



COVID-19 RESPONSE STANDARD OPERATING PROCEDURE FOR RETURNING MIGRANTS

This is a living document to be updated on an ongoing basis



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EMERGENCY COORDINATION CENTER
NDRMC, Ethiopia

COVID-19 Response SOP for Returning Migrants

Background on COVID-19

The outbreak of COVID-19 was recognized as a pandemic by the World Health Organization (WHO) on 11 March 2020. The virus is spread between people primarily via respiratory droplets produced during coughing. These droplets can also be produced from sneezing and normal exhalation, and the virus may spread from touching contaminated surfaces and then touching one's face. It is most contagious when people are symptomatic, although spread may be possible before symptoms appear.

Migration context in the Horn of Africa and Ethiopia

Positioned as the key migratory hub in East and Horn of Africa, Ethiopia serves as a point of origin, transit and destination for mixed migration within and beyond the immediate region: to the Middle East through Djibouti and Yemen by way of the Eastern migratory route; to South Africa through Kenya and the eastern and southern African countries along the Southern route; and to Europe through Libya and Sudan via the Northern migratory route. Thousands of migrants return to their country of origin, Ethiopia either voluntarily or forcefully from transit and destination countries.

On 23rd March Ethiopia announced the closure of all land borders and 14 days mandatory quarantine for travellers coming to Ethiopia. States like Kingdom of Saudi Arabia, Kenya and Djibouti continued with deportations amid COVID-19 pandemic, in unorganized manner. This action of states poses high risk of COVID-19 spread in the country especially to the countryside areas, where most of deportees return to. This document is prepared to guide actors in providing appropriate guidance in devising effective, realistic, and safe assistance to returnees.

COVID-19 response to returning migrants – Pre departure, quarantine, and post arrival arrangements



Pre-departure arrangements	→ Arrival at PoE	→ Quarantine center	→ Post-Quarantine transportation arrangements	→ Reintegration assistance
<ul style="list-style-type: none"> ▪ Diplomatic engagement with countries deporting Ethiopian migrants to agree on return modality ▪ Flight manifest to be shared to ECC in advance ▪ Quarantine arrangements be facilitated based on the list of migrants ▪ Ensure quarantine facilities are equipped to serve migrants ▪ Ensure separate and specialist arrangements are made for unaccompanied child migrants ▪ Arrange waiting area at the PoE for returnees to stay while registration, snacks and orientation are provided 	<ul style="list-style-type: none"> ▪ Temperature screening and basic registration ▪ Separate returnees showing case definition/symptoms ▪ Registration by Immigration ▪ In case of identification of returnees with vulnerability (including UMCs, pregnant women, returnee with chronic illness, mental health illness, etc.) flag to focal person at the airport handling quarantine transfer ▪ Orientation to returnees ▪ Luggage/property identification and distribution ▪ Airport authorities to design space (designation of space by the Airport authorities) ▪ Distribute masks and hand sanitizer (include hand sanitizer) ▪ Referral to quarantine or isolation sites based on screening result ▪ Provision of ID ▪ Distribution of biscuit, water and shoes on arrival ▪ Transport arrangement up to quarantine centers ▪ Identify returnees with serious medical condition for early referral and sample collection 	<ul style="list-style-type: none"> ▪ Health screening ▪ Detail registration and data analysis ▪ Orientation/information provision and RCCE ▪ Rapid assessment on immediate needs ▪ NFI/dignity/hygiene kit distribution ▪ Room assignment ▪ Recreational activities ▪ Initiate health monitoring and maintain records for 14 days ▪ MHPSS services for returnees and staff of quarantine facility ▪ Within quarantine centers allocate space for vulnerable returnees ▪ Vulnerability screening - UMC, VOT, other medical needs etc and allocate safe space for vulnerable cases ▪ Laboratory test and COVID 19 result certification ▪ Provision of basic services for the returnees (food, water, health service etc) ▪ Set up a compliance mechanism for accountability for affected community and PSEA training ▪ Special measures to ensure accompanied children are not separated from family and care givers. ▪ Sharing returnees detail data with receiving region for further follow up 	<ul style="list-style-type: none"> ▪ Referral arrangements to be put in place for vulnerable cases ▪ Medical referral letter issued by MOH (Clusters) to those with chronic illness or require specialized medical attention ▪ Transport arrangement for non-vulnerable returnees by GoE in coordination with regional governments ▪ Delivery of information to regions for further preparation) ▪ Logistics arrangement for returnees including special arrangements for children (food, water and accommodation during transport 	<ul style="list-style-type: none"> ▪ Individual Assistance - support the provision of comprehensive reintegration assistance for all returnees across the economic, social and psychosocial dimensions, also through provision of training to reintegrate returnees. ▪ Community based initiatives - foster inclusion of communities of origin in reintegration planning and strengthen their resilience ▪ Structural interventions - align reintegration programming with national and local development policies ▪ Linking children and their families with social workers for further support



1. Coordination between stakeholders

Pre-departure Arrangements

- The Ministry of Foreign Affairs directly or through its embassies to lead bilateral discussions with countries where Ethiopian migrants in irregular status are stranded. Priority should be given to countries where large number of migrants are expected such as the Kingdom of Saudi Arabia, Djibouti, Kenya, Sudan etc, to 1) get estimate number of migrants with possibility of return or to be deported 2) to negotiate with countries to quarantine migrants for 14 days before their return and 3) for transit and destination countries to inform the Government of Ethiopia on any planned deportations of nationals in advance. Results of these discussions to be regularly communicated to EPHI, NDRMC, MoWCY (for all unaccompanied minors) and IOM.
- For organized movements IOM missions in transit/destination countries as well as Ethiopian Embassies to provide information about COVID-19, on the mandatory 14 days quarantine and post-arrival procedures awaiting in country of origin.
- Ministry of Foreign Affairs (MoFA), Ethiopian Public Health Institution (EPHI), The Immigration, Nationality and Vital Events Agency, Ministry of Labour and Social Affairs (MoLSA), National Disaster Risk Management Commission (NDRMC), Ministry of Peace and Ministry of Women, Children and Youth to meet regularly to prioritize and coordinate returns and deportations to the country.
- Ethiopian airlines and other relevant sectors to prepare waiting area at the PoE for returnees to stay while basic registration, meal, orientation, and other services are provided

Arrival and Post-arrival arrangements

- Coordination between federal and regional states mainly Oromia, Amhara, SNNP and Tigray regional states (regions with high number of returnees) on modalities of returnees continuing their travel to their destination amid restrictions of movements placed by several regional states.
- Create referral pathway with Governmental, Non-governmental organizations and UN agencies providing services to vulnerable returnees to ensure vulnerable returnees receive needs-based services after being discharged from quarantine facilities and before returning back to their areas of origin. (Please refer to Annex 1: List of actors with roles and responsibilities)

2. Point of Entry

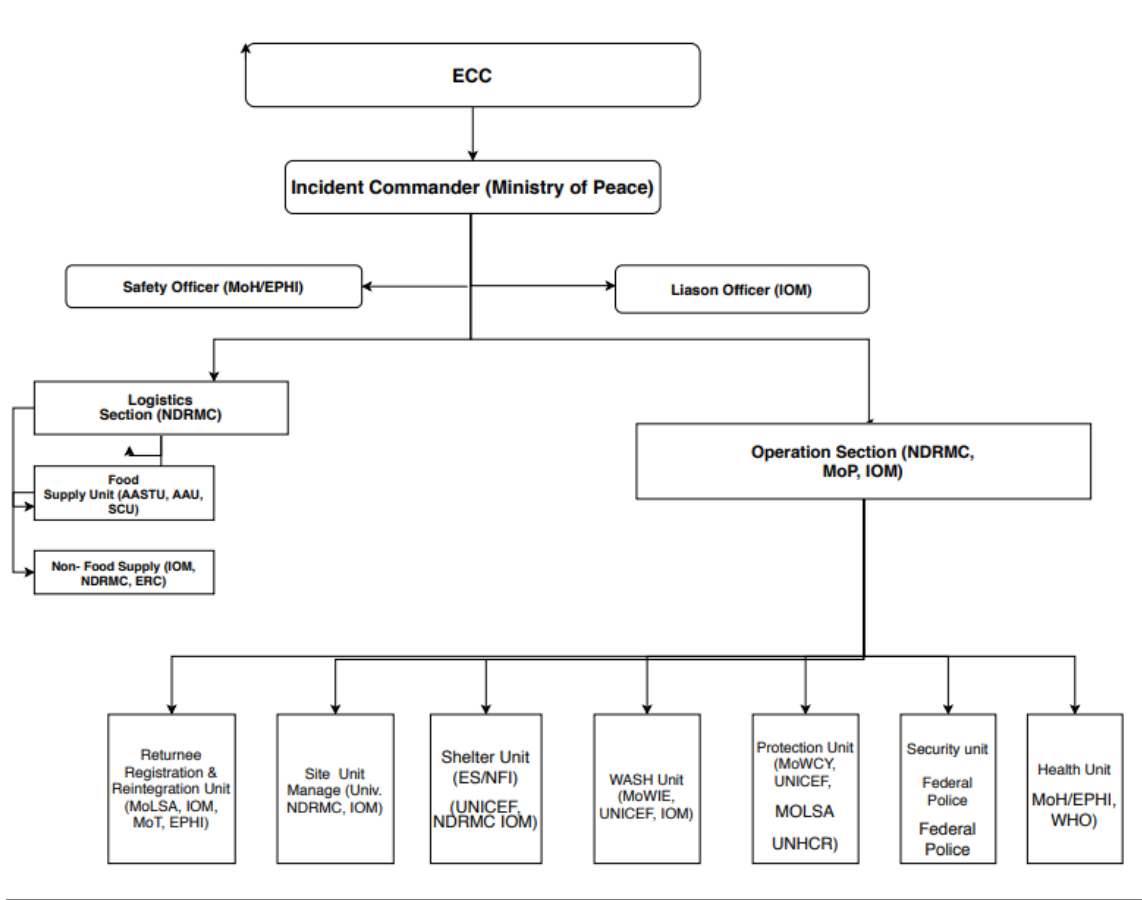
- COVID-19 screening including basic health screening for medical cases to be done by EPHI.
 - Basic registration to be done at entry point as part of COVID 19 screening procedure, to maintain data, and identify seriously ill returnees so that laboratory sample can be taken immediately.
 - Encourage returnees or deportees to self-declare in case they have been tested positive for COVID-19 (at country of return) or had close contact with a positive case during their stay in the country of return or during their travel back to Ethiopia.
 - For returnees showing case definition (symptoms) to be separated at PoE isolation point
 - Immigration to conduct registration of returnees (deportees or voluntary returnees) upon arrival.
 - Migrants with specific vulnerabilities like elderly, chronic medical conditions, unaccompanied minors, mothers with infant children, lactating mothers and pregnant women to be separated. Quarantine facilities for vulnerable migrants should be set-up and referrals must be facilitated.¹
 - Taking into consideration difficulties migrants pass through and with the uncertainties caused due to COVID-19, psychosocial first aid should be provided if the set-up of the PoEs allow.
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- PoE staff to alert quarantine and isolation sites in cases of large unorganized deportations to ensure space, human and material resources are available at quarantine centers
- Orientation to be provided to returnees upon arrival on physical distancing and safety measures to be taken to prevent COVID 19. In addition, general briefing to be provided to returnees on the quarantine arrangements placed. Furthermore, food (biscuit and water) and non-food items like shoes, mask and hand sanitizers to be distributed to returnees upon arrival.
- Airport authorities to designate a space and modality of luggage and property identification and collection
- Provision of face masks and hand sanitizers as well as distribution of biscuits and water upon arrival
- Provision of ID to the migrants which specify name, age, gender, region of origin, quarantine center including room number etc.
- Transportation from PoE to quarantine and isolation facilities should be organized taking into account social distancing.
- Ensure the availability of a child friendly space at PoE
- Ambulance to be on standby in case migrants in critical medical condition arrive and place referral pathway to health facility
- Returnees with serious medical conditions will be identified up on arrival and sample collection will be arranged immediately

3. Quarantine and Isolation Center arrangement

- Conduct multi-sectoral assessment of quarantine facility, by a joint team composed of Governmental, Non-governmental Organizations and UN agencies using a sample check list (see Annex 2) to ensure minimum service are available in the site.
- Data collection of returnees to be led by IOM and in collaboration with EPHI, MoLSA and other organizations that will be mandated by ECC. Please refer to Data management SOP (Annex 3) for details.
- Temperature screening of migrants and staff accompanying the migrants to be conducted in a ventilated area. Flow chart on handling high fever or symptomatic migrants need to be developed for each quarantine facility.
- Awareness raising on the COVID 19 pandemic, focused on the reason for 14-day mandatory quarantine, available services, preventive measures to be taken, rights and responsibilities during their stay should be organized. The orientation should be provided in wide room or outdoor, with social distancing. Minimum number of migrants to participate in the orientation at a time to be set by quarantine facility. Orientation should be delivered in local languages in easy to understand format (most returnees are illiterate). Please refer to RCCE SOP (Annex 4) for details.
- Rapid assessment of immediate needs to be conducted and based on the result distribute non-food items and dignity kits (for women). Rooms to be assigned separated from one another preferably one person in a room. If that is not possible to separate beds one to two meters. Rooms should be well ventilated and well lighted. Washrooms use should be communicated to migrants in case large number of returnees are sharing bathrooms.
- Migrants identified as vulnerable should be transferred to quarantine facility dedicated for such group. Male and female rooms to be labelled.
- Food distribution: separate eating times must be arranged to have groups of not more than 10 individuals gathering where food is served and eaten and make sure to clean the room/disinfect before use by the other returnees. Washing stations should be available and migrants to be informed before and after eating.
- Sanitation of the quarantine facility, waste management and disinfecting the facility to be planned and implemented.
- Vulnerability screening -to identify UMC, VOT, returnees with medical needs etc and allocate safe space for vulnerable cases.
- Allocate a child friendly space for all children with special attention to infants and all unaccompanied minors.
- Crowd control measures to be set-up in the quarantine facility in case of unrest

- Mental Health and Psychosocial Support services to be availed for returnees and staff in quarantine facility to address any concerns migrants might have. Please refer to Annex 5 Quarantine Mental Health and Psychosocial support SOP.
- Post arrival medical checkup and referral for hospitals for cases requiring treatment. Tracking of referral and follow up on these cases.
- Monitoring daily on temperature and symptoms for COVID 19 and document the results. This should be done in accordance to the Quarantine data management SOP, Annex 3.
- Segregation of COVID19 suspects as early as possible from among other quarantined persons.
- Isolation room to be identified within the facility of quarantine sites and all the staff to be made aware of such space including the guards
- Referral facility for further investigation and treatment. Focal points to be named and communicated to personnel in the center.
- Arranging recreational facilities such as books or something related, (that ensures social distancing but recreational) to ensure the returnees won't get bored during their stay and to avoid mental stress of the returnees.
- Set up a compliance mechanism for accountability for affected community and Prevention and Response to Sexual exploitation and abuse (PSEA). Please refer to Annex 8 COVID 19 and PSEA fact sheet and key messages.
- Inform the returnees who have finalized their quarantine period without symptoms to educate their family, friends and their community back home about COVID-19, risks, preventing methods etc and use them as ambassadors.
- Laboratory test and COVID 19 result certification to be facilitated by EPHI. Initiate post-quarantine transportation arrangement for certified returnees.
- Share the registration of returnees to their respective regions for further medical follow up.



Organogram 1 Incident Command System Organizational Structure for Quarantine Centers in Ethiopia

3.1 Safety measure for personnel responding to COVID 19 in quarantine centers

- Staff engaged in quarantine facility to be briefed on COVID 19 and consent to serve the center.
- Regular transmission risk and health education to be provided to staff in quarantine facility
- Sexual Exploitation and Abuse training to be provided to staff
- Providing psychosocial support and counselling for staff at the quarantine facility
- IEC materials to be prepared and placed in strategic places at quarantine facility.
- Play videos in cafeteria or common areas to create more awareness and alertness in respiratory hygiene and hand washing techniques
- Hand washing or sanitizer to be abundantly available for staff and migrants.
- Sanitation of the quarantine facility, waste management and disinfecting the facility
- Procurement of PPE, NFI, non-contact thermometers and other materials to be availed to staff and migrants in quarantine.
- Staffs at the quarantine center should be aware of PSEA procedures and principles, in order to protect beneficiaries and vulnerable populations better.

4. Post Quarantine Arrangements

- Non-vulnerable migrants who have negative COVID 19 test results, to be assisted to return to their final destination after 14 days quarantine. NDRMC, MoLSA, EPHI or mandated government agency in coordination with ministry of Transport and regional governments to facilitate their return.
- Family tracing and reunification to be conducted in collaboration with Ministry of Women, Children and Youth, UNICEF and regional states. MHPSS targeting minors also to be provided. Closely liaising with MoLSA, NDRMC Ministry of Transport and regional states facilitate reunification of children with their legal guardians.
- Victims of Trafficking to be referred to NGOs providing rehabilitation services. Conduct risk assessment before facilitating return.
- For returnees with medical needs, facilitate referral to hospitals for non-COVID-19 treatment.

5. Reintegration Assistance

There is often a sense of shame attached to return after a perceived 'failed migration', where communities may have invested collective resources to allow someone to migrate. A forced return heightens this sense of shame and can compel a returnee to re-migrate irregularly. An assisted voluntary return allows the returnee to plan their return, communicate with family and community pre-return and prepare for better reintegration, including in the labour market, all contributing to a more sustainable return process and breaking the cycle of irregular migration.

Reintegration assistance requires a holistic and a need-based approach: one that takes into consideration the various factors impacting an individual's reintegration, including economic, social, and psychosocial factors across individual, community, and structural dimensions.

- Individual Assistance - support the provision of comprehensive reintegration assistance for all returnees across the economic, social and psychosocial dimensions, also through provision of training to reintegrate returnees.
- Community based initiatives - foster inclusion of communities of origin in reintegration planning and strengthen their resilience
- Structural interventions - align reintegration programming with national and local development policies

6. Annexes

Annex 1 - List of stakeholders and their responsibility

Annex 2 – Checklist for quarantine site assessment



Final Checklist for
quarantine settings.doc



IPC-WaSH Checklist,
final draft (2).xlsx

Annex 3 – Quarantine data management SOP



Quarantine Data
management SOP-EC

Annex 4 – Risk Communication and CE guidance note for returnees – COVID 19



RCCE Guidance Note
for Returnees - COVID

Annex 5 – Quarantine Mental Health and Psychosocial support SOP (being developed)



Quarantine Center
IOM PSS intervention

Annex 6 – Draft quarantine site key activities (under review by ECC)



Draft Quarantine Site
Key Activities.docx

Annex 7 – Child Protection Support SOP (being developed by UNICEF, IOM and MoWCYA)

Annex 8 - COVID 19 and PSEA fact sheet and key messages.



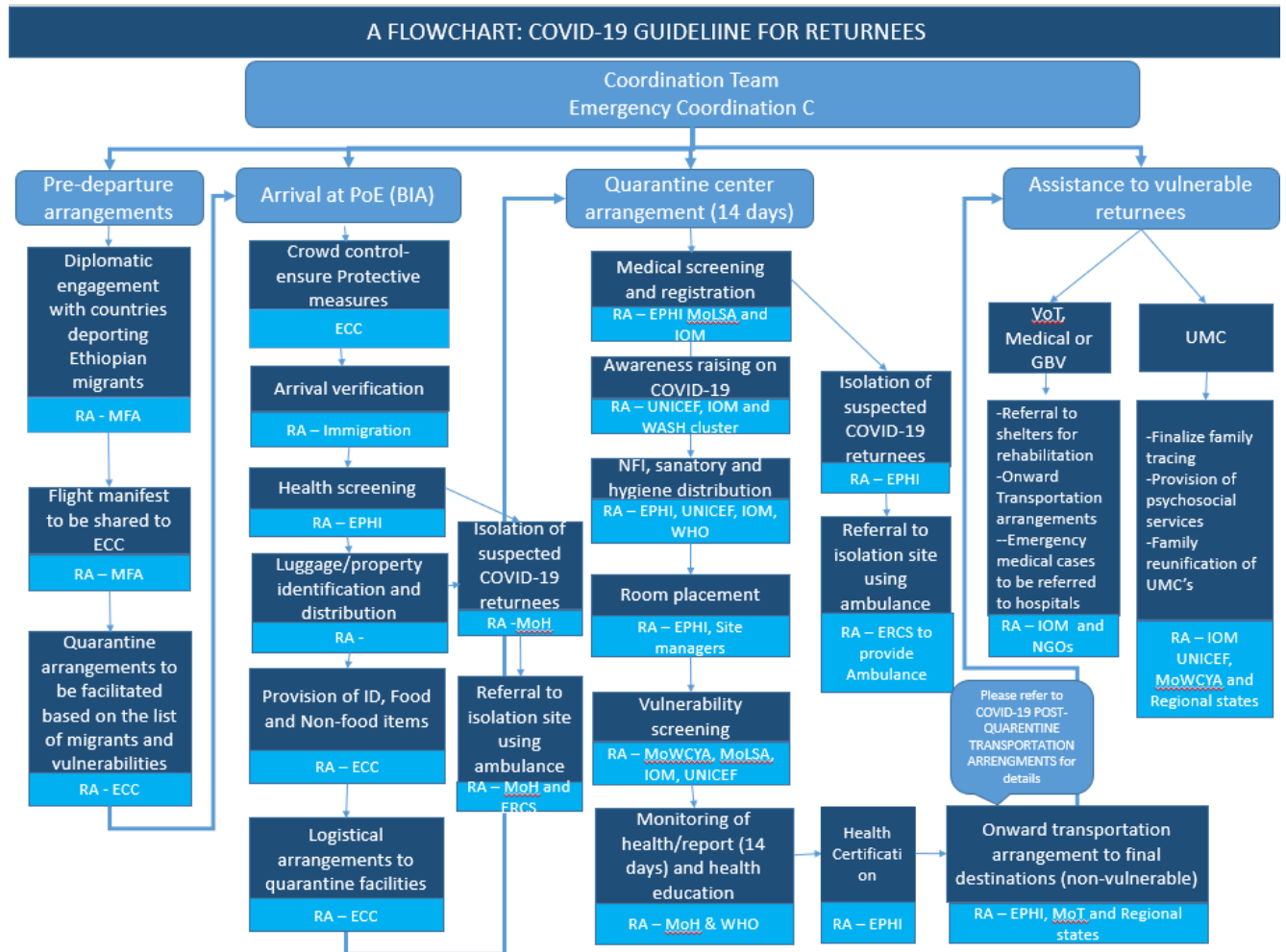
UNICEF Ethiopia
COVID-PSEA Fact Sheet

Annex 9 – Reintegration assistance SOP (to be contextualized to COVID-19 response)

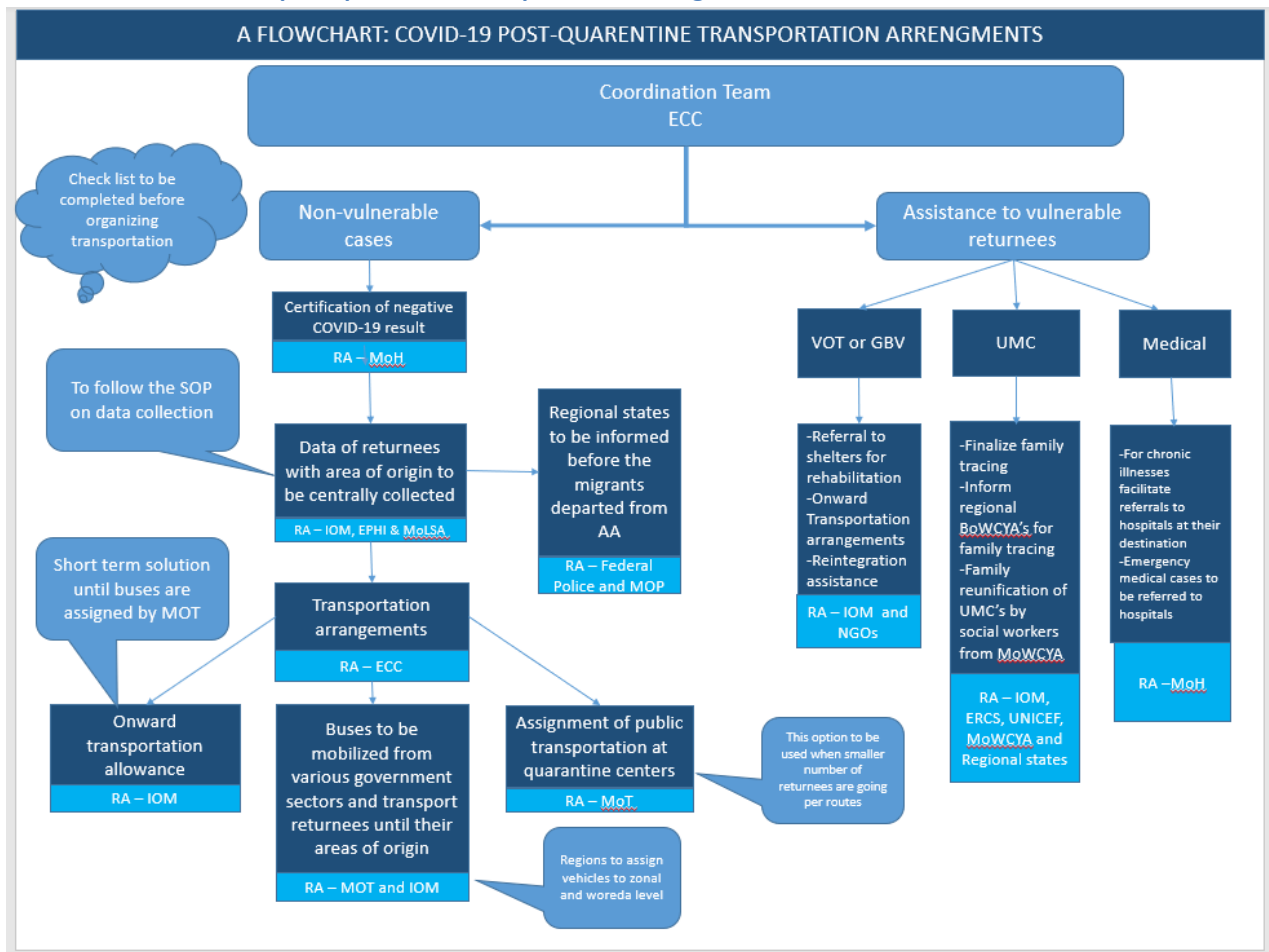


Reintegration extract
from AVRR SOPs - Ethiopia

7. Flow chart COVID-19 response to returning migrants (Sample)



8. Flow chart for COVID-19 post-quarantine transportation arrangement



Annex 1: List of Actors with roles and responsibilities



Involved Actors

Actor	Type of beneficiaries	Role and responsibilities within the action
Ministry/Bureau of Women Children and Youth (MoWCY/BOWCYA)	UMC	Reception at POEs (Addis Ababa Bole international airport or land borders), in-depth assessment of all UMC returnees, registration, documentation, coordination with IOM/UNICEF on cases of UMC in need of special attention, Psycho-social support, information, orientation about family tracing, escort especially vulnerable UMC to quarantine facility; share UMC documentation, registration data with IOM/UNICEF/MoWCY/BOWCYA
Ministry of Foreign Affairs (MoFA)	UMC, large-scale returns	Communicating and liaising with governments through Ethiopian embassies abroad, Reception at the airport or quarantine facility
National Disaster Risk Management Agency (NDRMC)	All returnees	Lead the Emergency Coordination Center for COVID 19 Response in Ethiopia. Coordinate resource and response of Governmental, Non-Governmental and UN Agencies involved in this response.
Ministry of Peace (MoP)	All returnees	Oversee the coordination of ECC on COVID 19 response
Immigration, Nationality and Vital Events Agency	All returnees	Support the diplomatic engagement of MoFA on return management, conduct nationality verification of returning migrants and basic registration upon arrival.
IOM-Ethiopia	All returned in close coordination with government entities	Reception at the airport, registration of returnees at quarantine facility, coordinate closely with EOC POE pillar and EOC Protection pillar the movement operation and quick response to the needs of returnees, organize orientation for returnees in close coordination with EOC at quarantine facility; host vulnerable returnees at IOM-TC after 14 days quarantine is completed, refer migrants in vulnerable situation to service providers. Support ECC in liaison and coordination activities with clusters and partners, especially in mobilizing needed resources for the Quarantine centres.
UNICEF - Ethiopia	Returned Children on the Move	Technical support including: <ul style="list-style-type: none"> • Training in child safeguarding, prevention of PSEA, and case management • Training in prevention of separation of children and managing issues related to stigma.

		<ul style="list-style-type: none"> • Technical and financial support for the deployment of social workers to work with children <p>Provision of NFIs including dignity and recreational kits for women and children.</p>
EOC POE Pillar	All returnees	Coordinate post arrival assistance with government and non-government actors, arrange transportation for returnees from POEs to quarantine facility, arrange transportation for returnees after 14 days quarantine to go home to their place of origin
EOC Protection Pillar	All returnees	In close coordination with EOC POE pillar and quarantine facility management team ensure all protection measures for returnees including provision of NFIs, food, water, medical services, orientation, facilities for vulnerable returnees, women, elderly, children, medical cases are all in place.
MoH/EPHI	All returnees in large-scale returns	Set-up mobile clinic at POEs (airport and land borders) reception locations, carryout on-arrival health screening and treatment, provide emergency health services, referral of returnees in need of advanced treatment to public health facilities for assistance
Ministry of Labour and Social Affairs (MoLSA)	All returnees	Reception, vulnerability assessment in Addis Ababa
Ministry of Health (MoH)	All returnees in large-scale returns	Set-up mobile clinic at reception locations, carryout on-arrival health screening and treatment, provide emergency health services, referral of returnees in need of advanced treatment to public health facilities for assistance