**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. 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 have triggered 33.4 million new internal displacements across 145 countries and territories in 2019. In particular, the number of new disaster related IDPs have 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.

The movement restrictions and measures being imposed by countries, territories and 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 investment into health, water and sanitation facilities, in addition to the issues of overcrowding, poor shelter, scarce resources and limited access to reliable information. The impact felt by these communities not only increases humanitarian need but also exasperates the existing and already complex barriers for IDPs to seek solutions.
Key Highlights

- **Reported Cases**: As of 16th July 2020, 2 new COVID-19 cases were reported amongst IDPs in Iraq. On this date, there were forty-one confirmed COVID-19 cases reported among IDPs, with a total of 2 in Nigeria, 10 in Iraq, 3 in Somalia, 8 in Mali and 19 in South Sudan. It is most likely that number of COVID-19 cases amongst IDP populations is largely under-reported.

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Location</th>
<th>Cases Reported among IDPs</th>
<th>Source (Reported by)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 April – 6 May 2020</td>
<td>Nigeria</td>
<td>1</td>
<td>IOM and Media outlet</td>
</tr>
<tr>
<td>30 April – 6 May 2020</td>
<td>Somalia</td>
<td>1</td>
<td>Confirmed by the Ministry of Health in Jubbaland</td>
</tr>
<tr>
<td>22 – 28 May 2020</td>
<td>Iraq</td>
<td>1</td>
<td>Confirmed by WHO, OCHA and the Ministry of Health</td>
</tr>
<tr>
<td>22-28 May 2020</td>
<td>Mali</td>
<td>3</td>
<td>Mopti (UN, confirmed by WHO)</td>
</tr>
<tr>
<td>29 May – 4 June</td>
<td>Mali</td>
<td>5</td>
<td>Mopti (UN, confirmed by WHO)</td>
</tr>
<tr>
<td>5 June – 11 June</td>
<td>Somalia</td>
<td>1</td>
<td>Baidoa (Camp Management Agency update)</td>
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<tr>
<td>5 June – 11 June</td>
<td>Nigeria</td>
<td>1</td>
<td>Dalori 2 Camp (confirmed by WHO)</td>
</tr>
<tr>
<td>12 June – 18 June</td>
<td>Iraq</td>
<td>6</td>
<td>Sulaimaniya, Baghdad, and Kirkuk (confirmed by IOM Iraq)</td>
</tr>
<tr>
<td>12 June – 18 June</td>
<td>Somalia</td>
<td>1</td>
<td>Baidoa (Camp Management Agency update)</td>
</tr>
<tr>
<td>22 June – 6 July</td>
<td>South Sudan</td>
<td>19</td>
<td>PoC (Juba, Bentiu, Malakal) – [link]</td>
</tr>
<tr>
<td>2 July – 16 July</td>
<td>Iraq</td>
<td>2</td>
<td>Nineva and Kirkuk (confirmed by IOM Iraq)</td>
</tr>
</tbody>
</table>

Table 1: Summary of COVID-19 cases in IDP locations by date, location and source

- **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 movement of 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 camps out of 62 camps where humanitarian actors have recorded partial or no-access to the camps.

- **Challenges on Access to Assistance and Services**: Lockdowns and restricted access to camps in places such as Iraq and Uganda have meant that provisions of goods and services to IDP populations have been reduced. For many countries, movement restriction also prohibits IDPs capacity to access livelihood opportunities, putting further pressures on their ability to supplement limited aid. Concerns that delayed preparedness and contingency actions for the coming monsoon seasons, considered non-essential, will increase the risk and vulnerabilities for IDPs in the coming months.

- **Mitigation Measures**: IOM is working with partners and local authorities to put in place mitigation 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 and continue to prepare for remote management scenarios in case some sites become inaccessible.

Regional Overview

**ASIA AND THE PACIFIC**

**Afghanistan**: IOM Afghanistan continues to monitor and report ongoing cross-border population movements, cross-analysed with regional COVID-19 case data, to identify destination areas at greater risk of cross-border
transmission of COVID-19 to inform better-targeted, evidence-based health response and recovery programming. IOM is conducting nationwide mobility and needs assessments in over 11,670 settlements hosting returnees and internally displaced persons. The mission is also engaging communities and mobilizing community leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and stigma surrounding COVID-19 in each assessed community. As of 6th July 2020, 10,571 villages had been reached.

EAST AFRICA AND THE HORN OF AFRICA

Burundi: As of 15th of July 2020, Burundi has reported a total of 306 COVID-19 cases with 207 recoveries and 1 death. None of the cases were reported among the 135,058 IDPs or returnees. Burundi currently has no specific movement restrictions impacting 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 and Ruyigi provinces), DTM has conducted Flow Monitoring assessment to setup new FMPs at the border with Tanzania for the COVID-19 surveillance. From 2nd to 4th July DTM conducted a return intension survey for the IDPs (living in the sites) in Gatumba that have been displaced due to floods.

Ethiopia: As of 15th July 2020, a total of 8,181 COVID-19 cases with 2,430 recoveries and 146 deaths have been recorded in Ethiopia. The epidemiological situation has not changed in the past few weeks, as none of these cases were reported amongst the 1.7M IDP nor the 1.4M returning IDP caseloads, though contact tracing is in place and has in some instances included individuals from these caseloads. While the mobility restrictions in country have led to alternate implementation modalities, there have not been any significant hinderances to the delivery of humanitarian assistance to date. DTM has resumed its mobility tracking assessments as of 1st June 2020 after a one-month delay and has adapted a protection plan to ensure safety of teams and respondents throughout this exercise. The event tracking tool has been amplified through the deployment of dedicated enumerators to optimize running information updates in between regular rounds of mobility tracking. DTM teams are supporting site management officials nationwide by disseminating COVID-19 awareness materials and are supporting quarantine facility assessments in coordination with the Migration Management Unit.

Somalia: As of 15th July 2020, 3,083 COVID-19 cases with 1,425 recovered and 93 deaths have been recorded in the country. There continue to be confirmed cases in districts of very high concentration of IDPs (Kismayo, Banadir, Hargeisa, Baidoa, Burco, Hargeisa, and Gaalkayo).

South Sudan: As of 15th July 2020, the Ministry of Health reported a total of 2,153 COVID-19 cases (41, deaths, 1,175 recovered). The capital Juba is still the main hotspot; however, cases are confirmed across all ten states (19 other counties and Abyei Administrative Area). As of July 6th, 19 cases are confirmed within the major displacement sites in Malakal, Juba and Bentiu which altogether host some 156,000 IDPs. Congested sites still represent a challenge in controlling the spread of the virus. The national Public Health Emergency Operations Center (PHEOC) has called for improved surveillance and increased testing within the sites and enhanced delivery of services to high-risk groups. Also, the prevalence of other preventable diseases such as malaria has increased with the onset of the rainy season. CCCM is regularly conducting focus group discussions (FGD) with site residents, asking questions related to COVID-19 messaging and community perception and understanding on flu-like symptoms, guidance and behaviour. The security situation within the PoC sites remained relatively calm. UNMISS and UNPOL resumed with reduced patrols within some of the sites. The security situation in the Greater Pibor Administrative Area of Jonglei State has deteriorated and more attacked happened in payams/sub-areas around the capital Pibor. According to some estimates, the number of displaced individuals might be as high as 60,000. However, tracking of displacement locations is challenging as IDPs are hiding in the bushes, fearing further attacks. Insecurity in the area has decreased the humanitarian capacity prompting agencies to withdraw their staff. Localized violence and potential flooding are reducing chances for return of 1.6 mil. Among IDPs across the country, more than a third are staying in settlements more than 5 km from a functional health facility, predominantly in rural areas.

Uganda: As of 15th July 2020, there are 1,043 COVID-19 cases recorded, with 1,004 recoveries, and no death. The Government continues to restrict movement across all border points in the country, as well as within the
country to and from some border districts to minimize possible spread of COVID-19. Movements are allowed only in a few districts at the borders with strict observance of the Ministry of Health guidelines. South Sudan refugees intending to move out of Uganda continue to cross back to their country upon clearance by the Office of the Prime Minister through the Camp commandants. Only cargo trucks can move across the borders up on testing negative for COVID-19. The limited testing capacity has continued to cause delays at the border points. The Government continues to restrict private institutions and individuals from providing assistance as distributions defy the ban on gatherings. All assistance continues to be channeled through the National COVID-19 taskforce and Resident District Commissioners at the district level. District authorities in Kasese district in Western region, have granted permission to well-wishers and individuals willing to offer relief items and assistance to flood victims. The assistance is channeled to the population through the Resident District Commissioner.

MIDDLE EAST AND NORTH AFRICA

**Libya:** As of July 15th 2020, the number of confirmed COVID-19 cases reached 1,652 (including 46 deaths). A sharp increase in the number of confirmed COVID-19 cases was registered by the National Centre for Disease Control (NCDC Libya) in the first half of July. As a result of this increase in confirmed cases of Covid-19, mobility restrictions were further extended throughout the country. The most recent round of DTM assessment on impact of Covid-19 identified that in 5% of assessed locations, residents were reported to be unable to move freely within the municipality (due to the mobility restrictions / curfew), whereas in 18% of assessed locations, residents were reported to be unable to leave the municipality or return (due to the mobility restrictions / curfew).

**Iraq:** As of 15th July 2020, the World Health Organization (WHO) has confirmed 81,757 of active cases of COVID-19 in Iraq; 23,237 fatalities and 50,782 patients who have recovered from the virus. Governorates with the largest amounts of cases include Baghdad (28,537) and Sulaymaniyah (6,964). Between 6th June – 9th July 2020, there have been 8 cases of COVID-19 confirmed in camps. Some camps with confirmed or suspected cases face restriction on movements pending the set-up of isolation areas. Some IDPs who reside in camps but work outside have been put in quarantine when they returned to the camp. Access to camps and locations for out-of-camp IDP have become increasingly difficult and complex due to the COVID-19 lockdown and movement restrictions. When suspected cases are identified, authorities shut down the camp which impacts the facilitated return programme. Large gathering of people including focus group discussions, open registration, and trainings remain on hold. Life in camps is increasingly challenging, with limited or no access to livelihood activities and mobility restrictions; as a result, more IDPs are leaving camps to return to their place of origin. During the reporting period, IOM/CSU organized 71 awareness/sensitization sessions and activities on COVID-19, reaching over 1,006 individuals in camp and non-camp settings in Baghdad, Diyala, Dohuk; Kerbala, Kirkuk, Najaf, Ninewa, and Qādisiyah.

Moreover, gatherings and group activities remain on hold due to restrictions and lockdowns related to COVID-19. Some activities, such as family visits, individual counselling, and limited-sized awareness sessions have resumed online in select locations in line with the government and IOM policies. Roads between governorates remain closed, and most government offices and businesses are closed, such as restaurants and cafeterias. Mobility restrictions are impacting IOM’s ability to hold focus group discussions and follow up on individual cases. Meetings with beneficiaries is happening on a case-by-case basis. This situation is impacting the High-Level Panel on IDP data collection process.

**Syrian Arab Republic:** Over the month of June 2020, 36,301 new displacements were reported throughout the Syrian Arab Republic. Although this is a 6 percent increase from the previous month, it still marks very low levels of displacement in the context of Syria. Most displacements occurred in the areas controlled by Non-State Armed Groups and Turkish-Backed Armed Forces (86 percent). Idleb, in the north-west, was both the top origin and arrival governorate of IDPs. Economic and livelihood decisions were the primary driving forces for displacement, followed by the deterioration of the security situation. According to HNAP’s recent assessments, testing capacities are limited across the whole of Syria. HNAP also found that an estimated 6.13 million individuals are residing in areas highly vulnerable to the spread of the virus – the majority of whom live in areas controlled by Syrian Democratic Forces (79 percent).

On 9th July 2020, the first case of COVID-19 was reported in north-west Syria, Idlib governorate. In a region hosting a large displaced population in overcrowded and poor living conditions, a potential future breakout of the
pandemic across the population is of grave concern. By 16th July 2020 the total confirmed positive cases on COVID-19 in north-west Syria reached 12 cases. According to HNAP’s updated baseline figures, updated at the end of June, sub-districts in the north-west which are under the control of non-state armed groups and Turkish-backed armed forces (NSAG&TBAF) host a total population of 4,300,039, of whom an extremely significant 63 per cent are IDPs. Given the precarious nature of the situation – especially given the prevalence of overcrowded IDP sites in such a displacement-dense zone – COVID-19 mitigation measures have significantly increased. According to data collected over 11th and 12th July 2020, sub-districts under NSAG&TBAF control have witnessed a 67 per cent increase, compared to the previous week, in both regular temperature checks and quarantine spaces for diagnosed COVID-19 cases, a 50 per cent increase in awareness raising, a 29 per cent increase in disinfection campaigns, and a dramatic 65 per cent decrease in the full availability of public health services. Furthermore, within the past two weeks, two international transit points, Kafer Lousin and Atmeh, located between Idlib and Turkey have closed. These points were not used to transport commerce or assistance; therefore, their closure is not expected to have a significant impact on humanitarian operations in north-west Syria.

**Yemen:** As of 15th July 2020, the number of reported cases of COVID-19 in Yemen has risen to 1,520, with 430 associated fatalities. Through IOM Yemen’s Displacement Tracking Matrix, between 28th June and 11th July 2020, 318 new displaced households were recorded in areas where IOM has access. The highest number of displacements were due to conflict and seen in Al Hudaydah, Marib, Taizz. Additionally, 25 HHs were displaced from Aden in relation to COVID-19. Across governorates where IOM supports internally displaced populations, formal movement restrictions continue to vary, with restrictions on new arrivals and visitors to IDP camps in the north, while sites in the south remain open with limited restrictions on both visitors and humanitarian staff entering those sites with formal security presence. Markets remain open in many areas, though curfews are widely implemented and changing across the nation. Restrictions on access to medical facilities and employment opportunities in relation to ongoing COVID-19 restrictions remain the key concerns for IDPs.

In IOM-supported IDP sites, CCCM, SNFI, WASH, Protection, and Health teams are working directly or through implementing partners to conduct various COVID-19 preventative and response interventions that are mainstreamed through existing activities. During the reporting period, 130 IDP HHs in Marib governorate were reached with COVID-19 awareness sessions, through direct support and community mobilizers. Additionally, 10,994 household surveys on vulnerability to COVID-19 were conducted by IOM and an implementing partner in Marib. In Marib governorate, healthcare services continue to be provided to IDPs via IOM’s clinic in Al Jufainah IDP Camp, four mobile medical teams, and an isolation/treatment centre for COVID-19. The establishment of a quarantine centre in Al Jufainah is also ongoing. The IOM CCCM team has also initiated a mask weaving project with female IDPs in 22 sites in Ibb governorate in conjunction with ongoing awareness surrounding the importance of mask wearing as a COVID-19 preventative measure. The WASH team also continues water trucking to six IDP sites in Taizz, reaching 1,008 HHs daily, as part of COVID-19 preventative measures. Furthermore, the IOM WASH team distributed hygiene kits and soap to IDP households in Marib and Abyan governorates and installed another 30 hand washing points in five IDP sites in Abyan governorate, benefiting 664 IDP households.

**SOUTHERN AFRICA**

**Democratic Republic of the Congo:** As of 15th July 2020, IOM prepared banners, stickers, brochures and posters with key messages on hygiene promotion for COVID-19 prevention and preparedness. The messages emphasize proper and frequent hand hygiene, respiratory etiquette and physical distancing and have been translated in French and local languages, including Kinyarwanda, Swahili and Lingala. The messages have been validated by the national RCCE commission in the DRC and the IEC materials will be distributed to increase COVID-19 awareness among women, girls, men and boys living in 59 displacement sites across North Kivu, Tanganyika and Ituri provinces. Displacement Tracking Matrix (DTM) assessments in the sites, identified a total of 37,777 households currently living in these sites.

**Mozambique:** As of 16th July 2020, In Sofala province, IOM is continuing its support to the District Health Services to deliver outreach services to resettlement sites with particular attention to people living with chronic conditions such as TB, HIV, hypertension and other co-morbidities; since the beginning of June, six resettlement sites in Sofala province were reached. From the medical consultations, 384 people were assisted, including 52 patients with
chronic conditions who benefited from a health check and received medication or counselling according to their health status.

IOM DTM has published its fifth update on COVID-19 preparedness in the resettlement sites hosting communities displaced after Cyclone Idai in four provinces (Manica, Sofala, Tete and Zambezia) of central Mozambique. In the 72 resettlement sites assessed from 22 to 26 June 2020, nine sites (Bandua 2019, Begaja, Chingemidji, Inhajou 2019 and Maximedje sites in Buzi district of Sofala province and Chibue, Macocoe, Mucombe and Ngurue sites in Sussudenga district of Manica province) reported that in the past month, 39 migrant workers from South Africa and Zimbabwe settled in the sites. All sites reported a noticeable change in people’s behaviours and habits to better prevent COVID-19.

**Zimbabwe:** IOM DTM team was deployed on the 29th June 2020 to carry out a DTM baseline mobility tracking assessment in all the 12 Cyclone Idai affected districts at ward level. The assessment mainly focuses on tracking the mobility of Cyclone Idai affected IDPs in Manicaland and Masvingo provinces and draws comparison with the last assessment conducted in December 2019 in which more than 42,000 internally displaced persons were tracked to give an indication of whether there is improvement in the living conditions and coping mechanisms of the affected population and the same time informing response partners of the gaps in the needs of these affected people.

**WEST AND CENTRAL AFRICA**

**Chad:** As of 16th July 2020, 884 COVID-19 cases have been confirmed in Chad. In Lac Province (which hosts 208,000 IDPs), five cases have been confirmed since the beginning of the pandemic, none of which are currently active. One death has been registered in Bol (which hosts 39,000 IDPs) and 87 individuals are currently in quarantine there. To this day, no case has been identified among IDPs. IOM has distributed 500 WASH kits for IDPs in the site of Amma, as well as 60 hand-washing stations in the village of Tagal. On 6th July 2020, the curfew was prolonged for two weeks, in four provinces of Chad and the capital N’Djamena, and curfew hours were moved from 8PM-5AM to 10 pm to 5 am.

**Mali:** As of 15th July 2020, Mali counts 2,433 COVID-19 cases. In order to assist vulnerable households, IOM has planned cash grants for IDP households in Mopti whose shelters have been destroyed by bad weather (200 intended beneficiaries including 114 households at the Socoura official site). The current political crisis has caused the restriction of staff movements and the closure of banks, impacting the organization and planning of some humanitarian activities initially planned for this week. Work is underway to develop an operational assistance strategy for IDPs in Mali, given the extent to which COVID-19 has reduced the response capacity (restricted teams and movements). COVID-19 has also had a strong impact on the assistance of IDPs provided by the various humanitarian and development actors.

### Key Resources

**Global:**
- [DTM Portals](migration.iom.int) and [displacement.iom.int](displacement.iom.int)
- IOM COVID-19 Camp Management Operational Guidance Frequently Asked Questions
- [Africa Center for Disease Control and Prevention COVID-19 Dashboard](https://africanccecs.africa)
- Global figures of internally displaced persons (IDMC)
- World Health Organization Situation Reports
- [IOM COVID-19 Impact On Points Of Entry Weekly Analysis 15 July 2020](https://migration.iom.int)
- [IOM COVID-19 Impact On Key Locations Of Internal Mobility Weekly Analysis 15 July 2020](https://migration.iom.int)
- COVID-19 Travel Restrictions Output — 13 July 2020
- COVID-19 Points of Entry Analysis – 26 June – SEEeca

**Regional:**
- Impact Of COVID-19 Movement Restrictions On Migrants Along The Eastern Corridor 4. (as of 30 June 2020)
- Middle East And North Africa — Tracking Mobility Impact: Point Of Entry Analysis (9 July 2020)
- East and Horn of Africa — COVID-19 Regional Overview On Mobility Restrictions as of 11 June 2020

Country:

- Somalia — Border Point Flow Monitoring — (05 - 11 July)
- Sudan — Mobility Restriction Dashboard 11 (16 July 2020)
- Chad — Emergency Tracking Tool Report 60 (13 July 2020)
- Zimbabwe — Flow Monitoring Report (June 2020)
- Yemen — Rapid Displacement Tracking Update (05 - 11 July 2020)
- Uganda — Flow Monitoring Dashboard: Uganda/South Sudan Border (May 2020)
- Nigeria — COVID-19 Point of Entry Dashboard (4 - 10 July 2020)
- Tunisia Mobility Restriction Dashboard
- Somalia — Border Point Flow Monitoring (June 2020)
- Yemen — Flow Monitoring Points 1 Migrant Arrivals and Yemeni Returns in June 2020
- Sudan — Mobility Restriction Dashboard 10 (9 July 2020)