

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 #1914 November 2020

Situation Overview

As of 2 November 2020, total of 3 136 986 cases have been reported in the Eastern Mediterranean Region (EMR) since the start of the outbreak. Globally, one country from EMR is included in the top 20 countries with the highest new cases; Iran (Islamic Republic of) which occupies the 15th position. Cumulatively, a total of 79 930 deaths have been reported in the EMR since the start of the outbreak. Globally, three countries from EMR are included in the top 20 countries with the highest new deaths; Iran (Islamic Republic of) occupies the 5th position, Morocco occupies the 18th position and Tunisia occupies the 20th position. Seven countries surpassed the Regional case fatality rate of 2.5%; Yemen (29.1%), Sudan (6.1%), Egypt (5.8%), Iran (5.7%), Syria (5%), Afghanistan (3.7%), and Somalia (2.6%). For more information on the EMR situation go to <http://www.emro.who.int/health-topics/corona-virus/index.html>.

Burden of COVID-19 among Refugees and Migrants

- As of 2 November 2020, there were 14 323 accumulative positive cases of COVID-19 among Palestine Refugees registered with UNWRA: Jordan (445 including 2 death), Lebanon (2171 including 63 deaths), Syria (50 including 6 deaths), West Bank (9069 including 79 deaths), Gaza (2588 including 15 deaths). There were 1789 new cases from four weeks ago, that were in Jordan (445), Lebanon (437), Syria (19), West Bank (1182) and Gaza (0).
- As of the 15 October, according to IOM, 4 new cases of COVID-19 were confirmed in Zayona IDP Camp Baghdad, Iraq.
- As of 15 October, according to IOM, nine suspected and two confirmed COVID-19 case were referred were reported among IDPs in Yemen.

Regional Response Actions

International Organization for Migration (IOM)

IOM Middle East and North Africa (MENA) Regional Office participated in the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean on 12 and 13 October 2020. During the meeting, IOM issued a statement on its efforts to include migrants and internally displaced persons (IDPs), refugees, and returnees in COVID-19 preparedness and response activities. IOM advocated to ensure the provision of essential services and improve access to medicines and vaccines for migrants, irrespective of their legal status.

United Nations Population Fund (UNFPA)

COVID-19 has caused a triple shock for young people, including disruption of education and training, job loss and increased obstacles to finding work. UNFPA, jointly with The Arab Coalition for Adolescent Health and Medicine (ACAHM), has initiated a qualitative study on the impact of the COVID-19 Pandemic on Adolescents in the region. Adolescent girls and young women are often the most affected by the lack of access to sexual and reproductive health (SRH) and gender-based violence (GBV) services as governments often do not consider SRH and GBV interventions as priorities.

United Nations Refugee Agency (UNHCR)

UNHCR advocates that refugees and internally displaced people be included in national vaccination roll-out plans as soon as a vaccine becomes available. While the situation evolves differently in the regions,

UNHCR continues to work very closely with local partners and community-based organizations to ensure that essential humanitarian services such as registration of refugees, public health, water and sanitation, education and community outreach are in place. In addition, trained refugee community volunteers assist UNHCR and other aid organizations in delivering vital services.

World Health Organization (WHO)

WHO's first global Summer School on *The Health of refugees and migrants: ensuring accessibility, promoting health, and saving lives* was held online from 19 to 23 October 2020. The School is conducted in close collaboration with WHO Regions. It is designed for policymakers, officers from the ministries of health and other ministries as well as experts from academic and research institutions and nongovernmental organizations with experience in health and migration.

Country Response Actions

Afghanistan

IOM seconded more than 200 staff in Herat, Nimroz, and Kandahar provinces to assist with the COVID-19 response, collect surveillance data, conduct case management, and ensure timely reporting of cases. IOM also donated information technology equipment and screening devices for Provincial Public Health Departments to facilitate health screenings of mobile populations. IOM, together with WHO and UNHCR, is co-leading a points of entry (POE) coordination forum for information sharing and operational coordination at POEs with Iran and Pakistan.

Utilization of health services in Afghanistan has dramatically decreased during the pandemic according to WHO, indicating that many severe medical cases that required hospital care were unable to receive treatment for a variety of reasons. These reasons include health personnel falling ill with COVID-19, overwhelmed health facilities focusing on COVID-19 response, patients' unwillingness to attend health facilities, and movement restrictions. These unaddressed medical conditions will likely result in increased mortality as well as an increase in needs in the remainder of the year and into 2021.

Facilitated returns to Afghanistan have been affected by border closures and limited air travel. From 1 January to 2 October, UNHCR assisted the return of some 1300 Afghan refugees from Iran, Pakistan and other countries under its facilitated voluntary repatriation programme.

Djibouti

As of 8 October 2020, IOM has identified 1109 stranded Ethiopian migrants have been across 19 sites. Immediate needs include water, food, hygiene kits, and non-food items (NFIs).

Egypt

UNHCR is preparing to provide a second round of cash for hygiene for vulnerable cases in Egypt. On 29 September, a meeting of the Health Working Group took place, with health program activities discussed for refugees and asylum-seeker. Egypt joined the COVID-19 Vaccine Global Access (COVAX) facility with refugees and asylum-seekers to be included in the vaccine rollout plan.

Jordan

IOM, with the Ministry of Health drafted COVID-19 POE Standard Operating Procedures (SOPs). IOM also supported a Ministry of Health supervisory visits to Jordan's southern borders to assess the quality of border labs and adherence to previously set-up SOPs.

UNFPA is supporting the creation of a national SRH hotline that promotes access to remote services and information around SRH and services including the promotion of family planning. UNFPA is supporting the International Rescue Committee (IRC) in Azraq camp to provide remote health education for increased quality of SRH services. September proved a difficult month as services were disrupted in 6 women and

girls safe spaces (WGSS) in Azraq and Za'atari Refugee Camps due to COVID-19 infections. In Azraq Camp, all services including case management and group activities have been put on hold, similarly in Za'atari except for one-on-one case management and psychosocial support services (PSS) through an appointment system and strict health preventive measures. One host community site has been closed for 14 days following a positive case within the building. Hotlines are receiving calls from women facing movement restrictions. Group activities (PSS groups, empowerment and recreational activities, and awareness raising sessions) in functional urban sites are at 30% of capacity, respecting sanitizing measures and social distancing. UNFPA initiated a post distribution monitoring (PDM) survey following the distribution of 3000 dignity kits to women and girls in Za'atari refugee camp in June and July as part of COVID-19 response. A detailed report of PDM findings will be published to highlight client satisfaction, the distribution process, security, safety, and accountability. UNFPA launched a film series on the *Compact for Young People in Humanitarian Action: Stories from Za'atari Camp for Syrian Refugees* - Jordan and International Peace Day.

Iraq

IOM organized approximately 35 awareness raising and sensitization activities on COVID-19, reaching more than 250 individuals in camp and non-camp settings in Anbar, Basra, Diyala, Dohuk, Kirkuk, Najaf, Ninewa, and Salah al-Din governorates. In addition, IOM distributed 1200 COVID-19 card games, board games, colouring books and how to wear a mask guidance per governorate in Najaf, Dyala, Salah Al-Din, and Anbar governorates. IOM also distributed 2289 COVID-19 board games and 2300 card games and 5550 colouring books in Sinjar and Ninewa governorates. IOM provided 200 COVID-19 fliers and card games during the distribution of NFIs in Erbil governorate. IOM designed new COVID-19 precaution leaflet and completed a COVID-19 bulk messages assessment during the reporting period.

IOM conducted infection prevention and control (IPC) trainings in Arabic for clinical and non-clinical staff at supported clinics in four governorates. A total of 68 participants were trained on IPC-related topics, including screening and triage, transmission prevention and appropriate use of PPE. Trainings were completed in Kirkuk, Ninewa, Anbar, and Dohuk governorates during the reporting period. Screening and triage continued within IDP camp health clinics in Ninawa (Jadaa and Shekhan camps), Erbil (Debaga Camp), Kirkuk (Yahyawa Camp) and Anbar (Al Mateen Camp) governorates. IOM has also coordinated with the Department of Health to conduct sterilization activities in Zayona Camp, Baghdad. IOM continues to implement COVID-19 awareness sessions with flyer and poster distributions in Salah Al-Din, Mosul, Tal Abta, Ninewa, and Anbar governorates, as well as the use the IOM created card games, colouring books and board games to raise awareness on COVID-19 among children and families. In Anbar governorate, IOM coordinated with its water, sanitation and hygiene (WASH) partner, Mercy Corps, to provide COVID-19 prevention hygiene kits to two displacement sites. IOM is also continuing the installation of handwashing stations in Ninewa, Anbar, and Salah Al-Din governorates, while coordinating with partners to establish the quarantine area in Amriyat Al Fallujha Camp, Anbar Governorate. IOM also continues to support six COVID-19 Department of Health response teams in Kirkuk Governorate. The teams are responsible for monitoring individuals in self-quarantine and suspected/confirmed COVID-19 cases in home isolation.

Since the beginning of the COVID-19 outbreak, UNHCR has distributed over 70 000 dignity kits for women and girls of reproductive age living in internally displaced and refugee camps. As part of the response to the COVID-19 outbreak, UNHCR has also provided over 21 000 medical personal protective equipment (PPE) to medical staff in camps and at borders.

UNFPA support reached 24 964 women and girls with reproductive health (RH) services including family planning, ante- and postnatal care and gynaecological consultations through RH clinics in IDP, returnee

and refugee areas. UNFPA, jointly with partners, conducted a client satisfaction survey in pilot health facilities implementing sexual and reproductive health rights services.

Kuwait

IOM is planning to distribute PPE to more than four thousand foreign workers, covering all six governorates in the country. Planned beneficiaries include residents at the Public Authority for Manpower's government-run shelter for female foreign workers. This initiative was funded by private sector partners and will support government efforts to contain the COVID-19 pandemic. Beneficiaries include vulnerable foreign workers who perform daily tasks without protective equipment. The planned distribution of PPE will be in partnership with the Social Work Society, and in cooperation with community volunteers.

Lebanon

IOM's Displacement Tracking Matrix (DTM) continues to support the Lebanese Red Cross's Multi-Sector Needs Assessment (MSNA). IOM recently published the second report for the Foreign Nationals MSNA Analysis. The report provides an update based on data from 06 August to 08 September 2020, from a total of 17 092 household assessments. DTM is also in the process of initiating the pilot roll out of Round 1 of a Migrant Presence Monitoring (MPM) assessment. The MPM aims to understand demographic movements between different neighbourhoods of Lebanese and foreign nationals. IOM's medical team conducted 62 health assessments, 40 pre-departure medical screenings for refugees with identified medical conditions, and 251 pre-embarkation check during the reporting period.

In the aftermath of the August Beirut port blast, UNFPA ensured continuity of SRH services against a steady increase in COVID-19 cases focusing on vulnerable Lebanese and Syrian refugees across the country. UNFPA provided PPE to healthcare providers and outreach workers to reduce the likelihood of getting infected as they are providing services. UNFPA contributed to the Gender and Inclusion Tip Sheets prepared in the aftermath of the Beirut port blast to ensure gender-sensitive response throughout various sectors, including cash-based interventions, health, and protection. A total of 95 women and 6 men benefitted from case management and 15 men and 180 women benefitted from PSS services and 34 referrals were made for health services, legal counselling, police, and safe shelter. More than 1000 dignity kits were distributed along with peer-to-peer awareness sessions and through community distribution in close coordination with the Ministry of Social Affairs, Social Development Centres and municipalities.

Libya

IOM conducted 30 outreach campaigns and awareness raising sessions on COVID-19 in Sabha, Tripoli, Gatoun, Bani Waleed and Benghazi districts. The sessions reached a total of 1384 migrants, improving their knowledge of COVID-19 precautions and behavior to adopt when confronted with suspected cases. Additionally, in Tripoli and Zwara districts, IOM conducted psychosocial awareness raising sessions on coping with stress during COVID-19 and distributed mental health and psychosocial (MHPSS) COVID-19 flyers and children booklets to 82 migrants of various nationalities. IOM also rolled out syndromic and event-based health surveillance in areas around POEs in collaboration with the National Centre for Disease Control (NCDC). A total of 5655 migrants were surveyed as of 05 October 2020. IOM continued to support NCDC staff at the Ras Jdir and Wazen POEs by providing medical check-ups to all travelers returning to Libya. In addition, IOM conducted a fumigation, disinfection, and cleaning intervention in four disembarkation points and three detention centres. IOM also delivered PPEs to the Libyan authorities to support efforts to mitigate the challenges posed by the spread of COVID-19 and help protect migrants' health. The delivered PPE included protective suits, surgical masks and gloves, hand sanitizers and contactless containers for biohazard garbage. In Tripoli City, IOM organized two training courses on IPC and case management for 25 healthcare workers operating in detention centres. IOM also conducted a two-day training course on COVID19 IPC and case management for 13 health workers in Benghazi.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that capacity for testing continued to slowly increase, with an additional three labs in September, only 15 labs are operational out of a total of 25 and testing remains concentrated in Tripoli and Benghazi. Furthermore, many primary health care facilities that were functioning prior to COVID-19 have since been closed, out of 92 primary health care facilities in Tripoli functioning before the outbreak, only 54 are still operational. Closures are due mainly to shortages of PPE and infection, protection and control measures, as well as delays or cuts to staff salaries. Additionally, fuel shortages and continuous electricity and water shortages severely impacted the functioning of health facilities across the country, particularly those centers dedicated to COVID-19 testing or equipped with ventilation machines

It should be noted that between January and August 2020, humanitarian organizations have reached more than 268 000 people with humanitarian assistance since the beginning of the year. This includes support to 75 000 internally displaced people, 128 000 vulnerable, conflict-affected Libyans and recent returnees and 66 000 migrants and refugees. This included nearly 119 000 people who received unconditional food assistance, 107 000 people with shelter assistance and 44 000 people who benefited from WASH items or services. Health partners continued to increase access to health services, providing more than 120 000 medical procedures and supported 308 public health facilities with health services and supplies. More than 83 000 people received specialized protection services or awareness raising activities, including gender-based violence and child protection services and PSS.

In addition, in Sabha, 38 girls were engaged in a camp for adolescent girls focusing on self-development and self-confidence. UNFPA trained 20 staff of the Ministry of Social Affairs and Ministry of Education from Tripoli and Sabha on the key concepts and guiding principles of GBV programming and coordination. UNFPA has scaled up its interventions to protect migrants and refugees, who are exposed to severe human rights violations and unlawful detention in detention centres where women and girls are at high risk of GBV. In partnership with LibAid, UNFPA conducted 4 monitoring visits to Al Seka, Al Ganfuda and Al Zawia detention centres to assess the conditions of the centres and the needs of the detainees, with a focus on women and girls. During the visits, the teams reached 76 women and 8 men from Nigeria, Eritrea, Somalia, Cameroon, Ivory Coast, Ghana and Togo with PSS sessions and activities, including sharing dreams, flying lanterns and practicing yoga for stress relief. Regular rapid protection monitoring, and safety audits will be conducted in detention centres for purposes of advocacy and improved safety

Morocco

IOM continues to map disease surveillance activities in collaboration with its implementing partner the Association Marocaine de Planning Familial. A community-based surveillance unit within the migrant community in Marrakech City has organized sensitization sessions on COVID-19 and the mapping of suspect COVID19 infections. Additionally, a total of ten (10) community leaders have also been trained on ways to identify COVID19 cases, report suspect cases and provided with sensitization tools, <https://morocco.iom.int/news/approche-communautaire-dans-la-veille-et-la-surveillance-sanitaire-de-la-covid-19>.

Palestine

UNFPA is supporting 4 mobile clinic teams in vulnerable areas of the West Bank through a national nongovernmental organization. The teams are providing primary healthcare SRH services to a population of 52 000 in Area C of the West Bank, which is Israeli-controlled and does not have other primary healthcare services. In support to the Ministry of Health, 48 SRH providers were trained, focusing on midwives working at MOH maternities, in IPC and proper procedures to deal with COVID-19-infected pregnant women. UNFPA is also supporting community outreach and awareness on COVID-19 and SRH.

UNFPA continued the GBV service provision - remote couples' therapy through WhatsApp for safe spaces beneficiaries in the Gaza Strip; awareness sessions and recreation activities through safe spaces in the West

Bank; equipping two counselling rooms in Al-Maqased and Augusta Victoria Hospitals in Jerusalem to provide psychosocial and health support to GBV survivors and women at risk. Training and capacity development - a virtual training workshop for 55 social workers and psychologists from 12 community-based GBV service providers on Safety and Security Guidelines for GBV Remote Services was also conducted. In addition, online training for 42 teachers on GBV; capacity development for 36 service providers on “running a help line for GBV survivors”; as well as support to GBV organizations through a technical committee to develop GBV contingency plans in Gaza and the West Bank.

Pakistan

IOM is conducting COVID-19 public awareness and risk communication campaigns at the Torkham and Chaman border crossings. IOM’s Natural Disaster Consortium Programme, together with United Nations Children's Fund and the WHO, has developed information, education, and communication materials to reach 150 000 individuals through public campaigns, radio, and social media channels. IOM donated two ambulances to district headquarters hospitals in Torkham and Chaman to transport COVID-19 suspect cases to isolation/ quarantine facilities and reduce delays in emergency response, ensuring migrants and host communities benefit from immediate care

Somalia

IOM provided about 300 people in Dhobley and Bossaso with hygiene kits and installed 14 handwashing stations in Bossaso. IOM has recruited 21 hygiene promoters in Bossaso and Baidoa..

UNFPA continues to prioritise and support the continuity of and access to quality lifesaving essential SRH information and services for women, adolescents and youth during the COVID-19 pandemic. UNFPA and its partners supported the production and distribution of ,000 locally-made face masks to fight the spread of COVID-19 for IDPs in Bay and Bakool region. Over 100 midwives in Puntland, including 20 new graduates from UNFPA-supported midwifery schools, made a commitment not to participate in the medicalisation of female genital mutilation (FGM) in which healthcare providers perform the act and made a pledge to be anti-FGM champions in the EndFGM campaign.

UNFPA, in partnership with the Ministries of Planning of the Federal Government of Somalia and the Federal Member States, has been preparing population density maps that show hotspots and areas that present vulnerability to COVID-19 by various risk factors. Maps provide better visualisation, understanding of the situation, and facilitate targeting of the population. The maps integrate population densities with the locations of social amenities, including markets, hospitals, places of worship and information on critical risk factors, such as levels of chronic diseases, disability, older population and IDP sites. These maps provide a standard frame of reference for COVID-19 risk factors, thereby serving as tools in identifying where critical resources are needed and in prioritising interventions of the Ministry of Health and other stakeholders.

Sudan

IOM’s Migration Management and Development Unit conducted two assessment visits during the reporting period. The first was to a POE in West Darfur boarding with Chad. During the visit, an assessment was conducted on water, health and sanitation (WASH) needs. Separately, PPE has been procured and is in the process of being delivered to West Darfur. The second assessment visit was to three POEs in the Northern State, bordering Egypt. To date, hygiene kits are being procured for the Northern State overland arrivals. IOM, in collaboration with UNHCR, continued to conduct data collection exercises in IDP settlements with a plan to cover more sites in the coming month. Furthermore, data previously collected for COVID-19 needs and services in IDP camps is now on the final stage of review and will be shared with relevant partners in the coming period. IOM, also through its rapid response fund (RRF), partnered with CARE International

to provide comprehensive case management services in Kassala and Aroma localities of Kassala State. CARE, with funding from the RRF, is supporting three existing primary healthcare centres and one isolation centre. CARE is undertaking a variety of activities within the pillars of case management, IPC, Risk Communication and Community Engagement (RCCE) and surveillance within the health facilities and among the communities at-large. Additionally, through RRF funding, the American Refugee Committee also aims to implement COVID-19 response activities. The project will support comprehensive case management services in Kassala, Rural Kassala, and Girba localities of Kassala State.

UNHCR launches a new country portal: Operational Data Portal. The portal enables anyone to access data and explore historical trends on refugees and internally displaced people in a country home to one the largest refugee and asylum-seeker populations in Africa, hosting some 1 million refugees and asylum seekers and 1.9 million IDPs. The portal, which will be updated on a regular basis, also provides a repository for publications produced by UNHCR in Sudan, including maps, factsheets and updates on the situation. For more information on the refugee situation in Sudan, <https://data2.unhcr.org/en/country/sdn>.

Syria

IOM continues to integrate COVID-19 awareness campaigns into all activities, including standard distancing measures into all distributions, and regular disinfection of all IOM-managed facilities. IOM has modified the layout of Reception Centres to increase social distancing, ensure hygienic conditions, and decrease transmission risks. IOM also provided essential PPE kits for the staff of twelve implementing partners working in North-West Syria. This totals 2500 PPE kits designed to cover needs for a three-month period. In addition, IOM has distributed COVID-19 adapted hygiene kits to support 55 000 individuals and increased the quantities of water regularly provided in IDP camps. IOM has also established a community treatment centre in an IOM-supported camp to ensure preparedness and response capacity to cater for the 4000 residence. IOM has also identified and trained COVID-19 focal points in IOM-supported camps and in informal sites to support referrals to local health actors.

A rise in infections including among healthcare workers highlights the particular risks faced by healthcare workers and the impact on the already fragile and overstretched healthcare capacity as mentioned in the UNFPA Syria COVID-19 Humanitarian Flash Update for August 2020. UNFPA continued with regular activities in the clinics and mobile teams, taking into consideration COVID-19 preventive measures and providing individual counselling for all women on COVID-19 and how to protect themselves and their families. UNFPA activated a new RH clinic and 2 mobile teams with the Amelioration of Sanitary and Social Level Society charity in rural Aleppo where RH services needs have increased. UNFPA also opened two new clinics with Al Ihsan Charity for Development Association in Hader and Arran and one RH clinic with the Palestine Red Crescent Society in Neirab camp. UNFPA supports capacity strengthening training for the Ministry of the Higher Education and supported a nutrition training for pregnant and lactating women. 400 health workers from the Directorate of Health facilities in Raqqa received personal protective kits (COVID-19 kit) from the Syrian Arab Red Crescent, a UNFPA implementing partner, to help them continue programme delivery, including RH services. UNFPA and the World Food Programme (WFP) are scaling up an electronic voucher system for pregnant and lactating women with heightened nutritional requirements. The e-voucher system helps women purchase food and hygiene items from designated stores in Aleppo, Damascus, Dara'a, Deir Ez-Zor, Hama, Hassakeh, Homs, Lattakia, Quneitra, Raqqa, rural Damascus and Tartous, aiming to reach 70,000 extremely vulnerable families.

GBV awareness sessions continued to be provided during this reporting period at WGSS and by the integrated GBV/SRH mobile teams. The sessions covered: the effects of denial of resources and opportunities, early marriage, gynaecological infections, contraceptives, social and health consequences of the COVID-19 pandemic and methods of prevention. The mobile teams distributed awareness brochures

on COVID-19 and provided health and psychological counselling. In some locations, vocational training such as sewing was organised through WhatsApp groups where the trainers shared videos and illustrative images. A child marriage campaign carried out by all UNFPA implementing partners for one week in September included various activities such as educational lectures, awareness-raising sessions, and advocacy efforts to address the issue at different levels (governmental, nongovernmental organizations, communities and others). A total of 1194 beneficiaries of all age and sex groups were reached with awareness/educational messages on child marriage.

Yemen

The recent uptick in fighting in Marib continued throughout September. Hostilities reduced in some parts of the governorate towards the end of the month, while in Al Bayda, to the south of Marib, there was a major increase in conflict-related incidents. Close to 1,400 newly displaced families were identified in Marib in the month to 26 September according to IOM, most of them displaced within Marib Governorate. Displaced families have fled active fighting – many of the estimated 353 families displaced between 13 and 19 September were temporarily trapped while attempting to flee ongoing hostilities around villages in Rahaba District. Partner capacity in Marib is stretched, and there is a shortage of supplies of shelter materials and NFIs. Two thousand emergency shelter kits and 1500 NFI kits are to be transferred from contingency stock in Aden to Marib to cover immediate needs. Lack of partner presence on the ground continues to pose a major challenge, and efforts are underway to mobilize more partners to establish a presence in Marib. IOM is supporting the humanitarian community to develop a scenario planning document focused on response capacity and needs in the case of maximum displacement in Marib City. The scenario document will highlight the size of the populations at-risk of displacement should the conflict in Marib governorate continue. IOM also continues to highlight the challenges and needs in Marib in relation to overcrowding, access to basic services, and access to displacement sites.

IOM's RCCE activities reached a total of 35 418 people in Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Ibb, Lahj, Marib, Shabwah, Hadramout and Taizz governorates. Additionally, 27,891 soaps were distributed in Marib Governorate, while IOM's community hygiene volunteers continued with house-to-house hygiene promotion visits in Taizz and Abyan governorates, reaching 3094 beneficiaries in nine IDP hosting sites. IOM also shared eleven disease surveillance reports with the Ministry of Public Health and Population during the reporting period. This feeds into community-level COVID-19 surveillance and the establishment of an electronic disease early warning system. From these reports, nine suspected and two confirmed COVID-19 case were referred for additional support. In addition, IOM's Camp Coordination and Camp Management cluster distributed shielding kits to 767 households across 21 sites in Marib governorate. Within the kits, 7670 reusable cloth masks, produced by women IDPs, were also distributed. IOM's WASH team also joined the distributions to provide messaging on the use of masks and outline additional shielding measures.

IOM is also providing support to 22 health facilities and eight mobile health teams across Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Lahj, Marib, Shabwah and Taizz governorates. During the reporting period, 7626 people, including 3407 migrants, received health services, ensuring that primary and secondary health care, cholera treatment and MHPSS continue to be accessible to affected populations.

UNFPA-supported health facilities across the country ensure continuity of SRH services, including in facilities where COVID-19 cases have been isolated while reinforcing IPC in maternal and emergency obstetric care in all supported health facilities. In September, nearly 2000 PPE items were distributed to 13 health facilities across the country. A training on IPC and RH service delivery under COVID-19 was conducted for 53 RH service providers in the south of the country and 62 064 women were reached with RH services in August 2020. Essential RH equipment and medicines were distributed to 77 health facilities

in the southern parts of country hardest hit by the pandemic. The global COVID-19 pandemic has exacerbated the situation in Yemen. As another million people are set to fall into crisis levels of hunger before the end of the year, women and children are the worst affected, with 1.4 million pregnant or breastfeeding women and over 2 million children suffering from malnutrition.

UNFPA and the GBV sub-cluster adopted the use of hotlines and toll-free numbers as an alternative to in-person services previously provided, such as counselling. The concept of tele-counselling is now being mainstreamed among all GBV services with SOPs as well as tele-case management. The hotlines for tele-counselling through the GBV sub-cluster are nationwide as well as governorate-specific. The service areas covered under tele-counselling include psychosocial counselling, PSS, GBV case management and referral, legal aid consulting, COVID-19 awareness and protection services related to women in prisons. Critical services such as specialised psychological centres and shelters continue running, with distancing measures in place and with the provision of PPE. Meanwhile, measures are in place for a phased return of some of the services and to continue livelihood interventions.

Way Forward

- Coordinating 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 within the Universal Health Coverage framework among all partners during the outbreak response for COVID-19.
- Supporting the provision of continuity of care for non-COVID-19 essential health services in camps and camp-like settings.
- Recommending to all countries to support the duty of care to all refugees and migrants.
- Supporting countries through improvement of 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.
- Providing guidance to country offices on desegregated COVID-19 data where possible to identify reported cases among IDPs, refugees, migrants and returnees.
- Providing collective and timely information to our partners on cases of COVID-19 among IDPs, refugees, migrants and returnees.
- Supporting 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.
- Ensuring all UN strategic and policy level documents incorporate IDPs, refugees, migrants and returnees, using a whole of government and society approach.
- Promoting 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.