

IMPACT on IDPs

Weekly Update • 18th June 2020



COVID-19 Mobility Impacts Update Series

<https://displacement.iom.int> • dtmccovid19@iom.int

Important: Important: This update strives to use terms in conformity with the IOM's Glossary on Migration to describe issues faced by Internally Displaced Persons (IDPs) in relation to the COVID-19 outbreak. Given the sensitive nature of the information, those terms are used to the best of our knowledge and within the limit of our possibilities to confirm political correctness while producing a weekly update. The update is **external** and the information contained in it is **sensitive**. Corrections are very welcomed and should be submitted to DTM COVID-19 dtmccovid19idps@iom.int for ensuring consistency of information in the database repository.

Weekly updates on "Impact on IDPs" are a collaboration between DTM and CCCM in drafting and reviewing; MHD, PRD and TRD in technical guidance and sharing of files. The objective of these reports is to gather better situational awareness of the spread and impact of COVID-19 among internally displaced populations globally, with a view to ensuring better public health response and accountability for provision of care to vulnerable populations. The methodology includes integrating direct reporting from IOM Regional Offices and Country Missions, IOM sitreps, IOM files and media outlets, as well as public media outlets. Sources are weighed for relevance and accuracy, and then condensed into summaries by country. Instances of reported cases of IDPs with COVID-19 are checked for confirmation and monitored for continuing developments. Limitations include dependence on IDP cases being reported in public media. Cases emerging in countries without IOM presence and/or that go unreported in the media could be potential blind spots. For feedback, corrections, additions or removal from mailing list please get in touch with DTM COVID-19 dtmccovid19idps@iom.int.

■ Summary

People affected by humanitarian crises, particularly those displaced and living in communal settings, are often faced with challenges including vulnerabilities distinct from those of the general population. These vulnerabilities are further heightened by the disparate health and socio-economic impacts of COVID-19. As recently reported by IDMC, [global figures of internally displaced persons \(IDPs\)](#) reached an all-time high at the end of 2019. Conflict and disasters have triggered 33.4 million new internal displacements across 145 countries and territories in 2019. In particular, the number of new disaster related IDPs have increased to 24.9 million in 2019 (compared to 17.2 million in 2018). This is the highest figure recorded since 2012 and three times the number of new displacements caused by conflict and violence.



COVID-19 awareness training with persons with disabilities © IOM 2020

The movement restrictions and measures being imposed by countries, territories and areas as a response to the pandemic are directly impacting the daily lives and circumstances of IDPs and host communities. Livelihoods are being interrupted and access to healthcare, where it is available, remains limited. Many communities hosting internally displaced populations lack adequate investment into health, water and sanitation facilities, in addition to the issues of overcrowding, poor shelter, scarce resources and limited access to reliable information. The impact felt by these communities not only increases humanitarian need but also exacerbates the existing and already complex barriers for IDPs to seek solutions.

■ Key Highlights

- **Reported Cases:** As of 18th June 2020, there are thirty confirmed COVID-19 cases reported among IDPs, with a total of 2 in Nigeria, 8 in Iraq, 3 in Somalia, 8 in Mali and 9 in South Sudan. It is most likely that number of COVID-19 cases amongst IDP populations are largely under-reported.

Reporting Period	Location	Cases Reported among IDPs	Source (Reported by)
30 April – 6 May 2020	Nigeria	1	IOM and Media outlet
30 April – 6 May 2020	Somalia	1	Confirmed by the Ministry of Health in Jubbaland
7- 14 May 2020	South Sudan	1	South Sudan's High-Level Task Force
22 – 28 May 2020	Iraq	1	Confirmed by WHO, OCHA, the Directorate of Health and the Ministry of Health
22-28 May 2020	Mali	3	Mopti (UN, confirmed by WHO)
29 May – 4 June	Mali	5	Mopti (UN, confirmed by WHO)
29 May – 4 June	South Sudan	7	Juba Camp Management Agency update
5 June – 11 June	South Sudan	1	In Bentiu PoC
5 June – 11 June	Somalia	1	In Baidoa (Camp Management Agency update)
5 June – 11 June	Nigeria	1	In Dalori 2 Camp (confirmed by WHO)
12 June – 18 June	Iraq	7	In Sulimaniya, Baghdad, and Kirkuk (confirmed by IOM Iraq)
12 June – 18 June	Somalia	1	In Baidoa (Camp Management Agency update)

Table 1: Summary of COVID-19 cases in IDP locations by date, location and source

- Restrictions of Movement:** Restrictions of Movement: Measures implemented by governments to limit the spread of COVID-19 also directly impact the movement of IDPs in and out of sites. In some countries (e.g. Nigeria, Sudan, and Iraq) specific camp measures have been implemented affecting potential movement of returns, as well as livelihood activities. Certain countries (Nigeria) are slowly lifting mobility restrictions (lockdowns) which will likely impact service access in camps. In Iraq, service delivery to some formal IDP camps improved due to easing of movement restrictions but service delivery remains a challenge in nine camps out of 62 camps where humanitarian actors have recorded partial or no-access to the camps.
- Challenges on Access to Assistance and Services:** Lockdowns and restricted access to camps in places such as Iraq and Uganda have meant that provisions of goods and services to IDP populations have been reduced. For many countries, movement restriction also prohibits IDPs capacity to access livelihood opportunities, putting further pressures on their ability to supplement limited aid. Concerns that delayed preparedness and contingency actions for the coming monsoon seasons, considered non-essential, will increase the risk and vulnerabilities for IDPs in the coming months.
- Mitigation Measures:** IOM is working with partners and local authorities to put in place mitigation measures to reduce the spread of COVID-19 and improve health and hygiene conditions and access in displacement sites. Humanitarian partners have also put in place measures to ensure life-saving services can continue in sites despite movement restrictions for staff and continue to prepare for remote management scenarios in case some sites become inaccessible.

Regional Overview

ASIA AND THE PACIFIC

Afghanistan: As of 14th June 2020, the Afghan Ministry of Public Health (MoPH) reports that 24,766 people in Afghanistan are now confirmed to have COVID-19 out of 55,981 people tested. Of all confirmed cases, a total of 4,725 people have recovered, and 471 people have died (16 of which are healthcare workers). Due to limited public health resources and testing capacity, confirmed cases of and deaths from COVID-19 are likely under reported overall in Afghanistan. DTM settlement assessments, through proxy data on COVID-related deaths, show sharp spikes in deaths, starting in January through March with data collection ongoing. IDPs continue to be severely,

given their cramped and poor living conditions, poor nutrition, hygiene practices and poverty that limits access to health services and drives them to abandon quarantine and risk infection to seek work

Philippines: Restrictions have slowly eased in most places in the country and more so in provinces with displaced populations where there are significantly fewer cases. Multiple measures, especially that of physical distancing, continue to be implemented in these areas, affecting IDP movement and access to services. Services such as MHPSS have seen a general decrease as mass gatherings are prohibited. Local government units have begun construction of relocation sites for IDPs displaced by the earthquakes in Mindanao, although there is no clear timeline as to when IDPs will transfer.

According to the latest DTM round, food remains a top priority in evacuation sites, the delivery frequency of which has decreased due to limited movement of government and humanitarian actors. Construction of handwashing facilities in sites may also be attributed to the increased frequency of handwashing of IDPs, where 96 per cent of IDPs interviewed said they wash their hands significantly or somewhat more than they did before the COVID-19 pandemic hit. According to the latest DTM round, there are 46,496 persons displaced inside and outside evacuation centres in North Cotabato and Davao del Sur, and 13,342 persons inside evacuation centres in Marawi City. No COVID-19 cases have been reported inside the evacuation centres.

EAST AFRICA AND THE HORN OF AFRICA

Burundi: As of 16th of June 2020, Burundi has reported a total of 104 COVID-19 cases with 75 recovered and 1 death. None of the cases were reported among the 135,058 IDPs or returnees in the country. Burundi currently has no specific movement restrictions impacting IDPs. DTM assessments are being carried out through remote data collection, leveraging the existing network of 4,000 key informants across the country for round 53 of Mobility Tracking. As for the Flow Monitoring, IOM continues to observe population movements at some unofficial points border with DRC (Cibitoke province) and the United Republic of Tanzania (Muyinga, Cankuzo and Ruyigi provinces), DTM is planning to extend its FMPs at the border with the United Republic of Tanzania to observe population movements. Based on the request of partners, IOM is planning to conduct a return intention survey for IDPs in Gatumba that have been displaced due to the recent floods.

Ethiopia: As of 16th of June 2020, a total of 3,630 COVID-19 cases with 738 recoveries and 61 deaths have been recorded in Ethiopia. The situation has not changed since last week, as none of these cases were reported amongst the 1.7M IDPs nor the 1.4M returning IDP caseloads, though contact tracing is in place and has in some instances highlighted risks that included individuals from these caseloads. While the mobility restrictions in country have led to alternate implementation modalities, there have not been any significant hinderances to the delivery of humanitarian assistance to date. Recent weeks have shown an increase in climate-related displacement incidents and there have also been reports of conflict-induced displacement, though the general trend reflects a decrease in conflict.

Somalia: As of 16th of June 2020, 2,658 COVID-19 cases with 649 recovered and 88 deaths have been recorded in the country. There continue to be confirmed cases in districts of very high concentration of IDPs (Kismayo (only positive case of IDP), Banadir, Hargeisa, Baidoa, Burco, Hargeisa, and Gaalkayo). In Baidoa, an additional individual tested positive to COVID-19, bringing the total confirmed cases among IDPs to 2. Additionally, Baidoa is also experiencing a cholera outbreak in IDP sites which reflects very poor living conditions that also make these sites vulnerable to COVID-19. Across the country, 84 health workers were reported to be infected with COVID-19, which prompted WHO to issue guidelines and recommendations to ensure health care workers and responders at risk of infection are protected. IDPs' livelihoods have been affected as some used to do domestic work at host community's houses but are no longer allowed in for fear of COVID-19.

Meanwhile with schools closed, children have been observed being employed for casual work. OCHA reported that the virus has exacerbated existing socio-economic vulnerabilities. Due to COVID-19, the Federal Government of Somalia projected an 11 per cent decline in nominal GDP for 2020. Furthermore, WFP has reported a reduction in remittance in Banadir, Hirshabelle and Somaliland. An estimated 40 per cent of Somali families rely on remittances from relatives and friends living abroad for their livelihood. Nationally, remittances are estimated to

decline by as much as 50 per cent. On 17th June 2020, the Ministry of Humanitarian Affairs of South West State has declared an alert on a looming humanitarian crisis related to a very poor Gu harvest.

South Sudan: According to the Ministry of Health daily update, 1,807 people were tested positive for COVID-19 between 5th April 2020 and 16th June 2020 (89 recovered and 31 deaths). National Steering Committee and humanitarian partners have raised case managements challenges, mainly related to a backlog of 5,000 test pending results and difficulties in reaching confirmed cases and contacts due to lack of phone numbers, denial, and unreported change of residence. Whilst estimated 90 per cent of positive samples were collected in Juba, cases were found across 13 different counties (Torit, Magwi, Kajo-Keji, Yei, Yambio, Wau, Aweil Centre, Aweil East, Tonj North, Rumbek Centre, Nyrol, Malakal, Rubkona) and Abyei Administrative Area. Listed counties host more than a third of the country's IDP caseload estimated at 1,600,254 as per latest [DTM Mobility Tracking data](#).

Out of the total, COVID-19 cases, nine are confirmed within UNMISS Protection of Civilians sites, seven in Juba and two in Bentiu, hosting 29,658 (PoC1 and PoC3) and 111,766 respectively. CCCM Cluster and Relief, Rehabilitation and Protection (RRP) section of the UNMISS established [PoC planning and progress tool](#) for reporting on a range of key COVID-19 preparedness actions informing about the context of each PoC site. Phase 32 of PoC contingency plans have been activated. Due to space limitations within PoC sites, COVID-19-ready facilities have been established outside the site in the local hospitals. UNMISS, UNPOL and humanitarian partners continued implementing a policy of reduced footprint within PoCs. The situation in Bentiu PoC and Juba PoC 3 has normalized. However, rising tensions compromise adherence to the COVID-19 preventive measures imposed on site. Localized conflict continued causing displacements in wider Jonglei area, Lakes state and Unity. With rainy season, Jonglei, parts of Upper Nile and Eastern Equatoria state are likely to experience flooding due to increased rainfall and overflow of the River Nile.

Uganda: There is a cumulative number of 732 COVID-19 cases with zero deaths, and 409 recoveries as of 16th June 2020 in Uganda. Of these, 51 cases have been confirmed among refugees in settlements. Enforcement of government restrictions on movements at the border points continues impacting possible arrival of asylum seekers. To-date, only cargo trucks can move across borders upon testing negative for COVID-19. No Ugandan citizens or foreigners can enter or leave the country except for Government-led repatriation operations for Ugandans stranded abroad. The Government continues to restrict movement of people to and from camps which are in border districts and the ban on both private and public transport to and from border districts continues in an effort to minimize the possible spread of COVID-19 from neighbouring countries. The national taskforce provides food aid to households in the central region. The Government plans to extend food aid to up country districts in view of the ban on travels to restrain the population from moving in search for food. Following the recent establishment of temporary camps due to floods in Kasese district in Western region, district authorities have banned donors from meeting flood victims in a bid to reduce the risk of spreading COVID-19.

MIDDLE EAST AND NORTH AFRICA

Iraq: As of 17th June 2020, the World Health Organisation (WHO) has confirmed 22,700 cases of COVID-19 in Iraq, 712 fatalities and 9,862 patients who have recovered from the virus. According to the latest DTM Master List Report 115 (29th April 2020), DTM Iraq identified 1,389,540 IDPs (231,590 households) dispersed across 18 governorates and 104 districts. The top three governorates of displacement are Ninewa, Dahuk and Erbil. According to WHO, the number of confirmed cases in these governorates are 688 in Erbil, 135 in Dahuk and 99 in Ninewa. The total number of cases amongst IDPs in formal camps since the beginning of the pandemic is seven and among them five cases in formal camps. This includes one case in Hansan Sham U3, Erbil; one case in Asthi, Sulimaniya; one in Tazade, Sulimaniya; three cases Zayona, Baghdad and one case in Laylan, Kirkuk.

Gatherings and group activities remain mostly on hold due to restrictions and lockdowns related to COVID-19. Some activities, such as family visits, individual counselling, and limited-sized awareness sessions have resumed online in select locations in line with the government and IOM policies. In general, meetings with beneficiaries are happening on a case-by-case basis, comprising the speed and efficiency at which teams can operate and reach beneficiaries.

Syrian Arab Republic: In the face of insecure economic conditions and overcrowding, 39 per cent of Syrian IDPs in May report inadequate shelter conditions and 29 per cent report living in emergency shelters (tents). This marks a deterioration in living conditions of 10 per cent, as compared to the previous month. As in previous months, the vast majority of IDPs in May are displaced in the north-west of the country – 96 per cent are in Idlib and Aleppo governorates. COVID-19 related restrictions continue to decrease across the country. Data collected over the 13th and 14th June 2020 indicates that schools are now partially open in 91 per cent of sub-districts under de-facto government control and in 49 per cent of sub-districts under de-facto control of non-state armed groups and Turkish-backed armed forces. IDPs, who often live on very little resources, have been particularly vulnerable to financial and food insecurity related to the plummeting of the Syrian pound.

Yemen: Through IOM Yemen's Displacement Tracking Matrix, between 7th and 13th June 2020, newly displaced households were recorded in Aden (100 HH), Lahj (97 HH), and Al Dhale'e (48 HH). Most of these displacements were the result of COVID-19 in Aden and Lahj, (lack of health infrastructure) or the increased fighting in Al Dhale'e. Across governorates where IOM supports IDPs, formal movement restrictions differ, and IOM has observed restrictions on new arrivals and visitors to IDP camps in the north, while sites in the south remain open with limited restrictions on both visitors and humanitarian staff entering those sites with formal security presence, such as Al Jufainah Camp, the largest IDP hosting site in Marib governorate. In many governorates, markets remain open but IDPs and host community members observe a curfew of 6:00 pm. Restrictions on access to medical facilities and employment opportunities remain of concern for IDP, and while these limitations were present prior to COVID-19, they have likely been exacerbated since the outbreak.

In a recent survey conducted by an IOM CCCM and WASH partner, 53 per cent of respondents in Lahj IDP sites reported facing new challenges related to accessing services because of COVID-19. Of those who experienced new challenges in accessing services, 74 per cent were related to health, 42 per cent to food and 26 per cent to education. Restrictions in movement and reduced income capacity were cited as the reasons for challenges to accessing services. These impacts have been anecdotally confirmed by IOM CCCM teams in Marib, Ibb and Taiz, but will be measured systematically in the coming weeks to better inform COVID-19 response.

In IOM-supported IDP sites, CCCM, SNFI, WASH and Cash teams are working together to providing a basic shielding kit to families with members at a higher risk of contracting COVID-19. The kits are composed of infection prevention and control (IPC) materials, supplementary hand washing and latrine facilities, and extra shelter materials as needed. The shielding pilot will target 6 IDP sites in Yemen. CCCM, Protection and WASH are also working with camp women's committees to distribute or produce facemasks for camp residents. A similar product is also being initiated by IOM's Transition and Recovery team in Hadhramaut with local communities. COVID-19 awareness sessions are also being regularly carried out in IOM-supported IDP sites through CCCM field teams as well as CCCM and Health implementing partners.

SOUTHERN AFRICA

Mozambique: Mozambique has seen a sharp acceleration of cases in the past weeks, reaching 609 cases by June 15th. The three provinces with highest caseloads remain Cabo Delgado, Nampula, and Maputo. National Health Institute Director warned that although, in absolute terms, the number of COVID-19 cases in Mozambique remains small, the epidemic is accelerating. Across the globe, the average number of days for cases to double is 36. However, in Mozambique, the number of positive cases doubled in only 11 days (compared with 13 days in South Africa, 20 days in Angola and 29 days in Zambia). IOM health teams, with the support of community-based activists, conducted home visits to over 2,800 households residing in 10 resettlement sites across the three districts of Dondo, Buzi and Nhamatanda to educate family members about COVID-19 disease, its transmission and prevention, and to support the uptake of preventive practices such as handwashing and the use of face masks through demonstrations.

WEST AND CENTRAL AFRICA

Mali: As of June 16th, 1,885 cases of COVID-19 were confirmed in Mali. The number of positive cases among IDPs remains the same as last week (8 cases). No additional mobility restrictions between the different administrative regions of Mali have been implemented. Internal displacement is therefore not directly impacted by the restrictive measures put in place by the government. The number of COVID 19 cases recorded in the region of Timbuktu, Mopti is around 629 cases in total. These two regions are home to 53 per cent of the total number of IDPs in Mali.

In the Centre and the North, populations continue to move to the main towns where they can benefit from better assistance and protection. Food supply are becoming problematic during this lean period in some displaced households who can no longer benefit after 6 months of assistance. In addition to this, upcoming floods will affect a large part of the IDP areas, particularly in the Ségou region. Between July and August, all these factors combined with COVID-19 could have negative consequences for IDPs.

SOUTHERN EASTERN EUROPE, EASTERN EUROPE, CENTRAL ASIA

Ukraine: As of 18th June 2020, the number of reported active cases in Ukraine were 34,063, but no cases were specifically reported among IDPs. Of these, 15,447 people recovered and 966 died. COVID-19 cases are reported in all regions of Ukraine, and although IDPs are also scattered all over the country, the majority of the IDPs are in Eastern part of the country along the contact line. The main share of IDPs is in Donetsk Oblast (500,233), Luhansk Oblast (276,747), Kyiv city (154,909) with 349, 68 and 4,084 active cases respectively. Ukraine has partially lifted quarantine restrictions on scheduled flights. International flights resumed at a few airports. IOM also conducted an express survey of micro enterprises in Eastern Ukraine, where the majority of IDPs reside, revealing that micro and small enterprises in government-controlled areas of Donetsk and Luhansk regions had to dismiss one in three employees due to the COVID-19 pandemic and quarantine. IDPs appear more at risk of being unable to recover from the economic shock of COVID-19 control measures.

Ukraine government has adopted a new resolution on voting rights which confirms the right of internally displaced persons to participate in local elections. The resolution also enables local authorities to accept documents such as IDP registration certificates, or residential lease contracts, to link the electoral address to the factual place of residence. The resolution eliminates direct and indirect limitations of any kind in ensuring the exercise by internally displaced persons of their voting rights.

■ Key Resources

Global:

- [DTM Portals \(migration.iom.int and displacement.iom.int\)](https://migration.iom.int)
- [IOM COVID-19 Camp Management Operational Guidance Frequently Asked Questions](#)
- [Africa Center for Disease Control and Prevention COVID-19 Dashboard](#)
- [Global figures of internally displaced persons \(IDMC\)](#)
- [World Health Organization Situation Reports](#)
- [IOM COVID-19 Impact On Points Of Entry Weekly Analysis 17 June 2020](#)
- [IOM COVID-19 Impact On Key Locations Of Internal Mobility Weekly Analysis 17 June 2020](#)
- [Covid19 Travel Restrictions Output — 15 June 2020](#)
- [IOM COVID 19 Response - Situation Report 19 \(12 June 2020\)](#)
- [COVID-19 — Impact on IDPs #3](#)

Regional:

- [West and Central Africa — COVID-19 — Regional Flow Monitoring Report \(May 2020\)](#)
- [COVID-19 Points of Entry Analysis - 28 May - SEEECA](#)
- [COVID-19 Points of Entry Analysis - 30 April - EEA Region](#)
- [Middle East And North Africa — Tracking Mobility Impact: Point Of Entry Analysis \(11 June 2020\)](#)

Country:

- [Ethiopia — Flow Monitoring Dashboard 9 \(May 2020\)](#)
- [Zimbabwe — Village assessments Cyclone Idai \(27 April 2020\)](#)
- [Sudan — Mobility Restriction Dashboard 8 \(18 June 2020\)](#)
- [Nigeria — Emergency Tracking Tool Report 175 \(8 - 14 June 2020\)](#)
- [Ghana — Point of Entry Rapid Assessment Report \(June 2020\)](#)
- [Nigeria — COVID-19 Point of Entry Dashboard \(6 - 12 June 2020\)](#)
- [Panama- Emergency Tracking: Migratory Receiving Stations-COVID 19 Pandemic \(29 may-04 June 2020\)](#)
- [Zimbabwe — Flow Monitoring Report \(May 2020\)](#)
- [Somalia — Border Point Flow Monitoring \(7-13 June 2020\)](#)
- [Yemen — Rapid Displacement Tracking Update \(07 - 13 June 2020\)](#)
- [Thailand — COVID-19-Related Vulnerabilities and Perceptions of Non-Thai Populations in Thailand Round 2 \(May 2020\)](#)
- [Mozambique – COVID-19 Preparedness Assessment in Resettlement Sites in Manica, Sofala, Tete and Zambezia - Report 4 \(June 2020\)](#)
- [Sudan — Mobility Restriction Dashboard 7 \(11 June 2020\)](#)
- [Yemen - Rapid Displacement Tracking Update \(07 to 13 June 2020\).](#)