The current outbreak of COVID-19 has restricted global mobility, whilst heightening the risk of exploitation to vulnerable populations. This report provides a snapshot of the COVID-19 epidemiological situation and mobility restrictions, and the current migration trends along the Eastern Corridor migration route, in addition to an analysis of the impact that movement restrictions have had in Djibouti, Ethiopia, Somalia, and Yemen. Moreover, it provides information on the main protection concerns for migrants, assistance provided and COVID-19 risk mitigation measures. This report utilizes data collected through IOM’s Displacement Tracking Matrix (DTM) Flow Monitoring Points (FMPs), Migrant Response Centers (MRCs), Assisted Voluntary Return (AVR) data, as well as anecdotal information provided by IOM team members working in the region.

**Incidence Trend of Confirmed COVID-19 Cases as of 31 May 2020**

Source: Johns Hopkins University (JHU), Africa Centre for Disease Control and Prevention (CDC), World Health Organization (WHO)

1 Migration Response Centers (MRCs) are situated along key migration routes, where they fill critical gaps by providing direct assistance, including food and temporary shelter, information and service referrals to migrants on the move. MRCs bring together key partners to facilitate the identification of migrants in vulnerable situations, and ensure that they receive appropriate, immediate and longer-term support. Seven MRCs are currently operational in the Horn of Africa: Obock (Djibouti), Hargeisa, Bosasso (Somalia), Semera, Metema, Dire Dawa and Tog-Wajaale (Ethiopia). See Annex 1 for an overview of registrations per MRC in 2020.

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COVID-19 EPIDEMIOLOGICAL SITUATION
As of 31 May 2020, the number of COVID-19 cases along the Eastern Corridor stood at 6,829, with most new cases reported in Djibouti (2,265), followed by Somalia (1,375), Ethiopia (1,041) and Yemen (321) as compared to 30 April 2020. Djibouti continues to have the highest number of confirmed COVID-19 cases at 3,354 (49% of total cases), but also the highest testing capacity per 1M population. Following Djibouti is Somalia with 1,976 confirmed cases (29% of total cases) and Ethiopia with 1,172 cases (17% of total cases), while Yemen cases amounted to 327 (5% of total cases). As of 31 May 2020, the number of COVID-19 related deaths along the Eastern Corridor stood at 194, majority of which were recorded in Yemen (81). Yemen holds the highest case fatality rate (CFR) at approximately 25%, compared to Djibouti (CFR 0.7%), Ethiopia (CFR 0.9%) and Somalia (CFR 4%). This is much higher than the global average CFR of 7%. As of 31 May 2020, a total of 2,077 people have recovered from COVID-19 along the Eastern Corridor. Please see Annex 3 for an overview of cases, fatalities and recoveries along the Eastern Corridor since the first case recorded in Ethiopia on 13 March 2020.

COVID-19 MOBILITY RESTRICTIONS
On 17 May, the Government of Djibouti authorized a partial lifting of COVID-19 restrictions by reopening some shops, public services and public transport. International flights have remained suspended since 18 March, with the exception of cargo flights. On 20 March, the Government of Ethiopia suspended all international flights to selected countries affected by COVID-19, and announced the closure of ground crossing points on 23 March. On 8 April, Ethiopia declared a five-month long state of emergency. The country has shut its land borders to nearly all human traffic as part of efforts to help curb the spread of the pandemic, but passenger flights are still operating at limited capacity. On 18 March, the Federal Government of Somalia implemented flight restrictions for an initial period of 15 days. Movement of people to and from the country along the coastline was also restricted. The initial ban on international flights was extended twice on 28 March and on 6 April, and the suspension on local flights was imposed on 29 March. Following government directives, authorities in Gedo region closed border crossings with Kenya and Ethiopia on 10 April until further notice. Since March 2020, Yemen authorities declared a nationwide health emergency and introduced many preventive and mitigation measures, including the adoption of restrictions on movement countrywide, by closure/partially closure of international airports (5), sea border points (12), and land border points (3). On 10 April, after the first confirmed case in Hadramout, neighbouring regions of Shabwah and al-Mahrah closed their borders with Hadramaut and imposed a 12-hour curfew.

COVID-19 IMPACT ON MIGRANT FLOWS
The holy month of Ramadan (~23 April - 23 May) is traditionally characterized as a “high season” for irregular migration along the Eastern Corridor as border controls are less stringent and authorities allow movements to take place under less scrutiny. Migrants’ arrivals in Yemen from the Horn of Africa decreased by 31% between April (1,725) and May (1,195), which represents an overall 94% decrease as compared to May 2019 and a 58% decrease in cumulative arrivals between January and May (30,868 in 2020 and 74,333 in 2019). Migrants’ movements into Djibouti observed at Flow Monitoring Points were severely affected with no entries recorded in May, marking an overall 57% decrease in entries between January and May from the same period in 2019. Only migrants’ entries into Somalia increased by 37% in May (5,399) as compared to April 2020, but Yemen recorded a further 29% decrease in overall migrants’ arrivals from Somalia which means that increasing numbers of migrants are stranded in the country. IOM has increasingly observed or received reports of spontaneous return movements: 400 migrants were reported to have travelled from Yemen to Djibouti by boat, and at least 650 migrants were reported attempting to return from Somalia to Ethiopia on foot as police controls increased and the economic situation tightened up due to COVID-19 movement and import restrictions. Please see Map 1 on the following page for an overview of the impact of COVID-19 on migrant flows along the Eastern Corridor.
MAP 1: COVID-19 IMPACT ON MIGRATION ALONG THE EASTERN CORRIDOR (MAY 2020)

Total arrivals in Yemen 1,195
- Arrivals in Yemen
- Returns from Yemen (unverified)
- Departures from Mareero (unverified)

(29% decrease from April 2020)

LEGEND:
- Point of Entry (PoE) type:
  - Land Border Point
  - Sea Crossing Point/Port
- PoE operational status:
  - Closed for entry and exit
  - Open for entry and exit
  - Open only to returning nationals and residents
  - Open for commercial traffic only
  - Unknown

IOM activity:
- FMP
- MRC

Migration route - Land
Migration route - Sea

DISCLAIMER: This map is for illustration purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM. The arrows are for illustration purposes only, and are not indicative of actual movements.
MIGRANT PROTECTION AND DETENTION CONCERNS
As of 31 May 2020, 1,598 Ethiopian migrants were stranded and had gathered in 22 spontaneous sites in Djibouti. Since returns to Ethiopia have been suspended, pressure among the stranded population is mounting. Somalia COVID-19 government measures on hotels and restaurants, bans on import of khat as well as the closure of restaurants during daytime due to Ramadan has put a strain on migrants’ capacity to procure food, receive support from the local community and engage in informal employment for a living. COVID-19 risk mitigation measures in Somalia are not hindering migrants’ flows but are making them more arduous as routes change towards less patrolled and more dangerous areas. Meanwhile in Yemen, thousands of migrants continue to be stranded at international borders and within governorates due to COVID-19 movement restrictions measures. Attempts by the authorities for the establishment of “quarantine” sites specifically for migrants and refugees have been giving rise to concerns that quarantine may be instrumentalized to facilitate containment, detention, encampment, and eventual deportation of this population. IOM continues to advocate against quarantine centres, specifically for migrants and refugees, as a measure to enable discriminatory policies of arrest, encampment and/or detention.

MIGRANT ASSISTANCE (MRC/AVR)
At the MRC in Obock, IOM Djibouti is currently assisting 68 vulnerable migrants. In May 2020, only 13 new migrants were admitted to the MRC, which is just over half of the migrants registered in April 2020 (23), as Assisted Voluntary Return (AVR) assistance is still suspended. Migrants’ registrations at the MRC in Bosasso have remained fairly stable with 169 registrations in May 2020, while the MRC in Hargeisa registered 30 migrants after recording no new registrations in April. IOM continues to provide basic life-saving assistance and psychosocial support. AVR requests submitted by migrants increased by 63% between April and May 2020, with 57 and 35 registered requests, respectively. However, since the adoption of COVID-19 related travel restrictions by the Government of Ethiopia on 23 March 2020, IOM’s AVR operations have been temporarily suspended, negatively impacting the 1,598 stranded migrants in Djibouti and the 452 Ethiopian migrants stranded in Somalia.

MIGRANT RETURNS TO ETHIOPIA AND SOMALIA
Between March and April 2020, returns of Ethiopian migrants from the Kingdom of Saudi Arabia decreased by almost 70%, falling from 8,963 to 2,757 and no returns were reported in May. Between 29 and 31 May, daily flights arrived from Jeddah (KSA) to Mogadishu, Somalia, carrying approximately 126 Somali returnees per flight. Most passengers were bounded to Mogadishu, while a few had to continue their journey to other parts of the country. Among the returnees were also seven (7) Ethiopians which need to be repatriated. Additionally, the Federal Government of Somalia evacuated over 1,300 Somali citizens from seven African and Asian countries, from 25 April to end of May.

QUARANTINE MEASURES
The Government of Djibouti invested considerable resources in the set-up of a quarantine site in Ali Sabieh region for land travellers and migrants, and in the provision of assistance in migrant sites. As of 31 May, the center hosted 532 migrants. On 20 March, the Government of Ethiopia introduced a mandatory 14-day quarantine requirement for all persons entering Ethiopia. As per IOM Ethiopia’s count, there are 12 quarantine centers in the regions currently quarantining returnees. In addition, there are currently 15 functional quarantine and isolation facilities across Somalia, with varying bed capacity.
DJIBOUTI SITUATION

As of 31 May, Djibouti once again recorded the highest number of COVID-19 cases in the region with 3,354 confirmed individuals, 24 deaths and 1,286 recoveries. On 10 May, a presidential decree ordered the partial lifting of containment measures effective on 17 May, resulting in the reopening of some shops, public services and public transport, mandatory use of facial masks in all public or private spaces in which social distancing cannot be observed, and prohibition of gathering of more than 10 people. On 23 May, believers were authorized to go to places of worship during prayer hours. On 20 May, the Government of Djibouti launched a COVID-19 mass screening campaign in Djibouti City and a team of the Ministry of Health was deployed in community development centres, community health centres, polyclinics and hospitals.

Migrant Flows Observed Through Djibouti and at Yemen Points of Entry

- No entries of Ethiopian migrants from Djibouti’s western borders were recorded at Flow Monitoring Points (FMPs) in May 2020, which is consistent with the qualitative information received from IOM field teams (181 entries were recorded in April). However, migrants’ entries might have taken place at other points of entries;
- Only 37 Ethiopian migrants’ arrivals via boat from Djibouti were observed in Yemen near Al-Aarah FMP in Lahj governorate on 3 May. This is a 56% reduction from the 85 arrivals in April. Most of the migrants were males (95%), while only 5% were female;
- IOM Djibouti confirmed the arrival of 207 migrants from Yemen respectively on 17 May (97) and on 28 May (108). Migrants allegedly pay 10,000 ETB (around 294 USD) to return to Djibouti departing from Ras al Ara and surrounding, along Lahj coast. However, local communities in Yemen reported double the migrants’ departures verified by IOM Djibouti (around 400 migrants of Tigray ethnicity, including women) who used smugglers’ services to return to Djibouti in the second half of May. These migrants are reported to having been previously deported by authorities from Sa’ada (north Yemen at the border with the Kingdom of Saudi Arabia);
- 2,985 migrant movements were tracked in the Obock region in Djibouti. A part of these are likely migrants that entered the country prior to border closures, and who are unable to move in either direction, neither to return to Ethiopia nor to proceed toward the Arab Peninsula.

Migrants’ Protection and Detention Concerns

- Both the closure of the Djibouti-Ethiopia border and the stricter border controls in Yemen, have left many migrants stranded in the country. As of 31 May 2020, 1,598 migrants who were transiting through Djibouti on their way to the Arab Peninsula were stranded and had gathered in 22 spontaneous sites located along the migration route. All reported migrants are Ethiopian nationals;
- Despite the generosity of host communities, these migrants find themselves in a situation of lack of basic resources such as food and water since the support received from the host communities is not enough to fulfill their needs.
Findings of the Rapid Needs Assessment of Mental Health and Psychosocial Needs of Migrants in Obock

A total of 52 migrants were interviewed over a three-day assessment period (19-21 April) in two migration transit centres in Obock region: Masagara, a site managed by the Government of Djibouti, and the IOM’s Migration Response Center (MRC). The random sample of the survey included 37 young male and 15 female migrants, with functional abilities and emotional strengths to look for information, to be able to adopt self-protective measures and to cope with the impact of containment strategies on their migratory experiences. The average age of respondents was 26 years-old, reflecting the age breakdown of Ethiopian returnees all over the region.

The aims of the survey were to assess:
- a) the degree of understanding of COVID-19 among stranded migrants;
- b) the emotional impact of the pandemic on migrants;
- c) the prevalence of psychosocial distress and availability of help providers.

a) Degree of understanding of COVID-19 among stranded migrants

The survey confirmed a widespread recognition of COVID-19 as an aggressive virus, with roughly half of the respondents who felt confident about their set of information, and those who admitted needing more information. Half of the respondents acknowledged that the main sources of information on COVID-19 were: staff at the centres (25%), security forces (23%) including police and army officers, other migrants (21%), NGOs (6%), families (6%), traditional media such as radio and television (2%).

b) Emotional impact of the pandemic on migrants

Reactions to pandemic disease ranged from significative degree of psychosocial stress, fears to be infected and anxiety about the future, to the concerns about the prolonged stay in Djibouti, including emotional states of frustration and anger which can be potential triggers of aggressive behaviours and harming attitudes.

c) Prevalence of psychosocial distress and availability of help providers

The assessment indicated a relevant prevalence of depressive conditions – such as pessimism, negativity and narrow thinking - along with pronounced manifestations of fear and anxiety on the current and future living conditions. Psychosomatic disorders (eating and sleeping problems) were quite common among the migrants interviewed (with different impact by gender), along with social isolation and introspective attitudes (sadness and guiltiness). Women and girls were considered the most vulnerable groups among stranded migrants and, according to the respondents in Masagara Transit Centre, basic assistance at the centres did not always meet the perceived needs. External sources of resilience and help providers in case of emotional needs or sudden crises appeared limited to other migrants and, for those hosted in IOM’s MRC, to qualified medical or psychosocial/protection staff. Only few respondents identified community-based psychosocial activities (level 2 of MHPSS Pyramid) as relevant initiatives for the coming weeks, while none of the migrants had experience of specialised and focused psychosocial support services (levels 3/4 of MHPSS Pyramid).
Migrant Assistance (MRC/AVR)

- The MRC in Obock is currently assisting 68 vulnerable migrants who have been stranded for several months. In May 2020, only 13 new migrants were admitted to the facility, just more than half of the migrants registered in April 2020 (23), as Assisted Voluntary Return (AVR) assistance has been suspended since April due to the current mobility restrictions;
- In the context of COVID-19 prevention, admission of new migrants at the MRC in Obock was reduced to admission only of the most vulnerable migrants, namely women, children and sick migrants. Additionally, 14 unaccompanied migrant children are currently hosted by CARITAS with no immediate return option available to them;
- In May 2020, IOM sensitized 592 migrants (542 male and 50 female) on the risks of irregular migration. Sensitization took place in Obock City, Alat Ela, Fantehero and at the MRC, in Obock region.

Quarantine Measures

- As of 31 May, the Government of Djibouti’s newly established quarantine site in Ali Sabieh run by ONARS (National Office for Assistance to Refugees and Disaster Victims) was hosting 532 migrants. On 17 May, IOM welcomed the first group of 406 migrants to the site. Migrants were registered and provided with non-food items (NFIs). On 21 May, the second group of 126 migrants were welcomed to the site.

Observations at the MRC in Semera (Ethiopia - border with Djibouti) in May 2020

- Since April 2020, the MRC in Semera has registered no migrants;
- MRC staff continued to support the Afar regional government with data collection and migrant assistance at the quarantine centres. Support included sanitation and hygiene promotion materials, and lunch/accommodation allowances to return home after discharge from the quarantine site.
- A total of 241 quarantined migrants were assisted in May 2020, including a large number of Ethiopian migrants who returned from Djibouti.
SOMALIA SITUATION

As of 31 May, Somalia reported 1,976 confirmed positive COVID-19 individuals, 78 deaths and 348 recoveries. The first positive case of COVID-19 was announced on 16 March, and the Federal Government of Somalia has since implemented flight restrictions intended to limit the spread of the virus. All 12 airports are officially closed (both international and domestic), although Egal International airport in Hargeisa is receiving weekly flights operated by Ethiopian Airlines and UNHAS (operated by WFP). A total of seven (7) out of eight (8) seaports are open for cargo only. Out of 21 border points (borders with Kenya, Ethiopia and Djibouti), none is officially open for exit or entry. However, restrictions are not tightly enforced as movement continues.

Migrant Flows Observed Through Somalia and at Yemen Points of Entry

- The number of Ethiopian migrants tracked at Flow Monitoring Points as entering Somalia increased by 37% in May, with 5,399 movements observed, as compared to 3,939 in April;
- Total arrivals of Ethiopian migrants in Yemen from Somalia decreased by 26%, from 1,380 in April to 1,019 in May. In addition, 139 Somali nationals were tracked upon arrival to Yemen;

<table>
<thead>
<tr>
<th>Migrant Movements through Somalia to Yemen (October 2019 - May 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Oct-19</td>
</tr>
<tr>
<td>Nov-19</td>
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<tr>
<td>Dec-19</td>
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<td>Jan-20</td>
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<td>Feb-20</td>
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<td>Mar-20</td>
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<tr>
<td>Apr-20</td>
</tr>
<tr>
<td>May-20</td>
</tr>
</tbody>
</table>

Note: Figures for migrants' entries into Somalia for the period from November 2019 to January 2020 are “0” because of the temporary closure of Flow Monitoring Points in Somalia.

- Unverified reports stated that on 11 May 2020 a boat directed to Yemen, with 70 Ethiopian migrants from the Tigray and Amhara regions of Ethiopia, departed from Mareero, a small town 15km east of Bosasso. IOM also received unverified reports of 489 migrants who have departed from that same point on 14 May (213), 20 May (148) and 26 May (128);
- According to Somaliland Immigration authorities, spontaneous migrant returns to Ethiopia through Wajaale by buses have allegedly decreased because of lack of money to pay for the transportation costs. However, approximately 400 Ethiopian migrants, who mainly lived in Hargeisa, returned to Ethiopia via Wajaale in the first half of May. Approximately 250 irregular migrants reached Burao from Bossasso on foot with the intent to return to Ethiopia in the same period.

Migrants’ Protection and Detention Concerns

- There are indications that migrants and smugglers have taken measures to avoid COVID-19 controls. Migrants used to be forced by smugglers to leave vehicles ahead of checkpoints and be picked up only after the empty vehicle was checked. Unconfirmed reports suggested that if migrants are now seen by police, they are immediately taken to quarantine facilities. Therefore, migrants are using new routes where there are no screening controls through Sanaag region, which is considered to be dangerous and is usually avoided by migrants;
At least 450 Ethiopian migrants are awaiting return assistance which is currently suspended. Many more migrants are said to be stranded in Guumays reception centre, unable to provide for themselves and smugglers are allegedly pushing them to walk to Bossaso;

- Migrants’ conditions seem to have worsened due to the COVID-19 movement restrictions and controls, the closure of most businesses due to Ramadan and the 25-day ban between 27 April and 22 May on khat imports. The latter has particularly affected both migrants and the economy of host communities which often supports migrants.

**Migrant Assistance (MRC/AVR)**

- IOM’s Migrant Protection Assistance (MPA) is attending to stranded migrants through its MRCs in Bossaso and Hargeisa with provision of basic health services and referrals to health facilities if needed, weekly water distribution in settlements and procurement of non-food items (NFIs) and hygiene kits. In Bossaso, shelter referral and direct assistance of female migrants and under-aged children is currently ongoing at Ethiopian Community Centers. Various awareness-raising activities have been conducted within Bossaso and at the MRC in Hargeisa, as well as across the Bari region through mobile patrols;
- Unaccompanied Migrant Children (UMCs) that are now stranded in Bossaso and Hargeisa have expressed their willingness to return home when the Points of Entry (PoEs) are reopened;
- IOM’s Assisted Spontaneous Returns (ASRs) program which provides Somali refugees in Yemen with safe sea passage from Southern Yemen to Somalia is currently suspended as seaports in Somalia have been closed due to COVID-19 and no spontaneous return has been observed.

**Registrations at the MRCs in Bosasso and Hargeisa (January - May 2020)**

- Migrants’ registrations at the MRC in Bosasso have remained fairly stable over the past two months with 169 migrant registrations in May 2020, compared to 173 in April 2020 and 162 in March 2020;
- AVR requests submitted by migrants increased by 63% between April and May 2020, with 35 and 57 registered requests, respectively. However, due to the suspension of AVR services amidst the current COVID-19 context, no migrant was returned to Ethiopia and 135 migrants continue waiting for AVR assistance;
- MRC staff have expressed concern over the livelihood conditions of the stranded migrants around Bosaso, since both the month of Ramadan and the current COVID-19 restrictions, especially lockdown measures, have put a strain on migrants’ capacity to procure food and engage in informal employment for a living;
• Awareness-raising sessions on COVID-19 were held inside the MRC compound and at the Ethiopian community safe house, and activities included awareness on proper handwashing and social distancing, as MRC staff reported that migrants in the area seem to not be taking the COVID-19 pandemic seriously. According to DTM data on COVID-19 awareness, 63% of interviewed migrants have no awareness of the virus;
• Assistance is coordinated through a referral mechanism between IOM, UNICEF, UNHCR and other local partners. 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 safehouse which currently hosts six UMCs and that UNICEF is planning to expand. Medical referrals to Bosasso hospital continue and in April, several migrants who had suffered from diarrhea were admitted to the hospital with financial support by IOM.

**Hargeisa**

• On 20 May 2020, Hargeisa confirmed its first positive COVID-19 case. The individual is an Ethiopian migrant;
• In May, a total of 30 new migrant registrations were recorded by the MRC in Hargeisa which did not register any migrants in April. The newly registered migrants add to the 287 migrants’ backlog awaiting for AVR;
• MRC staff reported migrants’ concern over their livelihood conditions as the COVID-19 measures in place prevents them from procuring food and working part-time in hotels and restaurants in Hargeisa;
• MRC staff also highlighted a change in routes. Similar to the situation in the Puntland region, border closure is not hindering movements except making journeys longer and more arduous.

**Migrant Returns to Somalia**

• Between 29 and 31 May, daily flights arrived from Jeddah (KSA) to Mogadishu, carrying approximately 126 Somali returnees per flight. Most passengers were bounded to Mogadishu, while a few will have to continue their journey to other parts of the country. Among the returnees were also 7 Ethiopians which need to be repatriated. Additionally, the Federal Government of Somalia has evacuated over 1,300 Somali citizens from seven African and Asian countries, from 25 April to end of May.

**Quarantine Measures**

• According to WHO, there are currently 15 functional quarantine and isolation facilities across Somalia, with varying bed capacity;
• The quarantine site in Bosasso is ready to take patients. However, the Ministry of Health could not store the received COVID-19 test kits due to hot weather conditions; hence, the test kits were transferred to Garowe, where suspected COVID-19 individuals are sent for testing.

**Observations at the MRC in Tog-Wajaale (Ethiopia - border with Somalia) in May 2020**

• The MRC in Tog-Wajaale, which registered 33 migrants in April 2020, registered no migrants in May 2020;
• MRC staff’s efforts to support the government’s quarantine facilities with the provision of food and transportation assistance continued through May 2020. A total of 764 migrants were transported from Tog-Wajaale to the nearest quarantine centre in Jigjiga;
• Of the 764 migrants, 87 were confirmed positive for COVID-19.

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Migrants’ Protection and Detention Concerns

• Approximately 3,505 migrants returned to Ethiopia from Sudan, Somalia, Djibouti and Kenya in the past month, with no returns from the Kingdom of Saudi Arabia in May. Between March and April 2020, forced returns from the Kingdom of Saudi Arabia have decreased by almost 70%, falling from 8,963 to 2,757;

• The chartered return flights transporting Ethiopian nationals were originally denied landing authorization by the Government of Ethiopia on 22 March. However, the Kingdom of Saudi Arabia increased pressure on the Ethiopian Government and returns resumed between 3 April and 13 April. The UN has called for a temporary suspension of flights to give Ethiopian authorities time to safely organize the migrants’ repatriation. Negotiations between Ethiopia and the Kingdom of Saudi Arabia and advocacy by the United Nations temporarily put these movements on hold. However, IOM expects that these movements will resume in June.

Migrant Assistance (MRC/AVR)

• Since the adoption of travel restrictions by the Government of Ethiopia last 23 March 2020, IOM’s AVR operations have been suspended. As a result, IOM is not in a position to provide voluntary return support back to Ethiopia for Ethiopian migrants stranded in Djibouti, amounting to more than 1,598 and the 135 Ethiopian migrants stranded in Somalia.

Quarantine Measures

• On 23 March, the Government of Ethiopia introduced a mandatory 14-day quarantine requirement for all persons entering Ethiopia. On 26 March, the government closed all its land Points of Entry (with the exception of essential cargo and services). The first quarantine center opened on 3 April as Ethiopians were deported from the Kingdom of Saudi Arabia. Since then a total of six centers in Addis Ababa have been opened and have hosted returnees, either voluntary or forced. As per IOM Ethiopia’s count, there are 12 quarantine centers in the regions currently quarantining returnees;

• According to information received by the Danish Refugee Council (DRC) in Somalia, up to 1,548 migrants who were in Bosasso returned by their own means to Ethiopia and were quarantined in a facility in Jigjiga University. Among them 48 migrants tested positive for COVID-19, which raises concerns over contamination exposure in Bosasso.
As of 31 May, the Yemeni authorities have reported 327 confirmed COVID-19 cases and 81 deaths across 10 governorates in Yemen. The humanitarian system is planning its response on the assumption that Yemen has entered widespread transmission. Lockdown and curfew measures have increased in many areas; however, they are not systematic across all governorates. Humanitarian efforts are currently underway to map out strategies to promote community self-management and protection, inclusive of migrant communities. IOM Yemen's priorities for COVID-19 response are focused on assisting all vulnerable populations, including migrants, and continue to be centred around (a) risk communication and support to the most vulnerable community members to prevent transmission and ensure access to essential services; (b) case management of suspected and confirmed COVID-19 cases and the continued roll out of isolation units (treatment points); and (c) continuation and, where required, scale up of existing health capacity and first-line line services and assistance (food, WASH, nutrition, protection, etc.). Coordinated advocacy efforts continue within the humanitarian system, mainly against the further stigmatization of migrants, their barriers to accessing services, the arrest, round up and transfer of migrants to inaccessible locations, and the quarantine of migrants under conditions that do not meet public health protocols.

Migrant Flows Observed in Yemen

- Overall, migrants’ arrivals to Yemen from the Horn of Africa decreased by 31% between April (1,725) and May (1,195) - 94% in relation to arrival trends during the same period in 2019. Yemen arrivals from Somalia saw a further 29% decrease in May 2020 from 1,640 to 1,158. Arrivals from Djibouti reduced even further (56%) from 85 in April to 37 in May 2020. Cumulative arrivals to Yemen from the Horn of Africa decreased by 58% between January and May 2020 compared to the same period in 2019 (30,868 in 2020 and 74,333 in 2019).

Migrants’ Protection and Detention Concerns

- Migrants travelling through Yemen have always continuously faced significant protection risks at each stage of their journeys through Yemen (e.g. stigmatization, human rights abuses, exploitation, limited access to essential services), and these vulnerabilities have been further exacerbated by the COVID-19 pandemic;
- Migrants in Yemen have been stigmatized as carriers of COVID-19 from the very early stages of the global outbreak, a trend that is consistent with migrants long being stigmatized as carriers of disease in Yemen. This increased stigmatization has heightened migrants’ exposure to a variety of risks including: movement restrictions - often resulting in migrants being stranded within internal and international borders; reduced or denied access to essential services (including primary health care, food, shelter) as a result of status-based discrimination; forced transfer to hard to access locations in Yemen or locations in close proximity to front lines; arrests; detention; and quarantine in circumstances that are not aligned with public health minimum standards (e.g. COVID-19 prevention and infection control measures).
**Migrant Assistance**

- IOM and its partners’ continued to provide humanitarian assistance through Migrant Response Points (MRP) and health and protection mobile teams throughout the month of May, including additional interventions such as COVID-19 hygiene and health prevention awareness sessions, increased health interventions focused on risk communication and infection prevention and control (IPC), and the provision of personal protective equipment (PPE) to all IOM staff;
- Return options, such as Voluntary Humanitarian Return (VHR), for migrants remain on hold in both the north and south due to border closures in Yemen and in many migrants’ countries of origin, but IOM remains engaged to resume return movements when conditions permit.

**Quarantine Measures**

- IOM continues to advocate against quarantine centres, specifically for migrants and refugees, as a measure to enable discriminatory policies of arrest, encampment and/or detention. In keeping with this position, IOM and partners are working closely with the Humanitarian Country Team (HCT) in Yemen to ensure the full inclusion of migrants and refugees into the National Yemen COVID-19 Response Plan and associated humanitarian response.

**ANNEX 1: 2020 MRC REGISTRATION DATA**

<table>
<thead>
<tr>
<th>MRCs</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Apr-20</th>
<th>May-20</th>
<th>MRC Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosasso</td>
<td>242</td>
<td>252</td>
<td>162</td>
<td>173</td>
<td>169</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Hargeisa</td>
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<td>30</td>
<td>360</td>
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<td>188</td>
<td>325</td>
<td>23</td>
<td>13</td>
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<tr>
<td><strong>Monthly Total</strong></td>
<td><strong>1,139</strong></td>
<td><strong>1,317</strong></td>
<td><strong>1,163</strong></td>
<td><strong>270</strong></td>
<td><strong>220</strong></td>
<td><strong>3,889</strong></td>
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</table>
ANNEX 2: STATUS OF POINTS OF ENTRY IN THE EAST AND HORN OF AFRICA REGION

Status of international flights*

- International travel is allowed with mandatory quarantine for the arriving passengers.
- The passengers from the certain COVID-19 affected countries are not allowed to enter the country while others need to go through the quarantine.
- All international flights are suspended.

Status of other border points

- Sea Border Point
- Land Border Point
- Closed for entry and exit
- Partial closure
- Open for entry and exit
- Unknown

*Details of the travel restriction can be found on IATA website: https://www.iata.org/

SOURCE:
International Air Transport Association (IATA) Displacement Tracking Matrix (DTM)
DATE: 31 May 2020

DISCLAIMER: These maps are for illustration purposes only. Names and boundaries do not imply official endorsement or acceptance by IOM.
## IMPACT OF COVID-19 MOVEMENT RESTRICTIONS ON MIGRANTS ALONG THE EASTERN CORRIDOR

**Report 3 - as of 31 May 2020**

**IOM Regional Office for East and Horn of Africa**

**Publication: 10 June 2020**

### ANNEX 3: OVERVIEW OF CASES, DEATHS AND RECOVERIES AS OF 31 MAY 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
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Source: Johns Hopkins University (JHU), Africa Centre for Disease Control and Prevention (CDC), World Health Organization (WHO)