



DTM

THE UN MIGRATION AGENCY

EAST AND HORN OF AFRICA (EHOA) AND YEMEN: REGIONAL IMPACT OF COVID-19 ON IDPs AND MIGRANTS

April 2020

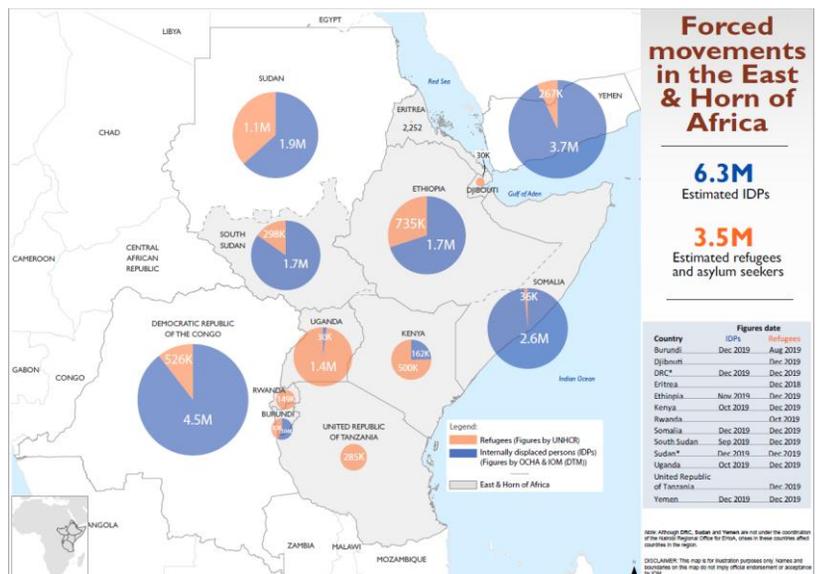
The current outbreak of coronavirus (COVID-19) has restricted global mobility, whilst heightening the risk to vulnerable populations. As cities and countries continue to impose lockdowns, IOM is observing significant returns of people, including internal and cross-border migrants, moving away from urban areas towards provincial areas or home countries. This may have the unintended effect of driving transmission in areas with less capacity to provide testing, isolation and treatment. The unprecedented scope and severity of the mobility restrictions applied by governments and regions since the COVID-19 pandemic, have had a complex and multifaceted impact on the global mobility context.

IOM has led the development of a methodology for points of entry data collection which feeds into the IOM portal on mobility restrictions. The data set to be collected also includes 'positive measures' adopted by countries, such as temporary opening of borders to facilitate the return of stranded migrant workers. To provide a global overview of the types of mobility restrictions as well as capture the multiple and complex forms of mobility restrictions, IOM is mapping, and monitoring types of travel restrictions imposed by countries which can be viewed on the [Mobility Restrictions COVID-19 website](#). As of 29 March 2020, data collection has taken place in **133 countries/territories/ areas**, providing baseline information on **1,831 points and 184 areas**.

COVID-19 in the East and Horn of Africa (EHOA) and Yemen

The Displacement Tracking Matrix (DTM) in the East and Horn of Africa (EHOA) region is currently active in six countries (Burundi, Djibouti, Ethiopia, Somalia, South Sudan, and Uganda). As of the end of 2019, DTM in the region tracked **6.1M Internally Displaced Persons (IDPs)** and **2.7M Returnees**, as reported during the last round of DTM assessments for each country. Please see *Map 1* for a detailed breakdown of IDPs by country.

Flow monitoring continues in all six countries with active DTM through a regional network of **80 Flow Monitoring Points (FMPs)**, including **5 in Yemen**, with the main aim of tracking cross-border movements trends in the region.



Map 1: Displacement overview in the East and Horn of Africa and Yemen of IDPs, refugees and asylum-seekers as of December 2019

Burundi

As of February 2020 the displaced population tracked by DTM in Burundi stood at **116,951**. The closure of border points due to COVID-19 has negatively impacted IDPs and the agriculture sector. Many daily labourers are no longer able to undertake their daily activities (cross-border farming or other business) especially at the border with Rwanda, the Democratic Republic of the Congo and the United Republic of Tanzania, where border points are closed. In addition, many IDPs reported to be unable to afford food due to an inflation in market prices.

Djibouti

The trend for migration flows entering the country has been consistent and higher than migrants' arrivals in Yemen from Djibouti in the last 12 months. However, the Yemen arrivals trend spiked in the beginning of this year, between January and February, and was much higher than entries tracked in the HoA. A possible explanation for this phenomenon is that fear of COVID-19 border closure prompted an acceleration in migrants' journeys, but also a change in routes to avoid controls. Field teams reported an increase in the incoming flow of migrants, but a reduction in departures as of March 2020, which has led to growing migrant presence in the country.

Reports from the field showed increased pressure on the Migrant Response Centre (MRC) in Obock, as the number of migrant registrations almost doubled between February and March, from less than 200 to over 300 registrations. There was a corresponding increase in the requests for Assisted Voluntary Return (AVR), passing from under 200 per month in January and February to over 250 in March.



Ethiopia

The displaced population tracked by DTM in Ethiopia was **1,733,628 IDPs** as of December 2019. A total of **29 COVID-19 cases** are confirmed in Ethiopia, two cases are in critical condition, and two cases have been reported as fully recovered, as of 2 April 2020. All land borders in Ethiopia are closed for movement until further notice except for essential goods. IDPs are currently impacted by the closure of all land borders, regular movements are suspended, and more official data on the quantitative impact of these closures will be available on 1 May.

A COVID-19 flow monitoring report was deployed on 1 April 2020. Expected data availability for the activities is 1 May. Information being collected includes questions on regional movements and restrictions, enforcement mechanisms, isolation and quarantine structures, number of health posts available to treat COVID-19 regionally, presence of awareness raising activities, and number of confirmed cases.

Kenya

Confirmed cases in Kenya have been reported in 19 counties, with new cases reported daily since end of March. The Government of Kenya suspended all passenger flights to and from Kenya on 25 March. Movements by air and by sea in and out of the country have been restricted, with humanitarian and cargo exceptions. However, the borders remain porous and therefore there is a potential risk of increased trafficking and smuggling. Kenya returned 67 migrants to Ethiopia between 30 March and 3 April. During the same week, IOM dispatched a team to conduct a rapid needs assessment of six prioritized Points of Entry (PoEs). The team consisted of IOM Integrated Border Management (IBM) and Migration Health Division (MHD) workers, as well as representatives from the Ministry of Health and Immigration. The results of these assessments will greatly inform IOM Kenya's COVID-19 response.

Somalia

A total of **346,626 IDPs** were tracked by DTM in Somalia as of October 2016, and internal displacement remains a critical issue. Somalia continues to have an influx of migrants from neighboring countries through irregular migration routes, especially from Ethiopia, as well as returning migrants from Yemen. In addition, the Assisted Voluntary Returns (AVR) from Yemen have been suspended with the closure of seaports along the Somali coastline, which may result in an increase in spontaneous migrant returns. As a result, there is also an increased danger of migrants being abandoned by smugglers at sea before reaching the shorelines, as well as an increase in the potential for stigma faced by migrants should the host communities experience outbreaks of COVID-19 in areas of return. Similarly, with the border closures, vulnerable Ethiopian migrants who may wish to return home are now stranded in Somalia. There is an urgent need for data collection of migrants that are stranded in Somalia in order to assess their number and vulnerabilities to COVID-19. Majority of migrants are either unaware of COVID-19 or fail to see it as a serious health issue.

South Sudan

In South Sudan, DTM tracked **1,665,815 IDPs** as of November 2019. Over 100 South Sudanese nationals who entered Uganda through porous borders, which stretch from Moyo to Lamwo district, have been returned to South Sudan by the Ugandan authorities, as of 31 March 2020. It is expected that the continued closure of the Ugandan borders will impact mobility and flows from South Sudan into Uganda.

Uganda

IOM's DTM mobility tracking assessment of flood-impacted areas has been put on hold due to travel restrictions in the country. However, ongoing efforts are being made to negotiate access with the Government of Uganda for life-saving activities. On 22 March, Uganda closed its border with Kenya at Malaba after confirming its first positive COVID-19 case, leaving commuters and truck drivers stranded. On the same day, Uganda announced a total ban on new asylum seekers and refugees entering the country, for a period of 30 days.

744,113 Movements Observed in EHOA in 2019 through 22 FMPs

Eastern Route (63%)	HoA Route (33%)	Other Routes (4%)
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Yemen

As of November 2018, DTM in Yemen recorded a total of **3,647,250 IDPs**. No COVID-19 cases were reported in Yemen, as of 2 April 2020. Migrant arrivals in the south of Yemen have drastically decreased since end of March. Authorities in the southern governorates have started adopting strict security measures in order to curb the inflows, as an attempt to prevent the spread of COVID-19 in the country. These measures include increasing security presence on the shores, as well as arrest, detention and forcing migrants to move to areas that are not under their control, often close to frontlines and international borders. IOM is closely monitoring the situation and strongly advocating against the encampment of migrants as a non-viable, undignified, and inhumane solution to migration management on public health grounds. Additionally, authorities in Yemen are concerned with ensuring that quarantine sites are planted in key locations which will have a direct impact on migrants in-country who are stranded between closed borders or being sent back into Yemen. IOM is currently working with the Yemeni authorities and other partners to establish where these quarantine centres will be and how they will operate.

The health unit is still experiencing repeated movement denials for assessment and monitoring purposes (e.g. mission to Sa'ada to identify possible interventions) that may hinder further scale-up and operational capacity. In March, 79 per cent of IOM movement requests have been denied, with a 90 per cent rejection rate for Sana'a alone.



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IOM & Partners Response

Risk Communication and Community Engagement (RCCE)

- IOM **Yemen** is conducting awareness raising sessions and providing information sheet posters/leaflets. IOM has also supported the translation of informational materials to reach migrants, for instance in Greece and the Bahamas.

Disease Surveillance

- IOM **Somalia** is supporting referral systems (ambulances) and assisting in contact tracing in coordination with the Ministry of Health and partners involved in the response.

Preparedness at Points of Entry

- IOM **Kenya** is currently conducting a health and border assessment jointly with national authorities at the main Points of Entry (PoEs) linked to migration and trade routes.
- IOM **Uganda** is providing support to active health screening, referral and data collection at three critical PoEs and designated points of control (PoCs). The mission has supported the Ministry of Health in developing a COVID-19 PoE toolkit and is providing training to screeners.
- IOM **Yemen** is scaling up healthcare support to migrants through reinforcing health facilities capacity, and increasing its preparedness activities for COVID-19 prevention and screening. IOM will begin with a small number of facilities and is planning a further scale-up in response to the global COVID-19 outbreak if conditions permit.

Infection Prevention and Control (IPC)

- IOM **Ethiopia** has introduced handwashing stations at all Flow Monitoring Points (FMPs) which are now being sponsored and shared with other actors present. In addition, all FMPs now display hygiene promotion posters in all local languages. In addition, COVID-19 screening is being conducted at all DTM FMPs by the government.
- IOM **Kenya** conducted a training on IPC and COVID-19 screening for health workers in an urban area of Nairobi with a dense migrant population.
- IOM **Somalia** Camp Coordination and Camp Management (CCCM) teams disseminated information to ensure IDPs receive clear information on COVID-19, reaching a total of 12,012 individuals, including 11,502 in Kismayo, 400 in Baidoa, and 200 in Doloow.

Case Management and Continuity of Essential Services

- Migration health staff in Health Assessment Programmes (HAP) have been called upon to contribute to national COVID-19 response activities in some locations. To date, 25 people have been deployed, including 22 in **Kenya** to support Ministry of Health surveillance activities at quarantine centers. Additionally, IOM **Kenya** is coordinating with local partners to increase mental health and psychosocial support (MHPSS) programming, with support with training at all levels of health staff on basic counselling for patients, i.e. direct counselling for health workers/first responders.

Data Collection Priorities for the COVID-19 Pandemic

1. Analysis of existing data

- Analysis of existing data on the presence of displaced and migrant populations, their profile, needs and intentions can provide useful insights on IDP displacement due to COVID-19

2. Collecting additional indicators

- Inclusion of new indicators relevant to COVID-19 in data exercises

3. Tracking specific events

- Tracking of recent eviction and restriction of movement trends in camp and camp-like settings that might be caused by the COVID-19 pandemic

4. Guidelines on collecting data during COVID-19

- Guidelines for enumerators and relevant IOM personnel on data collection during the COVID-19 pandemic

5. Impact of COVID-19 on our activities

- Internal review of DTM activities worldwide to better understand COVID-19 impact

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When quoting, paraphrasing or in any way using the information mentioned in this report, the source needs to be stated appropriately as follows: "Source: International Organization for Migration (IOM), April 2020, Displacement Tracking Matrix (DTM)".