Awareness of COVID-19 and access to services among refugees and migrants in Kenya and Somaliland

In East Africa, the outbreak of the COVID-19 pandemic has had a major impact on migration dynamics in the region. In March 2020, Ethiopia, Kenya, Djibouti, Somalia and other East African countries reported their first cases of the COVID-19 virus. As a response to the growing threat, governments across the region implemented strict travel restrictions and widespread border closures. Kenya reported its first COVID-19 case on March 12 and announced its borders would close on March 15. Somaliland reported its first case on March 16 and closed its borders on March 26. This snapshot aims to contribute towards building a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the situation of refugees and migrants during the coronavirus pandemic.

Key recommendations

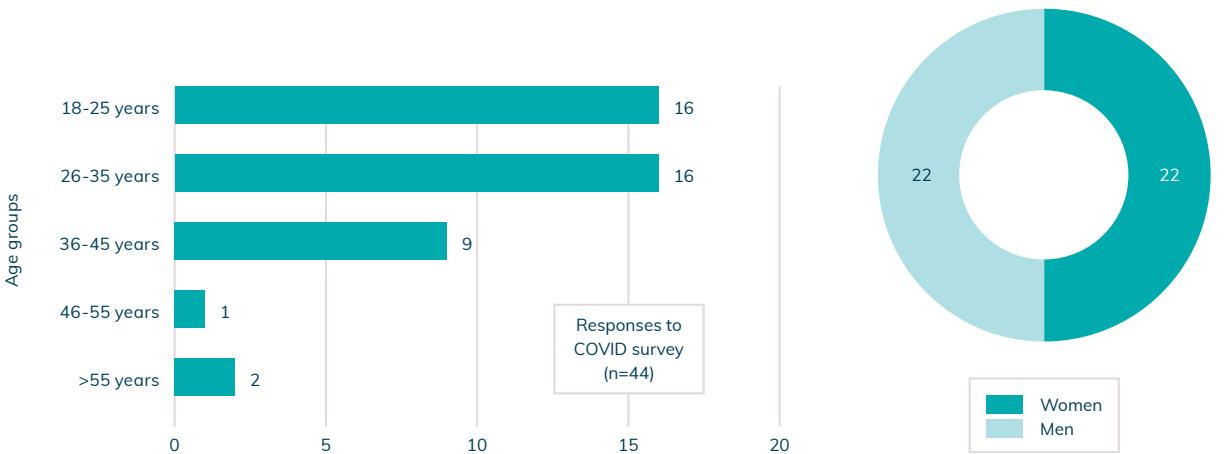
- Disseminate information to migrants and refugees on where to access free or subsidised healthcare, and information on what documentation would be needed to access these services.
- Increase cash assistance to vulnerable refugees and migrants to cover basic needs (food, water, shelter).
- In line with international human rights law and in the interests of public health, governments should ensure that all refugees and migrants, regardless of migratory status, have access to healthcare services.

Profiles

This snapshot focuses on awareness of COVID-19 among refugees and migrants in Kenya and Somaliland, and their access to information, healthcare and services. The analysis is based on 44 interviews conducted with refugees and migrants in Kenya and Somaliland between April 15 and May 7, 2020. Interpretations based on this sample size should be made with caution, but findings will become more informative as the dataset continues to grow.

In Kenya, interviews were conducted with respondents in Dadaab (2), Garissa (10), Mandera (1), and Nairobi (14), and in Somaliland interviews were conducted in Berbera (5), Hargeisa (10), and Wajaale (2). Respondents were from Democratic Republic of Congo (13), Ethiopia (13), Rwanda (1), Somalia (14), and Yemen (3). 2 respondents in Somaliland were returnees. 22 of the respondents were men and 22 were women. The average age of respondents was 31.

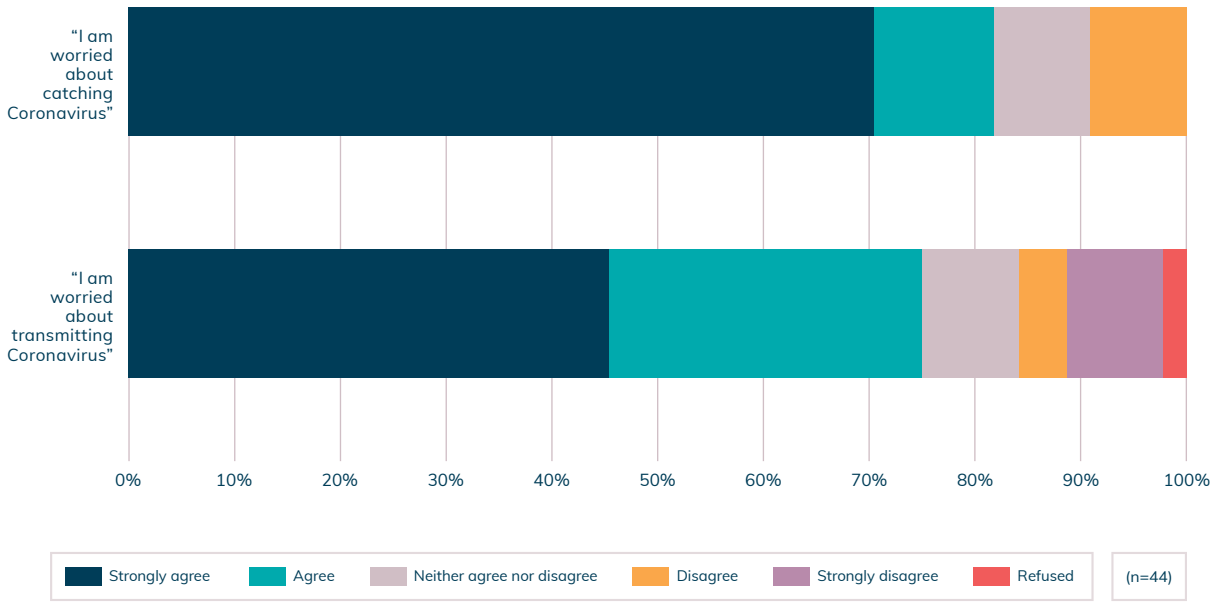
Figure 1. Age range and sex of respondents



Most refugees and migrants are worried about contracting COVID-19

When asked whether they had heard of COVID-19, all 44 respondents reported that they had, and 39 respondents noted that they had seen people around them acting more cautiously. Overall, respondents were more concerned about catching coronavirus than transmitting the virus. As seen in Figure 2, 31 respondents strongly agreed that they were worried about catching coronavirus, compared to 20 respondents who strongly agreed that they were about transmitting the virus.

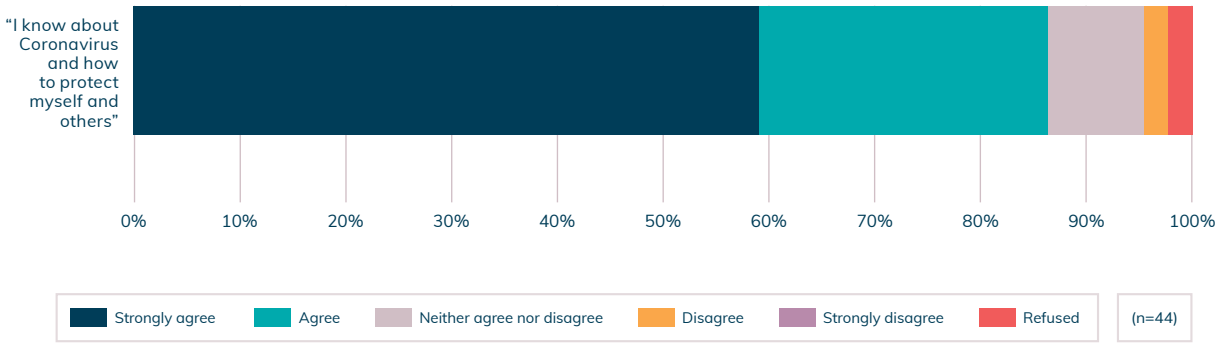
Figure 2. Refugees' and migrants' perception of coronavirus transmission



Refugees and migrants are taking extra precautions to protect themselves against COVID-19

Many respondents reported they were aware of the symptoms of COVID-19, and 38 respondents said that they either agreed or strongly agreed with the statement "I know how about coronavirus and the COVID-19 illness and how to protect myself and others".

Figure 3. I know about coronavirus and how to protect myself and others

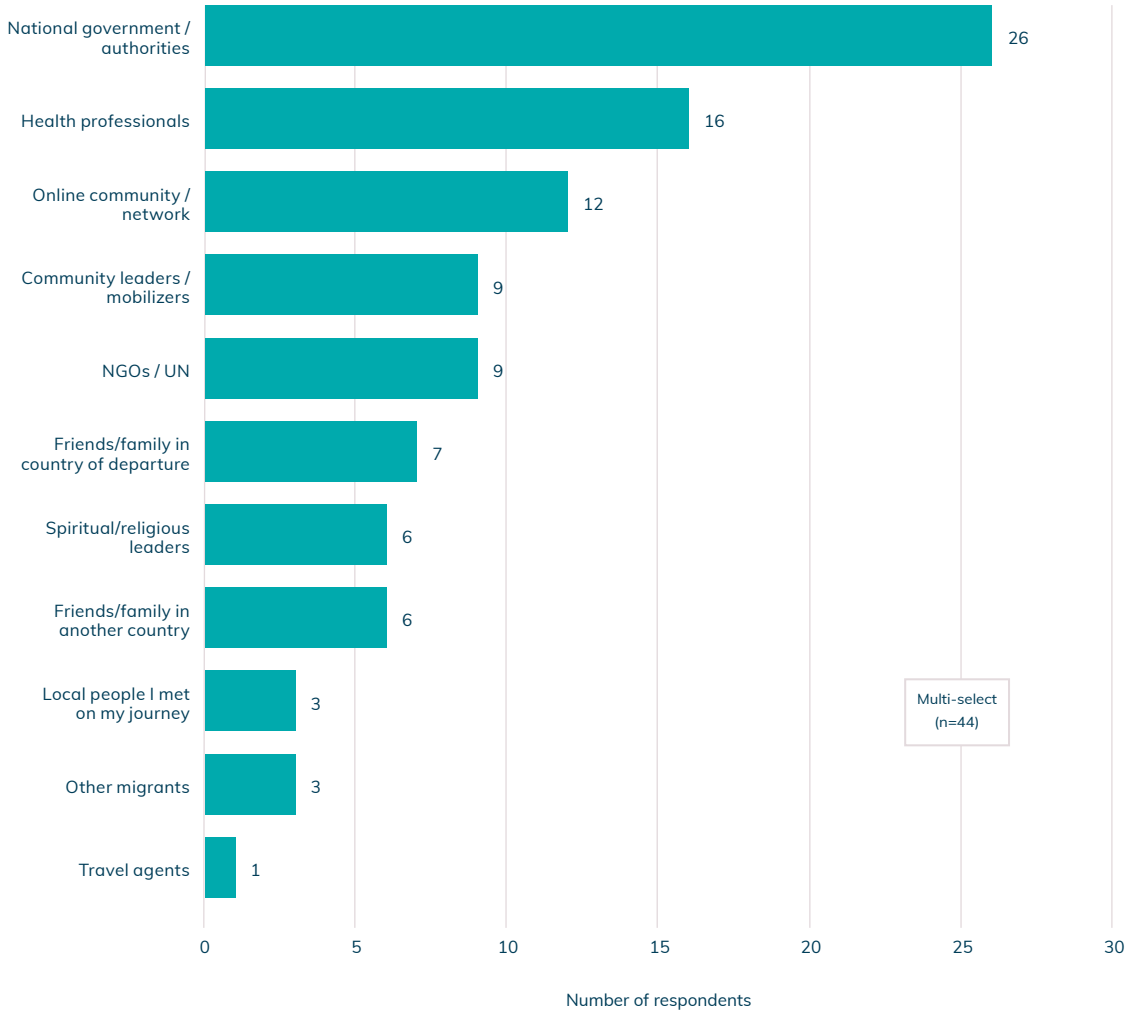


Refugees and migrants reported that they were employing a number of techniques to protect themselves against coronavirus, including washing hands more regularly (n=35), wearing a mask (n=25), as well as keeping a large physical distance (n=17), and avoiding crowded spaces (n=15). Most respondents (n=35) reported that they would be able to practice the recommended 1.5 metre social distancing where they lived, despite reports that camp-based and urban refugees often live in overcrowded conditions.

Refugees and migrants consider national government and health workers as the most reliable source of information

All refugees and migrants interviewed reported that they had received information on coronavirus and how to protect themselves. The primary sources of information were national government/ authorities (n=26), health professionals (n=16), and online community networks (n=12).

Figure 4. Who did you receive information on coronavirus from?



When asked which of the sources of information they considered to be most trustworthy, refugees and migrants were most likely to report national government/authorities (n=10), and health professionals (n=19).

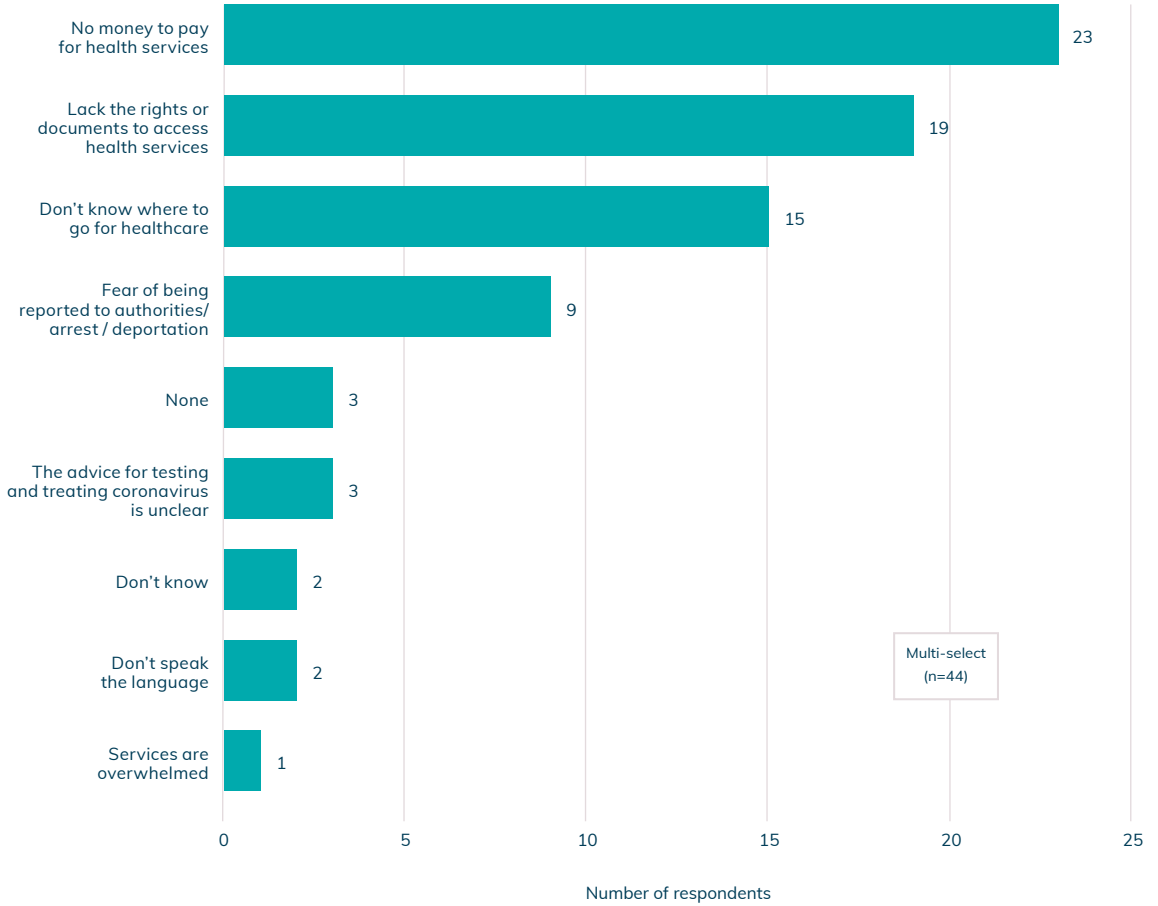
Refugees and migrants most often reported receiving the information via traditional media (radio, TV, newspapers) (n=27), social media or messaging apps (n=19) and phone calls (n=15).

Money, rights and knowledge are the most-cited barriers to healthcare

Only 14 out of 44 respondents said that they would be able to access health services if they would have Coronavirus symptoms and needed healthcare. 23 respondents said that they would not be able to access services, 2 were unsure and 2 declined to answer.

When asked about the specific barriers to accessing health services, primary obstacles included a lack of money to pay for services (n=23), a lack of documentation required to access services (n=19), and a lack of knowledge on where to go to access services (n=15).

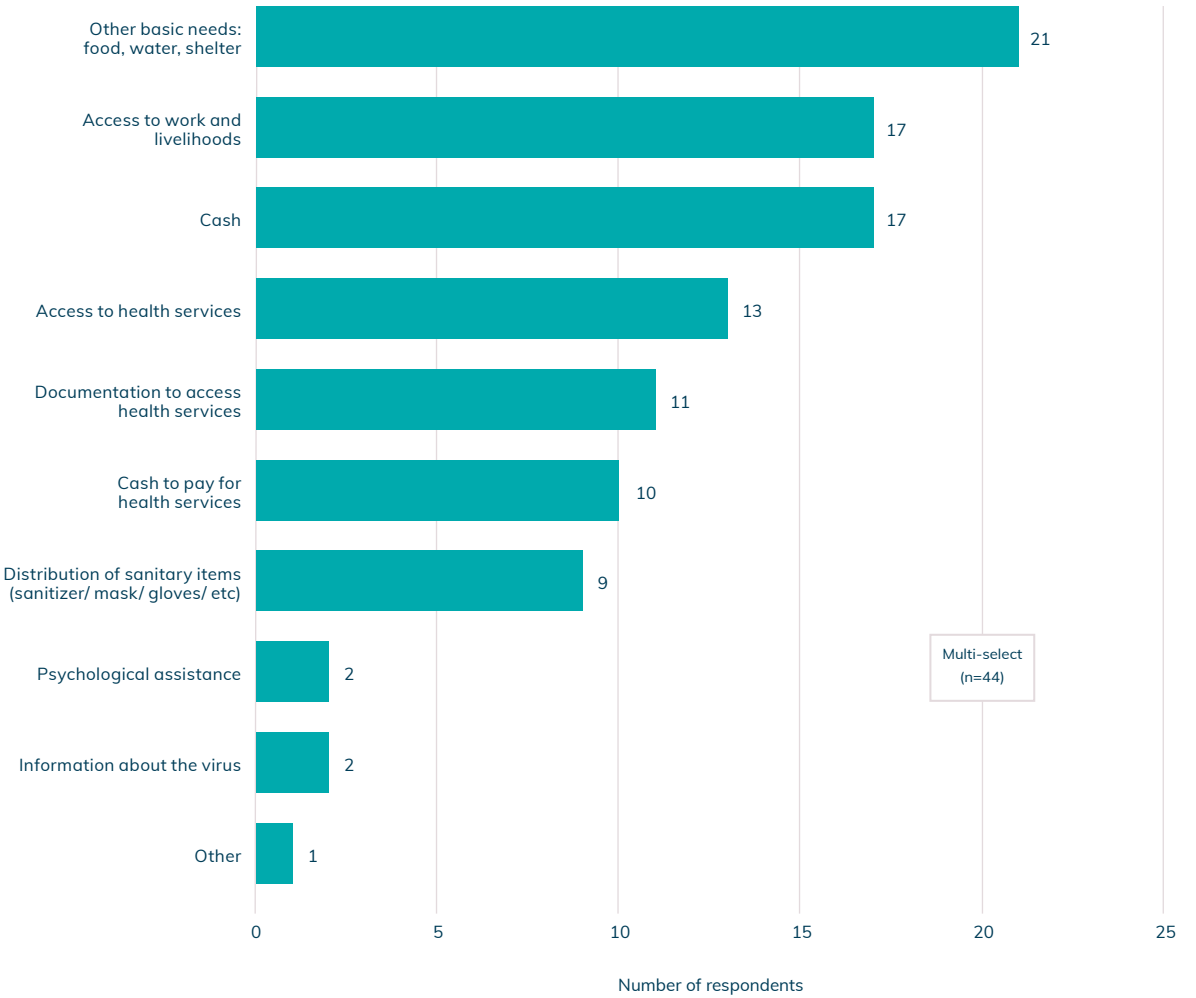
Figure 5. What are the barriers to accessing health services?



Most refugees and migrants need additional assistance

When asked, "Are you in need of extra help?", almost all refugees and migrants interviewed (n=37) reported "yes". However, most (n=33) reported that they had not received any additional assistance since the coronavirus pandemic began. . The most commonly cited needs were basic needs (food, water, shelter) (n=21), access to work and livelihoods (n=17), and cash (n=17).

Figure 6. What kind of extra help do you need?



The kind of assistance needed contrasts with the kind of support received. 9 respondents had received support, and this mainly took the form of basic relief (n=6), cash (n=5), and distribution of sanitary items (sanitizer/masks/gloves etc.) (n=5). All had received assistance from the UN, with additional support from NGOS (n=5), the local population (n=1), and the government of the country they were in (n=1).

4Mi & COVID-19

The Mixed Migration Monitoring Mechanism Initiative (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi

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