

IMPACT on IDPs

Monthly Update • 11th October 2020



COVID-19 Mobility Impacts Update Series
<https://displacement.iom.int> • dtmccovid19@iom.int

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 monthly update. The update is **external** and the information contained in it is **sensitive**. Corrections are very welcomed and should be submitted to DTM COVID-19 dtmccovid19idps@iom.int for ensuring consistency of information in the database repository.

Monthly 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 dtmccovid19idps@iom.int.

■ Summary

People affected by humanitarian crises, particularly those displaced and living in communal settings, are often faced with challenges including vulnerabilities distinct from those of the general population. These vulnerabilities are further heightened by the disparate health and socio-economic impacts of COVID-19, and if not appropriately addressed could push IDPs even further behind other populations. 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 triggered 33.4 million new internal displacements across 145 countries and territories in 2019. In particular, the number of new disaster-related IDPs 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.



A displaced mother protects her children from COVID-19 by washing her hands with them in an IDP hosting site in Marib © IOM 2020

The movement restrictions and other measures imposed by countries, territories or 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 investments in health, water and sanitation infrastructure, in addition to the issues of overcrowding, poor shelter, scarce resources, limited access to reliable information, social discrimination, and marginalization of certain groups, all of which have the potential to exacerbate social tensions and increase the risk of emergent localized conflict. The impact felt by these communities not only increases humanitarian need but also exacerbates the existing and already complex barriers to IDPs seeking solutions.

■ Key Highlights

- **Reported Cases:** As of the end of September 2020, there were 186 confirmed COVID-19 cases reported among IDPs, with a total of 2 in Nigeria, 116 in Iraq, 3 in Somalia, 8 in Mali and 57 in South Sudan. It is likely that number of COVID-19 cases is largely under-reported. The CCCM Cluster in South Sudan also announced the death of 6 IDPs due to COVID-19 in a POC Sites COVID-19 update ([link](#)). The CCCM Cluster in Iraq, with the support of the Department of Health (DoH) and the Health partners operating in formal IDPs camps, reported 116 confirmed cases among IDPs among which 67 are cured and 3 deceased ([link](#)).
- **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 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 of the 62 camps in which humanitarian actors have recorded partial or no-access to the camps.
- **Challenges** in Access to Assistance and Services: Lockdowns and restricted access to camps in places such as Iraq and Uganda have meant that the provision of goods and services to IDP populations have been reduced. For many countries, movement restrictions also reduce IDPs' capacity to access livelihood opportunities, putting further pressures on their ability to supplement limited aid. Delayed preparedness and contingency actions for the coming monsoon seasons, considered non-essential, may 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.

■ Regional Overview

ASIA AND THE PACIFIC

Afghanistan: As of 11th October 2020, the Afghan Ministry of Public Health (MoPH) reports 39,800 COVID-19 cases in Afghanistan. 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 February 2020, lowering in the covered provinces in June/July 2020. IDP populations are very likely among the severely affected, given their cramped and poor living conditions, poor nutrition and hygiene, and poverty that reduces their access to health services and drives them to abandon quarantine and risk infection to seek work. While conducting population mobility and needs assessments in over 12,300 settlements hosting returnees and IDPs, DTM in Afghanistan is contributing 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 in order to allay fears and mitigate the spread of COVID-19. As of late September 2020, DTM has reached 12,335 settlements, which represents all settlements targeted under this activity.

Philippines: According to the Philippine Government's Regional Departments of Health and the Bangsamoro Inter-Agency Task Force on COVID-19, as of late September 2020, there are 874 active cases in areas with displaced populations out of the 56,097 active cases in the country. No COVID-19 cases have been reported inside evacuation centres or other displacement sites in the Philippines.

IDP movement and their access to essential services continue to be hampered. Services that are more reliant on face-to-face interaction have seen a general decrease in line with health protocols on social gatherings. Local government units have begun construction of relocation sites for IDPs displaced by the earthquakes in Mindanao, although there is no clear timeline as to when IDPs will transfer. A reported increase in the frequency of handwashing by IDPs in Cotabato and Davao del Sur may be attributed to the construction of various handwashing facilities in sites – 96 per cent of interviewed IDPs report that they wash their hands significantly or somewhat more than they did before the COVID-19 pandemic. Lack of water is reported in areas covered by the Protection Cluster. Access to food and livelihood is also impacted, with business chains affected by limited transportation options. Access to accurate and timely information is also critically lacking in displacement sites assessed by the Protection Cluster, especially in terms of quarantine protocols, return and rehabilitation. According to the data gathered from local government representatives and camp managers, and data from the Protection Cluster, there are 72,187 persons in displacement sites in the areas with displaced populations listed above.

EAST AFRICA AND THE HORN OF AFRICA

Burundi: As of 7th October 2020, Burundi has reported a total of 515 COVID-19 cases with 494 recovered and 1 death. None of the cases were reported among the 131,336 IDPs, DTM assessments are being carried out through remote data collection, leveraging the existing network of 4,000 key informants across the country. As for the Flow Monitoring, DTM continues to observe population movements at some unofficial points border with DRC (Cibitoke province) and Tanzania (Muyinga, Cankuzo, Rutana and Ruyigi provinces), The economic pressure linked to the reduction of trade, livelihood and population movement restriction at the border due to COVID-19 puts additional pressure on IDPs, as some IDPs living in the provinces at the border use to cross border to do their daily activities (economic and agriculture).

Ethiopia: DTM Ethiopia conducted an assessment targeting IDPs in 1,297 sites. The assessment revealed that COVID-19 had negatively impacted the livelihood of displaced persons in 77 per cent of the sites. Forty percent of the IDPs said they mainly borrow money from family and friends to cope while 40 per cent said they had adopted skipping meals as a coping mechanism. Shortage of food was reported in more than 1,150 of the survey sites while 87 of the sites reported shortage of hygiene kits. Inadequate non-food items and medicine were reported in 73 and 64 percent of the sites, respectively. More than 370 sites reported public awareness of COVID-19 while 643 sites reported minimal awareness of the same. More than 270 of the assessed sites reported no awareness of COVID-19. IOM Ethiopia, in partnership with national government and other UN agencies, has finalized SOPs for COVID-19 alert/outbreak for IDP sites. IOM is also supporting the partitioning of communal shelters as part of COVID-19 camp decongestion plans and assessing and strengthening the functionality of hand washing stations in two locations.

Somalia: As of 7th October 2020, a total of 3,745 COVID-19 cases have been confirmed in Somalia resulting in 99 deaths and 3,010 confirmed recoveries. The month of September has seen the first rise in confirmed COVID-19 cases in Somalia since May with weekly confirmed cases between 27th September and 3rd October 2020 reaching 157. During this week, health surveillance teams responded to 44 alerts triggered in IDP sites. Despite these triggered alerts, there have not been any reported COVID-19 cases in IDP sites during the week. A CCCM led-RCCE Feedback Assessment which was carried out during the month of August has found that IDP communities tend to have a substantial knowledge of COVID-19 and the best practices to mitigate its spread. However, IDP communities especially in more remote, isolated districts in Somalia, have been unequally feeling the economic burden of COVID-19 imposed movement restrictions.

South Sudan: The Ministry of Health reported a total of 2,749 COVID-19 cases as of 7th October 2020 (53 deaths, 2,604 recoveries). Authorities performed a total of 31,701 tests from samples collected across 24 different counties and Abyei Administrative Area. Juba remains the hotspot with min. 2,182 reported cases, followed by Malakal (83) and Abyei Administrative Area (52). Testing capacity is still minimal and centralized in Juba, which hinders attempts for any predictive analysis that could inform response planning. According to CCCM update #8 there are 57 cases of COVID-19 confirmed within the UNMISS protection of civilians sites in Juba, Bor, Wau, Bentiu and Malakal altogether hosting more than 1 68,234 IDPs. Whilst in Juba, Wau and Bentiu no movement restrictions are observed, entry and exit from the sites in Bor and Malakal are limited for IDPs and humanitarian workers. The

security situation in most of the sites is stable. Further on, UNMISS has initiated process for a change of status of the Protection of Civilian sites to displacement site/camp administered by the Government. While Bor PoC was re-designated the timeline for full withdrawal of UN protection forces from Juba and Wau PoC sites remains unrevealed and expected to vary from PoC to PoC. As per UNOCHA Flooding Snapshot #3., the number of displaced due to flooding is increasing and estimated 800,000 people have been affected by flooding in areas along the White Nile since July, 2020. Due to limited accessibility, DTM is supporting partners in verifying displacement data. Through a network of key informants, the team confirmed displacement of more than 242,006 IDPs across Jonglei, Warrap, Unity, Central Equatoria, Western Bahr el Ghazal and Upper Nile states. DTM is doing biometric registration in Bor town for flood displaced population in support of other partners on ground. IOM and other six partners submitted a draft report and dataset after completing the consultation process with IDPs and host community on behalf of the UN Secretary-General's High-Level Panel on IDPs. The consultations finalized and feedback is expected from the secretariat.

DTM in South Sudan is continuing its COVID-19 mobility impact support, providing information on movement restrictions, active measures, and the impact of the outbreak on different population groups in IDP locations across the country. IOM South Sudan is incorporating COVID-19 messaging and preventive guidance into all regular Camp Coordination and Camp Management activities across three Protection of Civilian (PoC) sites. COVID-19 prevention messages are being disseminated throughout the PoC sites via mobile speakers.

Uganda: As of 6th October 2020, there are 9,260 COVID-19 cumulative cases with 85 deaths, and 5,588 recoveries (link). The Government of Uganda has continued to lift the lockdown in the country in a phased manner with more facilities such as churches, schools and borders re-opening, with strict adherence to COVID-19 standard operating procedures. More businesses and movements within and outside the country have further been operationalized. DTM, in collaboration with District authorities, conducted the multi-sectorial site assessments following the floods which affected Bulambuli, Sironko, Bududa, in the East and Bundibugyo and Kasese in the West and the report in process for dissemination to partners. Migrants/refugees that were earlier restricted from returning to their countries of origin, have been allowed to move with minimal restrictions.

MIDDLE EAST AND NORTH AFRICA

Syrian Arab Republic: As of 11th October 2020, a total of 4,700 cases of COVID-19 had been confirmed, with 220 deaths across the Syrian Arab Republic. On 21st September 2020, UN Humanitarian Needs Assessment Programme (HNAP) conducted the twentieth round of its COVID-19 Rapid Assessment via 1,010 face-to-face interviews with key informants, 39 per cent of whom were women. The interviews took place across 264 sub-districts of the Syrian Arab Republic. To ensure sufficient knowledge of both the community and the COVID-19 crisis a third (33 per cent) of key informants were health workers and a further 41 per cent were either local administration staff, community leaders or teachers.

The status of COVID-19-related medical services remains largely unchanged, with critical shortages in quarantine space, testing provision, isolation space and health facility capacity across most sub-districts. Areas controlled by the Syrian Democratic Forces (SDF) are most severe, as 98 per cent of all sub-districts reported insufficiency and/or lack of the capacity to provide sufficient space in local health facilities to test, monitor, isolate and quarantine suspected/diagnosed cases. Nevertheless, compared to the previous period, a notable improvement occurred in the Non-State Armed Groups and Turkish-Backed Armed Forces (NSAG & TBAF) controlled areas, where the subdistricts saw a 9 and 7 per cent point improvement in the ability to test and quarantine COVID-19 cases, respectively. Unfortunately, the need for COVID-19 preventative items, like disinfectant, has notably increased in NSAG and TBAF areas (6 percentage points since the previous reporting period).

In terms of COVID-19 mitigation measures, no curfews or community lockdowns were implemented across any of the AoCs. However, home isolation of symptomatic cases has improved in NSAG and TBAF areas, with nearly half of subdistricts (48%) at least moderately adhering to this practice (compared to the 11% during the previous reporting period). This is relevant, especially when considering that in NSAG & TBAF areas mask wearing and social distancing remains at their lowest, compared to other AoCs. A dramatic change was also observed in the SDF areas

where social gatherings, which were previously unrestricted in 75 per cent of subdistricts, are now permitted across all regional sub-districts.

Yemen: While over 10,000 COVID-19 related movements were recorded in previous months, no internally displaced persons (IDPs) have cited COVID-19 as a reason for displacement in September but conflict activities continued to displace families from Marib, Taizz, Al Hudaydah and Al Dhale'e governorates. Over nine months into the year, 23,519 households have been displaced by the crisis, with many facing risks of COVID-19 transmission. Marib governorate continues to have one of the largest IDP populations in the country, with the highest rate of new displacement. As displacement numbers continue to grow in response to conflict, IOM has noted that 80 per cent of new IDPs are settling in camps (up from only 60% earlier this year), resulting in overcrowding and the establishment of ad hoc sites with little to no access to services, further exacerbating COVID-19 related risks. Nevertheless, humanitarian needs remain large and the availability of partners and services in Marib is limited.

IOM with humanitarian partners continues to engage IDP communities in mask making activities in Ibb and Marib, through cash for work and trainings. In Ibb, face masks were distributed to all IDPs in six sites, reaching 821 individuals. IOM teams continue to improve WASH services in displacement sites and communities hosting large displaced populations. IOM water trucking activities are ongoing in 58 sites in Al Hudaydah and Taizz, reaching 9,173 people. During the reporting period, IOM also distributed 9,260 long lasting insecticide nets to immunocompromised and high-risk individuals as well as newly arrived IDPs in Marib.

SOUTHERN AFRICA

Mozambique: As of 11th October 2020, there were 10,000 cases of COVID-19, with 70 deaths and 3,181 recoveries. The WHO transmission status is at the stage of community transmission with the highest number of cases being reported in the City of Maputo, Province of Maputo and the northern-most provinces of Cabo Delgado and Nampula. In the northern province of Cabo Delgado, IOM with humanitarian partners provided awareness raising activities on COVID-19, through home visits in the districts of Montepuez, Ibo, Memba and Pemba city, as well in IDP settlements in Memba district of nearby Nampula province. A total of 3,718 persons have been sensitized on COVID-19 prevention measures since June 2020.

WEST AND CENTRAL AFRICA

Chad: In the framework of its COVID-19 prevention and response activities in Lac Province which hosts 297,000 IDPs, IOM has finalized the construction of 405 shelters for 2,093 IDPs in two sites of Kngalam sous-préfecture and distributed 500 tarpaulins for 2,595 IDPs in two sites of the sous-préfecture of Bagasola. A sensitization campaign on COVID-19 preventive measures was also held in 5 sites located in the sous-préfectures of Baga Sola and Ngouboua, reaching about 12,000 persons. Additionally, 320 wash kits, 170 handwashing stations and 1,500 masks were distributed.

Niger: As of 23rd September 2020, 20,695 people have been tested with 1,189 tested positive for COVID-19 in Niger. There is no data on cases of COVID-19 on displaced populations (IDPs). Testing is done in Niamey for now and hence positive cases are not published by region. IOM continues to support with sensitization activities and distribution of WASH specific NFI kits and hand washing stations in sites or villages hosting IDPs. IOM has also supported the flood victims with 75 e-shelters and 1,050 plastic sheets. The Government of Niger (GoN) has imposed security escorts for all international organizations within Niger which has hampered humanitarian activities. The RC and OCHA are in discussions with the GoN concerning this new measure. With the floods, access to beneficiaries has also been hampered given Niger's poor infrastructure which deteriorates during the rainy season. In addition to reducing access, this leads to increased prices for logistics (transport of goods within the country) in areas which can still be accessed.

■ Key Resources

Global:

- [DTM Portals \(migration.iom.int and displacement.iom.int\)](#)
- [IOM COVID-19 Camp Management Operational Guidance Frequently Asked Questions](#)
- [Africa Center for Disease Control and Prevention COVID-19 Dashboard](#)
- [Global figures of internally displaced persons \(IDMC\)](#)
- [World Health Organization Situation Reports](#)
- [IOM COVID 19 Response - Situation Report 26 \(7 August 2020\)](#)
- [COVID-19 Travel Restrictions Output — 10 August 2020](#)

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:

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