MMC East Africa and Yemen 4Mi Snapshot – October 2020

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

In East Africa, the outbreak of the COVID-19 pandemic and subsequent travel restrictions and widespread border closures has had a major impact on mixed movements.[1] This snapshot is the second in a series on the impact of COVID-19 on refugees and migrants in mixed movements into and through Somaliland. This snapshot is focused on awareness of COVID-19, access to information and services. It aims to contribute towards 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 findings

- Refugees and migrants[2] are largely aware of and worried about contracting COVID-19, however up to a third of respondents are not doing anything to protect themselves.
- Health workers and national government among the top sources and most-trustworthy sources of information on coronavirus.
- 65% of respondents report that they would be unable to access health services if they needed medical attention.
- Nearly all respondents (97%) noted that they need extra help to cope with the impact of the COVID-19 situation, but only 12% reported that they had received any additional assistance since the pandemic began.[3]

Profiles

The analysis is based on 102 interviews conducted with refugees and migrants in Somaliland between May 4 and June 4, 2020. Interviews were conducted in Berbera (27) Hargeisa (45), and Waajale (30). The respondents were from Ethiopia (57) and Yemen (45). 66 of them were men and 36 were women with an average age of 31. Interpretations based on this limited sample size should be made with caution, as it does not necessarily represent the view of the entire Ethiopian or Yemeni communities in Somaliland, but findings will become more informative as the dataset continues to grow.

Table 1. Nationality and gender of respondents

Nationality	Men	Women	Total
Ethiopia	44	13	57
Yemen	22	23	45
Total	66	36	102

1 MMC normally applies the term 'mixed migration' to refer to cross-border movements of people including refugees fleeing persecution and conflict, victims of trafficking and people seeking better lives and opportunities. See MMC's full definition of mixed migration and associated terminology here. UNHCR applies the term 'mixed movement', defined as: The cross-border movement of people, generally in an irregular manner, involving individuals and groups who travel alongside each other, using similar routes and means of transport or facilitators, but for different reasons. People travelling as part of mixed movements have different needs and profiles and may include asylum-seekers, refugees, victims of trafficking, unaccompanied or separated children, stateless persons, and migrants (including migrants in irregular situations or migrants in vulnerable situations). In light of the partnership between UNHCR and MMC to develop this joint publication the term 'mixed movement' is used.

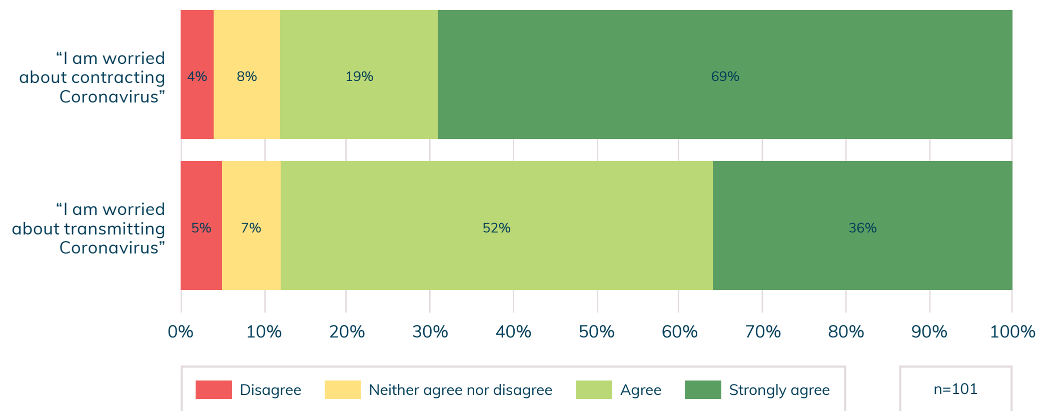
2 MMC uses 'refugees and migrants' when referring to all those in mixed migration flows (including asylum seekers, stateless people and others on the move), unless referring to a particular group of people with a defined status within these flows.

3 UNHCR assistance to refugees and asylum-seekers is provided based on their vulnerability and the criteria defined by UNHCR and its partner agencies. Some of the assistance involve all refugees and asylum-seekers registered with UNHCR and authorities.

Most surveyed refugees and migrants are worried about contracting COVID-19

In line with other findings on COVID-19 awareness in the East Africa region, and findings from various regions across the globe, respondents were more concerned about catching coronavirus than transmitting it. As shown in Figure 1, 69% of respondents strongly agreed that they were worried about catching coronavirus, compared to 36% who strongly agreed that they were worried about transmitting the virus. It is important to note that less than 3% of respondents were aware that COVID-19 could be asymptomatic. This means that refugees and migrants could be at risk if they think the only danger is if they (or others) are exhibiting symptoms.

Figure 1. Refugees' and migrants' perception of coronavirus transmission



A third of respondents are not taking any precautions to protect themselves against COVID-19

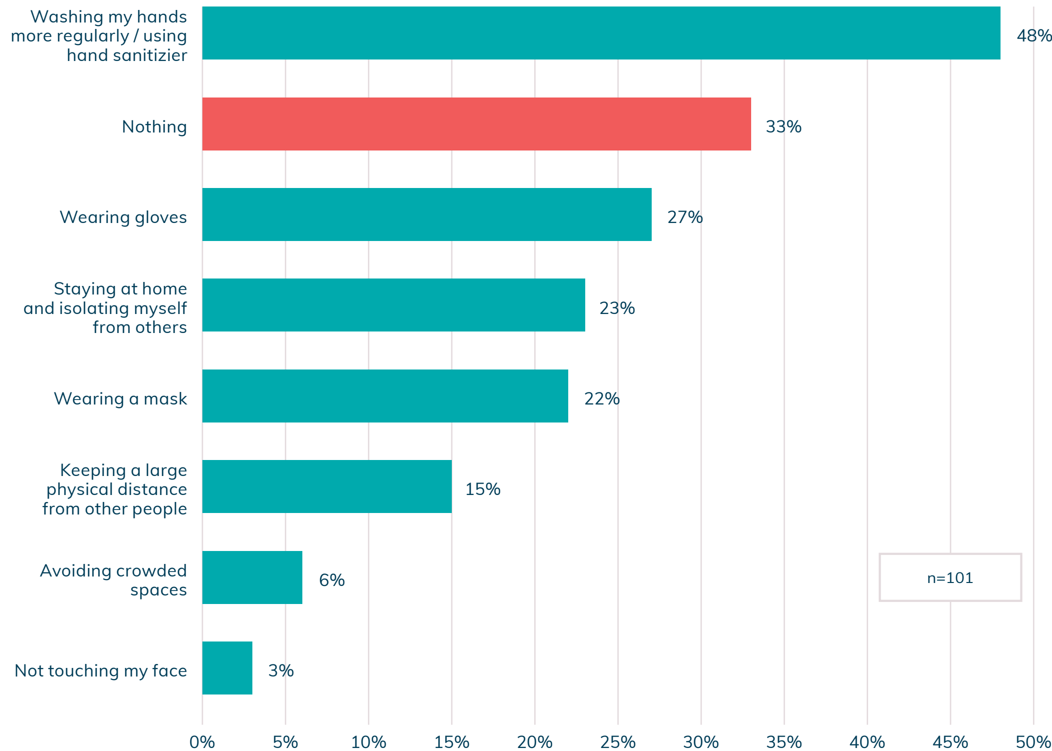
95% of respondents reported they were aware of the symptoms of COVID-19, and 88% said that they either agreed or strongly agreed with the statement "I know about coronavirus and the COVID-19 illness and how to protect myself and others".

However, a third of all respondents (n=33) said that they were not doing anything to protect themselves. This is far higher than the average in Kenya (unpublished 4Mi data collected during the same time period), where only 2 of 60 respondents said they were not taking any measures to protect themselves. When asked why they were not taking any precautions, almost all (n=30) respondents mentioned that they did not have access to protective material such as masks, gloves or sanitizer, 15 respondents said that they were unable to maintain physical distancing, and 3 said they did not think it was necessary.

As seen in Figure 2 below, those who reported taking precautions (n=68) most commonly mentioned washing hands more regularly (n=48), wearing gloves (n=27), as well as isolating themselves from others (n=23), which nonetheless means that many measures are not being widely implemented.

Just over half of respondents (n=51) said that they would be able to practice the recommended 1.5 metre social distancing where they currently live. 43 respondents said they would not and 7 were unsure.

Figure 2. What are you currently doing to protect yourself against coronavirus?



Health workers and government considered the most reliable sources of information

All refugees and migrants interviewed reported that they had received information on coronavirus and how to protect themselves. More than half of interviewed refugees and migrants (n=51) received information on COVID-19 from multiple sources.

As shown in Figure 3, the primary sources of information were health professionals (n=54), community leaders and mobilisers (n=36) and online community networks (n=27). 24 respondents cited national government as a source of information.

Health professionals were the most cited source of information among respondents from Yemen (n=37), followed by community leaders (n=19). Among Ethiopian respondents, online communities were the most reported source of information (n=21), followed by community leaders (n=17) and health professionals (n=17).

Overall, refugees and migrants most often reported receiving the information via traditional media (radio, TV, newspapers) (n=64) and phone calls (n=52). Other sources included in-person (n=28), social media (n=24), street advertising (n=11) and websites (n=6).

When asked which of the sources of information they considered to be most trustworthy, refugees and migrants were most likely to report health professionals (n=62) and national government/authorities (n=35), which are fairly well represented in the actual sources of information reported by respondents.

Figure 3. Who did you receive information on coronavirus from?

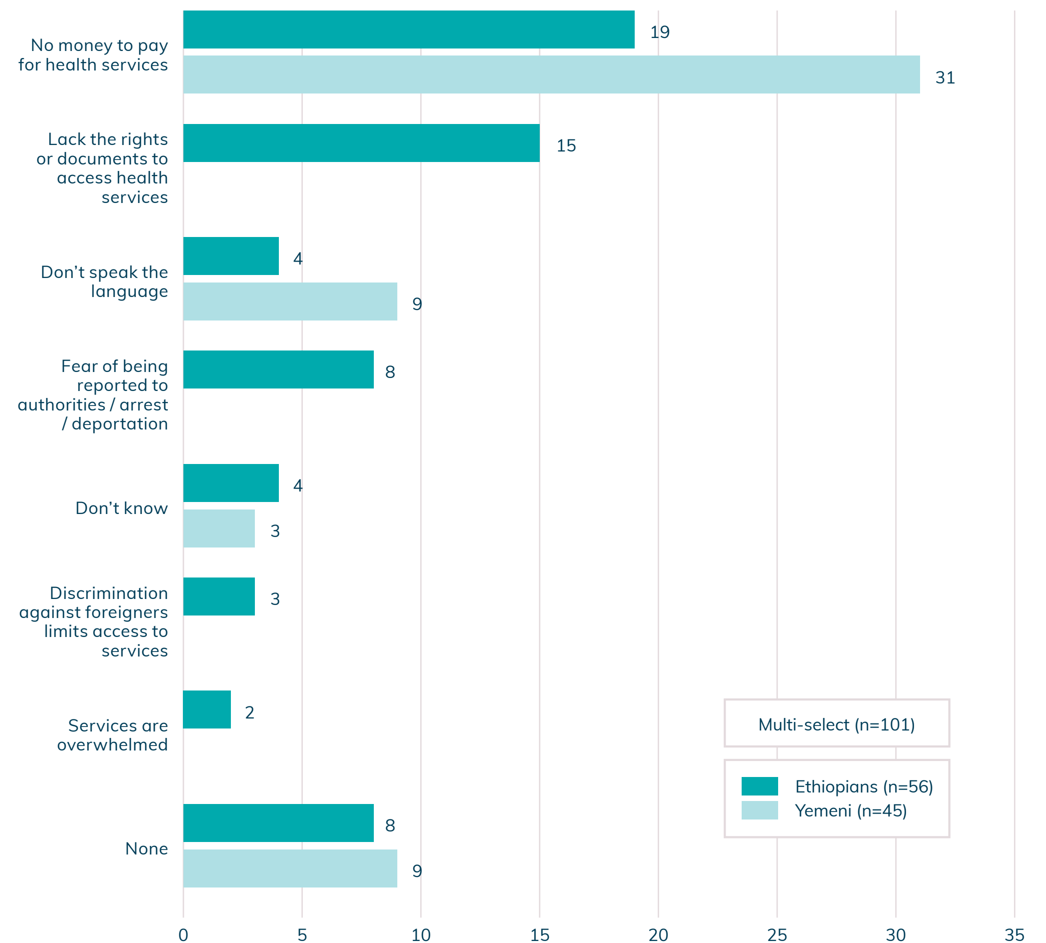
	Ethiopians (n=56)	Yemeni (n=45)
Health professionals	17	37
Community leaders / mobilizers	17	9
Online community / network	21	6
National government / authorities	15	9
Friends / family in country of departure	11	3
Other migrants	13	
Friends / family in another country	4	
NGOs / UN	1	2
Other		3
Spiritual / religious leaders	1	
I don't remember	1	
Smugglers	1	

Multi-select (n=101)

Barriers to healthcare include lack of money and a lack of documentation

Only 27% of respondents said that they would be able to access health services if they displayed COVID-19 symptoms and needed healthcare. 65% said that they would not be able to access services, and 8% were unsure. None of the respondents in Waajale (all Ethiopian) said they would be able to access care, possibly due to the limited availability of services in this border town.

Figure 4. What are the barriers to accessing health services?



When asked about the specific barriers to accessing health services, major obstacles included a lack of money to pay for services (50%), and a lack of knowledge on where to go to access services (28%). The most cited barrier among Yemeni nationals was the lack of money (n=31), while among Ethiopian nationals the most noted barriers were a lack of money (n=15), and a lack of documents to access health services (n=15).

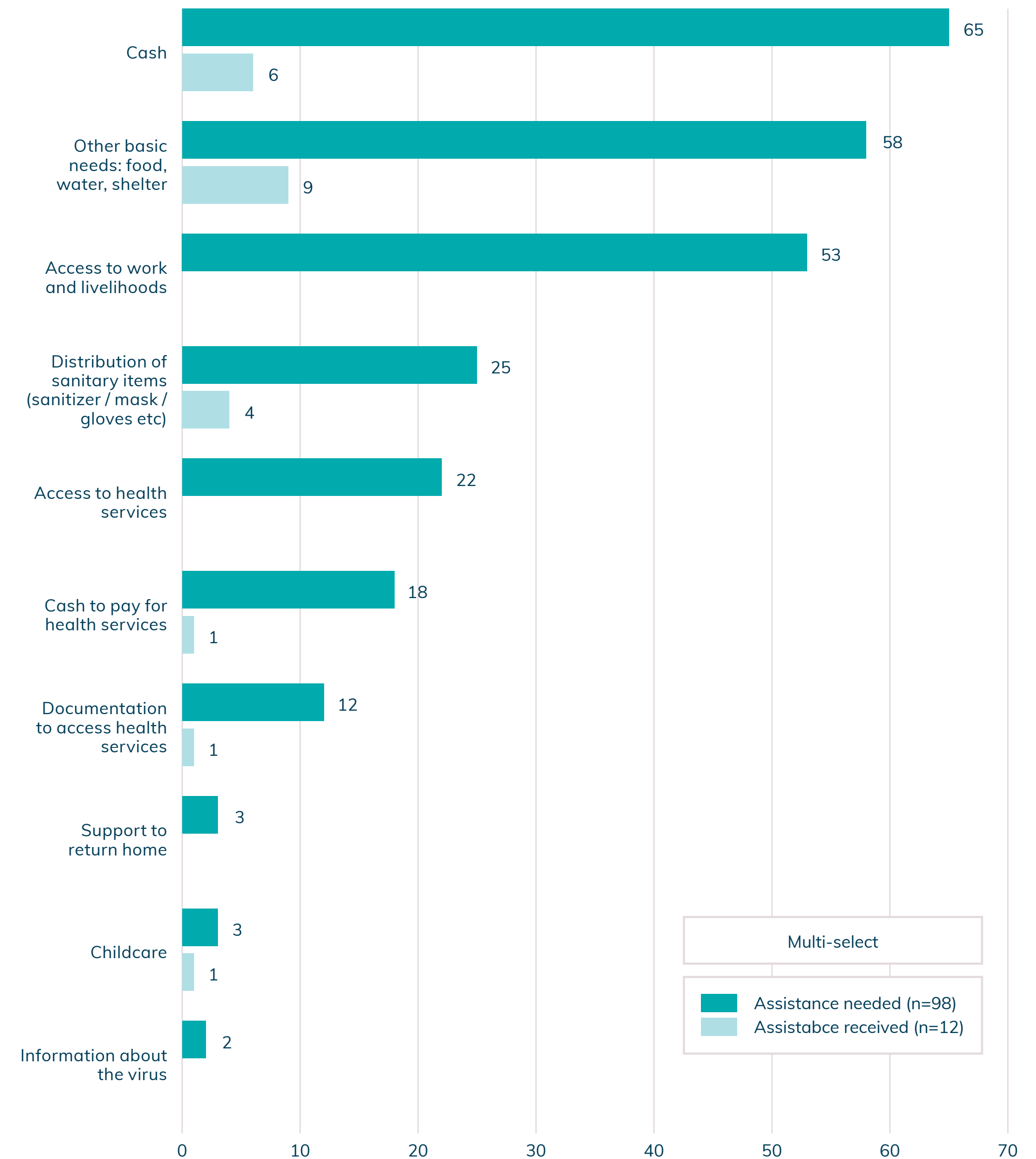
Ethiopians often travel undocumented through Somaliland, while Yemenis qualify for *prima facie* refugee status in Somalia, granting them access to services.

Refugees and migrants need extra help, yet few respondents have received assistance

When asked, "Are you in need of extra help since the coronavirus outbreak began?", almost all refugees and migrants interviewed (97%) reported "yes". However, 88% of respondents reported that they had not received any additional assistance since the coronavirus pandemic began. No respondents in Waajale (all Ethiopian respondents) reported receiving support, indicating that while assistance is needed in all locations, there is a particular need among refugees and migrants here, where support is limited.

Figure 5 below indicates the contrast between the kind of assistance needed and the support received. The most commonly cited needs were cash (n=65), basic needs (food, water, shelter) (n=58) and access to work and livelihoods (n=53). However, what they received was basic relief (n=9), cash (n=6), and distribution of sanitary items (sanitizer/ masks/gloves etc.) (n=4).

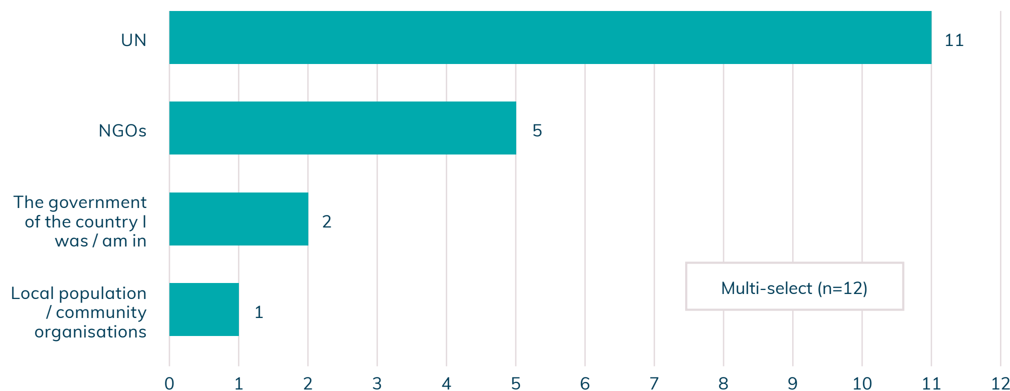
Figure 5. Assistance needed vs assistance received (overall)



UN agencies most frequently provided assistance

Refugees and migrants who had received additional assistance (11%; n=12) since the outbreak of COVID-19 reported that they received it most often from UN agencies. This was followed by NGOs (n=5), local government (n=2) and the local population (n=1).

Figure 6. Who did you receive assistance from?



Voices of people on the move

"Coronavirus has tremendously effected our lives due to lost income and we can't afford basic goods."
Yemeni woman in Berbera

"Now, I have experienced more exhaustion, hunger and terrible fear."
Ethiopian man 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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