

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 #10\17 June 2020

Situation Overview

As of 17 June 2020, there are an estimated 808 587 reported cases (10.2% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)¹, with an estimated 17 799 deaths (4.1% of the global burden).

Burden of COVID-19 among Refugees and Migrants

- As of 18 April 2020, according to WHO, there have been 19 accumulated COVID-19 confirmed case in East Darfur state within five localities Eldeain, Yassin, Adila, Abukarik and Bahar Alarab), with 12 having recovered and 7 died. In addition, 2 accumulated confirmed COVID-19 cases among South Sudanese refugees in the Kario camp. The first case was discovered on 27 May 2020 and the second was on 7 June 2020, and both cases died. Two further suspected cases were tested with one result come back negative and the other is pending. Contact tracing in the camp and 6 people (2 of which are staff from Médecins Sans Frontières (MSF)) were tested and continue to be monitored.
- As of 16 June 2020, according to WHO, there have been 14 accumulative, confirmed cases of COVID-19 among refugees in Pakistan, 10 recovered and 4 died.
- As of 15 June 2020, there were 163 positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (6), Lebanon (10), West Bank (99), Gaza (48). There were 5 new cases from the previous week all in Gaza.
- As of 16 June, according to WHO, there have been 2 accumulative cases of COVID-19 among Syrian refugees in Jordan, with both having recovered.

International Organization for Migration (IOM)

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national, regional and global levels to support the global pandemic response, particularly in coordinating cross-border efforts. IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response. impact populations including regular travelers, nationals, irregular migrants, returnees, migrants, internally displaced persons (IDPs) and refugees. In addition, IOM is working with Risk Communication and Community Engagement (RCCE) counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, and correct information.

Due to fear of seeking support at health facilities, as well as movement restrictions imposed by local authorities, a lower number of beneficiaries have been visiting health facilities. As a result, IOM's mental health and psychosocial support (MHPSS) team has expanded alternative methods – such as door-to-door engagement, tele-counselling, and an MHPSS hotline – to provide services, including individual counselling, group counselling, psychological first aid, psycho-education, case management, follow-up sessions, awareness sessions and referrals at the facilities.

¹ The Eastern Mediterranean Region of the World Health Organizations include 22 countries including Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian territory, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen..

UN Refugee Agency (UNHCR)

Since the end of April, UNHCR has delivered 1.8 million masks, 800 000 gloves, as well as personal protective equipment (PPE) kits, hand sanitizers, gowns, goggles and thermometers to 12 UNHCR operations. Additional equipment was purchased locally. UNHCR and Qatar Airways signed an agreement that will assist in providing air cargo services for up to 400 000 kilograms to transport humanitarian aid cargo to its global networks under its charity initiative “We QaRe”. The agreement will be in effect for two years.

World Health Organization (WHO)

WHO has launched the COVID-19 outbreak is a global emergency, a platform that offers basic psychological support to help people in need better manage their psychosocial difficulties they may be experiencing. <http://www.emro.who.int/mhps/index.html>.

Country Response Actions

Afghanistan

The COVID-19 outbreak in Afghanistan is unfolding during the flood season which is further complicating the response and depleting in-country supplies. More than 39 000 people have been affected by floods, landslides, and avalanches and over 71 000 individuals have fled their homes due to conflict since January 2020.

Djibouti

IOM is following the border closure in Ethiopia and due to the stricter border management policies in Yemen, some migrants who were transiting through Djibouti on their way to the Arabian Peninsula found themselves stranded in the country. These migrants live in spontaneous sites located along the migration route, as of 7 June, IOM has identified 1 770 migrants across 23 sites.

Egypt

UNHCR is adapting to context by piloting a remote interview modality for certain profiles with the assistance of interpreters, given that Egypt’s refugee and asylum-seeker population comes from a total of 58 countries of origin.

Jordan

The Prime Minister’s cabinet decision has allowed UNHCR registered non-Syrian refugees to access the Ministry of health facilities at a subsidized rate allocated for refugees (80% of cost). UNHCR will begin to include non-Syrian refugees as beneficiaries in cash for health, in collaboration with MEDAIR, who will identify the percentage of beneficiaries expected to be included.

Within camps, the business continuity plan is still in place and staff support to provide essential health services has been increased to 50% of the total available. As part of the national COVID-19 surveillance system, 500 random COVID-19 tests were conducted in the two largest camps (300 in Zaatari camp and 200 in Azraq camp), all with negative results. The tests were conducted by two teams trained by the Ministry of Health, each with 6 members who collected samples, nasal and pharyngeal swabs. Ministry of Health also trained camp community teams on contact tracing. UNFPA has resumed its reproductive and primary healthcare services in both camps and in urban settings, including utilizing a remote service provision. A pharmacy in Azraq camp has been opened under the joint initiative of International Medical Corps (IMC), Arabian Medical Relief, UNHCR and International Rescue Committee.

IMC resumed elective health care services (mainly dental and surgery) in urban settings, including the maternity hospital in Irbid. IMC services increased up to 50% in Azraq camp, in accordance with camp

management and Infection prevention and control (IPC) measures. Lastly, the isolation area in Azraq camp has been updated with equipment and supportive services, including the lab, kitchen, laundry, etc.

MEDAIR has resumed its cash for health programme which includes noncommunicable diseases (NCD) medication, 96 NCD patients were covered for June 2020 and provided with medication for 3 more months. Further identification of additional beneficiaries for NCD medication supplies is ongoing.

The Eastern Mediterranean Public Health Network (EMPHNET) conducted two training workshops in Irbid for Ministry of Health staff on contact tracing and sample collection methodology. In addition, EMPHENET conducted a workshop for high risk medical staff on IPC measurements, specifically self-protection and five teams were trained in Khalasri area of Mafraq to trace contacts from the infected driver that had tested positive after returning from a cross border trip.

All Caritas clinics resumed in urban areas using a priority appointment registration system. IPC measures implemented are being implemented including in triage and temperature screening for all patients, provision of hygiene materials, masks and gloves also being done. The mobile primary healthcare clinic is targeting Madaba area and includes distribution of NCD medication.

UNRWA has been working on the implementation of community-based awareness campaigns in the camps. Volunteers were trained to disseminate scientific information about COVID-19, as well as to encourage preventive measures such as physical distancing and staying at home.

Iraq

IOM Iraq organized 90 awareness raising and sensitization sessions on COVID-19, reaching more than 888 individuals in both camp and non-camp settings across Baghdad, Dohuk, Kirkuk, Najaf, Ninewa and Qādisiyyah. The National Protection Cluster (NPC) in Iraq, led by UNHCR, has collected data through the Remote Protection Monitoring tool to measure the impact of the COVID-19 outbreak on IDPs communities. Between 26 April and 10 May, nearly 1500 key informants were interviewed. 72% of respondents reported that existing protection concerns significantly increased since the beginning of the COVID-19 pandemic. The most common protection risks reported by respondents included psychological trauma, stress and anxiety, cited by 49% of the overall community. Furthermore, 89% of respondents reported loss of employment and/or livelihoods as the main impact of the crisis, followed by the lack of access to humanitarian services and inability or difficulty in purchasing basic necessities. For many this means that they need to reduce food or even go into debt (61%). member currently working increased drastically from 44% to 70% and half reported that at least one person in their family lost a job in the past three months.

Lebanon

UNHCR, has collected data through the Remote Protection Monitoring tool that 78% of refugee households reported difficulties in buying food due to a lack of money, and 73% reported having had to reduce their food consumption as a coping mechanism. These findings are corroborated by UNHCR Lebanon's Monitoring of the Effects of the Economic Deterioration on Refugee Households (MEED), which found that families are falling deeper into debt. Findings from May compared to March found that the share of households reporting to be in debt increased to 97% with many families incurring new debts. The share of families reporting not to have any household member currently working increased drastically from 44% to 70% and half reported that at least one person in their family lost a job in the past three months.

Libya

According to OCHA, approximately 69% of Libyans are still considered "marginally food secure". This means they have low levels of resilience in case of a shock and thus could easily become food insecure. Around 64% of Libyan households and 78% of migrant and refugee households currently employ negative

coping strategies in order to afford food. This includes relying on less expensive food, reducing the number or size of meals per day, withdrawing children from schools, or selling assets. On average, 47% of Libyan and 31% of migrant and refugee household expenses go towards food.

Pakistan

UNHCR support visits continue to all refugee villages to assess the ongoing activities and provide assistance. UNHCR during the reporting week provided 10 000 surgical face masks, 20 000 disposable gloves, and 300 hand sanitizers - 250ml each. In addition, 60 i infographics with narrative (in Pashto) banners on physical distancing, another 60 infographics with narrative (in Pashto) banners on stigma prevention and are being used in the health facilities based and community centres. Due to socioeconomic impact of COVID 19 on refugees, UNHCR will cover all costs associated with deliveries in the four maternity facilities in Swabi, Nowshehra, Haripur and Mansehra districts for four months.

Palestine

Gaza: To protect the 1.4 million Palestine refugees living in one of the world's most densely populated areas, UNRWA has taken prompt actions, establishing 18 medical points in UNRWA schools near UNRWA health centres. These medical points serve as triage to separate patients with respiratory symptoms from other patients visiting the health centres. Of the 72 people who have tested positive for COVID-19 in Gaza, more than 40 are Palestine refugees. Palestine refugees that need care for non-critical services have been encouraged to use telemedicine hotlines to minimize in-person visits to health centres. In April and May alone, these hotlines helped over 26 000 people.

West Bank: There are currently 417 cases in the West Bank, including East Jerusalem, of which 99 are Palestine refugees. The Palestinian Authority decided to extend the emergency status, but no new restrictions on movement were imposed. All UNRWA health centres and health points are operating with full staffing capacity, and strict measures are being taken to minimise the number of non-critical in-person visits to our health centres and to reduce the risk of COVID-19 infection among the refugees.

Somalia

IOM is monitoring the specific vulnerabilities related to COVID-19 among migrants through its Flow Monitoring dashboard. Migrants reported the highest levels of chronic diseases in Juba Hoose (25% of reported diseases), Togdheer (21%) and Gedo (18%), and 37% of the groups interviewed were aware of the COVID-19 pandemic. Interviewees who reported not knowing about COVID-19 were offered awareness raising sessions by trained enumerators.

UNHCR has installed 48 handwashing stations in front of hospitals, health centers and reception centers allowing for some 1100 persons to wash their hands on a daily basis before entering the facilities

Sudan

IOM is working closely with the private sector, secured a donation of 20 air conditioners with 24 capacity units and 11 high-efficiency particulate air filters, and donated two generators to be installed in Jabra hospital, designated to receive and isolate those infected with COVID-19, to improve the ventilation of the hospital. Before the start of the rehabilitation works, IOM's medical team carried out a training for seven workers and distributed PPEs to ensure the safety of the workers, medical teams and patients at Jabra hospital.

IOM, has translated public health and prevention messaging on COVID-19 into Amharic, Tigrinya, Oromo, Hausa, and Somali, covering main languages spoken by migrants in Sudan, and disseminated through short message services (SMS) to 1112 migrants. IOM conducted seven COVID-19 awareness raising sessions and provided personal protective equipment (masks, gloves, hand sanitizer, and disinfectant spray). Since

the beginning of the response in March, 302 migrants have been reached through phone counselling, 132 have been supported with mental health and MHPSS counselling, 70 have been assisted with medical counselling and 19 provided with prescription support, as well as establishing 40 portable handwashing facilities, including five in the Omdurman quarantine facility. In addition, some 4900 bars of soap were distributed to IDPs, refugees and host communities.

UNHCR and partners continued to implement information campaigns via various means in the greater Kordofan region, Khartoum, Central and South Darfur and White Nile states. In Kordofan, public awareness campaigns and dissemination of messages through several radio stations, including Radio Sudan, Radio Bilad and El Fula Radio stations and loudspeakers mounted on vehicles, have continued with active participation of the community in El Nuhud and El Debab. Additional COVID-19 posters have been distributed by the Islamic Relief Worldwide reaching about 890 individuals with key messages. In Khartoum, the distribution of over 12 300 new posters in refugee communities starting in the “open areas” mainly targeting Eritrean, South Sudanese and Ethiopian communities. Soap was distributed to 20 500 refugees in Central Darfur and White Nile states – overall, UNHCR provided 2.2 million bars of soap – equivalent to 2 soap bars to each of the 1.1 million refugees in Sudan.

The Refugee Consultation Forum (RCF), led by UNHCR and Sudan's Commissioner for Refugees (COR), is coordinating the response effort for refugees. The RCF has revised a COVID-19 prevention and response plan with different scenarios in case of a COVID-19 outbreak in a refugee camp or settlement. Under the leadership of the Refugee Working Groups, refugee partners contributed to the local development plans in each state, thirteen plans in total, all following WHO COVID-19 response modality. The operational activities are divided into 11 pillars while strengthening the service delivery is done through construction of semi-permanent isolation centers or upgrading the available facilities as to support when/if an outbreak occurs in a location. Care International has begun to disinfect the homes of suspected cases as well as provide risk communication activities and UNHCR and COR have adopted COVID-19 preventive measures during the registration of refugees. This includes physical distancing, reducing overcrowding during registration, hygiene measures such as washing hands, etc. A COVID-19 IDP Camp Coordination Task Force has been established for the specific purpose of COVID-19 prevention, preparedness and response. The Task Force has been initially established for a period of three months. It is co-led by IOM and UNHCR at the country level and reports to the COVID-19 Working Group and will build upon the work already ongoing at the Humanitarian Coordination Structure (HCT) level. At the state level, inter-agency coordination responsibility has been divided as follows: IOM (West Darfur, Central Darfur, South Kordofan), and UNHCR (North Darfur, South Darfur, East Darfur, as well as Blue Nile in cooperation with a nongovernmental organization partners). To ensure a harmonized and predictable approach to COVID-19, the COVID-19 IDP Camp Coordination Taskforce will use Camp Coordination and Camp Management (CCCM) principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in camps and settlements. Initial coordination efforts have focused on camp-lead agencies and completing a survey on current gaps within the IDP camps. WHO is regularly engaging with the state technical committees to provide technical and logistical support where needed.

Syria

UNWRA, despite the challenges, have managed to procure both PPEs and essential medicines for the response. A triage system has been implemented in the health centres with full PPE gear worn to separate the patients with respiratory symptoms in an emergency room.

Yemen

IOM continues to work to strengthen the public health system through provision of support to 41 health facilities in Al Bayda, Sa'ada, Sana'a, Al Jawf, Marib, Taizz, Al Dhale'e, Abyan, Lahj, Shabwah and Aden.

Support to these facilities aims to enhance access to primary health care for migrants, IDPs and host communities in these governorates. These services provide the first line of defense to COVID-19 ensuring that the most vulnerable populations continue to have access to critical health care - disease prevention, hygiene promotion, case management and treatment, medicines - in addition to screening for COVID-19. IOM is in the process of providing additional screening tools (such as thermal thermometers), additional human resources, specific training for health workers, PPE, and information, education and communication tools to raise awareness of COVID-19 and its prevention. IOM in Aden conducted a three-day workshop providing training on "COVID-19 case management, case definitions and infection prevention and control measures" from 6 -8 June 2020, supporting 13 IOM third-party health staff with increased knowledge on these topics (9 men and 4 women). IOM is in the process of procuring large batches of PPE to support IOM and IOM-supported health facilities and their health workers protect themselves and their communities from COVID-19. Local and international procurement requests have been developed and are in the process of being fulfilled, as currently, there is a countrywide severe shortage of PPE's for healthcare workers.

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.