IMPACT on IDPs Weekly Update • 27th August 2020

COVID-19 Mobility Impacts Update Series

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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 dtmcovid19idps@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 informed 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 <u>attractions</u>.

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.

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 exasperates the existing and already complex barriers for IDPs to seek solutions.

Key Highlights

• **Reported Cases**: As of 27th August 2020, there were 120 confirmed COVID-19 cases reported among IDPs, with a total of 2 in Nigeria, 53 in Iraq, 3 in Somalia, 8 in Mali and 54 in South Sudan. It is likely that number of COVID-19 cases is largely under-reported. The CCCM Cluster in South Sudan, also announced

in a POC Sites COVID-19 update, the death of 5 IDPs due to COVID-19 (<u>link</u>). CCCM Cluster in Iraq, recorded with the support of the Department of Health (DoH) and the Health partners operating in formal IDPs camps 53 IDP confirmed cases (<u>link</u>).

Reporting Period	Location	Cases notified among IDPs	Source (Reported by)
30 April – 06 May 2020	Nigeria	1	IOM and Media outlet
30 April – 06 May 2020	Somalia	1	Confirmed by the Ministry of Health in Jubbaland
22 May – 28 May 2020	Mali	3	Mopti (UN, confirmed by WHO)
29 May – 04 June	Mali	5	Mopti (UN, confirmed by WHO)
05 June – 11 June	Iraq	2	IDP camps in Al-Sulaymaniyah, CCCM source
05 June – 11 June	Somalia	1	Baidoa (Camp Management Agency update)
05 June – 11 June	Nigeria	1	Dalori 2 Camp (confirmed by WHO)
12 June – 18 June	Iraq	3	IDP camps in Baghdad and Kirkuk, CCCM source
12 June – 18 June	Somalia	1	Baidoa (Camp Management Agency update)
22 June – 02 July	Iraq	4	IDP camps in Erbil, Mosul and Al-Sulaymaniyah, CCCM source
22 June – 02 July	South Sudan	19	PoC (Juba, Bentiu, Malakal) - <u>link</u>
03 July – 16 July	Iraq	2	In IDP camps in Ninewa, CCCM source
17 July – 30 July	Iraq	2	In IDP camps in Baghdad, Ninewa, CCCM source
17 July – 30 July	South Sudan	18	PoC (Bentiu, Malakal) - <u>link</u>
31 July – 13 August	Iraq	28	In IDP camps in Duhok, Erbil, Al-anbar, Ninewa, etc. CCCM source
31 July – 13 August	South Sudan	6	PoC (Malakal) - <u>link</u>
14 August – 27 August	Iraq	12	In IDP camps in Erbil, Baghdad, Duhok, etc. CCCM source
31 July – 13 August	South Sudan	11	PoC (tbc)

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

- **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.
- Public health and socioeconomic measures: IOM is working with partners and local authorities to put in place public health and socioeconomic 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. Humanitarian actors also continue to prepare for remote management scenarios in case some sites become inaccessible.
- 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: Since the start of DTM's data collection in 2016, 4,514,578 arrival IDPs have been counted as being displaced since 2012. Of those, 1,208,038 (28%) arrival IDPs do not have access to a health clinic within a 5-kilometre radius from their villages, 1,208,038 (27%) do not have access to markets within a 10-kilometre radius and 9% (386,406 individuals) lack access to potable water within 3 kilometres of their village. Such extremely high multisectoral needs, further exacerbated by the COVID-19 pandemic, will contribute to extended local, national and cross-border transmission of COVID-19 in the Islamic Republics of Afghanistan, Iran and Pakistan.

While DTM is conducting population mobility and needs assessments in over 12,300 settlements hosting returnees and IDPs, to allay fears and mitigate the spread of COVID-19, DTM in Afghanistan contributes to the COVID-19 response by mobilizing community leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and the stigma surrounding COVID-19 in each assessed community. As of 27th August, 20202, DTM has reached 12,335 settlements, covering all targeted settlements under this activity. DTM will continue these assessments and risk communication activities through November 2020.

As of 27th August, the Afghan Ministry of Public Health (MoPH) reports that 38,113 people in Afghanistan are now confirmed to have COVID-19. From Afghanistan's 37.6 million population 101,891 people have been tested for COVID-19, with a test-positivity-rate of 37%. 29,042 people have recovered and 1,401 people have died (69 of which are healthcare workers). Due to limited public health resources and testing capacity, the COVID-19 caseloads and deaths are presumably underreported in Afghanistan. DTM provides proxy data on COVID-related deaths, collected through settlement assessments, which show sharp spikes in deaths, starting in January through March with data collection ongoing. IDP populations are very likely among the severely affected, given their cramped and poor living conditions, poor nutrition and hygiene, and poverty that prohibits their access to health services and drives them to abandon quarantine and risk infection to seek work.

Myanmar: Since the outbreak of COVID-19 in late March in Myanmar, the Ministry of Health and Sports has confirmed 96 cases being in Rakhine State, 80 of which between 16 and 25 August 2020, with 82 cases that have been transmitted locally.

The United Nations and its humanitarian partners have carried out COVID-19 preparedness activities in camps and sites for internally displaced people in Rakhine State and elsewhere, raising awareness about the risks posed by the virus and promoting preventive measures and distributing essential hygiene and personal protective equipment.

Philippines: IOM Philippines continued remote technical assistance and mentoring of camp managers in 17 sites in North Cotabato, particularly with regards to COVID-19 messaging and community engagement. The country office also finalized a Communication Plan for IOM's COVID-19 response programme, which will target the islands of Basilan, Sulu and Tawi-Tawi, as well as the earthquake-affected areas of North Cotabato and Davao del Sur. In the Philippines, IOM identified and assessed nine barangays (communities) with a high number of internally displaced persons (IDPs) to prepare for installation of handwashing stations. IOM is leading a BAWASA (barangay WASH teams) training on WASH and operations and maintenance of handwashing stations for community members in North Cotabato. IOM will provide toolkits and a demonstration on operations and maintenance of handwashing stations for community members in 20 barangays of North Cotabato. IOM Philippines finalized a CCCM training module focused on Operational Guidelines for COVID-19 and accompanying tools and has set a training schedule for all 45 sites of North Cotabato and Dav Sur. IOM has also conducted site assessments for a cash-for-work scheme across earthquake-affected areas and defined the activities, including repair of existing WASH facilities, rearranging of tents, establishment of registration and screening at entries into sites and improvement of distribution areas.

Vanuatu: Following Tropical Cyclone Harold striking Vanuatu in April 2020, IOM and the National Disaster Management Office conducted a DTM assessment in affected provinces between 26 May and 6 June 2020. Assessment findings concluded that 6,218 individuals (1,295 households) were reported as sheltered across 269 evacuation centres and 569 host families. In addition to responding the TC Harold, IOM is also supporting the government prepare for and prevent an outbreak of COVID-19 in the country. To date, no cases of COVID-19 have been reported in the country.

EAST AFRICA AND THE HORN OF AFRICA

South Sudan: Between 5th April and 25th August 2020, the Ministry of Health reported a total of 2,514 known COVID-19 cases (47 deaths, 1,294 recoveries) based on 18,805 analysed samples collected across 22 counties and Abyei administrative Area. The highest number of cases is still reported in the capital Juba and surrounding areas. Available geographical data on positive results is influenced by the lack of capacity for case management and sample analysis at the regional/state level. The National Steering Committee had further emphasized a low case number related to home-based care, isolation facilities and the mortality surveillance teams. Surveillance remains affected by the delays in getting results from laboratory and incorrect information of patients which poses challenges for follow up and case management.

According to available data, a total of 54 cases are confirmed within UNMISS protected displacement sites in Bentiu, Malakal and Juba, altogether hosting more than 155,000 IDPs. Security situation within the displacement sites is stable. However, a rise in security incidents is observed since the reduction of UNPOL patrols within sites. In particular in the largest PoC in Bentiu, where in addition to incidents of revenge killings further turbulence was prompted by the abolishment of initially increased labour rates, causing delays in service provision and tensions between the communities and humanitarian service providers.

The situation in the Greater Pibor Administrative Area normalized, however, it is estimated that some 11,000 IDPs remain within collective centres across Pibor Town whereas more than 30,000 might still be hiding in the bush in the southeastern part of the state. Seasonal rains are causing new displacements across Jonglei, Unity, Upper Nile and Lakes States. DTM and partners estimate that close to 140,000 individuals could be affected by the flooding. Despite the advocacy from variety of stakeholders (partners, donors, agencies), access and provision of humanitarian assistance are still hampered by the lack of coordination and awareness between the central government and local governance structures, gaps in testing capacity and loopholes in the COVID-19 travel procedures.

MIDDLE EAST AND NORTH AFRICA

Iraq: On August 25th 2020, CCCM Cluster in Iraq, co-lead by UNHCR and IOM, recorded with the support of the Department of Health (DoH) and the Health partners operating in formal IDPs camps 53 IDP confirmed cases and 8 cases of humanitarian staff providing services there. The main scalation of cases was seeing during the second and third week of August with a duplication of cases, from 20 confirm since the emergency was declared in early March 2020 to 42 cases by 17th of August 2020.

The construction of Isolation and Quarantine areas in the camps for people with travel history, new IDP arrivals and people in contact with confirmed cases is ongoing, finalized in 2 out of the 43 camps in country, in 12 camps the setup is not possible due to reduced number of IDPs or the lack of camp management or land, in 5 of them alternative solutions are under implementation. In the governorates of Baghdad, Anbar, Ninewa and Kirkuk, a new policy for isolation of mild and moderated cases has been advised by Department of Health, in which referral to home isolation of mild and moderate cases across the governorate is suggested, including for the IDPs in camps. CCCM and Health Clusters with their partners are working on developing new guidelines and protocols for this scenario that might pose a high risk for the IDPs living in camps where WASH facilities are shared.

No updates on informal sites COVID-19 confirmed or suspected cases. IDP confirmed cases in camps, including humanitarian staff is reflected on page 18 of <u>this dashboard</u>.

Syrian Arab Republic: Throughout the Syrian Arab Republic, economic uncertainty has grown increasingly intertwined with the COVID-19 pandemic, forcing households to choose between the uncertainty of a global pandemic or the reality of severe household deprivation at the confluence of the conflict, economic crisis and COVID-19 pandemic. According to HNAP's most recent household survey, with data being collected in June, households are increasingly engaging in crisis coping mechanisms. There was a 56 per cent increase in the selling household assets and a 29 per cent increase in both the dependence of local assistance and the selling of productive assets. According to the same household survey, a total of 20 per cent of households reported that they were 'very concerned' about COVID-19; however, this rate was the lowest in north-west Syria (3%) – the region which hosts the highest percentage of IDPs. According to HNAP's most recent COVID-19 rapid assessment (data collected between 24th and 25th August 2020), practically all sub-districts report insufficient COVID-19 medical services, i.e. testing provision, quarantine space, isolation space and monitoring space, which is extremely concerning given the extremely high rates of COVID-19 cases which are being reported, unofficially, throughout the country.

HNAP also investigated transit points on 24th August 2020, which revealed that since the last reporting period two international transit points between the Syrian Arab Republic and Turkey had been closed. Quarantining upon arrival is only required for two of the nine active internal transit points – which is highly concerning given that an estimated 19,106 individuals traversed the nine transit points between 11th and 24th August 2020. Ten of the nineteen active international transit points do not require traversers to quarantine upon arrival; seven of these transit points are between the Syrian Arab Republic and Turkey, two are between Syria and Iraq and one between the Syrian Arab Republic and Lebanon.

Yemen: Through IOM Yemen's Displacement Tracking Matrix, between 12th and 25th August 2020, 342 new displaced households were recorded in areas where IOM has access. The highest number of displacements were due to conflict and flooding and were seen in Marib, Al Hudaydah and Taizz governorates. From 1st January to 25th August 2020, IOM Yemen DTM estimates that 20,126 households or 120,756 individuals have experienced displacement, at least once in Yemen.

Flooding in Yemen in July and August has caused severe damage to infrastructure and shelters, worsening conditions for thousands of internally displaced persons (IDPs) in Sana'a, Marib, Hajjah, Raymah, Al Mahwit and Al Hudaydah. For IDPs who have lost their shelters and are residing in temporary and often crowded conditions, the risks for COVID-19 transmission are higher. IOM is supporting humanitarian response efforts by deploying emergency shelter and non-food items (NFIs) through the IOM-managed Common Contingency Pipeline: so far, 3,388 items have been released to partners for response activities in Al Hudaydah, Hajjah, Ibb and Marib. To ascertain the impact of COVID-19 on displaced communities and inform humanitarian programming, IOM recently surveyed 376 households in Marib, with preliminary findings indicating that 49 per cent of respondents had a decreased access to basic and health services; 96 per cent reported increased food and household items prices since the start of the pandemic; and 73 per cent of reported income reductions due to less demand for services or movement restrictions.

IOM teams continue to improve WASH services in displacement sites and communities hosting large displaced populations. IOM water trucking activities are ongoing in 162 sites in Hudaydah, Taizz, Ibb and Marib. In Taizz, the team also distributed 215 water storage tanks, and in Aden, IOM is rehabilitating a community water network to ensure adequate water supply for over 35,000 people. During the reporting period, IOM distributed 1,360 hygiene kits and 4,080 long lasting insecticide nets to immunocompromised and high-risk individuals in Aden. Additionally, through CCCM programming, IOM continues to engage IDP communities on mask making; 90 women have been supported (through trainings, materials and cash grants) to weave 31,500 masks for IDPs in Marib, and activities are being launched in displacement sites in Ibb and Taizz. In Marib, the quarantine centre in Al Jufainah IDP-hosting site in Marib is being equipped and will be open to support isolation and IPC in the displacement site by start of September.

SOUTHERN AFRICA

Mozambique: In response to the COVID-19 pandemic, IOM's Displacement Tracking Matrix (DTM) in collaboration with the Government of Mozambique's National Disaster Management Agency (INGC) conducted an assessment

in the resettlement sites from 4th to 7th August 2020, with the sole purpose to inform government and humanitarian partners on preparedness levels and precautionary measures currently available in resettlement sites hosting populations displaced by Cyclone Idai. The information gathered is intended to help partners plan interventions. In the 73 resettlement sites assessed, 90 per cent of the sites reported a noticeable change in people's behaviours and habits to better prevent COVID-19.

WEST AND CENTRAL AFRICA

Cameroon: As per recent <u>data collection</u> between 25th May and 10th June in the Far North Region of Cameroon there are 494,144 displaced individuals (321,886 IDPs, 48,769 out of camp refugees and 123,489 returnees) across 964 assessed locations including 33 new villages or sites. During this exercise, 78 per cent of key informants indicated that COVID-19 related mitigation measures have been undertaken in localities and sites to prevent or limit the spread of COVID-19.

Chad: As of 25th August 2020, 995 COVID-19 cases (including 871 recovered, 47 under treatment and 77 deaths) have been confirmed in Chad. In Lac Province (which hosts 297,000 IDPs), five cases have been confirmed since the beginning of the pandemic, none of which are currently active. One death has been registered in Bol (which hosts 39,000 IDPs) and 50 individuals are currently in quarantine in Lac Province. To this day, no case has been identified among IDPs.

In the framework of COVID-19 prevention and response activities, IOM has distributed 1,000 masks at PoE to female IDP groups. IOM has also finalized its sensitization campaign conducted in 10 villages and 2 sites of Ngouboua sous-préfecture, targeting approximately 40,000 IDPs. In addition, IOM has donated 50 handwashing stations to the COVID-19 response committee in the département of Kaya.

Results from DTM's round 12 of data collection, held from June to July 2020, indicate a general increase in COVID-19 awareness among displaced populations, as well as in the implementation of preventive measures: the share of displacement locations where almost everyone (>75% of individuals) were aware of COVID-19 jumped from 49 per cent during round 11 (April 2020) to 71 per cent during round 12. In addition, the share of assessed sites and villages where COVID-19 preventive measures were taken went from 25 per cent during round 11 to 61 per cent during round 12.

It should be noted that amidst the COVID-19 crisis, the humanitarian situation in Lac province has deteriorated due to worsening security and environmental conditions. During round 12 of data collection, DTM has identified 297,187 IDPs, which represents a 26 per cent increase compared to the previous round (during which 236,426 IDPs were identified). This number is the highest ever recorded by DTM in Lac province. Security incidents caused by non-state armed groups and floods caused by heavy rainfall have increased the needs of affected populations, notably in terms of Shelter, WASH, Food and Non-Food Items.

In addition, in the capital city N'Djamena where 796 COVID-19 cases have been identified since the beginning of the pandemic, floods caused by heavy rainfall have forced 7,122 households (31,853 individuals) to flee their homes since early August 2020 in 15 quartiers (7 arrondissements) of the city (see the Emergency Tracking Tool report 71). They took refuge either elsewhere in their arrondissement, or in neighbouring arrondissements. Most of the affected individuals are hosted by relatives, but some of them are currently without shelter. IOM, along with other humanitarian and government partners, is currently planning to provide Shelter, Food and Non-Food Items assistance in response to the situation and has shared a preliminary assessment of potential relocation sites.

Key Resources

<u>Global:</u>

- DTM Portals (migration.iom.int and displacement.iom.int)
- IOM COVID-19 Camp Management Operational Guidance Frequently Asked Questions
- <u>Africa Center for Disease Control and Prevention COVID-19 Dashboard</u>
- Global figures of internally displaced persons (IDMC)

- World Health Organization Situation Reports
- IOM COVID 19 Response Situation Report 26 (7 August 2020)
- <u>COVID-19 Travel Restrictions Output 10 August 2020</u>

Regional:

- Impact Of COVID-19 Movement Restrictions On Migrants Along The Eastern Corridor 5 (as of 31 July 2020)
- Middle East And North Africa Tracking Mobility Impact: Point Of Entry Analysis (06 August 2020)
- West and Central Africa Monthly Regional Update (June 2020)
- West and Central Africa COVID-19 Impact on Mobility Report (June 2020)

Country:

- <u>Coronavirus Disease (COVID-1) Dynamic Infographic Dashboard for Iraq</u>
- <u>Cameroon Displacement Dashboard 21 (25 May 10 June 2020)</u>
- <u>Chad Emergency Tracking Tool report 71</u>
- <u>Chad Displacement Dashboard 12 (June July 2020)</u>
- <u>Chad Displacement Dashboard 11 (April 2020)</u>
- Libya IDP & Returnee Report, Round 31 (May June 2020)
- <u>Libya COVID-19 Mobility Tracking</u>
- Nigeria COVID-19 Point of Entry Dashboard #13 (1 7 August 2020)
- South Sudan COVID-19 Situation Report #19
- South Sudan COVID-19 Situation Report #20
- <u>Yemen Situation Report COVID-19 Response (16 August 22 August 2020)</u>