

## Regional COVID-19 Crisis Management Group

### Humanitarian Settings and Vulnerable Populations Working Group

## Health of Internally Displaced Persons, Refugees, Migrants, Returnees and COVID-19

*Situation Report #12\15 July 2020*

### Situation Overview

As of 15 July 2020, there are an estimated 1 312 066 reported cases (10.1% of the global burden) in all countries of the Eastern Mediterranean Region (EMR), with an estimated 32 092 deaths (5.6% of the global burden).

### Burden of COVID-19 among Refugees and Migrants

- As of 15 July 2020, according to WHO, there were 17 accumulative positive cases of COVID-19 among refugees and migrants in Pakistan, with 11 recovered, 4 still active and 2 deaths.
- As of 14 July 2020, according to WHO, 25% of new COVID-19 cases in Oman which were reported among migrants.
- As of 14 July 2020, according to WHO, 58% of new COVID-19 cases in Bahrain which were reported among migrants.
- As of 13 July 2020, there were 906 accumulative positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (8), Lebanon (25), Syria (6), West Bank (819), Gaza (48). There were 656 new cases from two weeks ago, that were in Lebanon (10), Syria (6) and West Bank (640) and one death in Syria.
- As of 9 July, according to WHO, 8 COVID-19 positive cases were reported among irregular migrants in Tunisia.

### Regional Response Actions

#### Regional Taskforce on COVID-19 and Migration/Mobility<sup>1</sup>

International Organization for Migration (IOM) and the World Health Organization (WHO) are regionally coordinating on the collection, analysis and integration of health and mobility data under the Regional Task Force on COVID-19 and Migration/Mobility. Through the Task Force, IOM coordinated inputs and contributions from WHO, the International Labour Organization (ILO), the United Nations Economic and Social Commission for West Asia (ESCWA) and other participating UN agencies, and compiled a regional mapping of COVID-19 activities targeting migrants and mobile populations at the national, regional and global levels.

#### International Organization for Migration (IOM)

At the regional level, some significant changes have been recorded on the operations status of international airports during the last two weeks compared to the previous situation. To date, according to IOM's Tracking Mobility Impact, around 42% of monitored international airports are fully closed, 36% are partially operational and 17% are now fully operational, marking the reopening of at least some of the monitored international airports in the region. Almost 55% of monitored land border crossing points remain fully closed, with 36% partially operational and three classified as fully operational. Out of 42 monitored blue border crossing points in the region, 25 of them are fully closed and 14 are partially operational while two (2) are fully operational. For more information, <https://displacement.iom.int/reports/middle-east-and-north-africa-%E2%80%94-tracking-mobility-impact-point-entry-analysis-25-june-2020>.

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<sup>1</sup> Under the Issue Based Coalition on Migration in the Middle East and North Africa region, the Task Force on COVID-19 and Migration/Mobility is co-convened by WHO, IMO, ESCWA and ILO. The Taskforce aims to enhance coordination, response interventions and sharing of good practices and challenges among the UN to support country-level operations.

### United Nations Population Fund (UNFPA)

UNFPA's particular focus is on health, social protection and basic social services, and gender considerations to ensure no one is being left behind especially those most vulnerable, i.e. persons with disabilities, older persons, refugees, internally displaced persons and migrants. The Arab States region, known for its protracted and complex humanitarian crisis, will need to ensure an overarching response along the humanitarian development and peace nexus. In this regard, UNFPA Regional Office, jointly with WHO and the United Nations International Children's Fund (UNICEF), is supporting the continuity of essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMCH) services especially during the pandemic. COVID-19 impact assessments on RMCH service delivery have commenced in Sudan and Iraq with more countries to join. UNFPA/WHO/UNICEF advocacy geared toward national Ministries of Health highlights the criticality of maintaining maternal, child and reproductive health services during the pandemic to avoid excess morbidity and mortality.

UNFPA, under the regional alliance for the Global Action Plan for Healthy Lives and Wellbeing for All, and in partnership with WHO, UNICEF, Joint United Nations Programme on HIV and AIDS (UNAIDS), UN Refugee Agency (UNHCR) and World Organization for Family Doctors, is also developing an online training programme for primary health care providers on COVID-19 management and on how to sustain essential services. In addition, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Tunisia and Yemen expressed their interest to identify and document the role of the private health sector in the context of Covid-19.

### UN Refugee Agency (UNHCR)

UNHCR's Global Trends for 2019 reports, <https://www.unhcr.org/5ee200e37.pdf>, that forced displacement now affects more than 1% of humanity – 1 in every 97 people – and fewer and fewer are able to return home. COVID-19 exacerbates their situation even more, as it has an unprecedented global social and economic impact and is also affecting asylum systems.

### United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

In light of the alarming increase in COVID-19 infections, UNRWA continues to provide necessary assistance to help contain the pandemic and reduce its spread across the West Bank and in our other fields. Food parcels and cleaning materials are being distributed to quarantined families, while environmental health teams continue to conduct spraying and sterilization campaigns at UNRWA facilities, alleys, and in camp streets. Psychological support and health teams are working with communities and provide essential services, including home deliveries of medication to Palestine refugees with medical conditions.

### World Health Organization (WHO)

WHO is bringing the world's scientists and global health professionals together to accelerate the research and development process, and develop new norms and standards to contain the spread of the coronavirus pandemic and help care for those affected, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>, and for more infographics on how to protect yourself and others, <http://www.emro.who.int/health-topics/corona-virus/protect-yourself-and-others.html>.

## Country Response Actions

### Afghanistan

IOM continues to monitor and report ongoing cross-border population movements, cross-analysed with regional COVID-19 case data, to identify destination areas at greater risk of cross-border transmission of COVID-19 to inform better-targeted, evidence-based health response and recovery programming. IOM is conducting nationwide mobility and needs assessments in over 11 670 settlements hosting returnees and internally displaced persons (IDPs). The mission is also engaging communities and mobilizing community

leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and stigma surrounding COVID-19 in each assessed community. As of 6 July, 10 571 villages had been reached. IOM's COVID-19 response page, indicating districts of highest severity of COVID-19 returns, with some 470 966 returnees (298 077 from Iran and 172 889 Pakistan) since February 2020, <https://afghanistan.iom.int/IOM-COVID-19-Response>. IOM's RCCE Working Group Page, showing settlements reached for risk awareness, infection prevention and control measures, <https://afghanistan.iom.int/IOM-COVID-19-Response-RCCE>.

### Egypt

IOM partnered with the WHO, UNFPA, UNICEF and UN Women to conduct in collaboration with the Ministry of Health and Population a Knowledge, Attitude and Practice study of the population towards COVID-19, ensuring the inclusion of migrants in the study. IOM organized a week-long collaboration with migrants and community leaders as part of the "1000 Kits for 1,000 Families" campaign. As part of the campaign, IOM distributed 1000 colouring books on nutrition and hygiene, and 3000 awareness raising flyers on COVID-19 and mental health and stress management during the pandemic to migrant families. Migrants in Cairo from Sudan, Yemen, Ethiopia, and Eritrea participated. In addition, IOM also conducted COVID-19 health awareness session for Sudanese, Syrian and Yemeni community leaders.

UNHCR has been advocating with authorities for tolerance among refugees and asylum-seekers with expired cards or residence permits. Meanwhile, residency procedures continue to be partially available for refugees and asylum-seekers in Egypt. Therefore, only those with valid UNHCR documents and Ministry of Foreign Affairs case numbers can obtain residency permits. Following successful advocacy, authorities agreed to accept UNHCR documents with a validity of less than six months, with discussions ongoing with the Ministry of Interior for persons with expired UNHCR documents.

### Jordan

UNHCR partner Médecins Sans Frontières (MSF) completed the construction of the inpatient COVID-19 treatment centre for Zaatari refugee camp, including water, sanitation and hygiene (WASH) facilities, recruitment of medical staff and procurement of necessary medical supplies. The treatment centre forms part of wider precautionary and preventative activities to ensure adequate response capacity in the event of COVID-19 cases being recorded in the camp. Moreover, random testing of the population as per Government procedures is also taking place regularly, with only negative cases reported to date.

### Iraq

IOM set up COVID-19 screening and triage areas at IOM-supported health clinics in camps in Kirkuk, Ninawa, Dohuk, Anbar, and Erbil. Furthermore, IOM also conducted a three-day training of trainers' course for nine Migrant Health Unit staff from 30 June to 2 July. The training covered infection prevention control, proper use of PPE, and other related topics.

Considering the increased number of confirmed COVID-19 cases, UNHCR continues efforts to limit the spread of the virus and preserve the well-being of vulnerable displaced families. In Sulaymaniyah governorate, health, WASH, and Camp Coordination and Camp Management (CCCM) actors are working on reinforcing preparedness measures in camps, including re-starting mass information campaigns, and ensuring the WASH response is fully covered. UNHCR, CCCM, WHO and WASH partners, organized a site visit to Ashti and Arbat IDP camps along with Sulaymaniyah's Department of Health, to identify potential locations for quarantine and isolation. Furthermore, fumigation activities are ongoing in various IDP and refugee camps across Iraq, along with COVID-19 awareness raising sessions. As of mid-June, 32 400 brochures and 1000 posters on COVID-19 preventive measures have been distributed to persons of concern, camp-based primary health care centres, camp management, and community outreach volunteers.

UNFPA is procuring additional PPE in support of the government health response to COVID-19. UNFPA contributes to strengthening the capacities of frontline sexual and reproductive health (SRH) workers and health facilities through virtual training platforms and mentorships for health care providers. Reproductive health services including basic and comprehensive emergency obstetric care continue to be provided in nine refugee camps, six camps for IDPs and seven static clinics in returnee areas also benefiting host communities. UNFPA-supported women centres continued to operate a total of 14 mobile teams, 41 women centres and 84 staff were mobilised to assist GBV survivors. A total of 164 GBV cases were reported, and 67 cases were referred to specialised services. UNFPA partners distributed 3 861 dignity kits and the women centres sewed more than 5500 masks. The GBV online case management system provided more than 588 counselling sessions. Women centres offered awareness-raising sessions on sexual exploitation, domestic violence and COVID-19 prevention reaching 993 individuals in camp and non-camp settings. Recent findings from IOM in Iraq showed that 65% of the service provision points reported an increase in one or more types of GBV in their areas of intervention. Of which, 94% reported a sharp increase in domestic violence reportedly perpetrated by a spouse or other family member/s within the household.

### Kuwait

IOM initiated a digital rollout to engage business owners of small and medium enterprises with messages on the safe return to the workplace. The messages were inspired by the IOM Guide for Employers and Businesses on Responsible Return during and post COVID19. This outreach was in line with the Kuwaiti government's decision to move to the next phase of resuming operations.

### Lebanon

While 55% of the refugee population were below the extreme poverty line pre-crisis, this number is now estimated to have reached 75% of the refugee population. The struggles faced by both refugee and host communities to cope with the multiple dimensions of the crisis in Lebanon has created tensions between and within community groups – over electricity supply, employment opportunities and the distribution of assistance. Food insecurity and lack of access to basic needs remain the primary concern of refugees, leading to an increase of women and children resorting to begging on the streets as well as child labour, particularly in the agricultural sector. Meanwhile, UNHCR reception centres are resuming prioritized activities; the scale of the resumption varying per centre, in addition to some activities at community centres.

In coordination with UNRWA, the Ministry of Public Health is carrying out random screenings of 4000 persons (both refugees and non-refugees) in Palestine refugee camps to measure the nationwide spread of COVID-19.

### Libya

IOM's Displacement Tracking Matrix (DTM) second 'Update on COVID-19 Mobility Restrictions' Impact on Vulnerable Populations on the Move' identified unemployment as a major risk factor, increasing migrant vulnerabilities across the country. In 95% of assessed locations, migrants reliant on daily labour opportunities for income reported being impacted by the economic slowdown associated with COVID-19. Furthermore, one in three migrants in Libya were found to be potentially food insecure.

IOM conducted several sterilization fumigation and cleaning campaigns as part of the initiatives to combat the COVID-19 outbreak. Targeted locations were several disembarkation points (DP) like Sabratha DP, Zwara DP and Misrata DP. IOM also targeted detention centres (DC) such as Zwara DC and Azzwaya Abu Issa DC, where Non-Food Items (NFIs) were distributed to more than 300 migrants during the campaign.

Through its partner International Medical Corps, UNFPA deployed a mobile medical unit to AlQadesseya and Fashloum primary healthcare centres in Tripoli to provide essential reproductive health services. The

team assisted a total of 354 women, including 44 migrants and 23 IDPs. Several awareness sessions in the two primary healthcare centres on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reached 552 individuals. In collaboration with the Ministry of Health, UNFPA trained 29 participants from different hospitals on COVID-19 PPE usage and case management.

### Morocco

IOM is promoting the continuity of care for migrants, especially for cases where migrants also have chronic health conditions as well as for maternal and childcare cases. A total of 867 migrants have been assessed through health referral and follow-up, Sexual and Gender Based Violence cases, as well as for Unaccompanied and Separated Children continuity of access to education.

UNHCR ensures, in coordination with its medical partner, the Moroccan Association for Family Planning (AMPF), the continuity of its medical assistance for refugees. Persons suffering from chronic diseases have received their medication supplies for two months in AMPF's health centres or directly at their doorstep. New medical consultation procedures have been set-up and physical and remote presence is ensured in some partners' centres. Four medical hotlines have also been established and communicated to refugees for online consultations. Nearly 550 consultations have been carried out since the beginning of the lockdown, 300 of which were conducted remotely and nearly 250 in-person. The medical partner also works on sensitization of refugees on COVID-19 prevention. In addition to access to national health centres granted to refugees by the National Strategy for Immigration and Asylum, UNHCR signed a partnership agreement on the 20 May 2020 with the National Council of Physicians Order. The agreement focuses on facilitating access to medication, mental health and specialized care for refugees and asylum seekers in Morocco.

Protection counselling sessions organized by UNHCR and its partner (FOO) in charge of psycho-social assistance are now done remotely. These sessions allow the continued identification of refugees' specific needs, to provide support through financial assistance, individual psycho-social support or referral to another partner. In this regard, FOO's two psychologists remotely conducted 110 therapy sessions in April, and social workers conducted over 1,100 counselling sessions between the beginning of the lockdown and early May, which benefited 720 refugees and 385 asylum seekers. Nearly 200 asylum seekers benefited from FOO's project SOS Migrants to support their most basic needs. About fifteen meetings of the monitoring committee for vulnerable cases (composed of UNHCR and FOO members) and a monitoring committee of victims of sexual and gender-based violence have been organized remotely since the beginning of the crisis to ensure timely response to refugees' needs. Individual monitoring actions requiring physical presence have been temporarily suspended due to movement restrictions.

### Pakistan

UNHCR has provided 5000 N95 facemasks to the Provincial Disaster Management Authority for onward distribution to public health facilities in Balochistan. In addition, health education sessions have been conducted in 3 targeted refugee villages in Zar Karez (Loralai District) and Posti, and in Chaghi (Chaghi District) on tuberculosis awareness and COVID-19 preventive measures. A total of 54 health sessions were conducted and 109 individuals from community maintaining social distancing protocols participated. In addition, 108 households were visited to collect information regarding presumptive cases. All health facilities in the refugee villages remain functional.

UNHCR partners distributed 10 000 N95 facemasks, 155 000 surgical facemasks, 1700 (250ml) hand sanitizers and 45 600 pairs of surgical gloves in Khyber Pakhtunkhwa to their staff working with refugees. Community health workers conducted 1465 health education sessions (6436 participated) on the prevention of COVID-19, malaria, diarrheal diseases, acute respiratory infections and dengue fever, and about referral to the district health hospitals. In addition, a total of 1440 meetings were conducted with village health

committees, religious leaders and Shuras in order to engage the community and successfully reached 4808 participants. Pesh Imams continue to play a key role in providing awareness in on the prevention of COVID-19 at all mosques. It should be noted that all refugee villages have a No Mask No Entry to all health facilities. However, the level of social stigmatization through rumors circulated is creating distrust around health services in government hospitals, which has led to delays in seeking treatment services for COVID-19. UNHCR through partners is working to develop a strategy to address this disinformation and stigmatization of COVID-19.

### Palestine

West Bank: Cases in the West Bank, including East Jerusalem, have begun to rise at an alarming rate over the past month, with the Governorate of Hebron the most severely affected, with over 4000 cases to date. With the highest poverty rate in the West Bank, Hebron is particularly vulnerable to the effects of COVID-19, both medically and economically. The state of emergency has been extended into August, and the entire West Bank is under a night-time and weekend curfew for the coming days. The cities of Ramallah, Hebron, Nablus and Bethlehem are under total lockdown, and public transport between governorates has been suspended. Finally, strict regulations are in place regarding the use of masks and gloves.

### Sudan

IOM's Rapid Response Fund (RRF), through its partner, Concern Worldwide, trained 32 community volunteers (16 females and 16 males) on community hygiene promotion and COVID-19 prevention awareness in ten gathering sites in El Geneina, West Darfur. The community volunteers used mobile speaker system/megaphone to share information about basic sanitation and COVID-19. There have been 27 sessions conducted reaching at least 2350 persons (1222 females and 1128 males). As latrines and shelter blocks are being constructed, the community volunteers also ensured that sanitation awareness and latrine maintenance sessions were included. IOM began providing support to the arrival of Sudanese returnees from Egypt by road travels on 23 June 2020. The returnees are tested for COVID-19 at a quarantine centre located in Khartoum. Between the 22 and 24 June 2020, 1325 returnees arrived. IOM conducted an assessment in the quarantine centre regarding the facility and its capacity, testing methodology and conditions, and sterilization practices conducted by the Civilian Defense Force. IOM also liaised with the Ministry of Health to prepare medical staff to conduct COVID-19 tests for 435 returnees on 23 June 2020.

IOM is co-leading a newly established taskforce with UNHCR to coordinate preparedness and response to COVID-19 in IDP camps and settlements. The taskforce will be in all five Darfur states, alongside South Kordofan and Blue Nile state. IOM is responsible for ensuring state-level coordination mechanisms are in place in Central Darfur, West Darfur, and South Kordofan. UNHCR is responsible for ensuring state level coordination mechanisms are in place in North Darfur, East Darfur, South Darfur, and the Blue Nile. Several activities have since been implemented to initiate the coordination. Two data collection surveys have been established by IOM and UNHCR. The first data collection exercise will create live site profiles outlining the needs, response and gaps, while the second data collection is a weekly survey regarding suspected and confirmed COVID19 cases in IDP camps. The first round of data collection for both exercises has also been conducted.

### Syria

Through IOM's site management support activities and Accountability to Affected Populations channels, information and awareness-raising efforts continue to reach IDPs and camp committees in informal camps. IOM continues to provide regular water assistance in 21 IDP sites (40 litres of water per person per day), benefiting more than 20 000 individuals, as well as in IOM managed camp and reception centres. Distribution of specifically designed hygiene kits, water in collective centers, and additional PPE for

implementing partner staff is expected to begin in mid-July. In addition, IOM is in process of installing an isolation facility at a planned camp. Beds and medical equipment have been delivered by IOM's health partner, and works are expected to be finalized in the next week. Once functional, this could be a model for other planned camps and reception centres.

UNFPA advocates for the continuity of comprehensive and specialised GBV programmes and SRH services as essential and lifesaving, especially in times of public health crisis such as the COVID-19 pandemic. As reiterated during the Brussels IV conference (29 - 30 June 2020) convened around the Syria crisis, all GBV prevention and response programmes, including women and girls' safe spaces and mobile services, along with SRH services, must be considered as basic essential services that need to be maintained. Funding dedicated to GBV programmes and SRH services delivery must not only continue but must also meet the increased needs brought on by the COVID-19 pandemic.

According to UNHCR, the first coronavirus case was confirmed by local health authorities in opposition-controlled north-west Syria on Thursday, raising fears for a region where many hospitals lie in ruins and camps for displaced people are overflowing. Aid groups said the person infected was a doctor at a hospital in Idlib, near the Turkish border. The hospital has closed, and the doctor is in isolation.

In Sayeda Zainab, rural Damascus, an area which was locked down for about a month due to COVID-19, refugee needs remain high. UNHCR in cooperation with the World Food Programme and the Syrian Arab Red Crescent distributed food baskets for over 850 refugee families at the start of June. UNHCR outreach volunteers were present at the registration centre and distribution point to support with managing flows of people, verifying beneficiary names, delivering food baskets, and accompanying the most vulnerable cases. Meanwhile, most UNHCR partners resumed 30% of their regular activities in community centres and started delivering limited protection services. In total since the start of the COVID-19 crisis, more than 614 000 individuals have been reached through risk communication and community engagement activities. This includes nearly 120 000 Syrians as well as refugees in Syria reached through outreach volunteers, and more than 75 000 Syrians and refugees reached through UNHCR mass communication campaigns, among other activities. In north-west Syria, due to difficulties in addressing basic needs, households are at risk of adopting negative coping mechanisms, which often disproportionately affect children. Increases in GBV and child rights violations have also been reported by partners. Moreover, partners are concerned that persons with disabilities, particularly women and girls, are at an increased risk of experiencing violence, abuse and neglect.

UNWRA has reported 6 confirmed cases of COVID-19 were detected among Palestine refugees in Syria (1 Jaramana, 1 Dummar, 1 Rukn alden, 2 Almazzeah and 1 in Alzahera). Four cases are currently being treated in hospital, and the fourth unfortunately died at Alassad Hospital.

## Yemen

IOM is providing support to 32 health facilities and nine mobile health teams across Abyan, Al Jawf, Aden, Al Baydah, Al Dhale'e, Amanat Al Asimah, Lahj, Marib, Sa'ada, Shabwah and Taizz governorates. Through these health facilities, 31 658 people, including 1801 migrants, received health services, including PPEs, incentives and, when needed, rehabilitation of buildings. This support ensures that primary health care, cholera treatment, mental health and psychosocial support as well as minor and major surgeries are accessible to affected populations during the COVID-19 outbreak. IOM has also been conducting COVID-19 awareness sessions, not just in these facilities, but in displacement sites, on key migrant routes and online. To help displaced Yemenis combat the spread of COVID-19, the Organization has also scaled up its distribution of hygiene kits as well as its water provision to displacement sites.

UNHCR is carrying out a *Communicating with Communities* survey across the country, including on the results of UNHCR's and other Agencies' COVID-19 awareness raising campaigns. In Hajjah and Hudaydah, the survey reached 400 beneficiaries, and 87% of the respondents stated that they were aware of COVID-19 symptoms, precautionary measures and how the infection was transmitted. However, 40% said that they could not afford to follow the prevention measures and were only able to wash their hands. Some 90% responded that access to health facilities became a challenge due to fear of infection from hospitals. In Ibb, the survey reached 930 beneficiaries where 90% of the respondents stated that they were aware about the COVID-19 symptoms, precautionary measures and how the infection was transmitted, but 35% only resorted to washing their hands. Some 73% believed that access to health facilities was more difficult since the beginning of the COVID-19 outbreak, and 49% of respondents stated that their daily financial incomes had been affected due to COVID-19.

### Way Forward

- Coordination among UN partners through the newly established Taskforce on COVID-19 and Mobility/Migration under the United Nations Inter-Agency Issue-Based Coalition.
- Ensuring that all refugees and migrants are included with the Universal Health Coverage is framework among all partners during the outbreak response for COVID-19.
- Ensure continuity of care for non-COVID-19 essential health services in camps and camp-like settings.
- Recommend to all countries to support the duty of care to all refugees and migrants.
- Support countries with improving the testing strategy and enhancement of testing capacity.
- Improving the reporting of COVID-19 cases among IDPs, refugees, migrants and returnees, through the Health Clusters and in collaboration with other clusters.
- Provide guidance to country offices on desegregated COVID-19 data where possible to identify reported cases among IDPs, refugees, migrants and returnees.
- Provide collective and timely information to our partners on cases of COVID-19 among IDPs, refugees, migrants and returnees.
- Support Country Offices to develop guidance notes/briefs for their respective governments on COVID-19 as a whole-of government and whole-of-society approach toward IDPs, refugees, migrants and returnees.
- Ensure all UN strategic and policy level documents incorporate IDPs, refugees, migrants and returnees, using a whole of government and society approach.
- Promote the inclusion of refugees and migrants in all country level policies and strategies in line with the Sustainable Development Goals.

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### Disclaimer

The aim of this situation report is to provide an overview of what partners working in the COVID-19 response for IDPs, refugees, migrants and returnees are doing in order to aid in better planning, coordination and response. The information in this document is gathered from online sources as well as partners' reports and is for internally use only.