

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 #16|9 September 2020

Situation Overview

As of 08 September 2020, a total of 2 036 129 cases have been reported in the Eastern Mediterranean Region (EMR) since the start of the outbreak, which represents 7.0% of the global burden of 27 236 916 cases reported to date. Cumulatively, 6% of the global burden of COVID-19 deaths have been reported in the EMR (53 671 deaths); in descending order, eight countries surpassed the Regional case fatality rate of 2.6%: Yemen, Sudan, Iran, Egypt, Syria, Afghanistan, Somalia and Iraq, with Yemen recording at 29%, followed by Sudan (6.2%) and Iran (5.8%). 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 9 September 2020, there were 4894 accumulative positive cases of COVID-19 among Palestinian Refugees registered with UNWRA: Jordan (54), Lebanon (430), Syria (13), West Bank (4347), Gaza (50). There were 1611 new cases from two weeks ago, that were in Jordan (45), Lebanon (237), Syria (4) and West Bank (1325).
- As of August 27, 2020, according to WHO, the first COVID-19 case among residents in Syria's Al Hol camp. The female patient is 29 years old and in stable condition. She is being treated in an isolation area in Phase 7 of the camp, where a national nongovernmental organization, in partnership with WHO, is providing case management support.
- As of 22 August, according to UNHCR, the total number of confirmed refugee deaths stands at 14 individuals, with 250 injured.

Regional Response Actions

United Nations Refugee Agency (UNHCR)

UNHCR has worked with United Nations Children's Fund (UNICEF) to develop a two-year (2020-2021) blueprint for joint action. Titled "A Fair Deal for Refugee Children", UNICEF and UNHCR have committed to strengthen their partnership in an initial 11 focus countries and to place refugee children and their families worldwide at the forefront of preparedness, prevention and response to COVID-19. The joint work provides an important platform in this evolving context, both in the immediate term and by ensuring that national responses to the socio-economic impacts of the pandemic are inclusive of all children, regardless of their status.

The UN Relief and Works Agency for Palestine Refugees (UNWRA)

UNWRA requires some US\$ 95 million to cover the emergency needs of 5.6 million registered Palestinian refugees in the Middle East, until the end of December 2020, <https://news.un.org/en/story/2020/09/1071702>.

World Health Organization (WHO)

WHO has developed guidance on returning to school safely during the COVID-19 pandemic, <http://www.emro.who.int/health-topics/corona-virus/back-to-school.html> and helping children cope with stress during 2019-nCoV outbreak <http://www.emro.who.int/mnh/publications/mental-health-support-during-covid-19.html#children-covid>.

Country Response Actions

Afghanistan

UNHCR border monitoring report (covering the period between 16 and 22 August) shows that 33% of returnees interviewed at the Islam Qala and Milak border crossing points and 55% of returnees interviewed at the Torkham border crossing point said they faced problems during the COVID-19 outbreak in neighbouring countries, such as lost work/wages, discrimination/stigmatisation by local communities, lack of access to markets, pressure from authorities to return to Afghanistan, movement restrictions related to the lockdown, and lack of access to medical services.

WHO notes that when health systems are overwhelmed, as is being seen in Afghanistan, both direct mortality from the outbreak and indirect mortality from vaccine-preventable and treatable conditions increased dramatically. WHO stresses the need to balance the demands of responding directly to COVID-19, with simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating against the risk of system collapse.

Djibouti

The UN country team developed with its partners a COVID-19 Response Plan organized around three interlinked and complementary pillars of the response: health; emergency requirements; and a set of initial, immediate development measures to address the socio-economic impact of the crisis, in line with the April 2020 UN framework for the immediate socio-economic response to COVID-19, based on evidence available to date.

International Organization for Migration (IOM) donated 154 tents and 1000 nonfood item (NFI) kits (800 male and 200 female) to the quarantine site in Ali Sabieh region under Central Emergency Response Fund project. IOM continues to provide water, food and medical assistance for migrants arriving from Yemen. In addition, IOM organized a training on vulnerabilities on 16 and 17 August 2020, where some 12 agents designated by the prefecture of Arta, Obock, Tadjourah and Dikhil as well as four people from the vulnerable migrants unit of the National Office for Assistance to Refugees and Disaster Victims (ONARS) worked for two days on criteria for identifying vulnerable people in their communities. They were also made aware of the risks of COVID-19 by a health officer from the National Institute of Public Health.

UNICEF reached 370 migrants with water, sanitation and hygiene (WASH) services in the quarantine camp in Ali Sabieh. The agency set up 60 handwashing stations with soap in several public areas in Djibouti city and surroundings to keep up with the handwashing with soap practice and procured five water pumps to keep improving the access to water in rural areas.

A delegation of the Ministry of Health and Intergovernmental Authority on Development led by the UNHCR field office in Obock has visited Markazi settlement on 12 August and handed over to ONARS some infection prevention and control (IPC) materials for refugees made of 250 hand sanitizer (500ml each) and 250 boxes of 50 masks as part of the ongoing protection campaign against COVID-19.

Egypt

IOM donated more than 8000 personal protective equipment (PPE) kits and 22 000 medicines to Giza Governorate in coordination with the Giza Deputy Governor and according to the needs of the Giza Health Directorate, to be distributed to primary healthcare units across Giza.

Jordan

United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has reported, as of 23 August 2020, in both camps, surveillance is continuously being strengthened. Random polymerase chain reaction (PCR) tests for refugee residents and visitors have also been introduced at the entrances to both camps,

Za'atari and Azraq, in addition to the mandatory temperature screening upon entry to the camp. Furthermore, refugees are now also asked to provide information on their whereabouts while they have been outside the camp, or where they are heading to in case exiting the camp. This new measure is in response to the isolation and closure of Ramtha district and other areas with high numbers of suspected coronavirus cases. After the authorities' approval in early August to upscale activities in camps, both camps have reached up to 75% of activities now authorized. The expansion of activities in size and numbers is being implemented under strict adherence to relevant precaution and social distancing measures.

Caritas closed its urban clinic in Amman for 2 days as one employee was in contact with suspected case of COVID-19. As an immediate measure, Caritas isolated its employees. Ministry of Health team collected PCR swabs from all clinic staff and refugee patients, and all test results were negative. Caritas provided a second round of noncommunicable diseases (NCD) medications to 1936 of patients in urban areas (Amman, Mafraq, Zarqa and Irbid). In both Camps, the average for mental health and psychosocial support (MHPSS) consultation rate is still higher by 21% comparing to the period before COVID-19.

UNHCR and partners ramped up capacities to respond to the demand and needs for refugees at both camps. The construction work of increasing the capacity of 15 beds to 50 beds at the COVID-19 inpatient treatment entered in its second phase and is expected to be completed mid-September. UNHCR's partners trained medical staff do collect the PCR swabs from refugees in both camps regularly and send them to Zarqa and Mafraq designated public hospitals. Training took place on PCR sampling by Ministry of Health to qualify healthcare staff in the primary healthcare centres, and the International Medical Corps (IMC) hospital to carry out the sampling procedures within the camp. During the reporting period, a total of 20 selective random PCR tests were collected by trained healthcare professionals at the four villages primary healthcare centres and the IMC hospital in Azraq. In Za'atari, 132 tests were conducted during 1 – 22 August. The samples are tested at the central national lab in coordination with Ministry of Health. All tests in both camps including the two suspected cases in Za'atari were negative.

Ministry of Health received two GeneXpert automated machines from WHO to increase testing capacity. An additional two more GeneXpert machines will be delivered soon by Roche company. •

UNICEF continues to provide safe drinking water to meet higher demand in Azraq, King Abdullah Park (KAP), Za'atari, and Rukban camps. On average, almost 60 litres per person per day is supplied. In order to ensure an equitable access to water, the installation of a new water point in KAP Camp was completed and connected to the water network. In close collaboration, UNICEF and incentive-based volunteering (IBVs) continue to disinfect all vehicles entering Azraq, KAP and Za'atari camps. IBVs in Za'atari Camp have started disinfecting vehicles at a third entrance to the Camp. UNICEF has completed the chemical cleaning of the water supply infrastructure in Rukban Camp by using the contingency water supply and mobilized emergency water trucks to ensure an uninterrupted water supply to the Camp. Better World were informed on the works and communicated the information to the population inside the camp. In addition, UNICEF and Better World completed a solid waste management campaign in Rukban Camp. The campaign covered all camp districts, and the solid waste has been transferred to a landfill for burial. In Za'atari Camp, 180 000 soap bars have been delivered and the blanket distribution is planned for the coming days; In KAP Camp, 504 soap bars and 126 hand sanitizers have been distributed, benefitting 600 individuals. Risk Communication and Community Engagement (RCCE) continued in cooperation with nongovernmental organizations.

Iraq

IOM reached more than 1200 individuals in camp and camp-like settings with 120 COVID-19 awareness raising and sensitization sessions. Activities occurred in Basra, Diyala, Dohuk, Kirkuk, Najaf, Ninewa, and

Salah al-Din governorates. IOM printed COVID-19 flyers and posters, which were distributed by IOM shelter and Camp Coordination and Camp Management (CCCM) teams, and conducted a phone-based assessment to identify information gaps on COVID-19 and available communication channels in camps. IOM also designed and circulated information, education and communication (IEC) material on COVID-19 precautions at construction sites. IOM conducted online trainings for 20 participants from civil society organizations and volunteer networks from Sumel and Dahuk governorates. IOM also supported efforts to expand the capacity of the Ministry of Health in COVID-19 case management and surveillance by increasing the number of hotlines available to the public. This expansion of hotlines will be supported with Standard Operating Procedures (SOPs) and trainings to Ministry of Health staff in the coming weeks. In addition, IOM, in coordination with government counterparts, conducted a sterilization campaign at the Amriyat Al Fallujha Camp. Additionally, Mercy Corps, IOM's WASH partner, began distributing COVID-19 hygiene kits. In Salah al-Din governorate, IOM provided hygiene promotion session and distributed hygiene kits to households at informal sites.

Iran

The country is home to one million registered refugees and around 2 – 2.5 million irregular migrants as such the government has endeavored to provide equitable access to the health services by providing the following:

- Appointing a system of two-shifts all health workers in health facilities and training the to better care for all patients regardless of nationality, in addition continuously reporting and monitoring the situation in health facilities as well as equipping them with all the needed requirements;
- COVID-19 testing and treatment is free of charge for all refugees and migrants, while ensuring screening the high-risk population and that all patient information is reported, and protocols on COVID-19 care and management is in place, in addition to providing IEC;
- Advocating with UN agencies and nongovernmental organizations to provide better care for these refugee and migrant communities and conducting risk assessments and strengthening the health infrastructure in collaboration with General Directorate of Citizens and Immigrants of the Ministry of Foreign Affairs.

Lebanon: Special on 4 August 2020 Beirut blast

- \$56.4 million received since the launch of the Flash Appeal on 14 August.
- 7339 weatherproofing kits distributed, and minor repairs and rehabilitation work supported.
- At least 2788 consultations and 1116 wound-care sessions provided to at least 7689 patients.
- Urban network connections in 155 buildings repaired, and almost 4500 hygiene kits delivered.
- Over 2900 psychological first aid sessions provided.
- 8707 of the 12 500 metric tons of wheat flour arrived at Beirut Port offloaded.
- 12 mobile storage units set up at Beirut Port for humanitarian goods and cargo.

A range of medical services, including at least 2788 consultations and at least 1116 wound-care sessions, were provided to at least 7689 patients by the following partners: Imam Sadr Foundation, International Network For Aid Relief and Assistance (INARA), International Medical Corps (IMC), Médecins Sans Frontières (MSF), Order of Malta, Rahma Hospital, as well as Karagheusian, Makassed and Amel Association International.

The Imam Sadr Foundation deployed 11 primary healthcare and mental health community nurses to an affected primary healthcare in Bourj Hammoud and 659 consultations were conducted over five days; Ajialouna clinics treated 126 patients and its pharmacy dispensed 798 boxes of medications to 189 patients; their health department also sponsored five surgeries. IMC reached a total of 1161 patients with a range of services in Bourj Hammoud, Mar Michakel and Aisha Bakar, and Caritas Lebanon disbursed more than 680 medicines to 228 beneficiaries.

Caritas Lebanon and IMC provided psychological first aid (PFA) sessions, with IMC reaching to 191 patients in Bourj Hammoud, Mar Mikhael and Aisha Bakar. The Jesuit Refugee Service also provided psychosocial support services, PFA, and awareness and psycho-education sessions for 319 affected persons, as well as distributed psychotropic medications to 32 patients. Médecins du Monde's emergency team provided a total of 353 MHPSS interventions and 70 referrals since the start of the response. Restart expanded its services to reach more women and children who are in need of MHPSS services; thus far, 117 women and four children were identified, and UN Women will partially support the response.

Three emergency medical teams initially deployed for the blast have been repurposed and are now been twinned with six government hospitals to increase the capacity for COVID-19 case management, and infection prevention and control at these facilities. Hospital support The Swiss Agency for Development and Cooperation/Humanitarian Aid (SDC/HA) emergency medical team specialized care team maternal and child services ended its deployment on 31 August. The outpatient department at Quarantina Hospital is now running with local staff. Also, temporary rehabilitation of the Hospital included repairs within the neonatal intensive care unit, the pediatric intensive care unit, the operating room and a ward. In addition, SDC/HA is committed to reconstruct the pediatric division over the next six months with a budget of US\$ 1.1 million.

At least 18 000 masks, 2098 hygiene kits, and 2000 sanitizers, gloves and drinking water were distributed to affected communities, and at least 19 PHCCs, eight hospitals and two medical mobile units were serviced by the following partners: American Near East Refugee Aid, INARA, IMC, MSF, Relief International. In addition, UNFPA supported the distribution of 220 dignity kits.

Since the beginning of the response, 34 tons of PPE were delivered to 27 hospitals; 6.3 million pieces of PPE and COVID-19 supplies were distributed to five border-crossing points; and 1.4 million pieces of PPE and COVID-19 supplies were donated to the Ministry of Public Health.

The WASH sector's assessment of 5355 buildings in the affected areas found that the water systems in 1339 buildings are damaged, and 3584 roof tanks are affected and need intervening/substituting; the wastewater system of 647 building is also been damaged. Based on the assessment, plumbing teams repaired damaged connections to the urban network in 155 buildings. An additional 310 buildings had their internal networks repaired as 873 new water tanks were installed to restore water supply. Further WASH support is provided through water trucking to areas where the network does not reach.

Libya

UNHCR has distributed to some 17 000 refugees and asylum-seekers core relief items and medical assistance continues to be provided the urban communities. UNHCR's partner IRC provided a total of 79 medical consultations and 25 referrals in Tripoli, and 240 medical consultations and eight referrals in Misrata (190 km east of Tripoli). IRC also provided 21 medical consultations at the disembarkation points in Tripoli and Al-Khums. A total of 3705 medical consultations have been provided so far in 2020.

IOM's medical teams supported the National Centre for Disease Control (NCDC) staff at Ras Jdeer and Mitiga airports by providing medical check-ups to all passengers returning to Libya as part of the IOM COVID19 Strategic Preparedness and Response Plan. In total, 256 passengers were screened, while samples for PCR tests were collected. The travelers were also provided with health awareness sessions at the airport. IOM's Medical Team also conducted two, two-day training sessions for 25 points of entry health workers on COVID-19 case management and IPC. In addition, IOM performed a thorough fumigation, disinfection, and cleaning intervention at disembarkation points and at detention centres and distributed NFIs and hygiene kits to 1007 migrants within the detention centres.

Morocco

IOM continues to coordinate assistance to migrants, alongside other UN agencies, through the UN Network on Migration and as part of other UN task forces. IOM also coordinates the work of partners that covers different regions in Morocco through local regional councils. Several strategic meetings were held with the Ministry of Health to discuss a common work plan on MHPSS for migrants. IOM has also reached more than 30 000 individuals cumulatively in the past five months with hygiene awareness promotion activities including door-to-door sensitizations, social media mobilization and the distribution of visibility materials, available in three languages and published in IOM Morocco website. In addition, IOM is promoting the continuity of care for migrants, especially for migrants with chronic health conditions as well as mothers and children. Around 2000 migrants have been assessed through referral and follow up mechanisms, including gender-based violence (GBV) cases, as well as for unaccompanied and separated children and were referred to public health facilities.

Pakistan

Women's friendly health spaces for Afghan refugee settlements and hosting communities in Balochistan, Khyber Pakhtunkhwa and Baluchistan continue to remain functional, providing GBV response services to women and girls during the COVID19 pandemic situation through case management, referral services and basic GBV and sexual reproductive health services, including care for pregnant women, safe deliveries including emergency obstetric and new-born care.

Despite limited field movements, UNHCR colleagues are conducting outreach missions to refugee villages and urban clusters to monitor ongoing interventions, including WASH, livelihoods, health, legal assistance, and cash assistance. UNHCR jointly with a partner has commenced WASH activities in 24 refugee villages in Pakistan to carry out information dissemination, support the reactivation of water management committees, and distribute soap and PPEs to refugee communities via existing community structures.

Palestine

West Bank: the epicentre of the outbreak continues to be the Hebron Governorate, which accounts for over 40% of the total cases, and 105 of the 158 fatalities. People who were exposed to confirmed cases, and were either not tested, or tested negative, are being sent to home quarantine, as are Palestinians who enter the West Bank from Jordan or Israel. The vast majority of confirmed cases with light or mild symptoms are also being referred to home isolation.

Gaza Strip: 101 cases have been recorded in the reporting period, and two deaths, the first fatalities since 23 May. The number of people with COVID-19 is now 192; 117 active, 72 recovered and three deceased. Until 24 August, all of the active cases were contained, having been detected among people who had returned to Gaza through the Rafah or Erez crossings, and were fulfilling the mandatory 21-day period in quarantine centres. WHO delivered 10 ventilators and two defibrillators to Gaza to support the treatment of critical and severe cases. WHO/Health Cluster, in coordination with Ministry of Health, is identifying the cost of urgently required items, such as laboratory supplies/equipment and PPE, to help the health system cope with the surge in cases. UNRWA will provide primary healthcare and telemedicine services to the whole population during the time-limited emergency response period, regardless of their refugee status.

WHO is working with the health authorities to prepare the list of immediate needs to be addressed in the next three months to scale-up the COVID-19 response in Gaza. More than 130 000 people benefited from activities carried out by the Health Cluster partners. Partners provided the Ministry of Health with laboratory testing kits and supplementary equipment to conduct tests and over 30 000 frontline health workers benefitted from full PPE items. Partners procured and delivered essential medical equipment for the treatment of severe and critical cases of COVID-19, including intensive care unit beds, invasive mechanical ventilators, defibrillators, supplies for oxygen therapy and patient vital signs monitors. Campaigns focused on messages concerning home quarantine guidance, GBV and mental health, primarily in hot-spot areas, reaching 90 000 people.

Somalia

CCCM Cluster partners completed or were engaged in COVID-19 risk communication and awareness raising activities in 921 out of 2344 internally displaced person (IDP) sites nationally, covering over 1 million people (42% of 2.6 million IDPs). The CCCM partners collaborated with Radio Ergo to air COVID-19 messages to the IDPs. On the other hand, UNICEF reports that 234 995 people were reached across Somalia through house-to-house visits, health facility awareness sessions, community meetings, mosque announcements and distribution of 17 976 information, education and communication materials in July 2020. Some 2857 posters and 25 000 stickers were distributed, and radio-spots broadcast daily on 15 radio stations, reaching about 6.5 million people.

Some 38 health facilities in five states are being supported through a hybrid model of IOM seconded staff (over 300) to ministries of health as well as IOM staff providing daily technical and operational support for service delivery, capacity building, direct supervision and mentorship of health workers and clinical quality assurance and monitoring. Furthermore, IOM has deployed 27 diaspora experts to health facilities in 12 districts in Somaliland, Puntland, and South West State.

Sudan

Heavy rains and flash floods since mid-July have affected over 380 000 people and killed nearly 90 across 17 states in Sudan, as of 25 August, according to preliminary data from the Government's Humanitarian Aid Commission (HAC). The continued storms and flooding are causing damages to houses, schools, water points and other critical infrastructure, with North Darfur, Sennar, and West Kordofan states amongst the hardest-hit. More than 37 000 homes have been destroyed, forcing most of the families affected to seek shelter with relatives and host communities. Another 39 000 houses 34 schools and 2671 health facilities have been damaged, according to HAC. Food security might have been further compromised as approximately 1300 have died and thousands of acres of crops have been lost or will not be cultivated. Access to clean water, in the middle of the COVID-19 pandemic, has also been affected. Around 2000 water sources are now contaminated or non-functional and the collapse of the Bout Earth Dam in Blue Nile State, on 29 July, risks compromising access to water for over 100 000 people, including IDPs and refugees,

who rely on it as their primary source of water. In Kassala State, some parts of Rural Aroma and Hamashkoreib localities are inaccessible as roads are impassable and some areas become inland islands surrounded by water. Water supplies have been affected due to power cuts and shortages in fuel to run water stations. In White Nile State, mitigation efforts carried out by civil defence and grassroots organizations protected several people who otherwise would have been affected by the rise of floodwaters on the White Nile. However, over 10 000 people have been impacted by flash floods across the state. In South Darfur, there are reports of people affected in settlements for IDPs in Kalma and Al Sultan, as well as in Nyala South and Nyala North localities, according to local authorities. The rainy season increases the possibilities of disease outbreaks in Sudan, including heightened risks of COVID-19 transmissions amongst the displaced population. With limited access to water, sanitation and health services, several communities are now even more exposed to water-borne and vector-borne disease such as cholera, dengue fever, rift valley fever and chikungunya, all endemic to Sudan.

A quick response has been possible as Government, UN agencies and partners prepositioned supplies to respond to the needs of 250,000 people before the rains started. But the stocks are being depleted rapidly and more support, including from donors, is urgently needed. In White Nile State, emergency shelter, household supplies and WASH materials and food are being provided. Humanitarians have reported challenges to reach El Salam and Tendalti localities, as well as gaps in shelter and household supplies. In North Darfur, response is ongoing in Kebkabiya and Al Lait localities, including food and WASH supplies. In South Darfur, distributions of emergency shelter and household supplies are ongoing in Mosey, Otash and Dereige IDP camps, with humanitarians requesting support from Khartoum to fill the gaps in shelter and NFI supplies. The Sudan Humanitarian Response Plan for 2020, which seeks US\$1.6 billion, is less than 44% funded.

Syria

At present, from those displaced in October 2019, approximately 71 042 remain displaced in North and East Syria (NES), with 15 458 living in 90 collective shelters. This is in addition to approximately 99 109 IDPs and refugees in NES, most of whom were displaced prior to October, living in four camps and two informal sites. A further estimated 27 625 people live in 58 collective shelters throughout other governorates. The camp coordination meeting for all formal and informal camps in NES (excluding Al-Hol) is now combined into one monthly meeting to enhance coordination. In all formal camps, health committees have been set up and are active. Sectors continue to coordinate to establish isolation areas at camps and informal sites. Sector partners have agreed that two large tents will be allocated in each camp (with one or two camps the exception); one for suspected cases and the other for confirmed, with the possibility of expansion over three stages. Development has commenced in most camps with most completed or nearing completion. At Washokani, a 57-bed (45 moderate; 12 intensive care unit) is now operational. At Abu Khashab, Shelter and WASH works for the isolation centre are ongoing. At Roj, isolation works have been completed. In addition, external referral of all moderate and severe suspected cases has also been agreed (except at Al-Hol). As previously reported, the rehabilitation and light maintenance of WASH facilities in 14 collective shelters in Hama, Tartous, Lattakia and Homs has been completed with PUI support. PUI is awaiting approval to commence light rehabilitation of WASH systems at two other shelters in Damascus. UNICEF has finalized the preparations to rehabilitate WASH facilities in informal settlements in As-Sweida.

Further, Shelter and NFI partners are continuing to conduct their activities while applying the precautionary measures of masks, physical distancing and rotating staff. Three NFI partners have also reallocated funds for hygiene kits. While NFI partners have resumed distributions, many partners have reported prioritizing PPE for frontline and healthcare staff while relying on other mitigation measures, owing to a shortage in the market. Al-Hol Camp Given the parallel sample collection system in NES, in the event of suspected

cases, focal points will notify both the Department of Health rapid response team (RRT) and local authorities for sample collection. On 27 August, the first confirmed case of COVID-19 among residents was reported in phase 7, in addition to the five healthcare workers operating at one of the field hospitals reported previously. The resident has been transferred to the isolation center. Samples from a second suspect case, also from phase 7, were collected on 31 August. The suspect case has also been relocated to the isolation center. Recognizing that a complete lockdown of the camp would be near impossible to enforce, partners have advocated strongly for restriction movements within and between blocks as well as phases for the next seven days, including closure of non-essential shops in the main market in phase 1; installation of hand sanitizing points at the entrance of main market; and to enforce mask wearing at entrance to market. To date these recommendations have yet to be applied by CCCM. Advocacy is ongoing, as are efforts to initiate contact tracing. Field hospitals within Al-Hol have confirmed there are three ventilation devices on site. Following advocacy, potential acute COVID-19 cases will be allowed to be referred to medical facilities outside the camp. Partners have agreed that ambulances will support internal referrals during day shifts, with training to planned on prevention measures and case management. As reported previously, construction of the isolation area at Al-Hol is complete, with capacity for 80 individuals, including two rub-halls, two large tents and three family-size tents. Latrines include capacity for people with special needs, and IPC SOPs have been developed by health partners. During the reporting period an nongovernmental organization has surged staff and equipment to ensure that the center is fully operational, however at present partners recommended it only for mild cases. It is understood that relocation of 400 Third Country National families from Al-Hol to Al-Roj has commenced; further details are being sought from Camp Administration on selection criteria, with engagement ongoing particularly relating to protection concerns.

WHO has delivered two shipment of PPEs (28 641 items) and six thermal screening devices to Al-Hol. Following the joint UN-agency awareness campaign, daily awareness sessions continue; during the reporting period 30 volunteers were trained on RCCE and 200 community leaders attended awareness sessions. Food, NFI and hygiene kit distributions are taking place on a two-month rotation. UNICEF has further continued support of IPC measures with partners at the camp including disinfection of all communal kitchens, WASH facilities, the camp gate and garbage bins. Other enhanced WASH interventions also continue, including delivery of 30 liters of water per person/per day in all phases, UNICEF's support of a water treatment plant at Al-Hol producing 10m³ per hour. In the reporting period, while emergency water trucking has continued, disruptions to Alouk water station – a frequent occurrence in past months – have again occurred.

IOM supported the COVID-19 Task Force by co-leading a monitoring assessment of a portion of the primary healthcare facilities in North West Syria. More than 100 primary healthcare facilities have been assessed through this exercise during the reporting period. The assessment will enable the Task Force and health partners to understand the functionality of triage systems, COVID-19 protocols, and gaps in service provision.

Tunisia

IOM donated PPE to the Tunisian National Office for Family and Population (ONFP) on 26 August 2020. This donation will ensure the continuity of sexual and reproductive health services, while safeguarding health workers and beneficiaries alike from COVID-19.

United Arab Emirates

The Working Group on Migration was launched in United Arab Emirates, co-chaired by IOM and United Nations Office on Drugs and Crime. The Working Group discussed the impact of COVID-19 on migrants in UAE. Several UN agencies participated in the inaugural Working Group.

Yemen

Of particular concern is the rising number of migrants detained in unsuitable conditions in Sana'a and subsequent forcible transfers to southern governorates, including Aden, Marib and Taizz. The conditions at the migrant holding centre in Sana'a are appalling and the facility is dangerously overcrowded with little access to clean water and safe sanitation. Partners are advocating for the immediate release of detained migrants; for any migrants held on criminal charges to have access to due process and humane living conditions; and for the detention of children to be a measure of last resort and protected by legal safeguards. Since March 2020, IOM estimates that over 2000 migrants have been forcibly transferred from northern to southern governorates across conflict frontlines. Migrants are often left in the hands of smugglers, or in desert areas where there is no shelter or assistance, facing the risk of further detention and starvation.

In the far north of Yemen, reports of thousands of migrants stranded at the border with Saudi Arabia were confirmed in a recent report by Human Rights Watch. An estimated 2000 people remain stranded near the border in dire need of assistance. Humanitarian partners have been unable to reach the migrants with life-saving support due to access constraints. In areas with better access such as Aden, where an estimated 5000 migrants are stranded and are totally reliant on aid for food, water and shelter, partners are scaling up assistance. Given the situation, partners have observed a dramatic increase in requests for support to return home. Return flights to Ethiopia, under IOM's Voluntary Humanitarian Return programme, are still on hold due to COVID-19 movement restrictions. In the absence of alternatives, an estimated 900 migrants are reported to have travelled with smugglers on boats from Yemen back to Djibouti. While an unconfirmed number of them managed to cross the closed border with Ethiopia, many remain stranded in Djibouti. UNHCR in Yemen has created a network of 280 refugee and internally displaced tailors country-wide to produce reusable face masks to guard against COVID-19 transmission.

IOM continues to be an active member of the COVID-19 Task Force, engaging closely with partners on the COVID-19 response effort. In Marib Governorate, IOM leads the CCCM and Health sub-national clusters. IOM also co-leads the WASH subnational cluster and is the primary focal point for Shelter and Non-Food Item (S-NFI) and protection activities. IOM plays an active role in the Emergency Coordination Committee, chaired by the Executive Unit, which is attended by clusters leads and other humanitarian partners, and is responsible for coordinating the response to new displacements in Marib. IOM shared ten disease surveillance reports with the Ministry of Public Health and Population, feeding into community level COVID-19 surveillance and the electronic disease early warning system. IOM also continues to improve WASH services at displacement sites and in communities hosting significant displaced populations. IOM water trucking activities are ongoing at 162 sites in Hudaydah, Taizz, Ibb and Marib governorates. In Taizz governorate, IOM also distributed 215 water storage tanks, while in Aden governorate, IOM is rehabilitating a community water network to ensure adequate water supply for more than 35 000 people. IOM continues to engage IDP communities in mask making activities. To date, 90 women have been supported with training, materials, and cash grants to weave 31 500 masks for IDPs in Marib governorate. Activities are also being launched at displacement sites in Ibb and Taizz governorates. In Marib governorate, IOM is also equipping the quarantine centre in Al Jufainah IDP hosting site to support isolation and IPC. Lastly, IOM is 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, 10,382 migrants, IDPs and host community members received health services, ensuring that primary and secondary healthcare, cholera treatment and MHPSS continue to be accessible to affected populations.

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.