Mixed Migration Centre

MMC East Africa and Yemen 4Mi Snapshot – July 2020

The impact of COVID-19 on Ethiopian refugees and migrants in Somaliland

In East Africa, the outbreak of the COVID-19 pandemic has had a major impact on mixed migration dynamics. As one of the largest groups in mixed migration flows in the region, and following border restrictions (the Ethiopian borders were closed when a state of emergency was declared in April 2020) throughout the region, Ethiopian refugees and migrants are stranded across various neighbouring countries including Djibouti, Somalia, and Yemen.

Ethiopians make up 90% of the mixed migration arrivals into Yemen along the 'Eastern Route' from East Africa towards Saudi Arabia and other Gulf countries. Somaliland and Yemen are key transit countries for many of these movements. Arrivals into Yemen continue, but have reduced since the start of the COVID-19 crisis with less than 3,200 Ethiopians arriving between April and June 2020, compared to more than 26,000 between January and March 2020. Of the reported maritime departures from East Africa into Yemen over this period, nearly all are from the Somali coastline.

This snapshot focuses on awareness of COVID-19 among Ethiopian refugees and migrants interviewed in Somaliland and their access to information, healthcare and services. It aims to contribute towards the evidence base informing responses on the ground, as well as advocacy efforts related to the situation of refugees and migrants on the move during the coronavirus pandemic.

Key findings

- Ethiopians face growing stigma from local communities in Somaliland who suspect them of being carriers of COVID-19.
- Ethiopians report being unable to take measures to protect themselves from contracting COVID-19.
- COVID-19 restriction measures impact the ability of Ethiopians to work and sustain themselves on their journeys, increasing their vulnerability.

Profiles

119 interviews were conducted in Berbera (14), Borama (3), Hargeisa (46) and Waajale (56) between May 3 and July 7, 2020. 88 respondents were men and 31 respondents were women. The average age of respondents was 29 years old. The small sample size means that we have limited findings for experiences in each location. Interpretations based on this sample size should be made with caution, but findings will become more informative as the dataset continues to grow.

Figure 1. Sex and location of respondents

	Men	Women	Total
Berbera	8	6	14
Borama	3	-	3
Hargeisa	22	24	46
Waajale	55	1	56

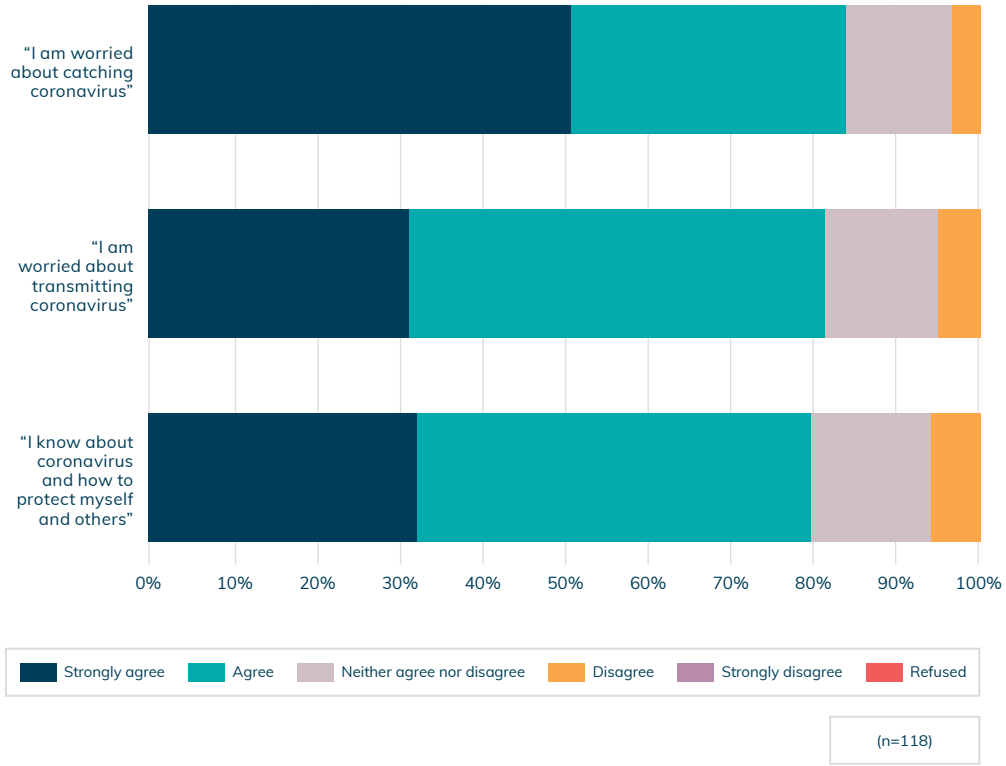
(n=119)

Most surveyed refugees and migrants are aware of COVID-19, but more than half are doing nothing to protect themselves

All but one respondent surveyed (n=118) reported that they had heard of COVID-19. While the majority of respondents (69%) indicated that they had seen people acting more cautiously, this is lower than the global average of 92%. The respondent who had not heard of COVID-19 did not receive any follow-up questions about the virus and its impacts, and is excluded from any of the following analysis.

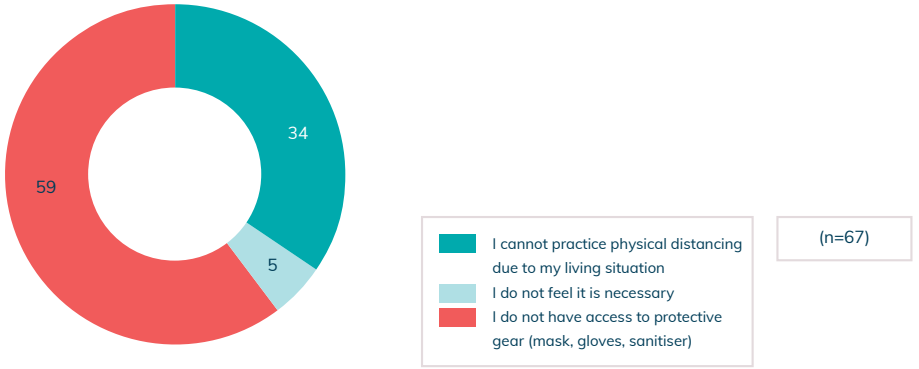
Similar to other findings on COVID-19 awareness in the East Africa region, respondents were more concerned about contracting the coronavirus than transmitting it. As seen in Figure 2, 51% of respondents strongly agreed that they were worried about contracting coronavirus, compared to 31% of respondents who strongly agreed that they were worried about transmitting the virus.

Figure 2. Refugee and migrant perceptions of coronavirus transmission



A similar 38% of respondents strongly agreed that they knew how to protect themselves and others. Measures employed include washing hands more frequently, wearing a mask and avoiding crowded places. Despite this, 57% of interviewed respondents reported that they were doing nothing to protect themselves from contracting COVID-19. This is far higher than other refugee and migrant groups interviewed in Somaliland. For example, only 15% of Yemenis (n=113) interviewed over the same period reported not taking any protective measures.

Figure 3. If you are not taking protective measures, why not?



For Ethiopian respondents who took no measures (n=67), the most frequently cited factor was a lack of access to protective equipment (such as masks, gloves and sanitizer) (n=59), followed by not being able to practice physical distancing (n=34). The latter was a general concern among the full group of respondents. When asked whether they would be able to practice the recommended physical distancing of 1.5 metres where they currently live, only 24% stated that they would. 64% said they would not, and 12% were unsure.

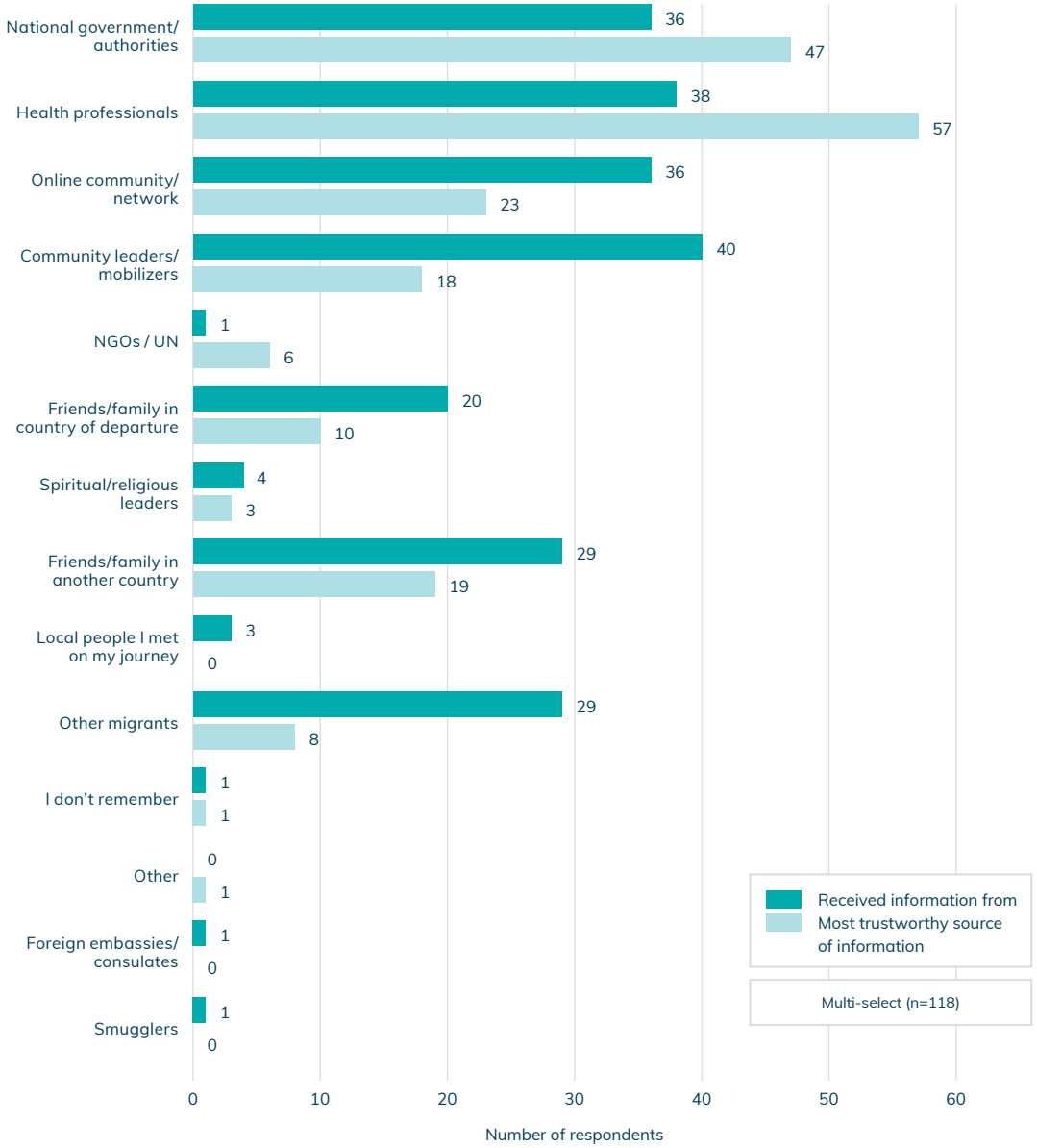
Community leaders are the most cited source of information, but rank 5th for trust

All refugees and migrants interviewed reported that they had received information on coronavirus and how to protect themselves. The primary sources of information were community leaders (n=40), health professionals (n=38), online network (n=36) and governments/authorities (n=36).

However, when asked which of the sources of information they considered to be most trustworthy, respondents were most likely to cite health professionals (n=57) and national government/authorities (n=47). Community leaders, who were considered an important information source (n=40), were considered to be a trustworthy source by only 18 respondents. A similar pattern was witnessed with both family and friends in other countries, and other migrants.

Refugees and migrants reported mostly receiving the information in person (n=60), via traditional media (radio/TV/newspapers) (n=59), via phone call (n=50), and through social media (n=43). The most popular social media platform was Facebook (n=41), followed by WhatsApp (n=18) and YouTube (n=11), among others.

Figure 4. Who did you receive information on coronavirus from and who do you consider to be the most trustworthy source?



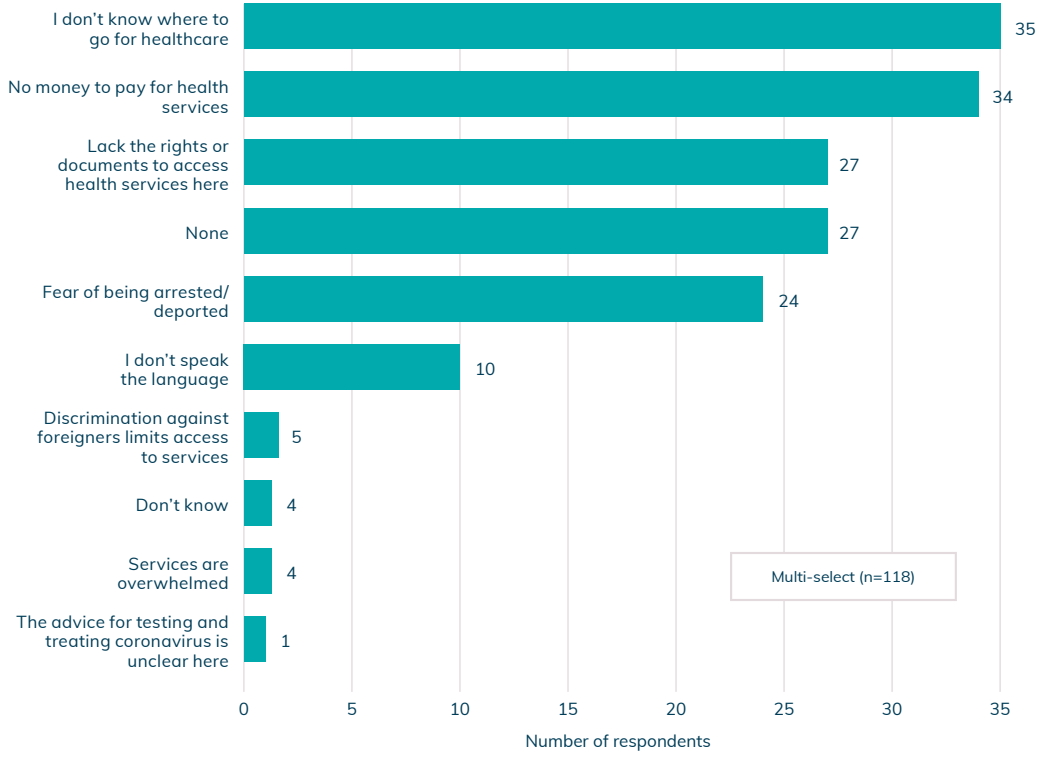
Respondents report multiple barriers to accessing healthcare

When asked if they would be able access health services if they exhibited COVID-19 symptoms and needed healthcare, 58% said that they would not. 28% respondents said that they would be able to access services, and 14% were unsure.

76% (n=90) of respondents reported that they would face some kind of barrier if they tried to access healthcare. 23% of respondents said they would face no barriers, and 4% were unsure.

Among the 90 respondents who foresaw challenges to accessing healthcare in Somaliland, 53 said that they would face more than one obstacle. The primary barrier was a lack of knowledge about where to go for healthcare (n=35), followed by a lack of money to pay for services (n=34). Other important challenges include a lack of rights or documentation to access services (n=27), and a fear of being arrested or deported by authorities (n=24).

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

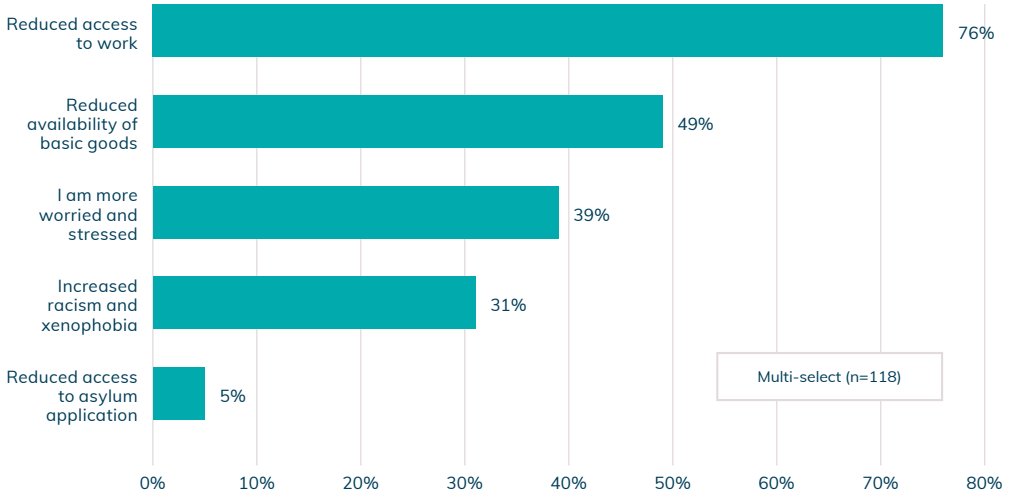


Refugees and migrants report lack of access to jobs and basic goods, but increased stress and xenophobia

When asked whether they had lost income due to the coronavirus restrictions, 49% of respondents said that they had lost income. This resulted in them being unable to afford basic goods (n=51), being unable to continue their journeys (n=14), and increased worry and anxiety (13), among others. 57 respondents said they had not lost any income, as they were not working at the time of interview – which for some respondents may indicate reliance on money from family and friends back home or in other countries.

This corresponds to the findings shown in Figure 6 below, where 76% of respondents said that the COVID-19 crisis had reduced their access to work. Other impacts include a reduced availability of basic goods (49%), increased worry and stress among respondents (39%), and heightened racism and xenophobia (31%).

Figure 6. What impacts has the crisis had on your day-to-day life?



These findings may point to the major impact that COVID-19 containment measures across the region have had both on the earning capacities of communities in sending countries and on the earning potential of refugees and migrants on the move. Unpublished 4Mi data collected among Ethiopian refugees and migrants in the Horn of Africa before COVID-19 shows that 48% of Ethiopians rely on cash transfers from family and friends to continue financing their journey once on the move and 27% rely on working to earn money along the way.[1] This may put those on the move in mixed migration flows in more vulnerable situations as they incur debt to sustain themselves in Somaliland.

Nearly all respondents need extra help, but few have received additional assistance

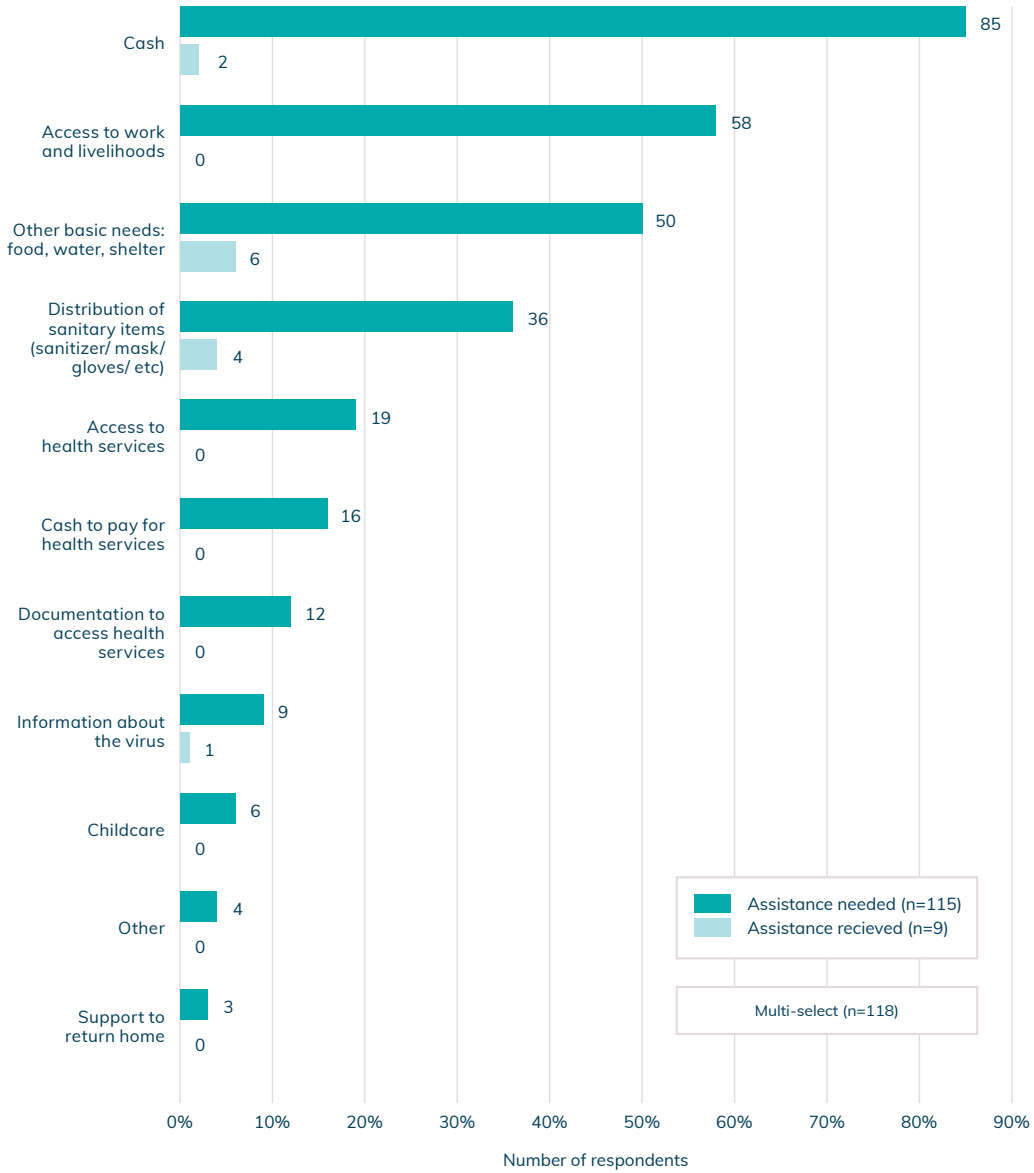
97% of interviewed refugees and migrants reported that they needed extra help since the outbreak of COVID-19. However, only 8% reported that they had received any assistance.

For those who did receive assistance, this was limited to the distribution of basic goods (food, water, shelter) (n=6), COVID-19 specific sanitary items (sanitiser, masks, gloves etc.) (n=4), cash (n=2), and information about the virus (n=1). Assistance was provided by the UN (n=8), NGOs (n=5), the government (n=2), the local population (n=1), and fellow migrants (n=1).

As seen in Figure 7, refugees and migrants reported a broad range of needs that far outweighed the assistance that they had received. The most commonly cited needs were cash (n=85), access to work and livelihoods (n=58), and other basic needs (food, water, shelter) (n=50).

1 n=661. Respondents interviewed in Djibouti, Kenya and Somalia between June 2017 and March 2020.

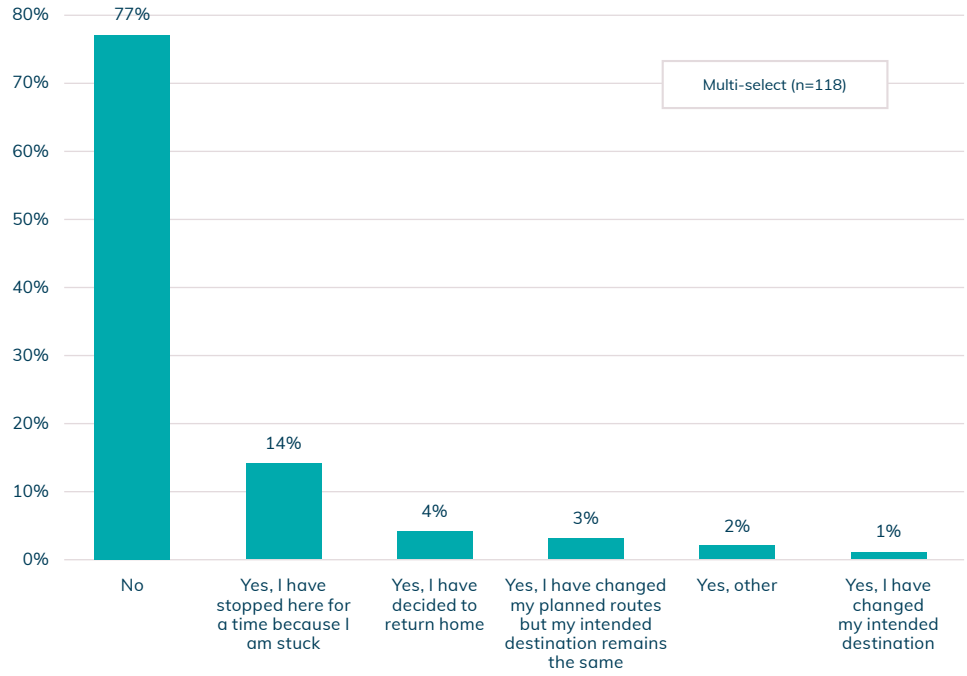
Figure 7. What kind of assistance have you received and what kind of extra help do you need?



Most interviewed refugees and migrants undeterred on their journeys

Despite these challenges, 77% of respondents said that they had not changed their plans as a result of the COVID-19 situation. 14% respondents reported that they were now involuntarily immobile and "stuck" in Somaliland. Only 4% of respondents reported that they had decided to return home.

Figure 8. Have you changed your plans as a result of the coronavirus outbreak?



Refugees' and migrants' voices

"*The coronavirus totally changed everything. Migrants hardly find something to eat and other things to protect from the virus.*"
Ethiopian man interviewed in Waajale

"*We don't have access to health services if we get infected with coronavirus.*"
Ethiopian man interviewed in Waajale

"*With the coronavirus situation, I feel a lot of discrimination about my nationality.*"
Ethiopian woman interviewed in Hargeisa

"*Migrants I see are in a very bad situation due to the coronavirus. They can't earn money or move on.*"
Ethiopian man interviewed in Waajale

"*The coronavirus restrictions closed our jobs and it's difficult to access income.*"
Ethiopian woman interviewed in Hargeisa

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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