

## 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 #9\10 June 2020*

### Situation Overview

As of 9 June 2020, there are an estimated 669 165 reported cases (9.4% of the global burden) in all countries of the Eastern Mediterranean Region (EMR)<sup>1</sup>, with an estimated 15 073 deaths (3.7% of the global burden).

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

- As of 17 May, two persons of concern, one internally displaced person (IDP) and one refugee, have tested positive for COVID-19 in Somalia. UNHCR is working closely with the government for tracing those with whom the individuals have been in contact.
- As of 3 June 2020, according to WHO Lebanon, A total of 181 migrant workers were tested, out of which 91 tested positive; 68 of those who tested positive had no symptoms and remained quarantined in their homes and those who had mild or moderate symptoms were transferred to Rafik Hariri University Hospital for monitoring; 81 tested negative and were transferred for quarantine to designated community sites (two hotels) in Beirut.
- As of 7 June 2020, WHO Saudi Arabia has reported that migrants in the country are now 50% of all COVID-19 cases.
- As of 8 June 2020, according to WHO, Iraq reported one positive COVID-19 case from the Khazir/Hassan Sham Camp. The person left the camp on 21 May 2020 and was later found in Ninawa governorate, where he tested positive and he was placed in quarantine. The Department of Health in Erbil and Mosul conducted joint visits to the Khazir/Hassan Sham Camp on 8 June 2020, where 75 tests were collected from individuals living in Sector E.
- As of 9 June 2020, there were 158 positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (6), Lebanon (10), West Bank (99), Gaza (43). There were no new cases from the previous week.

### Regional Response Actions

#### Regional Taskforce on COVID-19 and Migration/Mobility<sup>2</sup>

International Organization for Migration's Regional Office for the Middle East and North Africa (MENA) co-convened the third meeting of its Task Force on COVID-19 and Mobility, attended by World Health Organization, International Labour Organization and United Nations Economic and Social Commission for Western. The purpose of the Task Force is to facilitate close coordination among regional partners on COVID-19 and mobility, including provide operational support to the countries, enhance mobility data collection and analysis capacity, document lessons learned, and provide policy guidance to the governments. During the second meeting, participants agreed on launching a workplan and continue their mapping exercise at the regional level.

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<sup>1</sup> 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..

<sup>2</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.

### International Organization for Migration (IOM)

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop Risk Communication and Community Engagement (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. In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell and the relevant clusters, IOM supports the procurement, storage and distribution of critical supplies. IOM is supporting Member States in strengthening core capacities for public health measures at points of entry, with its broad range of expertise in migration management and emergency operations. Combined with improved access to safe water, sanitation and hygiene (WASH) services, IOM continues to support national capacity to implement infection prevention and control measures as these are an effective way to prevent or limit the transmission of the disease. In addition, 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.

### United Nations Children's Fund (UNICEF)

UNICEF continues to advocate for all children to be released from detention. Nearly 2800 children were released since the beginning of the pandemic. Through remote and in-person interventions, 180 000 children and parents were provided with mental health and psychosocial support.

In countries facing food crises, especially Sudan, Syria and Yemen, the quantity, frequency and diversity of the food that the most vulnerable children and families consume are being further exacerbated. These are among the top 10 countries in the world with the worst food crises in 2019, with a total of 28.4 million people affected and where UNICEF estimates the prevalence of severe acute malnutrition (SAM) to increase by 10% by the end of the year. MENA regional directors from UNICEF, Food and Agriculture Organization (FAO), World Food Programme (WFP) and the WHO issued a joint statement, <https://www.unicef.org/mena/reports/brief-joint-statement-nutrition-during-covid-19-pandemic-mena> calling on Governments and partners to address the availability, access and affordability of safe and nutritious foods, while implementing the necessary health, prevention and control measures

### United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

To help the world's most vulnerable countries fight the pandemic, OCHA coordinated a US\$2 billion COVID-19 Global Humanitarian Response Plan launched on 25 March. Funding this plan is expected to help to ensure that humanitarian agencies can maintain their ongoing emergency work. OCHA continues to help aid groups and Governments to coordinate the COVID-19 humanitarian response on all fronts to ensure it is swift, coherent and effective. For OCHA, this involves mobilizing finances, assessing needs, developing response plans, and advocating to reach people in need. OCHA has set up a COVID-19 response team to drive these efforts, and to support and boost the UN system-wide response. In addition, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief has released US\$95 million from the UN Central Emergency Response Fund (CERF), the OCHA-managed emergency fund, to help UN agencies contain the virus. The first tranche committed funding to meet pressing needs in Djibouti, Lebanon, Pakistan, Somalia, and Sudan among other countries chosen.

### United Nations Population Fund (UNFPA)

The UNFPA response in the Arab States region aligns with the 2030 Agenda, WHO global strategic preparedness and response plan, UN-coordinated global humanitarian response plan, the UN framework for socio-economic response to COVID-19, and the UNFPA COVID-19 global response plan (June 2020 revision). UNFPA participates in the WHO regional crisis management group and sub-working groups co-

chairs the regional inter-agency gender theme group and its gender-based violence (GBV) COVID-19 sub-working group ensuring integration of GBV within health.

UNFPA country offices have been spearheading various COVID-19 impact assessments on sexual and reproductive health (SRH) and increased risk of GBV among women and girls, including those most vulnerable such as persons with disabilities, older persons, refugees, IDPs and migrants. UNFPA advocates for the continuity of SRH and GBV services and their prioritization as essential services. UNFPA is also engaged in all country based socio-economic impact analysis with a particular focus on access to health services and education, and social cohesion, equality and non-discrimination to ensure no one is being left behind as countries are responding to the pandemic and slowly moving toward recovery. Lastly, UNFPA remains an active member in the efforts led by League of Arab States, UN Women, UN Refugee Agency (UNHCR), and others to give women and girls a platform to share their stories during COVID-19.

#### UN Refugee Agency (UNHCR)

UNHCR has continued to advocate and support for the inclusion of persons of concern in national prevention and testing campaigns. UNHCR operations continue to develop new processes or adapt existing ones in line with global and national COVID-19 prevention measures in order to respond to the evolving needs of UNHCR's persons of concern with a special emphasis on assisting the most vulnerable.

UNHCR has supported local and sub-national health care facilities in refugee and IDP hosting areas through the distribution of medical supplies including personal protective equipment, training and capacity strengthening, and the provision of isolation units. These measures usually benefit not only IDPs but also the host communities. UNHCR also continued with awareness-raising campaigns on physical distancing along with efforts to increase the supply of water, soap and handwashing stations.

The 11th virtual nongovernment organizations and civil society consultations organised by UNHCR focused on the role of the Global Compact on Refugees (GCR) and follow-up to the Global Refugee Forum (GRF) in the current COVID-19 context. UNHCR presented its paper on the role of the GCR in the international response to the COVID-19 pandemic.

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

UNWRA released their *Health Department Annual Report 2019* <https://www.unrwa.org/2019UNRWAAHealthAnnualReport> as well as a supplementary report, *First 100 days and beyond: UNRWA's health response to covid-19 pandemic* <https://www.unrwa.org/100daysUNRWAAActionCOVID19>.

#### World Health Organization (WHO)

WHO released a guidance on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. This updated version includes a section on Advice to decision makers on the use of masks for healthy people in community settings, [https://www.who.int/docs/default-source/coronaviruse/corrigendum-to-ig-2020-4-ipc-masks-2020-06-05-pp-15-16-2020-06-06-e.pdf?sfvrsn=c5992b89\\_2](https://www.who.int/docs/default-source/coronaviruse/corrigendum-to-ig-2020-4-ipc-masks-2020-06-05-pp-15-16-2020-06-06-e.pdf?sfvrsn=c5992b89_2). WHO's updated advice on how to use masks properly, to access the video <https://www.youtube.com/watch?v=ciUniZGD4tY> and the infographic is available [https://www.who.int/images/default-source/health-topics/coronavirus/clothing-masks-infographic--web---part-1.png?sfvrsn=679fb6f1\\_1](https://www.who.int/images/default-source/health-topics/coronavirus/clothing-masks-infographic--web---part-1.png?sfvrsn=679fb6f1_1).

## Country Response Actions

### Afghanistan

A UN update on 4 June 2020, noted that the virus is having a disproportionate impact on women, children and those with special needs, including IDPs, many of whom live in crowded, unhygienic settlements with little access to health care. Active conflict has also made it difficult to deliver health services in contested areas, or to track suspected patients.

### Egypt

The psychological condition of refugees is deteriorating in Egypt as the COVID-19 situation continues. A rise in anxiety and depression has been observed, particularly in light of challenging socio-economic conditions. Community leaders and volunteers are trying to respond to the evolving situation. As many volunteers have not previously benefited from training in psychological first aid and psychosocial support, UNHCR Egypt organized trainings for volunteers and community leaders to prepare them in delivery of care and nonspecialized psychological first aid support.

### Jordan

Through UNICEF's Makani network, more than 10 965 people in 102 Informal Tented Settlements (ITSs) in Mafraq, Irbid, Amman, and Balqa governorates received 1513 family hygiene kits, 731 small hygiene kits and 2147 cleaning kits. UNICEF also distributed family hygiene kits to 405 vulnerable Jordanian families in Za'atari town, reaching more than 2100 people.

UNFPA, through its partner International Rescue Committee (IRC), continues to implement remote counselling, screening and follow-up for antenatal care, postnatal care, unitary track infection management and family planning in Azraq camp to enhance access to SRH services even during times of COVID-19 lockdown restrictions.

### Iraq

UNFPA continues to support nine refugee camps, six camps IDPs and seven static clinics in returnee areas. As of 26 May, 10 694 individuals received reproductive health services, including antenatal care, postnatal care, newborn care, breastfeeding support, and family planning services.

### Iran

As part of the ongoing response to COVID 19 in the formal camps settings, IOM identified space for isolation points in each formal site. IOM will equip each tent so it is available to use for potential cases until they can be transferred to governmental quarantine facilities.

### Lebanon

The first experience of community-based quarantine in the context of COVID-19 was operationalized as a response to the cluster of cases among migrant workers from Bangladesh in Beirut. Several partners were able to support the quarantine sites including: WHO (nursing and medical follow-up), UNICEF (personal protective equipment (PPE) and WASH), United Nations Development Programme (rental), IOM (site manager), Lebanese Red Cross (transport and food), the Bangladesh embassy (food), and the Ministry of Public Health (testing and medical monitoring). A total of 181 migrant workers were tested, out of which 91 tested positive; 68 of those who tested positive had no symptoms and remained quarantined in their homes, supported by Médecins Sans Frontières (MSF) for medical monitoring. Those who had mild or moderate symptoms were transferred to Rafik Hariri University Hospital for monitoring; 81 tested negative and were transferred for quarantine to designated community sites (two hotels) in Beirut. With the WHO support, the Order of Nurses deployed as of day 2 of quarantine, 8 registered nurses and a nurse supervisor at a rate of two nurses per shift. The nurses were provided with PPEs, and a basic medical examination kit. Upon admission, each patient was checked for medical history, symptoms and chronic conditions. Each

quarantined person is checked twice by the registered nurse for fever and development of any COVID-19 related symptom using a standard checklist. The nurses took the initiative of translating the basic instructions for self-care and monitoring of symptoms to the migrant worker's native language. This significantly improved the migrant workers compliance to instructions and alleviated their apprehension for the quarantine. During the quarantine period, two tenants developed very mild symptoms and were referred to be tested; both turned out negative. Based on the new WHO guidelines, isolated or quarantined patients for 10 days, with additional 3 days completely symptom free, can be discharged from quarantine back home, without need for PCR testing. Accordingly, the quarantined migrant workers are expected to be discharged back home in 3 days.

UNHCR community health volunteers (CHVs) and dedicated community groups in informal settlements have been mobilized to play a key role in capacitating and empowering refugees to prevent infection and transmission within their families and the community. Some 60 CHVs and over 1200 site community groups are already in place.

UNICEF conducted a vulnerability assessment of Syrian refugees that tested positive for COVID-19 in Majdal Anjar, Bekaa, and distributed 5 IPC kits, as well as disseminated awareness messages on COVID-19 to 12 931 caregivers (61% Lebanese, 36 % Syrians, and 3% Palestinians). 8360 people reached through an animated video on social media on nutrition in the context of COVID-19, and 126 pregnant and lactating women received one-on-one counselling on infant and young child feeding practices and COVID-19. In addition, 741 people crossing borders for trade purposes were screened for COVID-19 and received guidance on prevention and home isolation at the points of entry. Additional 546 Lebanese returnees from Jordan and Syria were tested for COVID-19 at the temporarily opened Aboudiyeh and Masnaa borders, including 184 children. The children were screened and provided with measles and polio vaccines if they were overdue.

UNFPA, UN Women, WHO and the Sexual and gender-based violence (SGBV) Task Force launched the Gender Alert on COVID-19. The focus has been on the disproportionate impact of GBV against women and girls during lockdown and an increase in documented cases of cyberbullying, economic violence, and violence against LGBTI persons, and migrant domestic workers.

### Libya

IOM successfully completed WASH rehabilitation work at disembarkation points along the Libyan coasts. Additionally, IOM medical teams provided support to health staff to screen 4000 returnees at Misrata Airport. IOM continues to provide primary and urgent healthcare assistance to migrants and IDPs including through outreach teams in various locations across the country. Cases in need of specialized healthcare assistance are referred to medical centres.

UNICEF has provided sanitation services through dewatering and desludging of wastewater in alSaraj IDP camp, which has benefited 156 people. UNICEF coordinated assessments in 26 sites including health care facilities, detention centres, and IDP settings on needs for the provision of clean and WASH services. Around 90% of the assessments are complete and UNICEF's supply team is working on remedial measures for continuation of minimum WASH services in these locations.

### Morocco

IOM has supported over 20 government facilities of the Entraide Nationale (National Social Services) with food supplies and hygiene and cleaning equipment to ensure protection and access to services for all, including local populations at risk and migrants.



UNICEF distributed to 53 migrant families and 77 children on the move food and sanitary kits in Tangiers; 27 children on the move continue to receive complete and integrated alternative care support through the pilot centres in Oujda and Tetouan; 19 children on the move and their families benefited from individual follow-up provided by psychologists and/or social workers and distance learning was provided to 24 migrant children.

#### Oman

UNFPA established a hotline jointly with the Omani Society of Obstetrics and Gynaecology, the Ministry of Health and WHO, that addresses women's concerns related to their maternal and psychological health. Information and consultations are also provided in English for the non-Arabic speaking community in the country especially from South East Asia.

#### Somalia

IOM recently completed several large procurements from China and secured 20 ventilators for Somalia for delivery to missions via WFP common cargo transport. IOM as the technical lead for POE, handed over PPE to the Ministry of Health in Baidoa, Kismayo, Dhobley and Garowe. The equipment will be used at POEs and IOM/Ministry of Health supported health facilities. IOM continues screening at Dhobley and Doolow POEs where a total of 3261 people have been screened. Additionally, IOM has trained 21 Ministry of Health staff in Hargeisa on COVID-19 screening and the appropriate use of PPEs; these individuals will be deployed to Hargeisa Airport, Port of Berbera and several land POEs.

The Camp Coordination and Camp Management (CCCM) cluster, co-led by IOM and UNHCR, has continued to provide important information on prevention and response regarding COVID-19 reaching over 850 sites covering almost one million IDPs. An evaluation conducted on RCCE shows that 98% of interviewed IDPs have heard of COVID-19 and the importance of preventing transmission of the virus, and 44% expressed the wish to learn more about how they can protect their community from transmission

#### Sudan

No suspected or confirmed case of COVID-19 has been reported among South Sudanese as of 9 June 2020. This is based on the enhanced existing surveillance system which supports activation of daily zero reporting from nine healthcare facilities in camps and two POEs. All refugee clinics are providing weekly Early Warning, Alert and Response System (EWARS) reports with 100% reporting timeliness.

UNICEF distributed 3300 PPEs to South Sudanese refugees in East Darfur State as well as providing COVID-19 focused hygiene promotion, physical distancing and handwashing soap distributions. In addition, PPEs were distributed to 300 000 COVID-19 lockdown affected vulnerable households in Khartoum State as well as with 592 740 handwashing soap bars as a part of WFP, UNICEF and UNHCR food basket interventions.

#### Syria

UNHCR has continued to support 14 primary healthcare centres across the country which provide basic care, critical health information and referrals to refugees, IDPs and returnees. During March 2020 more than 29 000 IDPs and some 1400 refugees and asylum-seekers were assisted to access the basic package of primary health care services through these UNHCR supported centres. In the cross-border response to IDPs in Syria, the Shelter Cluster is coordinating with the Health and WASH Clusters to respond to the needs of the IDP population in the context of the pandemic. Hygiene measures that comply with recommended WASH practices are promoted in the distribution of core relief items to reduce the risk of transmission. UNHCR installed another 300 tents in various locations in Aleppo and Idlib to be used as triage stations in health facilities.

## Yemen

IOM mobile and static health teams are supporting disease surveillance efforts and will report suspected cases of COVID-19 through the COVID-19 hotline, in line with Yemen's disease surveillance protocol. During the reporting period, IOM teams did not encounter any COVID-19 cases.

The virus is thought to be spreading rapidly in the country, despite only a few hundred cases of COVID-19 being officially recorded. Reports of migrants and refugees from Ethiopia and Somalia continue to cross the Red Sea to Yemen in the hope of reaching the Gulf States and finding employment.

## 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.