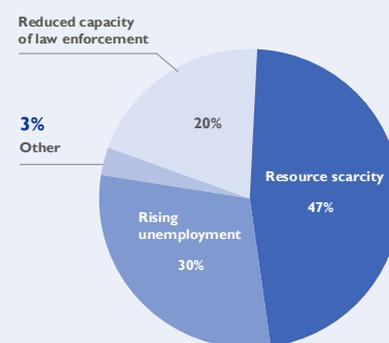
Survey results indicate that the COVID-19 pandemic appears to have increased experiences of domestic violence in Sudan, with 20 per cent of respondents indicating that they noticed an increase in the level of violence at home since the start of the COVID-19 pandemic. Due to underreporting of domestic violence, this increase may be an understatement. Survey respondents also outlined that the factors behind the increase in domestic violence were mostly socioeconomic, with resource scarcity and rising unemployment being the causes cited by the highest share of respondents (47% and 30%, respectively).

Research at 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 unemployment 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 escape (Schwarz et al., 2021). Finally, the pandemic has impacted GBV service provision and shelter operation. Reduced or diverted funding means 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).

Have you noticed any changes in the level of violence at home since the start of the COVID-19 pandemic?



What are the main COVID-19 factors for the increase in domestic violence?



⁹ 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 socioeconomic impact of COVID-19 on primarily voluntary migrants, these arrivals may have influenced social cohesion between host communities and non-nationals.

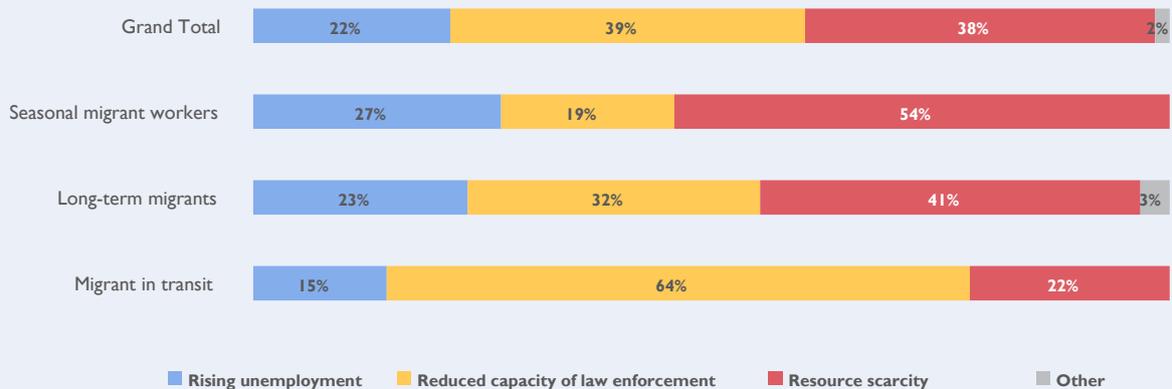
5.2. CHANGES IN TENSION AND/OR CONFLICT BETWEEN

MOBILE AND HOSTING COMMUNITIES

Most survey respondents (63%) 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 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% and 30%, respectively).

Have you noticed any changes in the level of violence at home since the start of the COVID-19 pandemic?





Credit: Muse MOHAMMED

PILLAR 6: MOBILITY

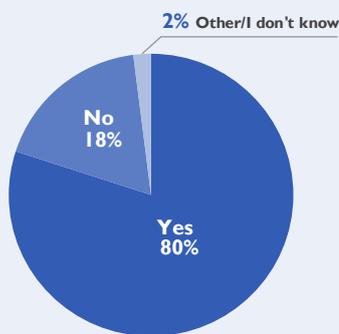
6.1. CHANGES IN FREEDOM OF MOVEMENT

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%).

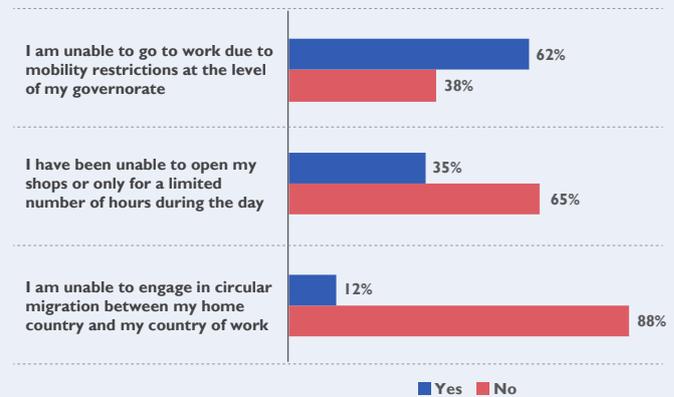
As indicated in the figures above, mobility restrictions have affected migrants' ability to earn a livelihood in diverse ways, depending on their

sector of employment and other factors such as their living situation. For more than one third of respondents (35%), these restrictions prevented them from opening their shops, while preventive measures hindered commutes to work for nearly two thirds of respondents (65%). A minority of respondents (12%) 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 (The World Bank and Sudan Central Bureau of Statistics, 2020).

Have mobility restrictions hampered your ability to earn a livelihood in one way or another?



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

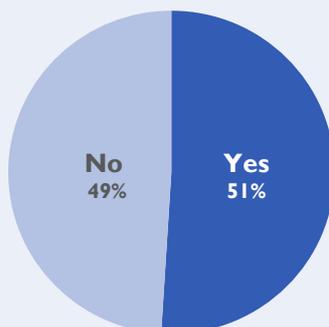


6.2. CHANGES IN MOBILITY PLANS

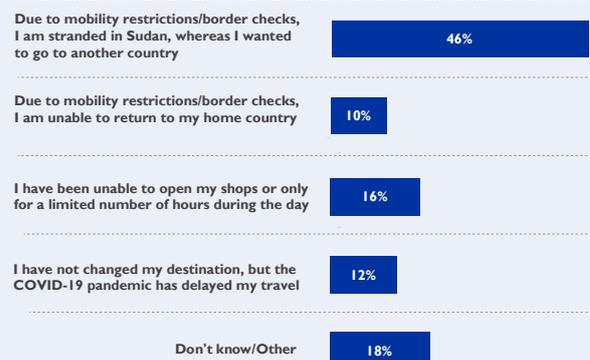
The COVID-19 pandemic impacted the mobility plans of more than half of respondents (51 per cent). This reflects the consequences of mobility restrictions themselves and the economic impacts of the pandemic, which reduced the affordability of returns and journeys onwards.⁸⁷ The type of impact induced by the pandemic differed significantly across respondents. Nearly half of respondents (46 per cent) 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 per cent) or engage in circular migration (10 per cent).

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 as a result of the pandemic. A majority of key informants expressed the opinion that 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.

Did the COVID-19 change your long-term mobility plans?



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



6.3. CHANGES IN MIGRATORY ROUTES

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 per cent reported taking a route that was riskier and 26 per cent mentioned that they will not use regular routes. Since migrants travelling 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 to those in movement, 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 health-care 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 health care 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 have more difficulties than other migrants in affording health care and they were 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 same socioeconomic 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 socioeconomic well-being of mobile populations in Sudan. Therefore, monitoring how the socioeconomic 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 access health care easily and at low-cost

A. Support the health-care sector and subsidize costs

Affordability of health services is most likely the biggest barrier to accessing health care for migrants. To ensure that migrants can access health care, organizations aiding migrants in Sudan should continue their advocacy efforts to ensure that **migrants are able to access health care at a reasonable price**. These efforts should go hand in hand with potential other efforts of the mission to ensure the inclusion of migrants in national social protection schemes.

Additionally, to overcome access issues relating to the closure of health 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 health-care 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 health care professionals overseas, **enhanced engagement with the diaspora** can be used to strengthen the technical skills of personnel in-country and fill critical labour 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

Considering survey results revealed a degree of misinformation about vaccines, government, 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 for the community of widespread vaccination against COVID-19.

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

In the medium to long term, groups focused on migrants' rights should lobby the government to **improve access to health care 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 programmes

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 2021 military takeover 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, Abdelaziz & Eltahir, 2021).

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

Once funding challenges are addressed, humanitarian and development organizations should establish **programmes 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 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 labourers** 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 labour protections in the informal sector can increase the consequences of abrupt firings due the pandemic. Finally, migrants who have recently **arrived and intend to stay 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 which 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 weather future waves of the pandemic and promote recovery.

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

A. Support safe school reopening through the provision of PPE, redesign 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 **improved 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 **scholarships** and **information campaigns** on the benefits of education.

C. Develop remote or safe, in-person after-school programming to support the 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 programmes should lift any requirement to demonstrate legal immigration status through documentation and conduct outreach within migrant communities to increase awareness of these programmes.

PILLAR 3: ECONOMIC RESPONSE AND RECOVERY PROTECTING JOBS, SME ENTREPRISES AND INFORMAL SECTOR WORKERS

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

A. Promote the labour participation of underemployed groups through targeted training programmes

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

B. Fund public works projects to boost employment

Allocating public revenue towards **labour-intensive projects** in public works engaging both migrants and member 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** to promote investment (Healthy Children, 2021).

PILLAR 4: MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

Recommendation 5: Strengthen the labour rights of migrants through continued labour inspections, increased funding to support groups, development of grassroots organizations, expansion of labour law and augmented prosecution of exploitation cases

A. Maintain labour inspections during the pandemic

In the short term, the Sudanese government should develop strategies for the **continuation of labour 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 labour 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 health care 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 labour 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 labour laws (ILO, 2020)**. Expansion of social protection floors to include all migrants can also improve working conditions as these policies provide migrants with the financial security to weather periods of unemployment, which in turn places pressures on industries to attract workers through favourable working environments (UNDP, 2020). Finally, Sudanese labour law should be further elaborated to enhance its clarity and support adequate enforcement (ILO, 2020).

E. Strengthen 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 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. 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 towards 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**, reinforcement of capacities to **appropriately respond to disclosure** and continued availability of **specialized support services** throughout the pandemic, including **hotlines, shelters and gender-specific health centres**. (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 health care 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 health care 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 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, Labour, 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 10-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 disaggregation of data, sharing of datasets and 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 socioeconomic consequences of COVID-19 on specific categories of migrants in Kassala and Gedaref states, 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 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 COVID-19 impacts 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 socioeconomic 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 monitoring of migrants' socioeconomic outcomes continue to note any post-pandemic shifts in trends and evolutions in need.

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X. ANNEXES

6.4 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.⁹ 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 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 has 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 states – 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 states to conduct interviews with key informants. In total, 30 individuals were consulted in this phase, as detailed in the table below:

Table 1: Breakdown of interviewees per category and location

| Location | Number | Type of informant | Informant position |
|--------------|-----------|------------------------------|--|
| Khartoum | 2 | Government official | 1 Ministry of Health Representative 1 Ministry of Labour Representative |
| Kassala | 4 | Aid workers | 2 IOM employees 2 Employees from Sudanese NGO |
| Kassala | 3 | Migrant community leaders | 2 Eritrean community leaders 1 Ethiopian community leader |
| Kassala | 6 | Members of migrant community | 3 Men 3 Women |
| Kassala | 3 | Government official | 3 Humanitarian Aid Commission representatives |
| Gedaref | 4 | Aid workers | 3 IOM employees 1 Employee from a Sudanese NGO |
| Gedaref | 2 | Migrant community leaders | 1 Eritrean community leader 1 Ethiopian community leader |
| Gedaref | 4 | Members of migrant community | 2 Men 2 Women |
| Gedaref | 2 | Government officials | 2 Humanitarian Aid Commission Representatives |
| Total | 30 | 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

| State | Locality | Estimated number of migrants | Number of individuals interviewed |
|--------------|----------------------|------------------------------|-----------------------------------|
| Gedaref | Galabat Ash-Shargiah | 180 | 60 |
| | Madeinat Al Gedaref | 3,341 | 264 |
| | Wasat Al Gedaref | 3,806 | 159 |
| Kassala | Halfa Aj Jadeedah | 2,200 | 69 |
| | Madeinat Kassala | 49,000 | 243 |
| | Reifi Khashm Elgirba | 9,300 | 52 |
| | Reifi Kassla | 29,713 | 118 |
| Total | N/A | 97,540 | 965 |

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 95% confidence level with a margin of error +/-5 per cent is n=661. The research team aimed to collect an extra 20 per cent 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 | 95% |
| Margin of error | 5% |
| Target sample size | 661 |
| Extra sample (cleaning, inclusion error) | 20% |
| Total target sample size (n) | 793 |

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.

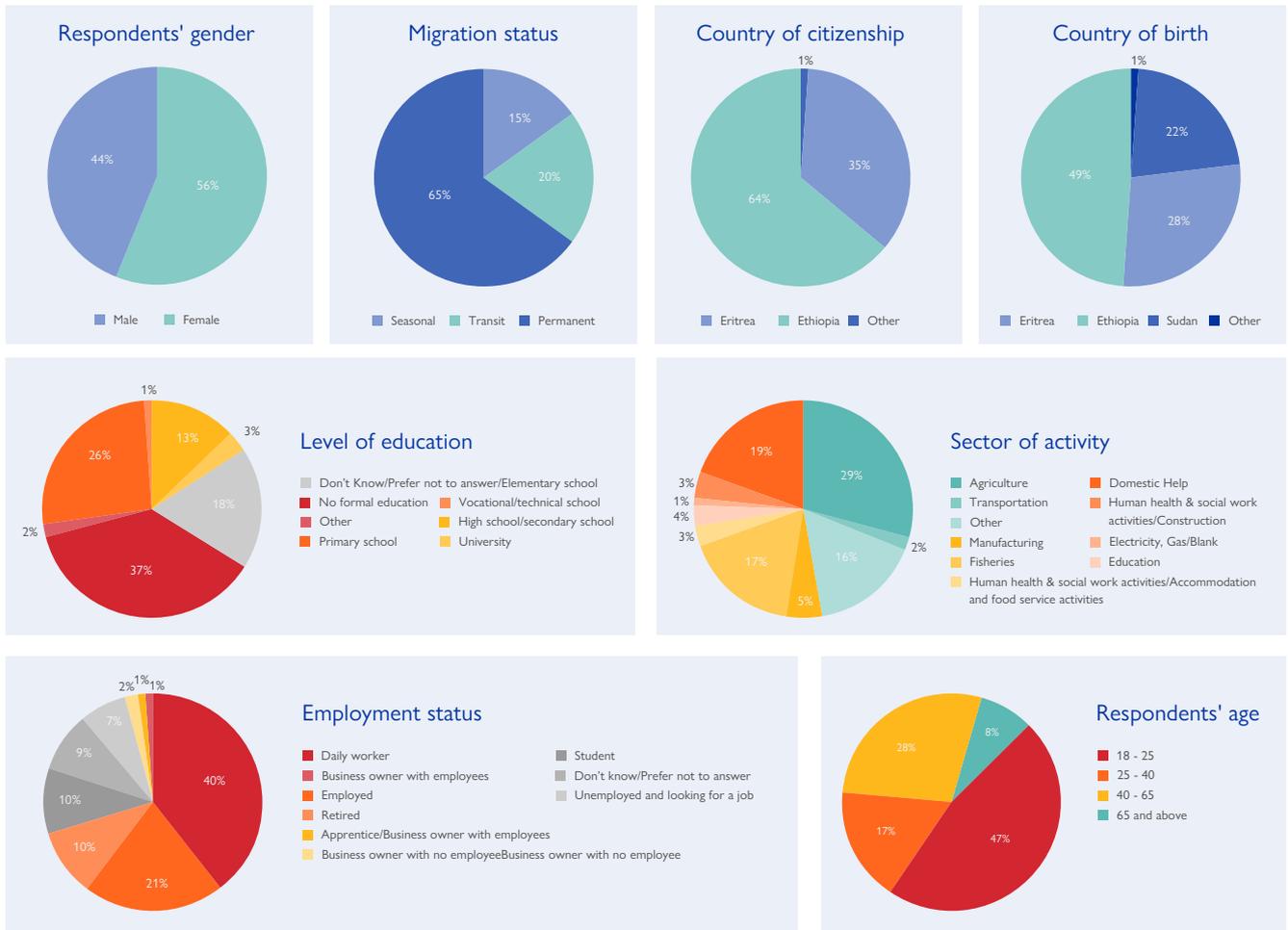
Within each locality, the research team opted for a snowball sampling to target respondents, relying on the networks of migrants who had already answered the survey.

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.



Analysis, report writing and dissemination

Using a coding matrix organized by indicator, primary and secondary data were recorded and coded to analyse 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 analysed and compiled into the report.

Limitation of 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 endeavoured 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 states. This limitation may result in a methodological de-emphasis of the views of seasonal migrant workers, who often work on rural farms

6.5 INDICATOR BANK

The below table provides a list of the indicators relevant to assess the socioeconomic 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 |
|---|---|--|
| 1.1 Access and presence of functional health facilities | 2.1 Availability of and access to basic services (basic food items and markets; education; banks and financial institutions & WASH) | 3.1 Access and availability of employment and/or income generating opportunities |
| 1.2 Level of public and private awareness of COVID-19 pandemic | 2.2 Access and availability of social protection and/or humanitarian assistance | 3.2 Changes in business environment due to COVID-19 |
| 1.3 Impact of COVID-19 on health outcomes | 2.3 Impact of COVID-19 on exploitation | 3.3 Presence of coping strategies to respond to the economic consequences of the pandemic |

| PILLAR 4 Macroeconomic Response and Multilateral Collaboration | PILLAR 5 Social Cohesion and Community Resilience | PILLAR 6 Mobility |
|--|---|------------------------------------|
| 4.1 Changes in monthly price stability for basic consumer price index | 5.1 Changes in perception of security and safety | 6.1 Changes in freedom of movement |
| 4.2 Changes in capacity to send and receive remittances | 5.2 Changes in tension and/or conflict between mobile and hosting communities | 6.2 Changes in mobility plans |
| — | 5.3 Availability of community-based institutions | 6.3 Changes in migratory routes |



SERVICES & CONTACTS

For any requests regarding this product, please feel free to reach out either to the Regional Data Hub in Cairo (ROCAIData&ResHUB@iom.int) or DTM Services in Sudan (dtmsudan@iom.int)



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