

# Regional Migrant Response Plan for the Horn of Africa and Yemen

Mid-year Update | January to June 2020



Migrants on the road in Yemen. © IOM 2020

**40,567**

Migrants entering Djibouti, passing through Somalia

**42,090**

Migrants returning to Ethiopia, Somalia and Yemen from the Kingdom of Saudi Arabia

**235,000**

Vulnerable migrants in need of life-saving humanitarian and protection assistance from RMRP partners

**78,867**

Migrants reached through the support provided by RMRP partners

## Situation overview

Arrival trends in January and February were in line with patterns from previous years. However, with the COVID-19 pandemic, subsequent travel restrictions and tighter border controls in Djibouti, Yemen and Somalia, migrant arrivals into Yemen slowed considerably from March 2020. In April, as a result of the COVID-19 pandemic, migrant arrivals decreased by 91 percent as compared to arrival trends during the same period in 2019. Regardless, substantial protection risks for migrants in vulnerable situations still characterize the movements.

In RMRP countries, COVID-19 has further aggravated the complex migration reality, as increasing incidence of the virus has triggered secondary negative impacts, including reduced economic opportunities. Movement restrictions have led migrants, and other vulnerable populations to endure restricted access, decreased earning potential and subsequent purchasing power, and an inability to find economic opportunities elsewhere, including across borders. Reduced earning options have pushed populations on the margins, and migrants, into extremely precarious situations, including food insecurity, and in some cases, starvation and malnutrition. The disruptions in humanitarian assistance for migrants and host communities leave migrants with very few options. Indeed, the COVID-19 pandemic has become an additional push factor towards outbound migration, with migrants increasingly turning to human traffickers and smugglers to undertake even more dangerous routes to avert border restrictions and border patrols.

Furthermore, migrants face a variety of risks, including stigmatization as potential COVID-19 carriers, status-based discrimination resulting in reduced or denial of access to essential services (i.e. primary health care, food, shelter, etc.), and instrumentalization of COVID-19 to detain migrants in circumstances that do not align with public health minimum standards. Unaccompanied and separated children (UASC) and women remain among the most

vulnerable segments of the migrant population, often experiencing abduction, coercion, and physical abuse. Approximately nine percent of all arrivals into Yemen in the first six months of 2020 were UASC, compared to five percent recorded during the same period in 2019, raising concerns about the increasing number of UASC at risk of abuse.

Migrants stranded in Yemen continue to be the population most in need of urgent life-saving assistance through the RMRP's interventions. These migrants face significant protection threats at various points throughout their journey with limited support from local communities. To meet their basic needs, migrants turn to smuggling and trafficking networks, exposing them to exploitative practices such as forced labour, physical and sexual abuse, and abduction for ransom. Upon arrival in Djibouti, many migrants are stranded as they cannot move forward to Yemen or back to Ethiopia as a result of border closures due to the outbreak of the COVID-19 pandemic. Ethiopia continues to be a major source, transit and destination country for mixed migration flows, with climate change and insecurity exacerbating the severe socio-economic challenges faced by communities largely dependent on subsistence agriculture. With limited options for regular migration available, many young aspiring Ethiopian migrants turn to irregular migration. Along the Eastern route, Somalia continues to represent a major country of origin, transit, and return for migrants in the Horn of Africa, with multifaceted and complex mobility and migration environment characterized by conflicts, natural hazards, and irregular migration. Movements along this migratory route have remained on an upward trend since the COVID-19 outbreak in March 2020. There are reports that some migrants who started the return journey to Ethiopia on foot have joined other Ethiopians working in farms in Barookhle, Dhud, and other farming locations of the Bari region.

## Objective 1: To ensure humanitarian and protection responses for vulnerable migrants

269



Voluntary Humanitarian Return (VHR) from Yemen to Ethiopia

2,078



migrants supported with food, shelter, or accommodation assistance

1,286



migrants provided with health support

1,518



migrants provided with non-food items

895



migrants provided with psychosocial assistance

638



unaccompanied migrant children provided with family reunification assistance

Despite the widespread curtailment of movement along migratory routes, vulnerable migrants in transit to Yemen continue to require life-saving humanitarian assistance in Djibouti, Ethiopia and Somalia, as well as counselling support, and awareness-raising to make informed decisions on whether or not to proceed with the dangerous journey.

During the reporting period, a total of 78,867 migrants were registered for various forms of life-saving assistance, including food, shelter, or accommodation support from RMRP partners. This includes: 40,782 migrants in Ethiopia (33,788 males and 6,994 females); 33,687 in Yemen (30,453 males and 3,234 females); 2,104 in Djibouti (1,876 males and 228 females) and 2,194 in Somalia (1,425 males and 769 females). Humanitarian and protection assistance was provided through IOM's regional Migrant Response Center (MRC) network in the Horn of Africa as set out above, mobile health clinics (that facilitate access to otherwise unreachable vulnerable individuals), Migrant Response Points, way stations and host communities.

Return options for migrants, such as Voluntary Humanitarian Return (VHR), remain on hold in both the north and south due to border closures in Yemen as well as in migrants' countries of origin, including Somalia and Ethiopia. IOM and partners remain engaged to resume voluntary return options for stranded migrants as a continued priority action when the situation permits.

In response to increased protection concerns aggravated by the COVID-19 pandemic, RMRP partners have continued coordinated advocacy efforts within humanitarian systems, mainly against policies of further stigmatization and the instrumentalization of COVID-19 to discriminate, arrest, detain, and forcibly relocate migrants. The COVID-19 global pandemic gives rise to a new priority area in the RMRP for 2020: the integration of COVID-19 response measures in migrant assistance activities and the development of standard operating procedures (SOPs) and guidelines on social distancing and infection prevention and control (IPC) measures.

*\*The assistance highlighted in the last five boxes above is provided through IOM's Migrant Response Centers in the Horn of Africa.*



A young migrant receiving assistance at a shelter run by Caritas in Djibouti City.

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In Djibouti, in the context of COVID-19 prevention, the admission of new migrants at the MRC in Obock was reduced to only the most vulnerable migrants, namely women, children and sick migrants. As part of IOM's effort to strengthen the capacity of the Government of Djibouti on the COVID-19 response, IOM supported the establishment of the Ar Aoussa quarantine site in May 2020 in the region of Ali Sabieh, which has a carrying capacity of 600 persons. The quarantine site is currently managed by the National Office of Assistance for Refugees and Disaster victims (or ONARS by its French acronym) with the support of IOM, United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP).

In Ethiopia IOM is the lead agency supporting the Government to manage quarantine centers accommodating returning migrants in Addis Ababa and the regional states. In this capacity, IOM provided essential services such as medical screening, psychosocial support at the quarantine centers and post quarantine in coordination with other RMRP partners, including UNHCR, UNICEF, World Health Organization (WHO), Médecins Sans Frontières Spain (MSF Spain), Action Aid, Ethiopian Red Cross Society, Danish Red Cross Society, International Committee of the Red Cross, Danish Refugee Council (DRC), Norwegian Refugee Council and Save the Children. The RMRP partners also deployed medical and laboratory staff, along with other technical assistance and quality control equipment to the quarantine centers.

In Somalia, RMRP partners are mainstreaming COVID-19 response measures into migrant assistance activities mainly through the direct assistance provided at the MRCs in Bossaso and Hargeisa, with WHO leading the COVID-19 response in Somalia. The Ethiopian community plays a vital role in providing health awareness, linking migrants to service providers in the city and accommodating the most vulnerable in the recently established safehouses.

In Yemen, to respond to the enormous needs on the ground, IOM, DRC, and INTERSOS are implementing a coordinated response to provide life-saving humanitarian assistance to vulnerable and stranded migrants through the Migrant Response Points, as well as through six mobile health and protection teams and six stationary health facilities across the country. The assistance provided at these facilities includes food, water, relief items, counseling, awareness

sessions including COVID-19 hygiene measures, primary health care services and referrals. While IOM was able to conduct voluntary humanitarian return (VHR) flights for 269 migrants (252 males and 17 females) at the beginning of the year from Aden, the airport closure in Yemen and countries of origin has put this mechanism on hold to date. Life-saving vaccinations were provided to 5,817 migrants (5,489 males and 328 females) by DRC.

### Mobility Flows along the Eastern Route

Overall, migrant arrivals from the Horn of Africa to Yemen decreased by 85 percent between the first and second quarters of 2020, and by over 90 percent in comparison to arrival trends during the second quarter of 2019 (47,269 arrivals in Q2 of 2019 and 3,928 arrivals in Q2 of 2020). The figures of entries into Yemen mentioned above include 259 Yemenis leaving Djibouti to return to the country. Migrants that entered Yemen before border closures are stranded in the country and are unable to move in either direction, neither to return to Ethiopia nor to proceed toward the Arab Peninsula. Meanwhile, spontaneous return movements continued to be observed with at least 352 verified returns of Ethiopians travelling from Yemen to Djibouti.

In Ethiopia, during the first half of 2020, IOM registered 33,287 returnees (28,471 males, 4,816 female) from the Kingdom of Saudi Arabia, around 90 percent of whom returned during the first quarter. Unaccompanied migrant children accounted for six percent of the total. Spontaneous returns across Ethiopia's land borders have continued, with 4,450 and 3,950 crossings registered by IOM between March and June from Djibouti and Somalia, respectively. Many more passages are assumed to have gone undetected at unmonitored crossing points.

The movement of Ethiopians into Djibouti has substantially fallen, as IOM Flow Monitoring enumerators recorded only 228 between April and June while 18,224 movements were recorded between January and March 2020. In Somalia, the dynamic is different, and while the MRC and the Ethiopian Community Center in Hargeisa have reported decreased entries into the country, data shows a 108 percent increase in migrants passing through Somalia between April and June, which may indicate that routes are changing.



Migrants on the road being made aware of the dangers of irregular migration into Yemen. © Intersos 2020

## Objective 2: To support durable and development-oriented approaches to return, sustainable reintegration and community stabilization

1, 457

returnees assisted with AVR

3,197

migrants assisted with PARA/OTA post quarantine

1,283

returnees and at-risk children supported with livelihood support.

517

completed reintegration cases

1,395

UASC supported with family tracing and reunification

34

livelihood projects implemented for vulnerable host populations

The onset of the COVID-19 pandemic in March 2020 dramatically impacted migration dynamics to and from Ethiopia and made predicting migration flows extremely difficult. At the same time, the immediate post-arrival return assistance (PARA) and the longer-term reintegration support required by returnees have changed. There is a need to continuously adapt programmes to respond to emerging issues with long-term durable solutions ensuring stronger social inclusion, sustainable protection and reintegration for migrants and returnees.

In Ethiopia, several RMRP partners are undertaking livelihood promotion interventions, area-based community reintegration and development projects aimed at individual returnees and their families to provide young Ethiopians with alternatives to irregular migration and sustainable reintegration. Save the Children, with IOM's support, has been implementing a community-based reintegration project which includes community mobilization and direct service provision capacity building that integrates protection and livelihood services in the Woredas of East Hararge and North Wollo Zones of Ethiopia.

Assisted voluntary return (AVR), which allows stranded migrants to return to their countries of origin in a safe, dignified, and orderly way, continues to be a critical form of assistance to migrants in vulnerable situations within the Horn of Africa through the RMRP. However, the number of migrants benefiting from AVR assistance was reduced as a result of COVID-19 movement restrictions during the first half of the year.

In Ethiopia, before the suspension of humanitarian and assisted voluntary returns, a total of 823 Ethiopian migrants (749 males, 74 females) were supported to return home through VHR and AVR programmes. Of these, 145 were unaccompanied and separated children. After these movements were suspended, RMRP partners provided family tracing and reunification services and post quarantine support for 576 UASC (429 males and 147 females) quarantined in Addis Ababa. RMRP partners, including IOM, MSF Spain, Ethiopian Red Cross Society, Danish Red Cross, the International Committee of the Red Cross, Danish Refugee Council, Save the Children and Terre des hommes (TDH), supported returnees from the Kingdom of Saudi Arabia with, amongst other things, onward transportation assistance (OTA),

medical and psychosocial support as well as energy biscuits, water and phone call services.

In Somalia, 354 migrants were registered for AVR assistance since March. However, since the activity has been put on hold in the wake of COVID-19 movement restrictions, many migrants choose to return to Ethiopia at their own expense, on foot or by bus. The migrants express concerns about using the little savings they have to fund their return journey.

### **Awareness raising campaigns on the risk of irregular migration conducted in identified hot spot areas**

In Ethiopia, the awareness-raising campaign included the distribution of information, education and communication (IEC) materials and the hotline service in Amhara Regional State. Both initiatives accounted for nearly 6,000 potential migrants being reached. Radio spots focused on informing returnees and potential migrants along the Eastern Route on the risks of irregular migration. The RMRP partners also conducted risk communication and community engagement sessions in all quarantine centers primarily targeting returnees.

In Djibouti, two awareness-raising campaigns were conducted on the COVID-19 pandemic in Obock.

In Somalia, monthly outreach activities were conducted at MRCs in Hargeisa and Bossaso, as well as through three mobile patrols carried out in Somaliland and Puntland. The outreach activities aimed to increase IOM's reach in the provision of essential services, including health support, NFIs and information on additional services available. In response to COVID-19, mobile health clinics were launched in Puntland in June in collaboration with the Ministry of Health and the MRC. The mobile health clinics reached isolated areas and over a 12-day period targeted both migrants and host communities with information on COVID-19 prevention and response.

In Yemen, all partners conducted awareness-raising to provide migrants with information on the routes, COVID-19, the conflict in Yemen and risks related to smuggling of migrants and trafficking in persons.



## Objective 3: To strengthen protection of migrants in the Horn of Africa and Yemen by building the capacities of Governments



A vital component of the RMRP is providing support to governments in the region. The support includes the provision of equipment, improving access to technology for more coordinated migration management processes and protocols, building existing migration management capacities and strengthening their ability to protect vulnerable migrants.

In Ethiopia, IOM trained 16 health officials on infection prevention and control of COVID-19, while DRC trained 25 health officials on psychosocial service provision. A total of 855 child protection actors (569 males and 286 females) were trained by Save the Children in how to effectively respond to the protection concerns and needs of migrants and returnee children. In addition, IOM and MSF jointly trained governmental medical and non-medical staff working at quarantine centers on infection prevention and control measures.

In April 2020, the Government of Ethiopia passed into law, “The Prevention and Suppression of Trafficking in Persons and Smuggling of Migrants Proclamation”, a process that RMRP partners firmly supported. The new announcement led to the establishment of a National Referral Mechanism to ensure the protection and referral to specialized services for victims of trafficking and abused migrants. The government is planning to roll out the National Referral Mechanism for migrants in all 11 regional states in 2020 with support from RMRP partners.

IOM supported the Government of Ethiopia in drafting SOPs on Child Protection, data management, reintegration support and the COVID-19 response to returnees in general, with close support from UNICEF on Child Protection.

In Somalia, IOM trained 24 frontline officials on humanitarian border management and COVID-19 responses at two key ports of entry in Somaliland.

In Djibouti, one border assessment was conducted on COVID-19

preparedness. Ninety health practitioners (75 males and 15 females) and other relevant Government officials were trained on the prevention of COVID-19. IOM also supported the national police with border management equipment to strengthen the protection assistance rendered to stranded migrants along the migratory route. The equipment will assist in the detection of the routes used by smugglers and traffickers, thereby reaching migrants in situations of distress with the intention of rescuing them from criminal syndicates. The equipment includes basic medical supplies used by the police medical unit in emergencies and aimed at reducing the suffering of migrants in difficulties.

### Development of Regional Guidelines and Standards for MRCs in the region

IOM Regional Office for East and Horn of Africa developed the Regional Guidelines and use SOPs for MRCs in the region. The document seeks to provide standards that the MRCs should attain when assisting migrants. The document is intended to be a practical tool to guide the work of MRC staff by laying out the processes to be followed when providing services to migrants. The SOPs provide a step-by-step process of assistance, from intake and protection assessment to primary service provision and referrals. The document and accompanying principles, guidelines, tools, and instructions will serve to guide the development or contextualization of local specific MRC SOPs.

Together with this process, the IOM Regional Data Hub (RDH) coordinated the development and deployment of an MRC Information Management (IM) application that will serve to improve information management, strengthen case management capabilities, facilitate service provision and referral, and support inventory management. The development of the MRC Regional Guidelines and SOPs is being coordinated with the installation of the IM application so that the regional standards can be reflected in the application design.



Migrants stranded in Yemen. © IOM 2020/Alexander Bee

## Objective 4: To strengthen partnership and collaboration around evidence-based analysis of root causes, needs and trends of migration

**In the build-up to the RMRP Appeal 2020, the following meetings were held by RMRP partners at the Regional level:**

- Regional Consultative meeting for Regional Directors, 20 February 2020. The meeting provided an update on progress and challenges in 2019, partner perspectives on RMRP engagement, the 2020 consultation process plans and the continuation of the RMRP beyond 2020.
- Country Consultations Validation meeting, 2 June 2020. This involved Regional Directors of the RMRP in reviewing and validating the outcomes from RMRP country-level consultations concluded in Djibouti, Ethiopia, Somalia and Yemen. The validated results from this meeting formed the basis of the 2020 RMRP Appeal.

**At country levels, the following coordination meetings were held by RMRP partners:**

- RMRP 2020 Country Consultations, March to June 2020. The consultations occurred in all RMRP countries, generating positive responses from partners on the more inclusive process, reflecting discussions from the last Regional Directors' meeting in this regard.

**Besides the consultations held in the RMRP target countries, general coordination meetings were conducted as follows:**

- Yemen, monthly RMRP coordination meetings to discuss the response to migrants in Yemen.
- Somalia, the Mixed Migration Task Force represented an essential forum of discussion and coordination with several meetings held in Puntland and Mogadishu.
- Ethiopia and Somalia, several meetings were conducted with UNICEF to strengthen the coordination of child protection services in targeted areas of intervention through the development of joint work plans.
- Djibouti, one coordination meeting was convened by the RMRP partners.

The COVID-19 pandemic underscores the need for increased resource mobilization, coordination, advocacy, as well as the creation of new partnerships to respond to the health challenges of migration in the region. Just as important is the increased collaboration and research around the impacts of health considerations on the migratory dynamics of the Eastern Route, in 2020 and beyond.

### **Rapid Needs Assessment of Mental Health and Psychosocial Needs of Migrants**

A total of 52 (37 males and 15 females) migrants were interviewed over a three-day assessment period (19-21 April) in two migration transit centers in the Obock region; at the Masagara center, a site managed by the Government of Djibouti, and the IOM's MRC. The survey aimed to assess a) the degree of understanding of COVID-19 among stranded migrants; b) the emotional impact of the pandemic on migrants and c) the prevalence and nature of psychosocial distress and the availability of assistance.

#### **Key Findings;**

- a. Degree of understanding of COVID-19 among stranded migrants: the survey confirmed a widespread recognition

<sup>1</sup> IOM (2020), Rapid Assessment of Mental Health and Psychosocial Needs in Obock, Djibouti - May 2020.

<sup>2</sup> IOM RDH (2020), Eastern Route Research

of COVID-19 as an aggressive virus. Approximately half of the respondents stated that they felt confident about the information available on COVID-19, while the other half indicated that they needed more information on the disease.

- b. The emotional impact of the pandemic on migrants: reactions to the pandemic ranged from a significant degree of psychosocial stress, fears of infection and anxiety about the future, to concerns about a prolonged stay in Djibouti, including frustration and anger, which can be potential triggers of aggressive behaviour and harmful attitudes.
- c. Prevalence of psychosocial distress and availability of assistance: responses indicated a relative predominance of depressive conditions (i.e., pessimism, negativity and inability to adapt to the changing situation along with pronounced manifestations of fear and anxiety regarding current and future living conditions)<sup>1</sup>.

### **Research Initiative: the desire to thrive, regardless of risk**

In 2019 IOM's Regional Data Hub for the East and Horn of Africa launched a multi-phase research project aimed at better understanding the experiences, decision-making, perceptions, and expectations of young Ethiopians (15-29 years-old, migrating along the Eastern Route towards the Arabian Peninsula) regarding their migration decisions<sup>2</sup>. This research continued into the first half of 2020 and was finalized in April 2020. Given the large number of young Ethiopian migrants using this route, it is critical to understand what drives them to migrate east, despite the high level of risk associated with this corridor. Over 2,100 surveys and 66 qualitative interviews were conducted with migrants in Obock, Djibouti's gateway to Yemen.

### **Research Findings**

Economic factors were the most common drivers of migration across all migrant categories, with 77 percent of first-time migrants indicating not having a source of income in Ethiopia before migration. Fifty percent of those who had a source of income earned less than USD61 per month. Over 50 percent of migrants reported not having sought information about the journey before departure, with the period between making the decision to migrate and actual departure being short. In some instances, migrants left spontaneously within one day of making their decision to migrate. Additionally, findings indicated that economic pressures on migrants were so intense that some preferred not knowing the challenges they would face on their journey since they believed they had no other options.

The high rate of migration along this route is further compounded by the culture of migration and the positive perception associated with migration that is evident across the region. Success stories, whether true or false, are spread by brokers and migrants alike, which serve as highly convincing narratives that push young Ethiopians to undertake the journey towards the Kingdom of Saudi Arabia, regardless of the challenges that await them.

### **Assessment of quarantine sites**

In Ethiopia, to gauge the conditions of migrants before, during, and after the mandatory quarantine period, IOM conducted a follow-up study by phone. Furthermore, IOM staff traveled to key quarantine centers and points of entry in the Somali regional state to assess the situation on the ground and to support the

Government of Ethiopia in strengthening regional coordination mechanisms. IOM also participated in a multi-sectoral assessment of major quarantine sites and points of entry in key regional states along the Eastern migratory route.

### Predictions for the next quarter

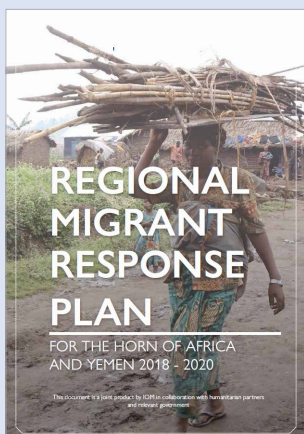
In the next quarter, COVID-19 is expected to progress and expand in Ethiopia and the wider region, with a peak expected in the third and fourth quarters of 2020. While partners expect migrant outflows to slow, spontaneous and forced returns of

vulnerable Ethiopian migrants are expected to increase from the Middle East, Djibouti, and Somalia. For example, there is evidence of large caseloads of Ethiopian migrants awaiting VHR in Yemen, and of thousands stranded in the Kingdom of Saudi Arabia. In close coordination with the Government of Ethiopia and other partners and as the COVID-19 situation in Ethiopia allows, IOM is set to resume AVR assistance to the most vulnerable Ethiopian migrants stranded in Djibouti and Somalia in the third and fourth quarters of 2020.

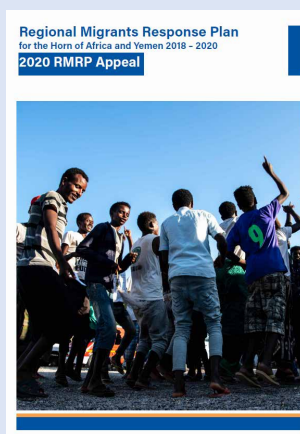
## About the RMRP

The Regional Migrant Response Plan for the Horn of Africa and Yemen 2018-2020 is a three-year, migrant-focused humanitarian and development strategy targeting vulnerable migrants moving to and from the Horn of Africa and Yemen. The RMRP provides a framework for coordination, protection, capacity building, analysis, and resource mobilization, recognizing the regional dimensions of the migration linking the Horn of Africa and Yemen.

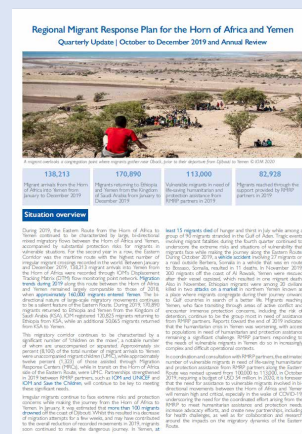
The RMRP is led by IOM's Regional Office for the East and Horn of Africa based in Nairobi. RMRP partners include intergovernmental and non-governmental actors working in close collaboration at the regional and country levels to set strategic objectives, determine yearly operational priorities and budgets, and identify challenges and trends that inform partners' responses.



Download the three-year Regional Migrant Response Plan for the Horn of Africa and Yemen 2018-2020



Download the Regional Migrant Response Plan for the Horn of Africa and Yemen RMRP 2020 appeal



Download the previous RMRP Quarterly Update

## RMRP Partners

- Action for Social Development and Environmental Protection Organization (ASDEPO) • Caritas Djibouti • Danish Refugee Council • Ethiopian Evangelical Church Mekaneyesus (EEC) • Ethiopian Red Cross • Good Samaritan Association of Ethiopia • IGAD • International Committee of the Red Cross • ILO • International Rescue Committee • INTERSOS • IOM • Mediciens du Monde • Mixed Migration Centre • MSF • Norwegian Refugee Council • Save the Children • TASS • Terre des Hommes NL • UNFPA • UNHCR • UNICEF • UNOCHA • UNODC • WFP

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