

# Overview of Mobile Populations in the Horn of Africa

**Ethiopia, Kenya, and Somalia**

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This study is a result of a thorough consultative process with key stakeholders working on mixed migration in the Horn of Africa. This study aims to synthesize the existing body of knowledge on mobile population in the region and identify critical research gaps to inform development of flexible immunization strategies for migrants, nomads and pastoralist groups. The desk review elucidates classification, taxonomy and characteristics of migrants and mixed migration process; their motivation – “push” and “pull” factors, movement patterns, periodicity, countries and areas of origin, migration routes and hubs, transit sites, mode of transport, destinations, and length of journeys. This study consolidates existing resources and looks at the mixed migration through the prism of the polio immunization programme. The findings of this study may also inform other health and development programmes in the Horn of Africa.

# Executive Summary

The issue of mixed-migration in the Horn of Africa is rather complex. Yet there are a significant amount of resources and practical knowledge already available in various human and animal health programmes that can inform polio eradication partners. These resources include literature and information in the form of maps, studies, publications and data on four major mixed-migration routes in the Horn of Africa (Eastern, Southern, Western, and Northern).

The breadth and accuracy of information varies significantly from route to route. Fairly robust assessments are available for migrants going from the Horn of Africa to Yemen, but less so for those going to Europe. Similarly, information resources do exist about the Western and Southern migration routes, including publications from IOM and Regional Mixed Migration Secretariat. For migration resulting from the “push” factors – the websites of UNHCR, IOM, OCHA, and UNOSAT regularly provide rich and updated data on asylum seekers, refugees and IDPs that could be used for planning. A number of studies have been found on health status and service delivery to most of the migrant groups.

Similarly, there are numerous publications, academic papers and web resources on pastoralists in the Horn of Africa. However, the information on pastoralists remain fragmented and it is difficult to assess the current and updated status of pastoralist clans, their mobility patterns, their numbers etc. In fact, very little information could be found on the anthropological, socio-cultural and behavioral aspects of pastoralist clans with regards to access and acceptability of health services such as immunization.

This desk review aims to synthesize an existing body of knowledge and taxonomy of mobile / pastoralist populations in the Horn of Africa that are critical for polio eradication efforts in the region. The findings of this report were validated by group consultations of regional experts from IOM, UNHCR, FAO, USAID, RMMS, Red Cross, WHO, and UNICEF, concerned with mobile populations in the Horn of Africa.

There are a number of practical recommendations for reaching migrants and pastoralists with immunization services. First, lists of refugee camps, IDP settlements, known transit hubs and border crossings, as well as pastoralists’ settlements and routes that are already available with different stakeholders, must be urgently compiled at country level. Micro plans should then be validated against this information to ensure the inclusion of all possible transit sites and settlements. Furthermore, periodic meetings need to be planned for keeping micro plans updated and to review the coverage data for corrective action. Along the same lines, research gaps, elucidating specific pastoralist clans, their movement and way of life, must be conducted at the country level to inform the programme. Additionally, support of information-sharing platforms and engagements across the countries is of utmost importance.

This desk review and regional consultation of experts, led by UNICEF ESARO on behalf of GPEI partners, attempted to provide technical support and guide implementers in Somalia, Kenya, and Ethiopia in designing viable strategies to reach all children on the move with polio vaccination. The progress of this initiative will be further reviewed during the next TAG meeting in August 2014 in Amman, Jordan.

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Last but not least, I would like to express my appreciation to all those who contributed to this study in so many ways that I cannot document them all.

A handwritten signature in black ink, appearing to read 'S. Anand', with a stylized flourish at the end.

Dr. Saumya Anand

# Background

In May 2013, the Horn of Africa which had been polio-free for several years, suffered from an importation of wild polio virus that first affected South-Central zone of Somalia and then rapidly spread to the neighboring regions of Kenya and Ethiopia. As of June 5, 2014, there have been a total 219 cases in the region with 195 cases reported in Somalia, 14 cases in Kenya, and 10 cases in Ethiopia since the start of the outbreak in May 2013. Other Horn of Africa countries - Djibouti, Eritrea, South Sudan, Uganda, and Yemen remain at substantial risk of importation. Massive population movement throughout the region complicates the matter.

Since the start of the outbreak, there have been well over a dozen supplementary immunization activities conducted across the Horn of Africa region, targeting over 34 million children and adults repeatedly with OPV. The immunization campaign schedule has been particularly aggressive in Somalia, Kenya, and Ethiopia. To maintain the intensity of the response in 2014, twelve SIAs have been planned for Somalia, and eight each for Kenya and Ethiopia respectively. Additional SIA rounds may be scheduled in the second half of 2014 as the epidemiological situation dictates.

Reaching mobile populations with vaccination, including migrants, pastoralists, IDPs, and to the lesser extent refugees, has been an enormous challenge. While the macro picture of the population movement across the Horn of Africa had been known and was informed by the numerous partners, the programme is struggling to establish a better understanding of what these mobile groups are, what is their mode, scope, geography, and seasonality of travel; and lastly, what is the best way to reach them during and between SIAs.

Recommendations from the last Horn of Africa TAG meeting held in February 2014, included the following: *“develop and implement specific flexible plans for vaccination, communication and surveillance in mobile population with focus on pastoralists/nomadic community. UNICEF/WHO ROs to facilitate exchange of good practices, strategies and planning guidelines. The country teams are encouraged to use available sources of information (e.g., RMMS, IOM, UNHCR, etc.) to identify, map and access this community and vaccinate.”*

On behalf of polio eradication partners in the Horn of Africa, UNICEF ESARO was requested to take the lead to research, synthesize, and explore the available body of knowledge on the subject matter, elucidate gaps, and identify practical steps to support implementing partners in Somalia, Kenya, and Ethiopia to inform the development of flexible immunization strategies to reach mobile populations. This review is a collective effort of polio eradication and other development partners in the Horn of Africa region that will further translate into country-based mobile population operational research and flexible immunization strategies.



# Terms of Reference

At the regional (Horn of Africa) level, this desk review and group consultation of experts was aimed to:

- Identify and research existing bodies of literature and resources available on mobile populations in the Horn of Africa, including resources from the Regional Mixed Migration Secretariat, UNHCR, IOM, FAO, USAID, Danish Refugee Council, and other organizations.
- Synthesize the existing body of knowledge on taxonomy of mobile populations in the Horn of Africa, their movement patterns, seasonality, scope of migration; specifically, motivations for migration (push and pull factors), characteristics of migrant groups (origin, clans, age and gender composition, i.e. travelling with children or not, health status/access to services, ethnic groups, cultural values), country/area of origin or settlement, migration routes and hubs /transit sites (including border crossings), mode of transport, single or mass movement, destinations, stop overs, and length of journeys and other information that may be available.
- Identify critical research gaps (scope and magnitude) to inform the development of flexible immunization strategies to reach mobile populations. Suggest means to fill these gaps to elucidate critical knowledge about mobile populations, including a terms of reference for formative research or additional desk review.
- Suggest a regional framework to address the issue of mobile population immunization during and between SIAs.

At country level (Kenya, Somalia, and Ethiopia):

- Liaison with country offices to identify and document their needs in research and mapping of mobile populations to develop flexible immunization strategies.
- Review polio SIA mobile population strategies and other background documents for technical rigor, coherence and strategic approach (in those countries where such strategies exist).
- Identify and suggest means to fill existing research gaps at the country level to inform the development of comprehensive immunization strategies to reach mobile populations.



# Methodology

- Desk and literature review of available publications
- Inception meeting with the key stakeholders on the approach and methodology
- Solicitation and review of additional material, publications and links to web resources
- Bilateral meetings with major stakeholders and experts including RMMS, FAO, UNHCR, IOM, other migration experts, etc.
- Interview and consultations with country teams in Kenya, Somalia, and Ethiopia
- Filling gaps with web search for additional resources
- Multilateral regional consultation meeting of experts to inform and validate findings
- Report writing based on the findings, discussions, presentations.

# Technical Terms and Definitions

*During the initial phase of the review, it became apparent that most of the stakeholders interviewed had dissimilar understandings of the definitions of relevant terms. The definitions provided below, were obtained largely from the websites and publications of the RMMS, IOM & UNHCR to foster a common understanding based on the scope of this review. For definitions regarding Nomadism and Pastoralists, the sources and definitions are given in the references in the footnotes.*

- *The terms asylum-seeker and refugee are often confused: an **asylum-seeker**<sup>1</sup> is someone who says he or she is a refugee, but whose claim has not yet been definitively evaluated. The practice of granting asylum to people fleeing persecution in foreign lands is one of the earliest hallmarks of civilization.*
- *A **refugee**<sup>2</sup> is a person who is outside their home country because they have suffered (or feared) persecution on account of race, religion, nationality, political opinion, or because they are a member of a persecuted 'social group' or because they are fleeing a war. Such a person may be called an 'asylum seeker' until recognized by the state where they make a claim.*
- ***Internally displaced persons (IDPs)**<sup>3</sup> are among the world's most vulnerable people. Unlike refugees, IDPs have not crossed an international border to find sanctuary but have remained inside their home countries. Even if they have fled for similar reasons as refugees (armed conflict, generalized violence, human rights violations), IDPs legally remain under the protection of their own government, even though that government might be the cause of their flight. As citizens, they retain all of their rights and protection under both human rights and international humanitarian law.*
- ***Returnees**<sup>4</sup>: For many people forced from their homes, a voluntary return home in safety and dignity marks the successful end to the trauma.*
- *An **Immigrant**<sup>5</sup> is an individual who leaves one's country to settle in another, whereas refugees are defined as persons, who move out of one's country due to restriction or danger to their lives.*

1 <http://unhcragencies.weebly.com/who-we-help.html>

2 <http://en.wikipedia.org/wiki/Refugee>

3 <http://www.unhcr.org/pages/49c3646c146.html>

4 <http://www.unhcr.org/pages/49c3646c1ca.html>

5 [http://www.diffen.com/difference/Immigrant\\_vs\\_Refugee](http://www.diffen.com/difference/Immigrant_vs_Refugee)

Difference <sup>5</sup>	Immigrant	Refugees
Definition	<i>An immigrant is someone from a foreign country who relocates to live in another country. They may/may not be citizens.</i>	<i>Refugees move out of fear or necessity. E.g. to flee persecution, or as their homes have been destroyed in a natural disaster.</i>
Status	<i>Immigrants are subject to the laws of their adopted country. They may only come if they have work or a place to live.</i>	<i>Refugees have to move if they are to save their lives or preserve their freedom. They have no protection from their own state</i>
Reason for relocation	<i>Immigrants are usually driven by economic factors, or they want to be close to family.</i>	<i>Refugees are forced to relocate for reasons such as fear of persecution due to war, religion or political opinion.</i>
Phenomenon	<i>natural in population ecology</i>	<i>under some kind of coercion or pressure</i>

- **Statelessness<sup>6</sup>** is the condition of an individual who is not considered as a national by any state.
- Migrants choose to move in order to improve the future prospects of themselves and their families.
- **Unaccompanied minors and separated children<sup>7</sup>** and other vulnerable persons on the move: Migrant children without protection or assistance, in a state of acute vulnerability.
- **Pastoralism<sup>8</sup>**: Encompassing both those who earn part of their living from livestock and livestock products, and those for whom livestock does not provide the main source of income, but who remain connected to a pastoralist lifestyle. This lifestyle combines a dependence on livestock with social structures and traditional practices, specific beliefs and institutions, sets of laws and customs.
- **Pastoral production systems<sup>9</sup>** are those “in which at least 50 percent of the gross incomes of households (i.e. the value of market production and the

6 <http://www.unhcr.org/pages/49c3646c155.html>

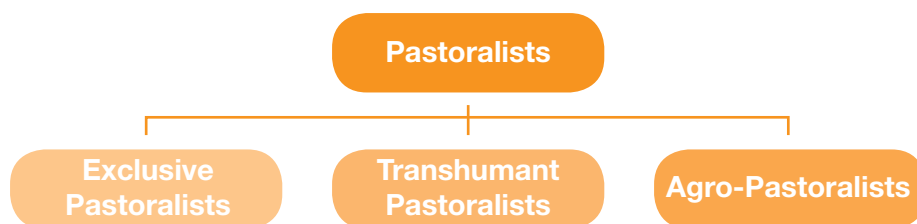
7 [www.regionalmms.org/fileadmin/content/rmms\\_publications/Going\\_West\\_migration\\_trends\\_Libya\\_\\_\\_Europe\\_RMMS.pdf](http://www.regionalmms.org/fileadmin/content/rmms_publications/Going_West_migration_trends_Libya___Europe_RMMS.pdf)

8 HPG Report: Pastoralism demographics, settlement and service provision in the Horn and East Africa, Oxfam GB in Kenya

9 Pastoralism and Land: Land Tenure, Administration and Use in Pastoral Areas of Ethiopia, A joint publication by Pastoralist Forum Ethiopia & International Institute of Rural Reconstruction

estimated value of subsistence production consumed by households) come from pastoralism or its related activities, or else, where more than 15 percent of households' food energy consumption involves the milk or dairy products they produce". The global definition above reflects the characteristics of most Ethiopian pastoralists.

- **Pastoralist societies<sup>10</sup>** are those that have disproportionate subsistence emphasis on herding domesticated livestock
- **Types of pastoralists<sup>11</sup>**



- *Exclusive pastoralism--means that everyone moves with the herds.*
  - *Transhumant--some people move, some people stay behind (Samburu practice both of these).*
  - *Agro-pastoralism--people may practice some agriculture, but still place their heaviest emphasis on rearing livestock.*
- **Nomad<sup>12</sup>** is a person with no settled home, who moves from place to place as a way of obtaining food, finding pasture for livestock, or otherwise making a living. E.g. Gadia Lohar are nomads in India but are not pastoralists
  - **Push factors<sup>13</sup>** are those in their old place which force people to move. For example, there may be civil wars or wars in general in the country, but political or religious oppression, climate changes, lack of jobs or simply poverty are all important push factors.
  - **Pull factors<sup>14</sup>** are factors in the target country which encourage people to move; these include peace and safety, a chance of a better job, better education, social security, a better standard of living in general as well as political and religious freedom

10 <http://www.des.ucdavis.edu/faculty/Richerson/BooksOnline/He5-95.pdf>

11 <http://homepages.wmich.edu/~bstraigh/AN120/AN120visuals/Economy.htm>

12 <http://en.wikipedia.org/wiki/Nomad>

13 <http://publications.iom.int/bookstore/free/An%20Analysis%20of%20Migration%20Health%20in%20Kenya.pdf>

14 [http://en.wikipedia.org/wiki/Forced\\_migration](http://en.wikipedia.org/wiki/Forced_migration)

- **Forced Migration**<sup>14</sup>: *refers to the coerced movement of a person or persons away from their home or home region. It often connotes violent coercion, and is used interchangeably with the terms “displacement” or forced displacement. Due to conflicts and natural disasters and resulting in IDPs & Refugee outflows*
- **Irregular Migration**<sup>15</sup>: *Due to poverty & reduction in livelihood options, and linked to human trafficking and smuggling*
- **Traditional & Cross Border Migration**<sup>16</sup>: *Linked to nomadism and cross border movement. It is mainly a survival strategy such as pastoralists looking for pasture and cross border trade abroad and within the region.*
- **Mixed migration**<sup>17</sup>: *The use of one migration route by several different groups of migrants including asylum seekers, economic migrants, victims of trafficking and smuggling.*
- **People smuggling**<sup>18</sup> (also called human smuggling) is “the facilitation, transportation, attempted transportation or illegal entry of a person or persons across an international border, in violation of one or more countries’ laws, either clandestinely or through deception, such as the use of fraudulent documents”.
  - *The term is understood as and often used interchangeably with migrant smuggling, which is defined by the United Nations Convention against Transnational Organized Crime as “...the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a state party of which the person is not a national”.*
  - *The practice of people smuggling has seen a rise over the past few decades and today now accounts for a significant portion of illegal immigration in countries around the world. People smuggling generally takes place with the consent of the person or persons being smuggled, and common reasons for individuals seeking to be smuggled include employment and economic opportunity, personal and/or familial betterment, and escape from persecution or conflict.*
- *Unlike human trafficking*<sup>18</sup>, *people smuggling is characterized by the consent between customer and smuggler - a contractual agreement that typically terminates upon arrival in the destination location.*

15 <http://ronairobi.iom.int/kenya>

16 <http://kenya.iom.int/our-work/programmes/mida/item/39-kenya>

17 <http://www.iom.int/cms/en/sites/iom/home/about-migration/key-migration-terms-1.html>

18 [http://en.wikipedia.org/wiki/People\\_smuggling](http://en.wikipedia.org/wiki/People_smuggling)

### Resources:

1. Pastoralism in Africa: Past, Present and Future edited by Michael Bollig, Michael Schnegg, Hans-Peter Wotzka
2. Pastoralists Under Pressure, 1999, Roger Blench
3. <http://www.des.ucdavis.edu/faculty/Richerson/BooksOnline/He5-95.pdf>
4. <http://homepages.wmich.edu/~bstraigh/AN120/AN120visuals/Economy.htm>
5. <http://pastoralism-climate-change-policy.com/2013/09/24/nomadic-pastoralism-a-tentative-definition/>



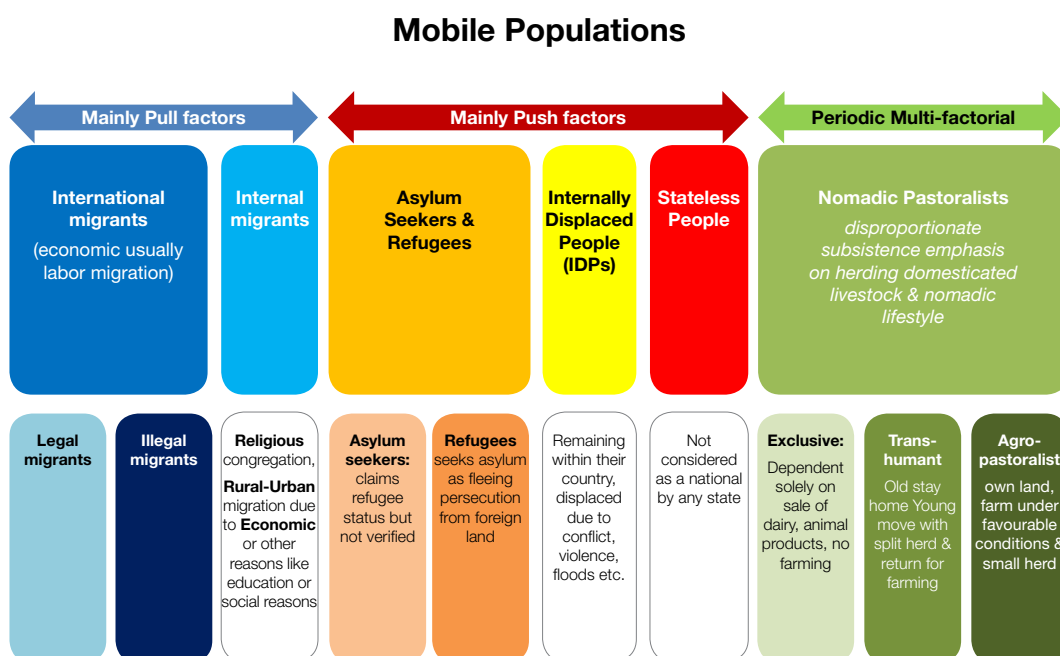


“The importance of understanding movement through the lens of mixed migration is that it captures movement that is invisible and clandestine as well as movement of populations that are more visible and countable.”

Christopher Horwood,  
Coordinator,  
Regional Mixed Migration Secretariat

## Overview of Mixed Migration

The scope of this review in the context of health service delivery in the Horn of Africa (HOA), necessitates the focus on the person instead of the process or concept of migration. Though the definitions have been used from a variety of sources for wider perspectives and to understand the terms better, the document itself refers to the person rather than the process e.g. migrants and asylum seekers or refugees, pastoralists etc. instead of the process of migration.





The broad classification of migration due to pull factors, push factors and multifactorial had been used to focus attention on the basic drive for population movement. It segregates the people who “wanted” to migrate in contrast to those who were “forced” to move out of their areas. Nomadic pastoralists normally have a periodic movement pattern limited to their clan/sub clan areas, influenced by availability of water, field resources and clan dynamics in that order; but external factors like conflict, violence, drought and famine and encroachment into their grazing lands often change the normal patterns of their movement, which are certainly not limited by international boundaries deemed notional by their tribal culture.

## **Examples of these push & pull factors affecting migration**

### **Economic:**

- Widening financial disparity and the growing need for young and relatively cheap labor drives people away in search of employment;
- Inequitable distribution of resources encourages people to search for equality and wealth elsewhere;
- Work requirements often necessitate travel for military officials, tradesmen, and transport workers;
- Kenya is a transit country for goods flowing to its landlocked neighbors, thus large numbers of mobile populations saturate its road and water transport corridors.

### **Socio-cultural:**

- Poor schooling, social services, health care, family reunification and protection pushes people to move in search of new locales with improved facilities;
- Insufficient family support structures encourage individuals to migrate.

### **Natural, environmental and seasonality:**

- Climate pushes pastoralists and cattle rustlers to move seasonally;
- Rural to urban migration can, in part, be attributed to the scarcity; of natural resources; collapsing and contracting industries force people to move in search of a new trade;
- Natural disasters push those unable to cope or survive into safer locales or displacement camps;
- Outbreaks of disease compel people to move into non-susceptible regions.

### **Socio-political environment:**

- Ongoing conflict in Somalia and Sudan and economic disparity in Ethiopia has resulted in a large number of migrants crossing Kenya’s borders.



“Migrants voluntarily register in our Migration Response Centers and seek services when they face problems. These registered migrants are only the tip of the iceberg. The migration flows are much larger among the people that do not seek support of IOM.”

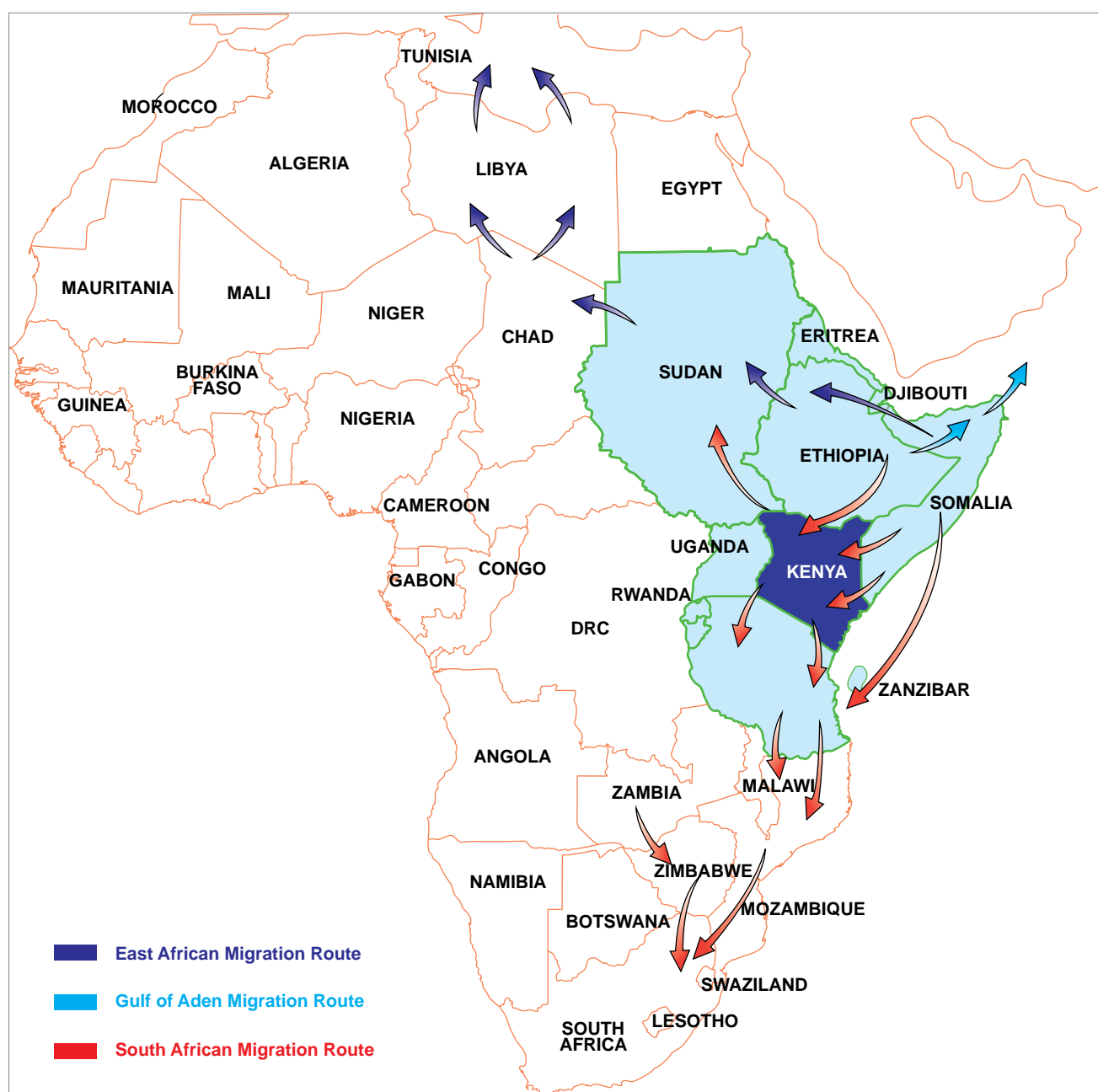
Craig Murphy,  
Project Coordinator on Mixed Migration,  
International Organization for Migration

## Migration due to “Pull” Factors

Migration in the context of the Horn of Africa corresponds largely to three or four major international migration routes in addition to internal migration within each country. International migration is described in most publications by organizations that are actively working in this field like RMMS and IOM. In addition to the eastwards migration across the Gulf of Aden into Yemen and onwards either towards Saudi Arabia, UAE or Oman, a southern route towards the Republic of South Africa (RSA) has considerable mixed migration. The sea crossing in the Gulf of Aden Migration Route<sup>19</sup> is usually from Obock in Djibouti or Bosasso in Puntland in overcrowded boats under arduous conditions.

<sup>19</sup> Source: <http://kenya.iom.int/about-iom/iom-kenya-strategic-focus>

## Major International Migration Routes



Source: <http://kenya.iom.int/about-iom/iom-kenya-strategic-focus>



The South African Migration Route<sup>19</sup> includes both land and sea routes, either separately, or a mixture of these routes, depending on the circumstances. Both Somalis and Ethiopians pass through Nairobi in Kenya for the southern land route. Further, they pass through Tanzania to RSA, either through Mozambique or Zambia & Zimbabwe. The sea route from Somalia begins in Mogadishu, passing through Mombasa, Dar-Es-Salaam finally <sup>20</sup>ending in Mtwara from where land route is usually taken to enter RSA.

<sup>20</sup> Source: OCHA\_ROSA\_Humanitarian\_Bulletin\_Jan\_2014



“Population movement is often happening illegally. Thus, this data is not in the public domain, and there is no reason why it would be. Unless there are investments done to track it, it would not be possible to have precise estimates.”

Christopher Horwood,  
Coordinator,  
Regional Mixed Migration Secretariat



**Egypt**

**Towards Egypt:** EU parliament adopted a resolution on security and human trafficking in the Sinai. The resolution calls for regional coordinated action to address trafficking in the Sinai, amongst other recommendations. A joint Sudanese and Egyptian border unit is reportedly under discussion among relevant authorities and will be aimed at addressing cross border crime including human trafficking and smuggling along the common boundary of both countries. A Regional Dialogue on human trafficking and smuggling is scheduled for later this year.

**Sudan**

**Snatched in the desert:** Eritreans are fleeing Eritrea at an estimated rate of at least 400-700 per month. Some estimates suggest the flow is much higher (up to 4,000 per month). Some are kidnapped by tribesmen in the desert and sold to trafficking / extortion gangs in Sudan, Libya, Egypt and the Sinai region. The Shagrab camp complex near Kassala hosts approximately 29,000 people. UNHCR claims that number of reported kidnappings of refugees and migrants have reduced in recent months due to specific police and military action (with international support).

**Eritrea**

**Arriving from Eritrea:** According to some sources Eritrean refugees have been entering Ethiopia at the rate of 1,500 to 2,000 every month. Unaccompanied Eritrean minors are reported to be arriving at the rate of 150 to 200 per month and remain a group of concern.

**Red Sea**

**Departing from Obock:** In June 2014, 2,946 migrants/refugees arrived on the shores of Yemen, a 39% decrease from May 2014 and an 18% decrease from the migrants/refugees that arrived in June 2013.

**Yemen**

**Haradh:** The number of migrants in Haradh is reported to have scaled down from the 25,000 recorded at the beginning of 2013 to hundreds by June 2014 following the closure of the Yemen/Saudi border.

**Saudi Arabia - Legal and Policy Changes:** Efforts to restructure the domestic labour market in Saudi Arabia led to changes in the *Nitaqat* system in March 2013. As a result the King issued an amnesty for undocumented labour migrants to correct their status by November 2013. The expiry of the amnesty and a subsequent crackdown on undocumented labour migrants resulted in the expulsion and return of over 550,000 Yemeni labour migrants via the Al Tuwal border, 10km north of Haradh in Hajjah Governorate. In addition, an estimated 160,000 Ethiopian labour migrants and over 36,000 Somalis have been deported to Addis Ababa and Mogadishu respectively, with more expulsions expected. Collectively, 1 million of the estimated 9 million labour migrant work force has been deported or willingly left the Saudi kingdom with the number expected to reach 2 million.

**Gulf of Aden**

**Trafficking of women:** Female migrants/refugees in Yemen are vulnerable to harassment, kidnapping, domestic servitude and other forms of slavery. Data soon to be published in an upcoming RMMS report suggests there is an unexplained 'disappearance' of migrant women following their arrival in Yemen.

**Oman:** A crackdown on labour migrants in Saudi Arabia may result in higher migrant movement east of Yemen to Oman.

**Departing from Bossaso:** In June an estimated 3,279 migrants/refugees departed from Bossaso, a 15% decrease from May 2014 and a 382% increase from the migrants/refugees that arrived in June 2013.

**South Sudan**

**South Sudanese refugees:** Over 1.5 million are displaced following an outbreak of violence in South Sudan in mid-December 2013. Over 400,000 South Sudanese have sought refuge in neighbouring countries mainly Uganda, Kenya and Ethiopia.

**Ethiopia**

**Ethiopian exodus:** An estimated 4,468 Ethiopians made their way to Yemen in June 2014, a 34% decrease from May 2014 and a 7% increase from the number of Ethiopians that arrived in June 2013.

**Addis Ababa**

**Refugees in Ethiopia:** At the end of June, Ethiopia was host to over 570,000 refugees from 13 countries. The majority Somali (244,340) followed by South Sudanese (158,000).

**Somali**

**Irregular movement:** An estimated 600-900 migrants/refugees leave Somaliland every month. An estimated 200 migrants/refugees are intercepted by Ethiopian authorities and returned. A majority of the departing migrants are destined for Libya.

**Somali returns:** Over 34,000 Somali refugee returns were recorded in 2013 mainly from Kenya. Following the April 2014 crack down on urban refugees in Kenya, 359 Somalis have been deported to Mogadishu while an estimated 7,000 are reported to have fled.

**Expulsions from Saudi Arabia:** Since December 2013, over 36,000 Somalis have reportedly been expelled / deported from Saudi Arabia, with thousands more expected as part of the Saudi 'purge' on irregular migration.

**Somali IDPs:** Somalia generates the highest number of refugees in the region. According to data collected and posted by UNHCR there are over 1.1 million internally displaced persons in Somalia. Mogadishu is host to approximately 370,000 IDPs.

**Going South:** Ethiopian and Somali migrants move along the eastern corridor of Africa towards South Africa led by smugglers. Death and violence are common. Numbers are unknown but in 2009 it was estimated that approximately 20,000 took this route every year.

**Migrants/ Refugees going to South Africa** Irregular immigrant's en-route to South Africa face xenophobic attacks both in transit and destination countries. see OCHA South-East Africa migration flows map. [http://reliefweb.int/sites/reliefweb.int/files/resources/Pages%20from%20OCHA\\_ROSA\\_Humanitarian\\_Bulletin\\_Jan\\_2014.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Pages%20from%20OCHA_ROSA_Humanitarian_Bulletin_Jan_2014.pdf). Amnesty International in a 12 June Press Release claimed South Africa's Government and police are failing to protect Somali refugees from deadly attacks.

**Legend:**

- Capital
- Main town or village
- Refugee camp
- Movement on land
- Movement by sea

The RMMS is primarily funded by the European Union Commission with significant support from other donors.



## Overview of Mobile Populations in the Horn of Africa

East African Migration routes<sup>19</sup>, are across the Sahara Desert. These routes include long road journeys in overcrowded Lorries. The northern land route is passed either via Kenya or Ethiopia into Kassala in Sudan, passing through Egypt and across the Suez Canal into Turkey, whereas the north-western route branches off from Sudan into Chad and through Libya across the Mediterranean Sea into Europe. The sea crossing is also a perilous journey under overcrowded conditions that often end in boats capsizing. The Red Sea route described in some of the publications is now rarely used.

Air route to Europe and RSA is also used to a limited extent by the migrants who do not wish to go through the hardship of land & sea routes and have the resources to travel by air.

There are several updated resources available giving both data and subjective and anecdotal accounts and case studies for these migration patterns, routes, conditions and other aspects. These include the RMMS publications<sup>21</sup> and IOM publications<sup>22</sup>, in addition to monthly 1-pagers by RMMS (See page 15) which provide updates on major routes with some key figures. Additional resources, given below, can help bridge the gaps. There is a breakup of migration with a rough estimate of gender, age and reason for migration including push and pull factors that cause the migration in the first place. However, it is essential to understand that a large part of this migration is not only difficult to characterize by cause as it is multifactorial in nature, but also, migration is a dynamic phenomenon. Many of the transit points like Eastleigh in Kenya become short or long term destinations for a significant proportion of the migrants. In addition, even the people who head towards refugee camps as asylum seekers could be going there to escape violence, oppression (Push factors) or just to get food and treatment<sup>23</sup> (Pull factors).

From the point of view of planning a transit strategy for vaccinating the target age groups within these migrants, the major routes are given below. Transit & mobile teams need to be placed strategically at each of these “hubs” of migration, and on the border crossing and the sea ports, with the objective to tap the children who would otherwise be missed. An irregular migrant is least likely to “resist” vaccination for an accompanying child in order to avoid attention. Care should be taken to ensure that all arrival/transit and departure points for potential migrants are identified and vaccination teams are deployed consistent with the flow of children at these points.

21 Migrant Smuggling in the Horn of Africa, RMMS, June 2013

22 In Pursuit of the Southern Dream: Victims of Necessity, IOM, April 2009

23 Discussions with medical and program staff, specifically, Dr. Miriti Damaris, Health Assessment Centre IOM and data presented by her suggest that people come to Dadaab for Multi Drug Treatment of Tuberculosis being provided.



## Excerpts from “Health Vulnerabilities study of Mixed Migration flows from the East and Horn of Africa and the great lakes region to Southern Africa” A study by IOM

### PUSH-PULL FACTORS

While war, poverty, discrimination, violence and the promise of money and opportunity in South Africa continue to be the main push factors for all groups of irregular migrants, some of the Somali migrants interviewed for this study claimed that they had left their home country because they feared recruitment by radical/terrorist groups operating in Somalia. Migrants from the DRC, meanwhile, cited the ongoing conflict and violence in their country as the major reason behind their decision to leave. Based on the interviews conducted, some migrants appeared to have given little thought to organizing and planning their journey and had simply fled as an act of self-preservation in the face of danger and in search of a “safe place”. However, there is some anecdotal evidence suggesting a certain degree of planning and organization among migrants from the DRC who had transited through Mozambique.

**The main routes used by Migrants travelling towards RSA in 2009<sup>24</sup> were as follows: Ethiopian migrants**

- 1st route: Moyale (Ethiopia) by road – Nairobi by road to Mombasa, by road to Tanga or dhows to Bagamoyo and then Dar Es Salaam by road – Mbeya – by road to Malawi
- 2nd route: Moyale by road to Nairobi by road to Namanga-Arusha-Mbeya-Malawi
- 3rd route: Moyale (Ethiopia) by road – Nairobi by road to Mombasa by road to Taveta— on foot to Mwanga district or Sanya Juu in Hai District in Kilimanjaro- by road to Mbeya- Malawi
- 4th route: Moyale/Nairobi/Mombasa/Namanga/Dar Es Salaam/Mtwara
- 5th route: Moyale/Nairobi/Sirari/Mwanza/Tabora/Sikonge/Mbeya-Malawi
- 6th route: Moyale/Nairobi/Mombasa by boat/dhow to Mtwara
- 7th route: Moyale/Nairobi/Mombasa by boat to Mozambique and then return by road to Mtwara where they later travel by road to Malawi

**Somali irregular migrants travelled through Kenya and then took the following routes:**

- 1st route: Mogadishu/Garissa/Nairobi/Mombasa/Namanga/Dar Es Salaam/Mtwara
- 2nd route: Mogadishu/Garissa/Nairobi/Mombasa/Tanga/Dar Es Salaam/Mtwara
- 3rd route: Mogadishu/Garissa/Nairobi/Mombasa by boat to Mtwara
- 4th route: Mogadishu/Garissa/Nairobi/Mombasa/Pemba in Mozambique/Mtwara

**Note:** Addition transit sites<sup>29</sup> are given in the section on migration due to push factors (Pg. 21 onwards).

<sup>24</sup> In Pursuit of the Southern Dream: Victims of Necessity, IOM, April 2009

## Modes of transport

- 1. Air travel:** Limited use by those who have the resources
  - a. Full air flight: A small number of migrants interviewed flew all the way to South Africa from their origin country of Ethiopia or Kenya.
  - b. Partial flight: For most irregular migrants, air travel only covered a portion of their route. Flights between the cities of Addis Ababa, Nairobi, Harare, Maputo, Lilongwe, Lusaka and Johannesburg were mainly used.
- 2. Sea travel:** A substantial number of migrants interviewed travelled by water as part of their journey. The two main routes passed through the Indian Ocean and the lake. Transiting migrants took boats from places as far as Mogadishu and Mombasa to destinations as distant as Mozambique. The migrants who travelled by boat through the lake had aimed to secure entry into Malawi. Passages through the Indian Ocean and the lake have declined in popularity as governments have increased their efforts to prevent migrants from using these routes. Tragic incidents well publicized in the international media, such as the drowning of irregular migrants from Eastern Africa in the lake in June 2012, may have also contributed to the reduced use of previously busy routes.
- 3. Overland travel:** The Ethiopian and Somali migrants who moved to Southern Africa used a variety of routes to cross transit countries in 2009.<sup>6</sup> Since then, several new routes have opened up to supplement existing routes or to circumvent routes that have become more difficult to transit due to new legislation that allows imprisonment of people using these routes and the threat posed by immigration patrols or violence. The most popular transit countries among migrants bound for Southern Africa include Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. While some migrants transit through Swaziland and Botswana, the majority use the aforementioned six countries as transit points for migrating south. As Congolese migrants were not part of the assessment for the 2009 study, it is not possible to assess any changes in their movement patterns. For the current study, Burundi, Mozambique, Rwanda, Tanzania, Zambia and Zimbabwe were identified as transit countries for migrants from the DRC migrating to Southern Africa.

As in 2009, container trucks, boats and travel on foot were the favored modes of transport by Ethiopian and Somali migrants interviewed for the current study. Meanwhile, migrants from the DRC often travel on foot and frequently use commercial transportation such as buses and minibuses. Air travel, which was used to a lesser extent by Ethiopian and Somali migrants in 2009, appears to be used more frequently by Ethiopian and Somali migrants, particularly through Mozambique.

## Resources

1. Health Vulnerabilities study of Mixed Migration flows from the East and Horn of Africa and the great lakes region to Southern Africa” A study by IOM
2. [http://publications.iom.int/bookstore/free/In\\_Pursuit\\_of\\_the\\_Southern\\_Dream.pdf](http://publications.iom.int/bookstore/free/In_Pursuit_of_the_Southern_Dream.pdf)
3. A Rapid Assessment of access to health care at selected one stop border posts, Dec 2013 by IOM

“Approximately 435,600 children in the Horn of Africa are Refugees”

Dr. John Burton,  
Senior Public Health Officer,  
UNHCR



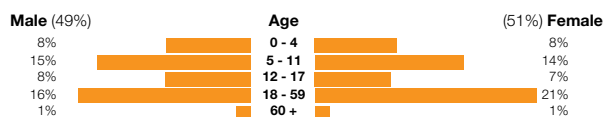
# Migration due to “Push” Factors

Displacement is an important aspect of population movement in the Horn of Africa, considering ongoing violence & conflict ongoing in Somalia and South Sudan, food insecurity in Somalia and parts of Ethiopia and Kenya. In addition, the inter clan dynamics and hostilities also adds to the forced migration, especially with regards to pastoralists, who are otherwise restricted within their areas of periodic clan mobility.

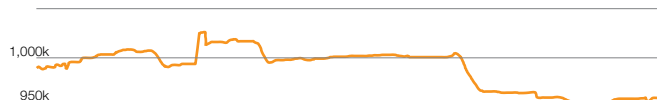
## Refugees, Asylum Seekers & IDPs in the Horn of Africa, 2013-14



### Demography

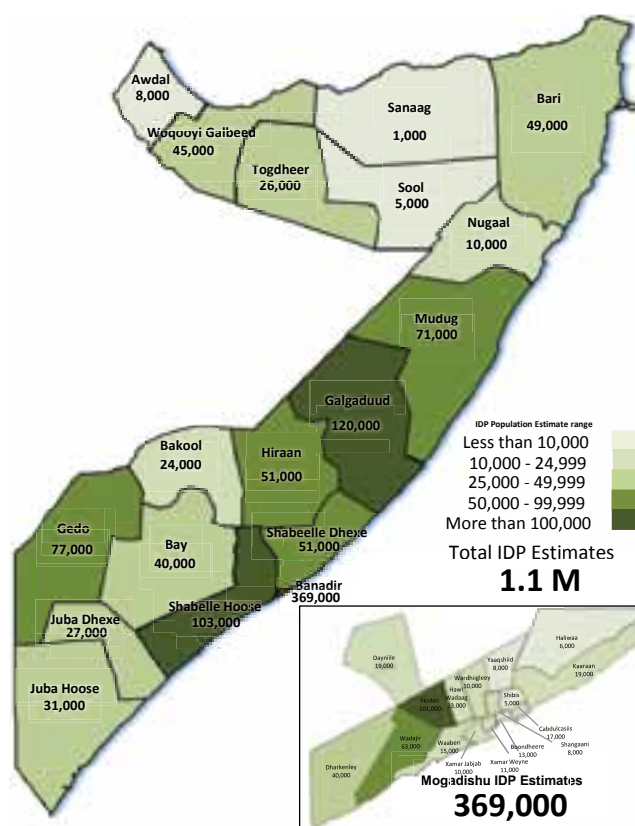


### Estimated Population by Date



### List of

- Refugee camps
- IDP Settlement
- Peri-urban sites



“Understand people you serve and context of their lives. Underserved communities respond better to grass root organizations. Engage local leaders into planning.”

Dr. John Burton,  
Senior Public Health Officer,  
UNHCR

Relevant data with regards to IDPs, asylum seekers and refugees is readily available on UNHCR web sites by country with maps of refugee camps giving gender and age distribution, with recent time-trends. The table of forced migrants for the countries of Ethiopia, Kenya and Somalia are shown in the table (right). The figures represent the numbers of each type of displaced people by country of origin and residence as of 2013.

Forced Displacement	Residing in			Originating from		
	Somalia	Kenya	Ethiopia	Somalia	Kenya	Ethiopia
Refugees	2,339	550,506	407,646	1,130,939	8,759	73,926
Asylum Seekers	8,931	49,642	1,371	30,086	1,498	41,934
Returned Refugees	7	0	8	7	0	8
Internally Displaced (IDPs)	1,122,559	0	0	1,122,559	0	0
Returned IDPs	10,404	0	0	10,404	0	0
Stateless Persons	0	20,000	0			
Various	69	0	1,421	993	0	3,758
Population of Concern	1,144,309	620,148	410,446	2,294,988	10,257	119,626 <sup>25</sup>

The UNHCR website has projected planning figures for the next year as well. Details of each of the refugee camps in the Horn of Africa is also available with UNHCR and can be obtained from local representatives<sup>26</sup> for the countries in the Horn of Africa.

<sup>25</sup> SOURCE: Map & Table, [www.unhcr.org](http://www.unhcr.org), data as of Mid 2013

<sup>26</sup> UNHCR representative staff presented the number of refugees in each camp from the countries in Horn of Africa





This information can easily be used for micro-planning as it has both Age and Gender distribution data updated periodically. Although, the immunization coverage in the refugee camps is relatively good, it is the period between the supplementary immunization campaigns that is of concern. During the inter-campaign period, the refugees continue to come from the insecure and violence affected areas which, very likely, had low campaign coverage if at all.

Additionally, the IOM relief-web<sup>27</sup> publications give details of internally displaced populations (IDPs) by administrative regions. The site also provides links in OCHA and IOM websites showing UNOTAR/UNISAT<sup>28</sup> satellite imagery of new upcoming IDP settlements. These new settlements need to be cross verified on the ground. In fact, these maps are so detailed that they can easily be used to monitor if all the IDP settlements shown on the map are included in the supplementary immunization or routine immunization micro plans by cross matching the numbers of such settlements. For e.g., the map below, shows 26 new IDP shelters (shown in red) that came up between 11th August 2013 and 5th March 2014 in Kismayo in Somalia.

“While it is apparent that countries at sub-national level know these [mobile] populations and their movement patterns, these are not clearly documented and readily available for use in micro planning.”

Dr. Sam Okiror,  
WHO Polio Outbreak Horn of Africa Coordinator

<sup>27</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/Dimensions-of-Crisis-on-Migration-in-Somalia\\_0.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Dimensions-of-Crisis-on-Migration-in-Somalia_0.pdf)

<sup>28</sup> [http://reliefweb.int/sites/reliefweb.int/files/resources/UNOSAT\\_A3\\_Galkayo\\_20140420opt\\_0.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/UNOSAT_A3_Galkayo_20140420opt_0.pdf),  
<http://www.unitar.org/unosat/node/44/1741>

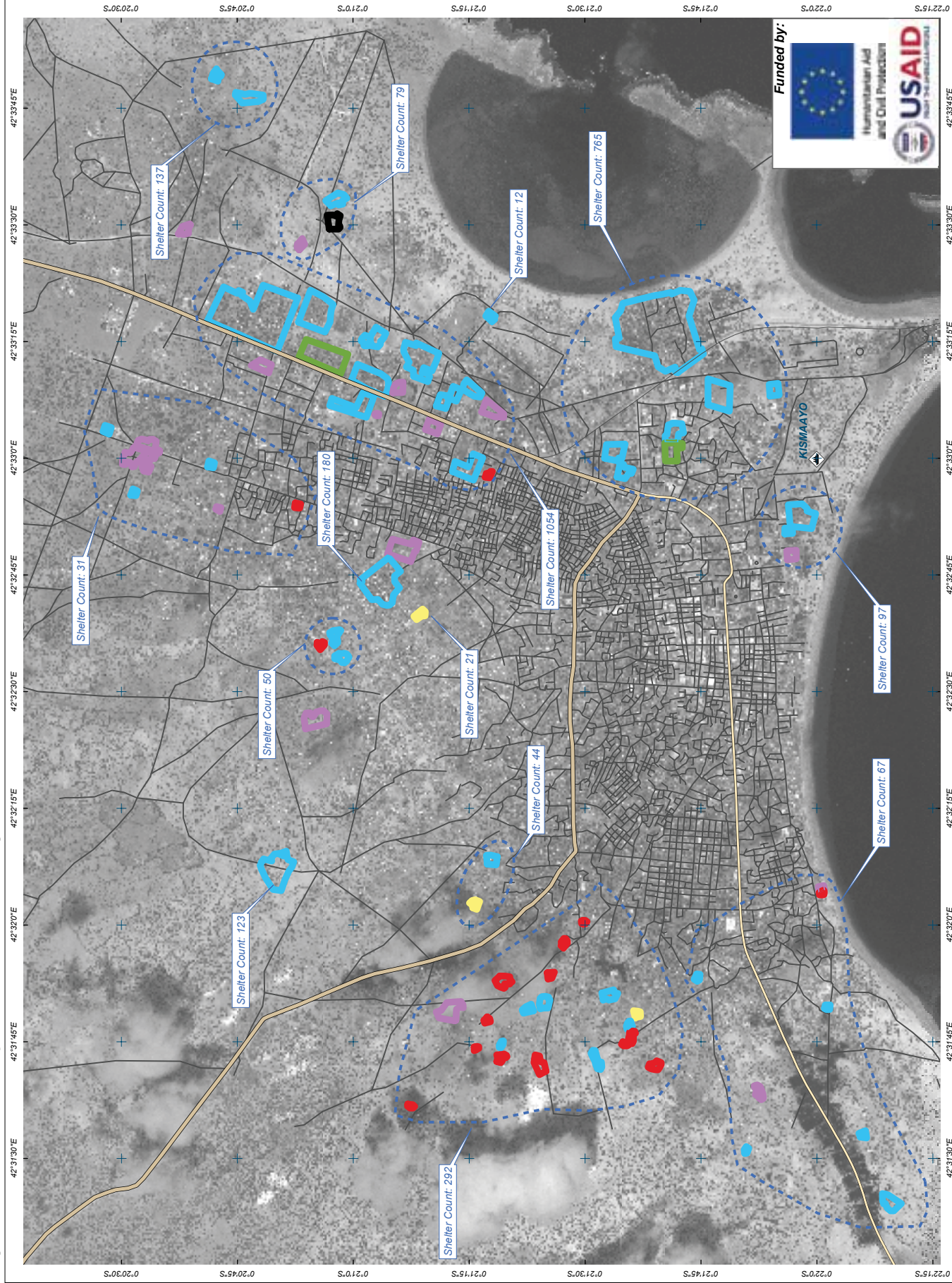


# IDP SETTLEMENTS AND SHELTERS IN KISMAYO, LOWER JUBA, SOMALIA

This map illustrates probable IDP shelters in Kismayo, Somalia as seen in satellite imagery collected by the WorldView-1 satellite on 3 May 2014. In this area UNOSAT located 2,952 shelters in 64 apparent IDP settlements. However, poor image quality, density of shelters, and varied construction material introduces significant uncertainty into this analysis. The IDP

settlement areas were also compared to an image from 05 March 2014 collected by the WorldView-1 satellite to give indications on whether settlements were new, had closed, or were increasing or decreasing in size. This is a preliminary analysis and has not yet been validated in the field. Please send ground feedback to UNITAR / UNOSAT.

Analysis with WorldView-1 Data Acquired 05 March 2014 and 03 May 2014

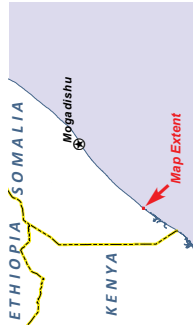


Production Date:  
7/4/2014

Complex  
Emergency

Version 1.0

Activation Number:  
CE20130710SOM



Highway/Primary Road

Secondary Road

Local/Urban Road

IDP Camp Status (05 March - 03 May 2014)

Closed

Open - Contracted

Open - Expanded

Open - New

Open - No Change

Open - Unknown (clouded / no coverage)

Map Scale for A3: 1:15,000



Satellite Data (1): WorldView-1  
Acquired Date: 03 May 2014  
Resolution: 50 cm

Source: US Department of State, Humanitarian Information Unit, NextView License

Satellite Data (2): WorldView-1  
Acquired Date: 05 March 2014  
Resolution: 50 cm

Copyright: DigitalGlobe

Source: European Space Imaging

Road Data: OSN (via bbbike)

Other Data: USGS, UNOSAT, MGA

Production: UNITAR/UNOSAT

Analysis conducted with ArcGIS v10.1

Coordinate System: WGS 1984 UTM Zone 38N

Datum: WGS 1984

The depiction and use of boundaries, geographic names and related data shown here are not warranted to be error-free nor do they imply official endorsement or acceptance by the United Nations. UNOSAT is a program of the United Nations Institute for Training and Research (UNITAR) and is a joint venture between UNOSAT and related geographic information research and analysis to UN humanitarian and development agencies and their implementing partners.

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Funded by:



“It is critical that planning at national, zonal, and district levels accounts for and include mobile populations. If this is institutionalized in the micro plan, then these underserved groups will be covered and their needs met. If not, how do we ensure that sufficient quantity of vaccines and teams are made available? If we don’t plan for the mobile populations, we will fail to reach them!”

Dr. Brigitte Toure,  
UNICEF Senior Regional Immunization Adviser

Key transit Hubs<sup>29</sup> for migrants in the Horn of Africa with the potential to be tapped for immunization Ethiopia

1. Dire Dawa: migrants en route to Djibouti and Somaliland, using the Eastern route
2. Jigjiga: migrants en route to Djibouti and Somaliland, using the Eastern route. Also: Somaliland migrants on their way to Sudan (so Jigjiga is a major transit points for routes in two directions).
3. Afar region: migrants en route to Djibouti and Somaliland, using the Eastern route
4. Metema: for migrants on their way to Sudan, using the Western route
5. Gambela or Assossa: other transit points for migrants on their way to Sudan
6. Dolo: main entrance point for Somalis crossing into Ethiopia
7. Benishengul, Gumuz, Gambela: reportedly transit points for Ethiopians going South using a ‘new’ route to South Sudan (but likely severely restricted after the unrest that started end of 2013)
8. Addis Ababa: major hub for Horn of Africa migrants (including many migrants from Somalia/Somaliland). Recently 160,000 Ethiopians deported from Saudi Arabia.

29 Source: Bram Frouws an Independent Consultant / Senior Research Associate with the Regional Mixed Migration Secretariat



## **Djibouti**

1. Obock: main embarkation point for boats to Yemen. Also: remote coastal locations in the vicinity of Obock
2. Djibouti city: major hub, where many (mainly Ethiopian) migrants spend some time.
3. Loyada (or Loya'ade): on the border between Somaliland and Djibouti, major transit point for smuggling of migrants
4. Ali-Addeh / Hol-Hol: major refugee camps

## **Somaliland**

1. Hargeisa: major hub, different migrant groups often regroup here, before moving on to Djibouti or Puntland, or to the Somaliland coast (Berbera)
2. Ceel-Gaal: transit point on the way to Djibouti

## **Puntland**

1. Bossaso: main embarkation point for boats to Yemen.
2. Galkaayo: transit point for Somalis from South-Central on their way to Bossaso (to get on boats to Yemen)

## **Somalia**

1. Mogadishu: large number of Somalis (approx.. 36,000) recently deported from Saudi Arabia (WHO provides polio vaccinations upon arrival at the airport)
2. Hiraan: transit point for South Central Somalis on the way to Puntland

## **Sudan**

1. Kassala and surroundings: main transit point for Eritreans crossing into Sudan. Several UNHCR refugee camps. Also an entry point for migrants taking land route towards Europe
2. El-Gedaref: main transit point for both Eritreans and Ethiopians crossing into Sudan
3. Khartoum, Dongola and Selima: transit hubs for Horn of Africa migrants on the way to Libya

## Kenya

1. Kakuma and Dadaab: Kenya's major refugee camps in the North-West (South Sudan) and North-East (Somalia).
2. Liboi: (on the Somali border) and
3. Garissa: are major hubs for Somali refugees/migrants travelling between Somalia/Dadaab/Nairobi
4. Moyale: major border crossing between Ethiopia and Kenya.
5. Isiolo: major transit points between Ethiopian border and Nairobi (for migrants going south). Irregular migrants are also increasingly found in Nanyuki and Meru.
6. Nairobi: major hub for migrant smuggling. Many Somalis in Nairobi Eastleigh neighborhood.
7. Namanga: main border crossing between Kenya and Tanzania. However, migrants use many other unofficial border crossings between Kenya and Tanzania.
8. Mombasa: If the coastal route is used, many smuggled Somalis and Ethiopians pass through Mombasa, then move on by boat typically to the Tanzanian coastal town of Mtwara.

**Note:** *migrants use many routes to avoid checkpoints along the main Moyale-Isiolo-Nairobi route. Due to the Kenyan crackdown on illegal foreigners, migrants also increasingly avoid Nairobi and divert their routes around Nairobi, for example passing through Nakuru or even Eldoret.*

### Additional Resources:

RMMS Publications at [www.regionalmms.org](http://www.regionalmms.org)

1. Migrant Smuggling in the horn of Africa and Yemen: the political economy and protection risks
2. Mixed Migration in Kenya: the scale of movement and associated protection risks
3. Going West: contemporary mixed migration from the Horn of Africa to Libya & Europe
4. Responses to mixed migration in the Horn of Africa & Yemen: policies and assistance responses in a fast-changing context
  - Mobile Africa: Changing Patterns of Movement in Africa and beyond, 2001
  - In pursuit of the Southern Dream: Victims of Necessity April 2009, IOM

### Web Resources

1. Regional Mixed Migration Secretariat
  - i. <http://www.regionalmms.org/index.php?id=15>
  - ii. <http://www.regionalmms.org/index.php?id=37>
  - iii. <http://www.regionalmms.org/index.php?id=6>
  - iv. <http://www.regionalmms.org/index.php?id=5>
2. MIXED MIGRATION FLOWS: SOMALI AND ETHIOPIAN MIGRATION TO YEMEN AND TURKEY, FINAL REPORT, MAY 2010 Prepared for the Mixed Migration Task Force by Ray Jureidini, Center for Migration and Refugee Studies American University in Cairo
3. <http://www.imi.ox.ac.uk/pdfs/imi-policy-briefings/pb-12-11-exploring-the-future-of-migration-in-the-horn-of-africa-survey-insights>
4. [https://www.unodc.org/documents/human-trafficking/Migrant\\_smuggling\\_in\\_North\\_Africa\\_June\\_2010\\_ebook\\_E\\_09-87293.pdf](https://www.unodc.org/documents/human-trafficking/Migrant_smuggling_in_North_Africa_June_2010_ebook_E_09-87293.pdf)
5. <http://www.lse.ac.uk/government/research/resgroups/MSU/documents/workingPapers/campbell.pdf>
6. <http://www.migrationpolicy.org/article/trans-saharan-migration-north-africa-and-eu-historical-roots-and-current-trends>
7. <http://unesdoc.unesco.org/images/0011/001185/118566eo.pdf>
8. <https://www.fas.org/sgp/crs/row/R42046.pdf>
9. Migration for development in Africa (MIDA)

10. <http://reliefweb.int/sites/reliefweb.int/files/resources/Displaced%20Populations%20Report%20Sept%202012%20-%20March%202013.pdf>
11. [http://www.diffen.com/difference/Immigrant\\_vs\\_Refugee](http://www.diffen.com/difference/Immigrant_vs_Refugee)
12. IOM
  - i. <http://kenya.iom.int/>
  - ii. <http://www.iom.int/cms/en/sites/iom/home/where-we-work/africa-and-the-middle-east/east-africa.html>
13. UNHCR
  - i. <http://www.unhcr.org/pages/49e483a16.html>
  - ii. <http://www.unhcr.org/4c7fa45b6.pdf>
  - iii. <http://data.unhcr.org/horn-of-africa/regional.php>
14. UN Population Information Network <http://www.un.org/popin/>
15. UN Data base <http://www.un.org/en/databases/>
16. UNITAR/UNOSAT <http://www.unitar.org/unosat/node/44/1741>
17. <http://WHO.int>
18. <http://Unicef.org>

# Health Risks and Services

Publications that describe the migrants going across the Gulf of Aden or towards RSA; or the publications that describe the displaced populations, suggest that children of various age groups are a part of the migrant cohort. The proportion of children varies as per the migrant route and the push & pull factors. For example, registration data from Migration Resource Centre (MRC) Hargeisa during 2013 suggests 667 (62%) of registrations were children, whereas MRC Bossasso data registered 511 (15%) children during the same period. It is however, essential to understand that this data may not be a representative sample of the migrants. The health assessment centers for IOM are providing essential health services like immunization for the migrants who register, similarly, those at the refugee camps are also getting basic health care and immunization. Nonetheless, a large proportion of IDPs, irregular migrants, migrants involved in smuggling, trafficking, unaccompanied children may not have any access to health services. This is well documented in this excerpt from “Health Vulnerabilities study of Mixed Migration flows from the East and Horn of Africa and the great lakes region to Southern Africa” by IOM (See below).

<sup>30</sup>Migrants from all groups face various health risks. Travel in the back of container trucks – a common means of transport through Tanzania, Mozambique and Zambia – poses serious health risks to migrants. There have been reported cases of migrant deaths due to suffocation. Migrants routinely cross forests in order to enter various countries through unofficial borders. These unregulated routes are extremely dangerous because of the physical nature of the journey and the lack of essentials such as water, food and shelter along the route. Furthermore, migrants routinely suffer physical violence on these routes. There are minors from the DRC who regularly travel alone or with an adult who is not a relative. This has raised concerns on the possible hazards of such travel as it is not clear whether the minors are travelling on their own free will.

The health vulnerabilities of migrants are discussed in detail in the references mentioned at the end of the chapter. With regards to polio, it is now well documented from the outbreaks recently in Chad, 2008 outbreak in Badaun in Uttar Pradesh, India, and 2013 outbreak in the Horn of Africa; that migration plays a big role in spreading the disease. This is evident in a time series spot map of the 2013 HOA outbreak starting in Somalia and how the transmission spreads along the migration routes. This is exactly the kind of disease propagation that is and should be targeted by a robust transit and border strategy used in supplementary immunization campaigns.

30 Source: Communicable Disease Epidemiological Profile: Horn of Africa WHO/CDS/NTD/DCE/2007.1



### Additional References:

1. Communicable Disease Epidemiological Profile: Horn of Africa WHO/CDS/NTD/DCE/2007.1
2. "Health Vulnerabilities study of Mixed Migration flows from the East and Horn of Africa and the great lakes region to Southern Africa" A study by IOM
3. An Analysis of Migration Health in Kenya, 2011, IOM
4. A Rapid Assessment of access to health care at selected one stop border posts, Dec 2013 by IOM
5. Pursuit of the Southern Dream: Victims of Necessity, April 2009 IOM Publication
6. <http://iom.int/cms/en/sites/iom/home.html>
7. <http://www.doctorswithoutborders.org/article/somali-region-ethiopia-thousands-idps-search-food-and-water>
8. <http://www.doctorswithoutborders.org/article/drc-nomadic-herders-repeatedly-forced-flee>
9. <http://www.doctorswithoutborders.org/article/mali-msf-responds-measles-epidemic>
10. <http://www.doctorswithoutborders.org/article/galcayo-town-divided-population-trying-endure>
11. <http://www.doctorswithoutborders.org/article/somalia-crisis-pushing-people-their-homes-en-masse>
12. <http://www.theguardian.com/environment/gallery/2009/sep/07/turkana-kenya-drought-climate-change>
13. <http://kwekudee-tripdownmemorylane.blogspot.com/2013/07/turkana-people-kenyas-beautiful-semi.html>
14. [http://www.unicef.org/education/kenya\\_67937.html](http://www.unicef.org/education/kenya_67937.html)
15. <http://www.wanderingnomads.com/region/people/>
16. [http://www.redcross.int/EN/mag/magazine2009\\_1/22-27.html](http://www.redcross.int/EN/mag/magazine2009_1/22-27.html)
17. <http://www.popline.org/node/295437>
18. <http://www.imi.ox.ac.uk/news/new-partnership-to-study-migration-futures-in-the-horn-of-africa>

“There are no administrative borders for pastoralists in Somalia – there is an ecosystem and clan influence that drive the movement of pastoralists.”

Dr. Cyprien Biaou,  
Coordinator Livestock Sector,  
FAO

## Pastoralists of Sub-Saharan Africa

During the desk review and consultation with stakeholders, a fair amount of resources were identified and studied on pastoralists in Sub-Saharan Africa. The majority of the work was academic and certainly lacked a consolidated version of the recent taxonomy, distribution, health status and access to health services with reference to pastoralists in the horn of Africa. Many of the studies and publications were too historical to have relevance to the present mapping of pastoralist clans. Some were recent, but limited by research on a few sub clans in a small area, thus providing only bits and pieces of the big picture.

During the review it became clear that the pieces of the puzzle would have to be joined and the missing information projected with help from the older academic research, web resources and current publications. Additional information would have to be obtained through studies that give the relevant perspective to fill gaps. Health studies for the pastoralists tribal people are also available and provide glimpses of the health status of the clans. Indeed, the polio outbreak in Chad and the current data of zero-dose for the Non-Polio Acute Flaccid Paralysis (AFP) cases highlights that the campaigns have not been able to sufficiently cover the nomadic pastoralists, especially in the in-accessible hard to reach areas.

Although there is significant research material, publications and papers available on the subject, its practical use for reaching the pastoralists for delivering services, verification of the clans and their location on the ground is extremely difficult. In addition, deliberations with stakeholders and review of the available resources substantiate the need for developing a socio-cultural understanding of the pastoralist's clans. Equally essential is the need to build a trust-based relationship with the pastoralists' elders, for any service delivery mechanism to be planned successfully.

### Historical Taxonomy Map of Pastoralists



The historical taxonomy map<sup>31</sup> (above) of pastoralists describes the location of main branches or clusters, clans etc. The table below (page 34) of Pastoralists' Taxonomy<sup>32</sup> showing main branches, language, clans or groups, location and the main livestock species within each group i.e. camel, goats, sheep, donkeys or cattle. This table<sup>32</sup> forms the basis for the major clusters and clans present as of today in the Horn of Africa, and is used to understand the relationship between clans and sub-clans.

31 Development amongst Africa's Migratory Pastoralists by Aggrey Majok and Calvin W Schwabe

32 Source: Pastoralists under Pressure: Roger Blench

## Pastoral people of Sub-Saharan Africa: A historical perspective <sup>32</sup>

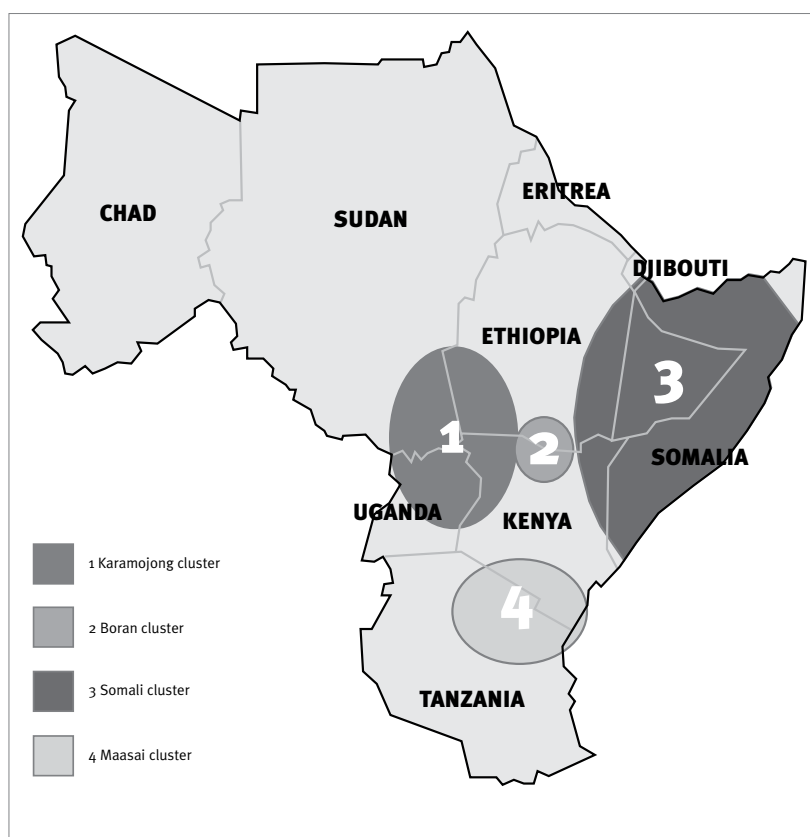
Branch	Language	Group	Location	Main Pastoral Species
Phylum Afroasiatic				
Omotic	Hamar	Hamar	S.W. Ethiopia	Cattle, sheep, goat
Cushitic	Bedauye	Beja	E. Suda	Camels
	Somaali	Somaali	Somalia	Camels
	Afar	Afar	Somalia/Djibouti	Camels
	Borana	Borana	Ethiopia/Kenya	Cattle, sheep, goat
	Rendille	Rendille	Kenya	Cattle, sheep, goat
	Gabra	Gabra	Kenya	Camels
Chadic	Yedina	Yedina	Lake Chad	Cattle
Berber	Tamasheq	Touareg	Central Sahara	Camels
Semitic	Arabic	Baggara/Shuwa	N.E Nigeria to Sudan	Cattle, sheep, goat
		Uled Suliman	Lake Chad region	Camels
		Moors	Mauretania	Camels
		Rashaida	Red Sea Coast	Camels
Phylum Nilo-Saharan				
Saharan	Kanuri	See Table 2.2	W. and N. of Lake Chad	Cattle , Camel
	Kanembu	Kuburi, Sugurti	N.E. Borno/Niger	Cattle
	Teda/Daza	Teda (Tubu)	Nigeria/Niger/Chad	Camels, donkeys
	Zaghawa		Chad/Sudan	Cattle, camels
E. Sudanic Nilotic	Maa	Maasai	Kenya/Tanzania	Cattle
	il-Camus	Samburu	N. Kenya	Cattle
	Turkana	Turkana	N. Kenya	Cattle
	Karimojong	Karimojong	N.E. Uganda	Cattle
	Jie	Jie	N.E. Uganda	Cattle
	Shilluk	Shilluk	S. Sudan	Cattle
	Anywak	Anywak	S. Sudan/Ethiopia	Cattle
	Dinka	Dinka	S. Sudan	Cattle
	Nuer	Nuer	S. Sudan	Cattle
	Atuot	Atuot	S. Sudan	Cattle
Surmic	Didinga	Didinga	S. Sudan	Cattle
	Murle	Murle	S. Sudan	Cattle
Phylum Niger-Congo				
Atlantic	Fullfulde	Fulße	Senegambia-Sudan	Various
Benue-Congo	Herero	Herero/Himba	Namibia	Cattle
Phylum Austornesian				
Barito	Bara	Bara	Madagascar	Cattle
Phylum Khoisan				
Khoi	Khoi	Khoi †	Southern Africa	Cattle

# Major Pastoralists' Clusters in Horn of Africa

Currently there are four major pastoral clusters in the Horn of Africa, namely the Borana, Somali, Karamojong and Masai as shown in the map<sup>33</sup> below. All of these clusters occupy the border areas of the countries in the Horn of Africa highlighting the very nature of pastoralists. By their socio-cultural context, the pastoralists disregard the international boundaries as notional.

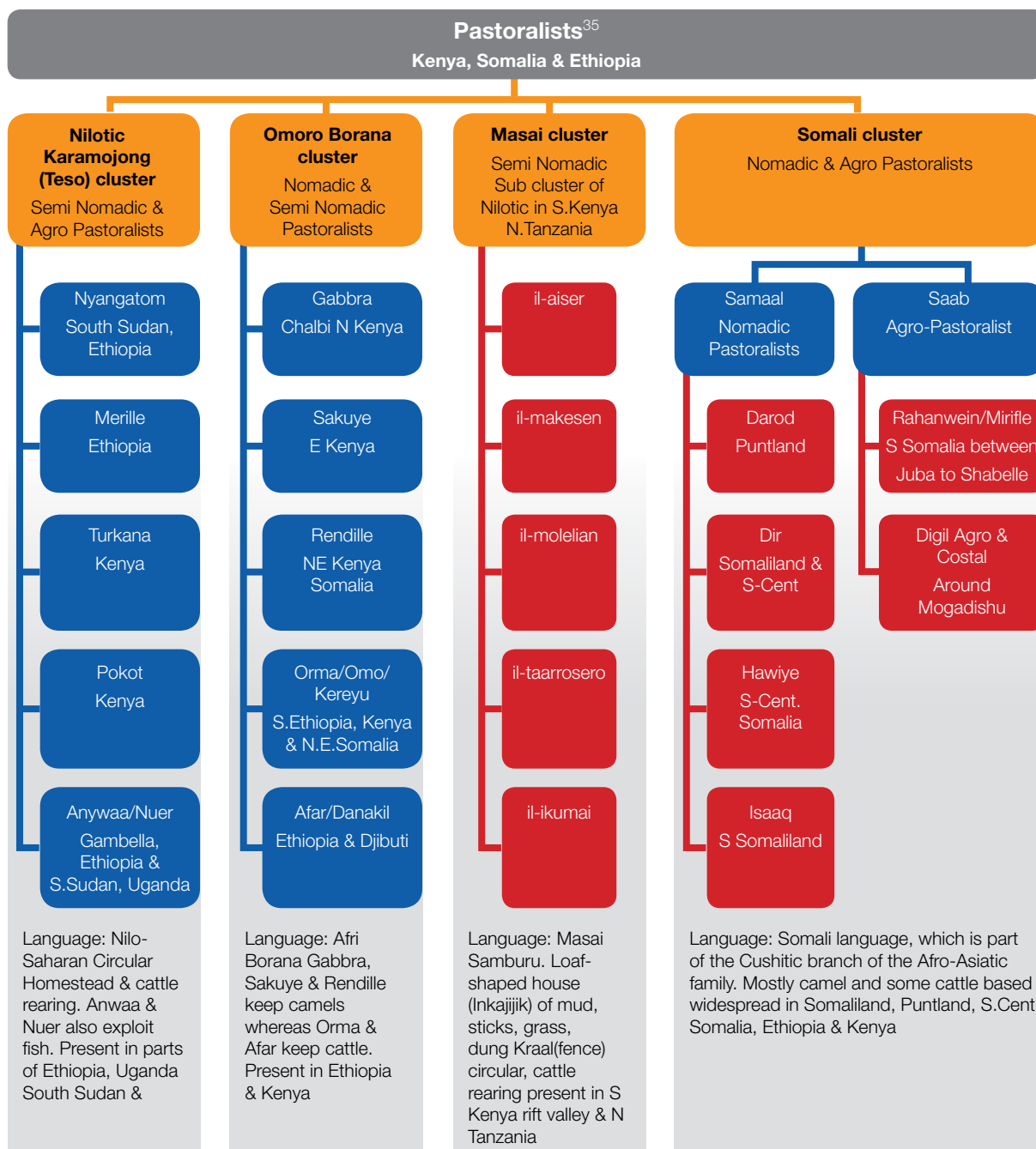
The Omotic-Cushitic branch of pastoralists migrated to form the Borana<sup>33</sup> cluster on the border of Ethiopia and Kenya and the Somali<sup>33</sup> cluster on the borders of Ethiopia, Somalia and Kenya. The historical migration of Nilotic branch of pastoralists in to the border areas of Ethiopia, South Sudan, Kenya and Uganda currently called the Karamojong<sup>33</sup> cluster should not be confused with the Karomojong clan of Uganda.

The Karamojong cluster later branched off into the Masai<sup>33</sup> cluster which spreads from Southern Kenya to Northern Tanzania. A current taxonomy based on these clusters has been synthesized in the following page which needs validation as regards the location, nomenclature and nature of these clans.



<sup>33</sup> Source: Humanitarian Policy Group (HPG) Report: Pastoralism demographics, settlement and service provision in the Horn and East Africa commissioned by Helen Bushell, a Regional Advisor with Oxfam GB in Kenya

Frode Storaas<sup>34</sup> also discusses a fluid tribal situation. His paper on the Turkana in northern Kenya is about how to understand the tribal relationships and identities among the Nilotic groups in South Sudan, Uganda and Kenya (Karamojong, Turkana, Toposa, Dodoth, Jie). Storaas's point is that trying to reify such groups is not very helpful. His case shows that what appear as "tribes" today might have a common "origin" within the Karamojong Cluster.



<sup>34</sup> East African Pastoralism and Underdevelopment: An Introduction by Leif Manger

<sup>35</sup> Taxonomy synthesized from Humanitarian Policy Group (HPG) Report: Pastoralism demographics, settlement and service provision in the Horn and East Africa by Oxfam, Historical references in the book, Pastoralists under Pressure by Roger blench & Web resources like the Wikipedia, Ethnic distribution of clans etc.



### Additional References:

1. Development amongst Africa's Migratory Pastoralists by Aggrey Majok and Calvin W Schwabe
2. East African Pastoralism and Underdevelopment: an Introduction by Leif Manger

### Characteristics of nomadic pastoralism<sup>36</sup>:

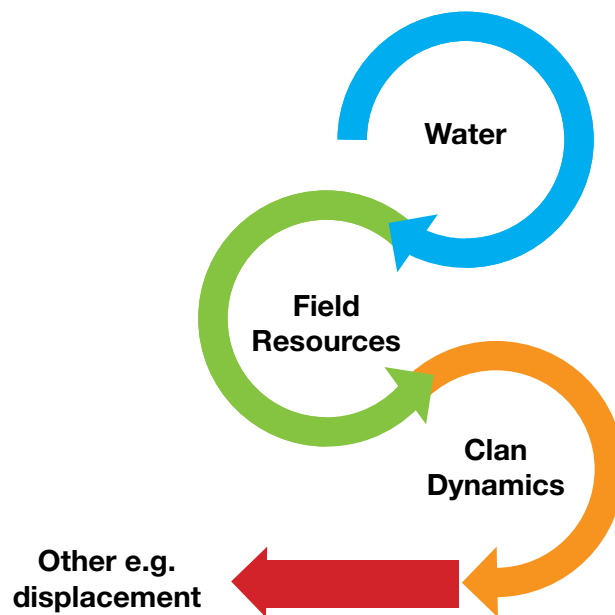
1. Pastoralism is the predominant economic activity.
2. Extensive – keeping herds of livestock all year round on a system of free-range grazing.
3. Periodic mobility within the boundaries of specific grazing territories (as opposed to migrations).
4. The participation in pastoral mobility of all or the majority of the population
5. Production for subsistence.
  - Following this definition, nomadic pastoralism is a distinct form of food-producing economy, where mobile pastoralism is the dominant activity, and where the majority of the population undertakes seasonal movements around water, field resources & clan dynamics (see right page 38)
  - There are many examples of societies being nomadic (e.g. Gadia Lohar in India) but not pastoral, and pastoral societies that are not nomadic

#### Types of pastoralist movements<sup>37</sup>

Type	Type Characteristic
Nomadic movement	The strategic mobility of people and/or livestock
	Pursued primarily for livelihood purposes and is a matter of choice
	Do not stop at internationally recognized state borders
Migration as adaptation	Steered by the need to adapt to external circumstances (e.g., climatic hazards or other negative impacts on pastoralists) while trying to maintain a pastoral lifestyle
	Still considered 'voluntary' but different from nomadic movements due to the increased pressures on pastoralists
	Characterized by movements that traverse or utilize lands belonging to other pastoral communities, farmers or other private owners
	Protected by the constitutional and human right to freedom of movement, as long as it remains within state borders
Displacement	May represent a secondary movement after pastoralists have first moved as a means of adapting to a changing environment
	Can be a precursor to cross-border displacement
	Occurs when traditional forms of rangeland management are insufficient
	Characterized by the collapse of mutual support and assistance structures within and among pastoralist communities
	Can lead to structural impoverishment ('poverty traps')

<sup>36</sup> <http://pastoralism-climate-change-policy.com/2013/09/24/nomadic-pastoralism-a-tentative-definition/>

<sup>37</sup> Source: Schrepfer and Caterina, 2014



#### Additional Resources:

1. Changing Pastoralism in the Ethiopian Somali National Regional State (Region 5) South East Rangelands Project (SERP) By Jama Sugule & Robert Walker A study commissioned by UNDP
2. Pastoralism demographics, settlement and service provision in the Horn and East Africa: Transformation and opportunities, May 2010, Humanitarian Policy Group (HPG), A report commissioned by Helen Bushell, a Regional Advisor with Oxfam GB in Kenya
3. Pastoralism and Land: Land Tenure, Administration and Use in Pastoral Areas of Ethiopia, A joint publication by Pastoralist Forum Ethiopia & International Institute of Rural Reconstruction
4. Clans in Somalia: Report on a Lecture by Joakim Gundel, COI Workshop Vienna, 15 May 2009 (Revised Edition), ACCORD report published December 2009
5. Assessing drought displacement risk for Kenyan, Ethiopian and Somali pastoralists, May 2014
6. East African Pastoralism and Underdevelopment: An Introduction by Leif Manger

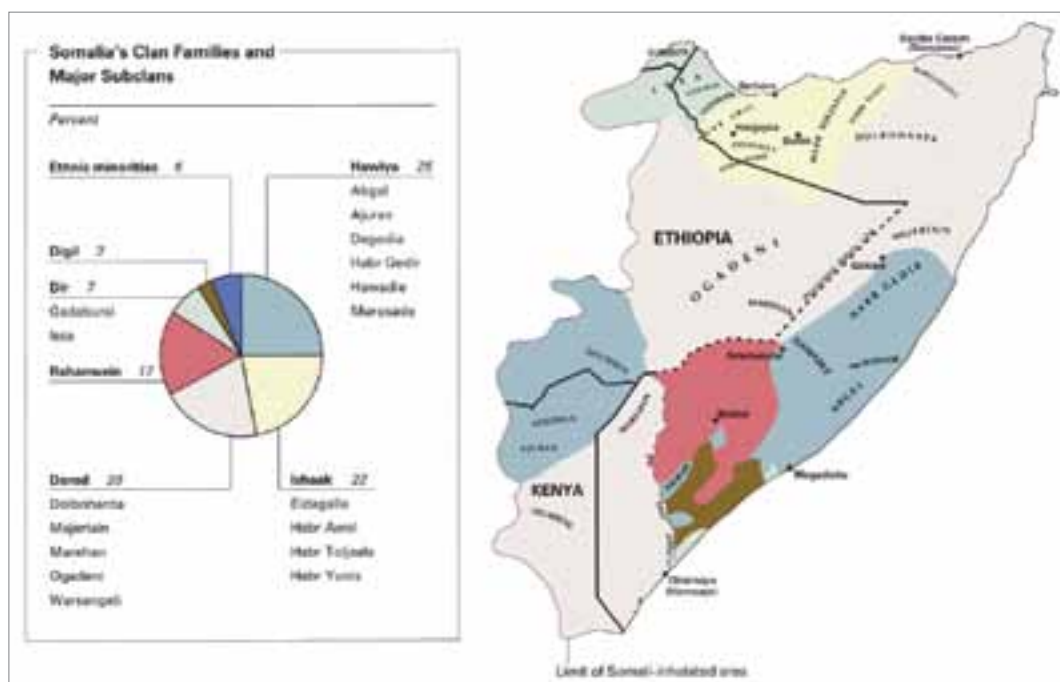
#### Web Resources

1. World initiative for sustainable Pastoralism <http://www.iucn.org/wisp/>
2. Thematic Report: Clan Structure in Somalia, August 2011, Civil-Military Fusion Centre (CFC)
3. <http://www.bluegecko.org/kenya/tribes/maasai/family.htm>

# The Pastoralists in Somalia

The Somali cluster extends from Djibouti in the North through all of Somalia in the East, spreading up to Ethiopia and Kenya in the West and South respectively as shown in the figure below. The major pastoralist clans include the Darod, Dir, Hawiya, Ishaak, Rahanwein and Digil<sup>38</sup>; the last two being the Agro pastoralists and limited to Southern Somalia.

## Ethnic Groups



The FAO works closely with the pastoralists in the area and have been exceptionally successful in livestock immunization. However, it is essential to understand that their strategy is based on the fact that the pastoralists value their livestock as wealth and the modern societal concepts of international boundaries, vaccination etc. are extraneous to them. Their mobility is largely dependent under normal circumstances on water sources, grazing land within their area along with external factors such as climate, violence, conflict and encroachment. The tribal elders are the key to any kind of long term relationship. Planning a bottom-up service delivery approach & micro-plan tailored to the pastoralist's mobility is simply not possible without winning the trust by understanding the perceived needs of the pastoralists.

38 Source: [http://en.wikipedia.org/wiki/Somali\\_people](http://en.wikipedia.org/wiki/Somali_people), & Enhanced enrolment of pastoralists in the implementation and evaluation of the UNICEF-FAO-WFP Resilience Strategy in Somalia by Esther Schelling for UNICEF ESARO, June 2013



The concept of vaccination is not understood by the pastoralists. However, they do value treatment or relief from diseases that they suffer from. Thus, a convergent service delivery system approach is most likely to give results.

The FAO teams set up livestock treatment centers close to the mapped livestock routes, near water points<sup>39</sup> along the path taken by the pastoralists in close consultation with the elders (an example of a Somali cluster – Somali region of Ethiopia). These centers provide them with livestock treatment for various ailments and in exchange, vaccinate their animals. The issue of availability adds to the planning complexity. Even if health centers and mobile clinics are set up to move along with the tribes, they have to be replenished with supplies and logistics.

Nevertheless, it has been proved by the FAO livestock vaccination teams that it is not impossible to have a good network of non-electrical, or alternative cold-chain, situated near the settlements on the routes.

## The Pastoralists in Ethiopia

Ethiopia has a vast area where pastoralists can be found (shown in green in the map - page 42). Most of the south-western half of the country is inhabited by the Afar, Keryu, Somali and the Omoro-Borana group of pastoralists, The SNNP region has the Bench Maji and the Omo groups along with Nuer clan in the western part of the country.<sup>40</sup>

As can be seen from the distribution of health facilities in the map above, the pastoral regions have significantly larger areas to service per health center. Fortunately, the Federal Ministry of Health (FMoH) along with international organizations like WHO and UNICEF, seem to have the equity focus on these areas and clans, as is evidenced by the research & planning documents<sup>41</sup>.

The findings of the formative and process evaluation of pastoralist Health Extension Programme commissioned by FMoH and UNICEF is a good guide to the efforts made and adaptations required for better results. Lessons learned from the workshop on Pastoralists held in Addis Ababa in 2011 also provided critical and necessary information.

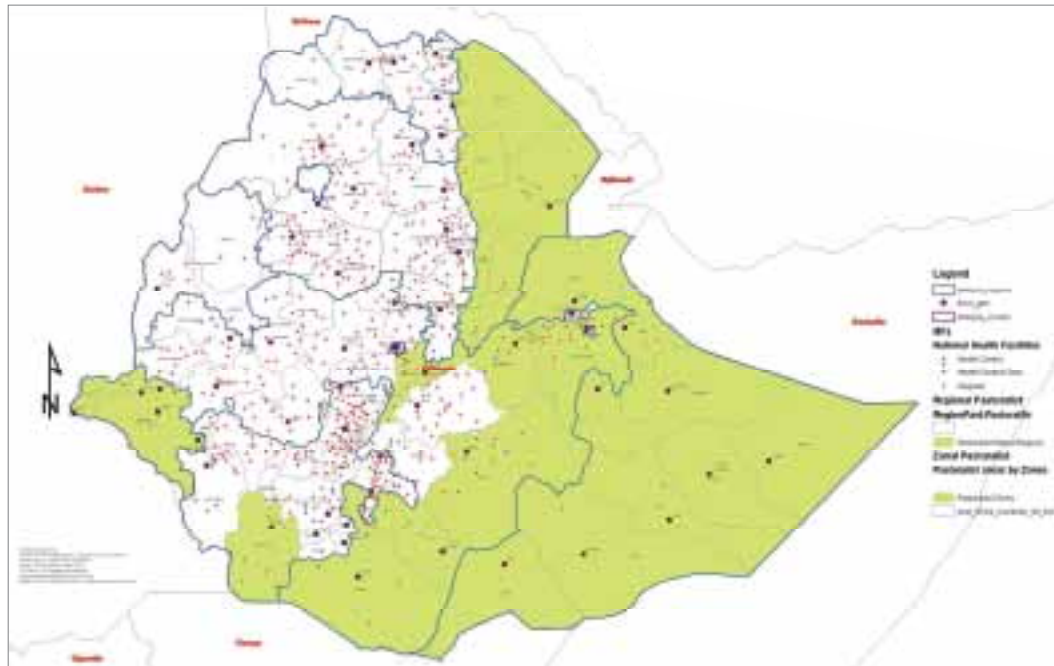
39 Source: Changing Pastoralism in the Ethiopian Somali National Regional State South East Rangelands Project (SERP) By Jama Sugule & Robert Walker for UNDP [http://www.africa.upenn.edu/eue\\_web/past0698.htm](http://www.africa.upenn.edu/eue_web/past0698.htm)

40 Source: A Joint Report by FoMH, WHO & UNICEF on Lessons Learned from the Multi-Country Experience-Sharing Conference on Pastoralist Communities (June 27 - July 1, 2011 in Addis Ababa, Ethiopia)

41 See Annexure: A joint report by FMoH, WHO and UNICEF on a workshop held in Addis Ababa 2011: Lessons from Pastoralist Conference, Accelerating MNCH in Pastoralist communities UNICEF, Formative and Process Evaluation of Pastoralist Health Extension Programme in Afar, Gambella, Somali and the Pastoralist areas of Oromia and SNNP regions, Ethiopia jointly commissioned by FMoH and UNICEF

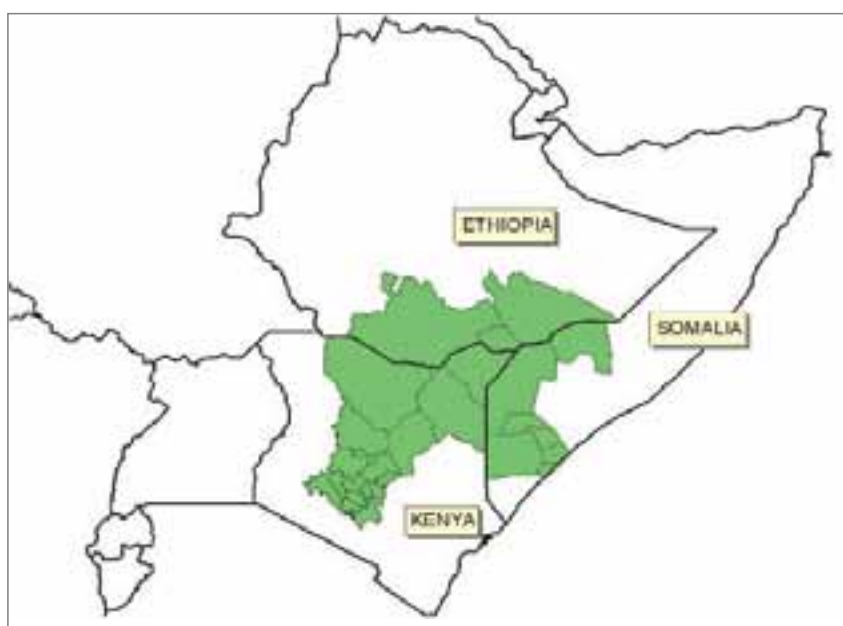


## Map of Ethiopia showing Pastoralist areas with the road, river and Health facilities

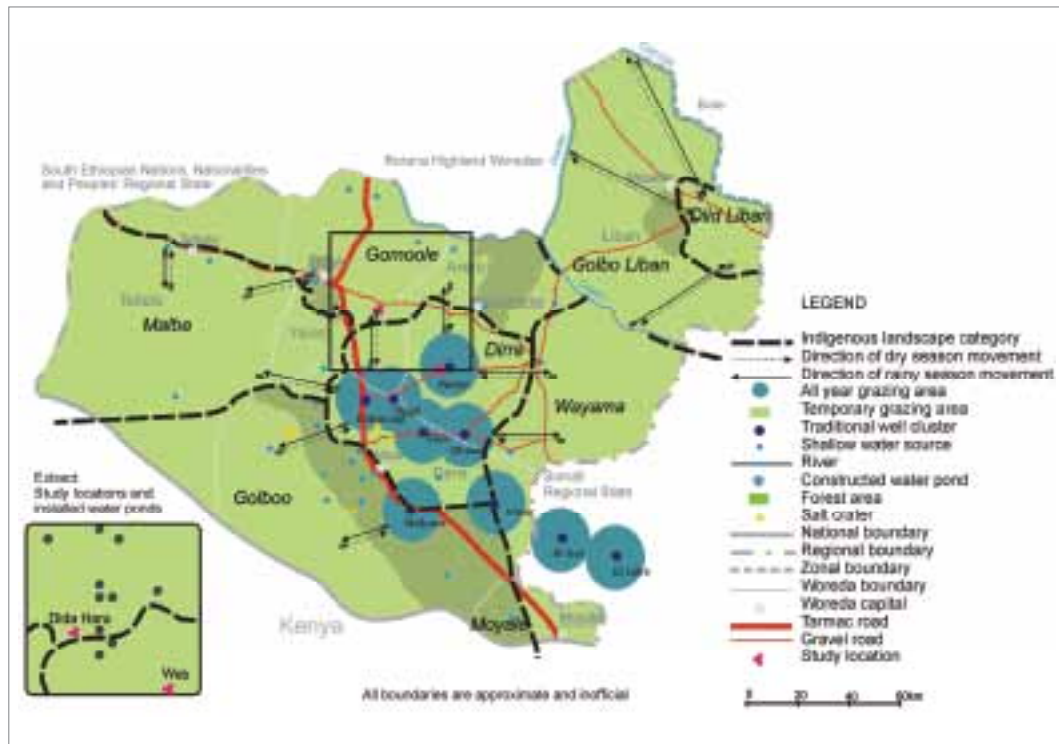


## The Borana Cluster (Ethiopia, Kenya & Somalia)

The Borana people live on the border of southern Ethiopia, west Somalia and northern Kenya. However, their area of pastoralism is dwindling due to degradation, bush encroachments and other factors. Population growth, agricultural encroachments, blocked migration routes add to their problems and cause conflicts due to the scarce natural resources. This is forcing the Borana people to leave their nomadic-pastoralism, which by its very nature, ensures the regeneration of the grasslands.



A map<sup>42</sup> shown below, details the dry and rainy season movement of the Boranas, with grazing areas and water points.



### Additional resources

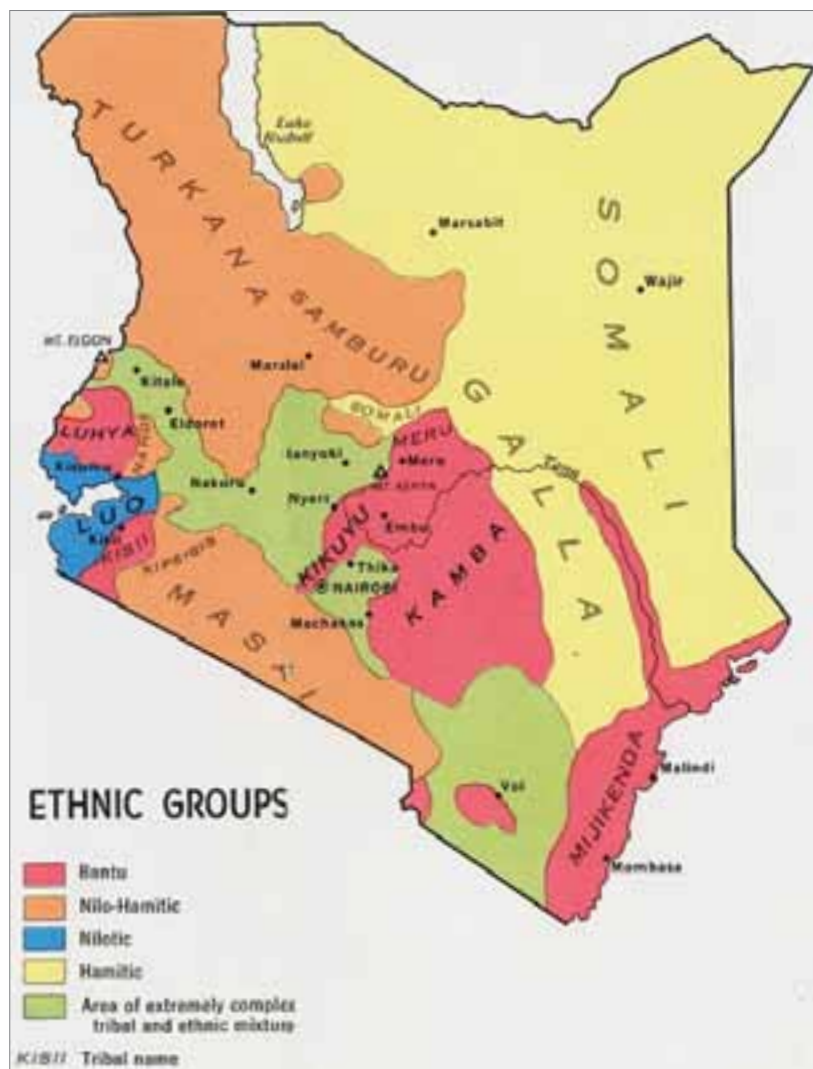
1. Rangeland Management for Improved Pastoralist Livelihoods: The Borana of Southern Ethiopia, April 2010 By Djihan Skinner
2. <http://web.colby.edu/eastafricaupdate/key-issues-in-ethiopia-2011/chapter-2/>
3. <http://www.boranavoices.org/page5.html>

42 Source: Indigenous Knowledge of Borana Pastoralists in Natural Resource Management By Sabine Homann

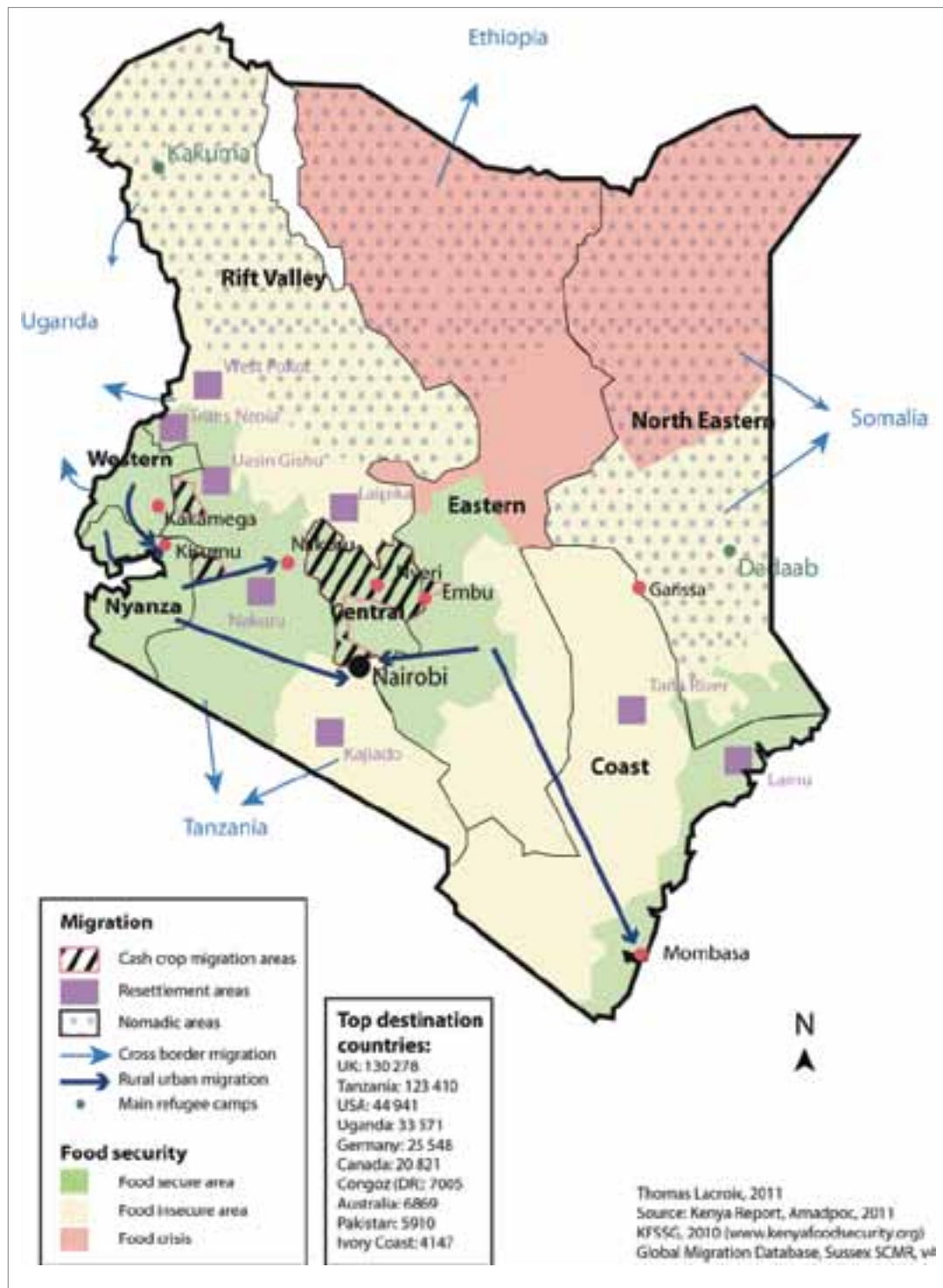
# The Pastoralists in Kenya

There are several pastoralist tribes in Kenya. Best known amongst them are the Masai in the southern part of Kenya on the border with Tanzania, and the Turkana near Lake Rudolf towards the North-Western part of Kenya bordering Ethiopia. Additionally, the Somali and the Borana tribes are also present on borders with Somalia and Ethiopia respectively, along with the Sambure and Bantu tribes. It is difficult to assess if some of the tribes mentioned here are still nomadic pastoralists or have settled.

A map of the ethnic groups shown below represent their areas. The second map on the right (page 45), shows the food crisis areas in the pink, food secure areas in green and the food insecure areas in the off-white color. The dotted areas represent the nomadic-pastoralist areas broadly. The map also shows the rural-urban migration with bold arrows.<sup>43</sup>



43 Source <http://www.lib.utexas.edu/maps/africa/> & <http://www.kenyafoodsecurity.org/>



The description of most of these pastoralist groups is available on websites researched for this review. However, mobility patterns for these groups are constantly changing due to the encroachments into their areas in addition to other factors.

## Socio-cultural dynamics of these tribes<sup>44</sup>

The Maasai migrated to Kenya from what is today Sudan, about 1,000 years ago and constitute about 2% of the total population. Their comparatively small number does not equate with their reputation and fame outside of Kenya as stoic and brave lion hunters and warriors. In spite of pressure from the Kenyan government to modernize, the Maasai have fiercely maintained much of their traditional culture and way of life. They are nomadic cattle and goat herders, and for them cattle is the most important social, economic, and political factor. Cattle are a sign of wealth, social standing as well as a food source. Milk and blood, tapped from a cow's jugular vein, is a staple. Their traditional homeland is in southern Kenya and northern Tanzania in an area that has the most visited game parks. Thus many tourists come in contact with the Maasai morani (warriors) clad in red blankets, red ochre covering their heads and carrying spears and clubs as well as Maasai women wearing colourful beads. The Maasai help to manage and maintain the Maasai Mara National Park and receive a percentage of the park fees.



44 Source : <http://ayyaantuu.com/horn-of-africa-news/kenya/>



The Samburu are closely related to the Maasai and their traditional homeland is around Maralal in Northern Central Kenya. Like the Maasai their morani preferred blankets, use red ochre to decorate their heads and the women wear beaded jewelry. They also tend cattle and goats, but cattle are the center of Samburu social, political, and economic life. The Samburu are still nomadic people and when pasture becomes scarce in this semi-arid land, they pack up their manyattas (small settlements) on camels and move to better pastures.

The Turkana are closely related to the Maasai and the Samburu. They have a reputation as fierce warriors. Although they keep goats, sheep and camels, cattle is the most important component of Turkana life. Their diet consists mainly of milk and blood. The Turkana live in Northern Kenya, near Lake Turkana on arid land. Like many other ethnic groups in Africa, Turkana men have several wives. However, the Turkana have a three year wedding ceremony that ends after the first child is weaned.

The Maasai, Samburu and Turkana practice cattle rustling. Law enforcement officials tend to stay clear of disputes arising between and within groups. Disputes are settled by elders and often the guilty person is fined cattle, goats, camels, or sheep.

Cushitic speaking people comprise a small minority of Kenya's population. They include the following ethnic groups: Somali, El Molo, Boran, Burji Dassenich, Gabbra, Orma, Sakuye, Boni, Wata, Yaaka, Daholo, Rendille, and Galla. The Somali tend large herds of cattle, goats, sheep, and camels in the dry, arid lands of Northern Kenya. They are politically well organized and are united by both family allegiances and political treaties. The Somali also produce exquisitely carved headrests and woven artefacts.<sup>44</sup>

“Pastoralists do not really know or care much about animal mass vaccination or disease eradication plan. Rather it is the veterinary treatment for their sick animals and other demanded services, veterinary advice, access to water and feeds that is the driving force for them to come for vaccination services.”

Dr. Cyprien Biaou,  
Coordinator Livestock Sector,  
FAO

## Health Status and Service Delivery to Pastoralists

There is extensive resource material from various studies, workshops and publications on the health status and health service delivery strategies and challenges, both on the web and in print. The most common theme among most of them, highlights the need to innovate and adapt to the health service delivery to the needs of the pastoralists. The recommendations and lessons learned from two select resources are highlighted below.

Polio Outbreak among Nomads in Chad: Outbreak Response and Lessons Learned: Oxford Journal 2013

Our success was due to:

- Appointment of staff to oversee implementation;
- Engagement of the national government & partners;
- Participation of nomadic community leaders;
- Intersectoral collaboration between human and animal health services;
- Flexibility & capacity of vaccinators to vaccinate when & where nomads were available.

## Lessons Learned from the Multi-Country Experience-Sharing: Conference on Pastoralist Communities (2011 in Addis Ababa, Ethiopia)

The most important lessons included:

- The nomadic clinic system (Tented clinics that move every fortnight following the movement of pastoralists) which is also linked to static facilities established at strategic locations from Kenya
- The One health system (synergy between human health and veterinary medicine) the theoretical basis of which was thoroughly expounded by representative of the Swiss Tropical and Public Health Institute, from Chad and Mali.
- Extensive community participation and deployment of community health workers (Accredited Social Health Activists 'ASHA' (which means HOPE in the local language), from India.
- Provision of free of charge medical services during pregnancy, delivery and postpartum period and pastoralist children to overcome under-utilization due to unaffordable cost, and the success to reduce maternal mortality rate by significant proportion within a relatively short period of time, from Mongolia.

Learnings from deliberations with various stakeholders and experts are listed below:

1. Understand socio-cultural & anthropological aspects of pastoralists before planning services
2. Build a trusting relationship with the elders of the pastoralist groups through regular consultation
3. The pastoralists decide their mobility around water, field resources and clan dynamics
4. Bottom-up planning, tailored to the pastoralists' needs & a convergent approach is likely to succeed
5. In depth research, relevant training of health workers and social mobilisers is critical to success
6. Investments in uninterrupted supply in inaccessible areas with minimal stock-outs is a prerequisite.

## Resources on the Health Service Delivery to mobile populations

1. Tropical Medicine and International Health
  - a. “Where health care has no access: the nomadic populations of sub-Saharan Africa” by Abdikarim Sheik-Mohamed and Johan P. Velema, October 1999, Volume 4 no 10 pp 695–707
  - b. Editorial: Health of nomadic pastoralists: new approaches towards equity effectiveness by J. Zinsstag, M. Ould Taleb and P. S. Craig, May 2006, volume 11 no 5 pp 565–568
2. Barriers to tuberculosis care: a qualitative study among Somali pastoralists in Ethiopia <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853549/> by Abdi A Gele, Mette Sagbakken, [...], and Gunnar A Bjune
3. Formative and Process evaluation of Pastoralist health extension programme in Afar, Gambella, Somali and the Pastoralist areas of Oromia and SNNP regions, Ethiopia, may 2011, by Reach Consult plcLessons Learned from the Multi-Country Experience-Sharing Conference on Pastoralist Communities, June 27 - July 1, 2011 in Addis Ababa, Ethiopia, A Workshop Report
4. Networks of Nomads: Negotiating Access to Healthcare among Pastoralist Women in Chad by Kate Hampshire
5. Learning from the delivery of social services to Pastoralists: Elements of good practice by Esther Schelling, Daniel Weibel, Bassirou Bonfoh, Nairobi 2008, For The World Initiative for Sustainable Pastoralism (WISP), a project of the Global Environment Facility, Implemented by UNDP and Executed by the International Union for Conservation of Nature (IUCN)
6. A Multidisciplinary study on health services delivery to Afar Pastoralists by Getachew Kassa, Nov 2002
7. <http://iom.int/cms/en/sites/iom/home.html>
8. <http://www.doctorswithoutborders.org/article/somali-region-ethiopia-thousands-idps-search-food-and-water>
9. <http://www.doctorswithoutborders.org/article/drc-nomadic-herders-repeatedly-forced-flee>
10. <http://www.doctorswithoutborders.org/article/mali-msf-responds-measles-epidemic>

11. <http://www.doctorswithoutborders.org/article/galcayo-town-divided-population-trying-endure>
12. <http://www.doctorswithoutborders.org/article/somalia-crisis-pushing-people-their-homes-en-masse>
13. <http://www.theguardian.com/environment/gallery/2009/sep/07/turkana-kenya-drought-climate-change>
14. <http://kwekudee-tripdownmemorylane.blogspot.com/2013/07/turkana-people-kenyas-beautiful-semi.html>
15. [http://www.unicef.org/education/kenya\\_67937.html](http://www.unicef.org/education/kenya_67937.html)
16. <http://www.wanderingnomads.com/region/people/>
17. [http://www.redcross.int/EN/mag/magazine2009\\_1/22-27.html](http://www.redcross.int/EN/mag/magazine2009_1/22-27.html)
18. <http://www.ponline.org/node/295437>
19. <http://www.imi.ox.ac.uk/news/new-partnership-to-study-migration-futures-in-the-horn-of-africa>
20. Polio Outbreak among Nomads in Chad: Outbreak Response and Lessons Learned Published by Oxford University Press on behalf of the Infectious Diseases Society of America 2013.



# Regional Consultation Meeting of Experts

The regional consultation meeting of experts from IOM, FAO, RMMS, UNHCR, USAID, FHI, Red Cross, CORE Group, WHO, and UNICEF, draw upon a variety of expertise and operational knowledge of programmes engaging with migrant, nomadic, and pastoralist population of the Horn of Africa. The purpose of the meeting was to inform and validate findings of the desk review, as well as to agree upon the set of follow up actions to operationalize flexible immunization strategies in the polio affected countries of the Horn of Africa. The detailed Terms of Reference and agenda are attached as an Annex to this report. Below is the synopsis of presentations, which could be downloaded from the online shared drive:

1. World Health Organization (WHO) presentation on challenges in reaching mobile populations summarized the epidemiology of Wild Polio Virus (WPV) transmission in the Horn of Africa and its context with reference to mobile populations in the regions and missed children during SIAs and low routine immunization coverage. The presentation also gave a description of the security situation and difficulty in reaching some areas within the region which had contributed to the outbreak in the Horn of Africa recently. It also outlined the challenges in implementation with specific reference to the mobile populations.
2. The Regional Mixed Migration Secretariat (RMMS) presentation gave insights into mixed migration in the Horn of Africa defining and describing key terms in the context of migration. It also detailed the factors affecting migration; sources that provided updated information about migration; trends and data collection mechanisms; challenges and areas for collaboration.
3. International Organization for Migration (IOM) presented “pull” factors for migration in the Horn of Africa highlighting key trends with reference to Yemen. IOM described the key migration routes from the Horn of Africa to the Middle East, Europe and South Africa. They also detailed the work that the organization did through their network of Migration Response Centers (MRC) to support the countries in registering the migrants of different age groups. Specific examples from Bosasso and Hargeysa were presented.
4. A presentation from UNHCR reviewed the refugee camp sites and their populations in the Horn of Africa with details of their origin by camp site, country of origin, and destination. UNHCR reviewed “push” factors of migration that trigger movement of IDPs and refugees. The follow up discussion clarified that the updated age and gender-wise disaggregated data was freely available on the UNHCR website and could be used for micro planning.

5. An exemplary presentation by the Food and Agriculture Organization (FAO) Somalia on the strategies used for livestock vaccination was an eye-opener to many. The success of the animal vaccination programme was acknowledged by participants both in terms of the achieved results, existing constraints of the Somalia environment, generated local ownership and trust for animal vaccination programme. Programme monitoring within the context of Somali Pastoralist clans was also reviewed.

The pastoralists not only keep moving within Somalia but also cross borders into Ethiopia and Kenya at will. The presentation generated new ideas on how to create demand for services by tapping the felt needs of anthropologically and socially dissimilar group. The presenter talked about the importance of involving and engaging with the tribe elders to build a long-term and trusting relationship and the importance of bottom up planning process that involves innovative and tailored approaches both for program implementation and monitoring.

6. United States Agency for International Development (USAID) presented slides prepared in conjunction with Family Health International (FHI) on key issues that affect the immunization services in the context of mobile populations and pastoralists including the target mobility around water. Some of the issues discussed included availability of service delivery staff, supply challenges and constraints including security related challenges. The presenter also gave suggestions resonating with FAO presentation to involve the elders in planning. The presenter suggested the use of token giveaways that are valuable to the pastoralist communities as a means to establish a relationship followed by comprehensive and uninterrupted service delivery mechanism.
7. Presentation by UNICEF outlined preliminary findings of the desk review synthesized on the basis of available resources on mobile populations in the Horn of Africa. The presentation suggested a taxonomy of mobile populations with definitions that were drawn from various sources. The historical basis for the pastoralist's classification and their current cluster locations with clan distribution was described as per the available literature in Kenya, Ethiopia and Somalia limited by physical verification of the facts on the ground. The presenter also gave specific suggestions on the way forward in terms of identification of key focal persons and data sharing, physical verification against micro-plans and other practical steps that could help implementers of the programme on the ground. The lessons learned from the existing health programs were suggested, especially with reference on how to establish trust with pastoralist groups and provide services to them.

8. Joint presentations by the WHO and UNICEF country teams in Somalia presented the efforts that have been made for improving vaccination in the difficult areas including challenges faced with providing immunization to pastoralists. Collaborative efforts with FAO were mentioned. The presenter also described the transit strategy for vaccination during SIAs and monitoring.
9. The joint presentation from the WHO and UNICEF country teams from Kenya described the efforts to reach the pastoralists in border areas of Kenya and the clans present in these regions. The presenter also touched on the children of pastoralists being missed as evident from the IPV campaign in Dadaab, one of the world's largest refugee camps located in Kenya. The presentation also highlighted the action plan, outreach efforts, challenges and some of the best practices e.g. prior mapping of nomadic communities.
10. Based on UNICEF Ethiopia inputs, UNICEF ESARO made a short verbal presentation on the pastoralist approaches in Ethiopia, where the issue of pastoralism is seen as a broader issue going beyond polio. The institutional approach to equity and broader service delivery to pastoralist groups was presented, including significant Government outreach efforts to vast nomadic groups in Ethiopia.

“The population movement is not haphazard. In fact, it is very well known. At any given point of time the location of these pastoral groups are known to certain community leaders on the ground. Therefore, it is important to ensure that we include these people into the planning process.”

Dr. Subroto Mukherjee,  
Sr. Regional Infectious Disease Adviser,  
USAID

# Recommendations

Following the presentations and extensive discussions the participants agreed on the need to continue the research to fill the gaps identified through the regional desk review. Specifically, it was suggested that the information available through the study be supplemented with additional information collected as per requirements of each country.

Implementing partners in countries will make use of the identified resources for improved micro planning and also will create stronger connections with their counterparts concerned with mobile populations. While every country will adopt their own approach to develop mobile population strategy, it was agreed that country teams first will research and synthesize available resources and links as set above in this report. Further, a periodic mechanism needs to be set up to periodically update the micro-plans and maintain cross border information sharing.

## Regional Recommendations

1. Identification of focal person (mobile populations) in each country office (for both WHO and UNICEF)
2. Initiate cross-border coordination and periodic information sharing available in the region on mixed migration trends and known significant shifts in routes/scope of migration
3. Explore innovative collaborations platforms with 4Mi-IOM, RMMS, FAO to tie up information for children under five crossing the borders
4. Continue to provide technical support to country offices through consultants or regional partners

## Country Level Recommendations for Migrants

1. Verification of micro-plans at country level against the information available through country offices of UNHCR, IOM, FAO, USAID, RMMS and other sources:
  - Stakeholder consultation, data sharing, resource mapping at country level
  - Consolidate lists (sites and targets) available with stakeholders
  - Validation: refugee camps, IDP settlements, transit/border crossings
2. Periodic stakeholder consultations for:
  - Updating these lists (responsible focal persons at country offices)
  - Sharing of consolidated lists (intervention sites target groups)
  - Reviewing how to /who provides tailored service delivery for new sites
  - Review of implementation and monitoring

## Country Level and Sub-Country Level Recommendations for Pastoralists

1. Listing and verification of clans and sub-clans at country level
  - Stakeholder consultation for exchanging information & data they have e.g. List of refugee camps
  - Cross border coordination & information sharing (cross notification)
  - Consolidate lists of clans & locations available with stakeholders & verify against micro-plan
  - Additional research/literature review will be required to develop understanding on the social anthropology of specific pastoralist clans/sub-clans as per requirements by each country

Specifically,

- i. Will a comprehensive convergent approach be more acceptable vs component?
  - ii. Women and Infants at settlements, elders role...
  - iii. Culture, values, beliefs, norms, taboos, religious & traditional barriers to vaccination
  - iv. Health seeking behaviour
  - v. Movement patterns
2. Trust-building with elders (establishing & maintaining contact)
  - Identifying mediators/influencers for social mobilization
  - Verification of movement patterns for families and children
  - Consultation on how/when to reach the target groups (denominators)
  - Initiating IPC and social mobilization for accepting services
3. Stakeholder consultation (with resource mapping) on service delivery
  - Strategy: how best to provide tailored service delivery for new sites
  - Assigning responsibilities / allocating tasks : who is to do what and timeline
4. Periodic stakeholder consultations for
  - Updating these lists (responsible contact identification)
  - Sharing of consolidated lists (intervention sites & target groups)
  - How to /who provides tailored service delivery & regular follow-up
  - Review Implementation progress and monitoring

Specifically,

- i. Identified tribes through Case Investigation Form (clan/travel history)
  - ii. Proportion of AFP "0" dose amongst pastoralists v/s resident populations
  - iii. Proportion of AFP with vaccine virus in stool v/s resident populations
  - iv. Coverage during SIAs and RI

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# Regional Consultation Meeting

## Mobile Population in the Horn of Africa

Comfort Gardens Hotel, 34 UN Crescent, Nairobi  
28 May, 2014

### Rationale

The Horn of Africa countries have been experiencing an explosive polio outbreak since May 2013. Over half of all polio cases in the world last year are attributed to the three countries in the region - Somalia, Kenya, and Ethiopia. Aggressive response with repeated polio immunization rounds has decreased the intensity of the outbreak. While the overall response has been adequate, reaching mobile populations, including migrants, pastoralists, IDPs, and to the lesser extent refugees, has been a challenge.

A macro picture of population movement across the Horn of Africa is largely known and informed by the research of regional bodies and organizations, including UNHCR, IOM, Regional Mixed Migration Secretariat of the Horn of Africa and others. There are also other development interventions and research projects run by various groups and NGOs engaging mobile populations that can inform the development of flexible immunization strategies.

Yet this existing body of knowledge requires consolidation, synthesis and validation. The programme must establish better understanding of what these mobile groups are - what is their mode, scope, geography, and seasonality of travel; and lastly, what is the best way to reach them during and between SIAs. The outcome of this research can further be used for other health and development interventions.

UNICEF Regional office for Eastern and Southern Africa is leading this process on behalf of Polio Eradication partners in the Horn of Africa - engaging development partners and academia in desk review, bilateral and group consultations to create collective knowledge on mobile population and identify existing research gaps.

## Objectives

Regional partner consultation meeting on mobile population in the Horn of Africa aims to create a shared understanding of the issue, specifically:

- a) Appreciate challenges in reaching mobile and nomadic population with polio, routine immunization and other health services (ex. WASH, nutrition, TB and others).
- b) Review and validate existing body of knowledge based on the completed desk review; identify and agree on critical research gaps, including pastoralist and nomadic groups.
- c) Share best practices in reaching pastoralist and nomadic communities with services and development interventions.
- d) Review country perspectives and ways forward to fill the research gaps.

## Expected Outcomes

As the result of this exercise Polio Eradication Partners in the Horn of Africa will have a) become aware of the existing body of knowledge in mobile population research, b) agree on research gaps that need to be addressed at regional and/or country levels, c) initiative development of a roadmap for country offices to apply existing and future research to deploy flexible immunization strategies reaching mobile population of the Horn of Africa, and d) initiate discussion around cross-border population movement information sharing platform.

# Agenda

Time	Session	
1300 – 1310	Welcome Remarks  Introduction of Participants	Brigitte Toure, Senior Regional Immunization Advisor, UNICEF
1310 – 1330	Challenges in Reaching Mobile Population with Polio SIAs in the Horn of Africa  Polio Outbreak Specific Q&A	Sam Okiror, Horn of Africa Polio Outbreak Coordinator, WHO
1330 – 1350	Overview of the Mixed Migration in the Horn of Africa	Christopher Horwood, Coordination Regional Mixed Migration Secretariat
1350– 1430	Cross – Border Population Movement in the Horn of Africa – Pull and Push Factors <ul style="list-style-type: none"> <li>▪ <i>International Migration – Pull (20 min)</i></li> <li>▪ <i>Refugees and Displaced Population – Push (20 min)</i></li> </ul>	Craig Murphy, Project Coordinator on Mixed Migration, IOM  John Burton, Senior Public Health Officer, UNHCR
1430 – 1445	Case Study: Working with Pastoralist Population for Animal Vaccination	Cyprien Biaou, Coordinator Livestock Sector, FAO
1445 – 1515	Question & Answers Session	
1515 – 1530	Tea Break	
1530 – 1545	Case Study: Drought Relief & Nomadic Health Project in Lower Juba	Anthony Abura, Programme Manager, World Vision TB  <b><i>Presented by</i></b> Subroto Mukherjee, Public Health Advisor, USAID
1545 – 1615	Overview of the existing body of knowledge and gaps in mobile population	Saumya Anand, Mobile Population Strategist, UNICEF
1615 - 1645	Country reflections & next steps: - <i>Somalia</i> - <i>Kenya</i> - <i>Ethiopia</i>	WHO / UNICEF Country Teams
1645-1655	Summary of the Outcomes	Rustam Haydarov, Communication Specialist, UNICEF
1655-1700	Closing Remarks	Brigitte Toure, Senior Regional Immunization Advisor, UNICEF

# List of Participants

## **Horn of Africa Polio Eradication Coordination Group:**

1. Sam Okiror, Horn of Africa Polio Coordinator, WHO
2. Brigitte Toure, Senior Regional Immunization Adviser, UNICEF ESARO
3. Sara Lowther, Horn of Africa Polio Coordinator, CDC
4. Rustam Haydarov, Regional Communication Specialist (Polio), UNICEF ESARO
5. John Burton, Senior Public Health Officer, UNHCR
6. Subroto Mukherjee, Senior Infectious Disease Adviser, USAID
7. Robert Davis, International Federation of Red Cross and Red Crescent Society
8. William Mbabazi, International Federation of Red Cross and Red Crescent Society

## **Resource Persons:**

9. Saumya Anand, UNICEF Polio M&E Specialist (on mission)
10. John Tabayi, Senior Regional Public Health Officer, UNHCR
11. Christopher Horwood, Coordinator, Regional Mixed Migration Secretariat
12. Bram Fouwls, Senior Research Associate, Regional Mixed Migration Secretariat
13. Cyprien Biaou, Livestock Coordinator, FAO Somalia
14. Craig Murphy, Project Coordinator on Mixed Migration, IOM
15. Michela Martini, Regional Migration Health Programme Officer, IOM
16. Nina Marano, Director Refugee Health Program for Africa, CDC
17. Joel Montgomery, Principal Deputy Director, CDC-Kenya
18. Beatrice Kirubi, Medical Coordinator, MSF
19. Dorothy Muroki, Project Director, FHI360/Roads - II
20. John Adungosi, Director Care and Treatment, FHI-360
21. Kamene Mariita, Head MDR-TB program, National TB Program Kenya

## **WHO**

22. Mulugeta Debesay, Polio Team Lead, WHO Somalia
23. Raoul Kamadjeu, Medical Officer, WHO Somalia
24. Raffaella Vicentini, Communication Officer, WHO Somalia
25. Iheoma Ukachi, Polio Team Lead, WHO Kenya
26. Kibet Sergon, Medical Officer, WHO Kenya
27. Jemimah Mwakisha, Communication Officer, WHO Kenya

## **UNICEF**

- 28. Luwei Pearson, Regional Adviser Child Survival & Development, UNICEF ESARO
- 29. Rory Nefdt, Community Health Specialist, UNICEF ESARO
- 30. Deepa Risal Pokharel, C4D Specialist EPI ESARO
- 31. Chaudhary Mohd Parvez Alam, C4D Specialist UNICEF Somalia
- 32. Martin Murama, Polio Team Lead, UNICEF Kenya
- 33. Peter Okoth, Immunization Specialist, UNICEF Kenya
- 34. Leila Abrar, C4D Specialist Polio, UNICEF Kenya







