



At an emergency flood response distribution, a displaced person washes his hands as part of precautions against COVID-19 provided by IOM in Aden, Yemen.  
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## Key Regional Updates

- As of April 29, there were **69,012 confirmed cases** in the region representing a **109 per cent increase** in regional caseload since April 15. All countries in the region continue to be directly impacted.
- To date, according to IOM's Displacement Tracking Matrix (DTM), **85 per cent of the region international airports and 65 per cent of land borders are completely closed** with only one sea border in Syria open with no restrictions.
- As **cross border movement restrictions continue**, an increasing number of migrants find themselves stranded at border points or at increased risk of falling into situations of irregularity due to difficulties in regularizing their stay after the expiration of residency permits.
- Despite all the operational challenges, IOM continues to provide critical support to most affected populations through **innovative approaches and Cash Based Interventions**. For example, in **Algeria**, virtual provision of services, including e-PSS services with the Algerian Association of Psychologists was conducted, while in **Morocco**, IOM offers vouchers to ensure a more dignified and humane response for vulnerable migrants.
- IOM continues to **advocate for universal health coverage for migrants** to be fully included in the national COVID-19 response, regardless of their legal status, **counter xenophobia and "infodemic" to discriminate and stigmatize migrants** as well to **advocate for continuation of humanitarian access** to ensure critical assistance continue to be delivered to populations affected by crisis in the region.



On 15th of April, IOM has revised its initial Appeal of which **\$ 73,269,459** is for the MENA region.

For more information, please check at our dedicated [website](#)

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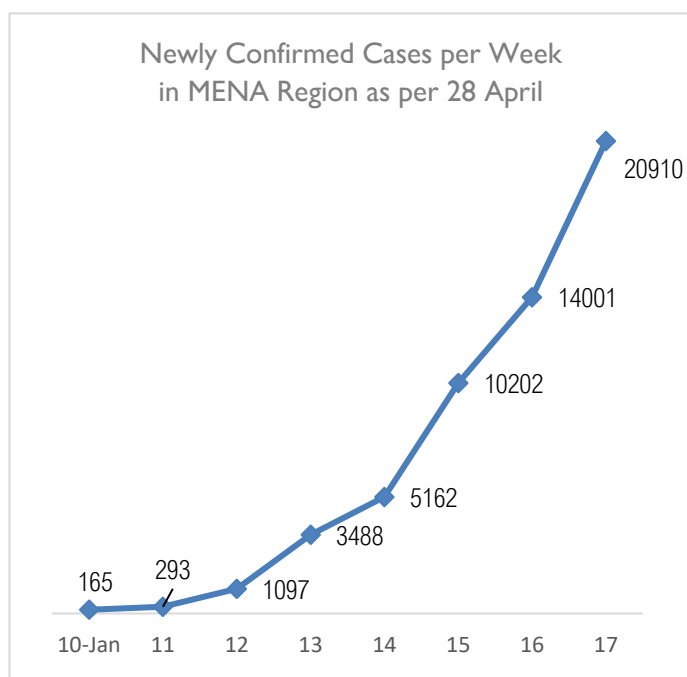
## Regional Situation Overview

As of 29 April, **69,012 confirmed cases have been infected, resulting in 1,440 fatalities**. Nowhere in the region has remained unaffected, with registered infections in all 17 countries. Community transmission is ongoing in Algeria, Tunisia, and Syria while clusters of cases are being reported from the Kingdom of Saudi Arabia, Egypt, Morocco, Kuwait, Bahrain, Oman, Iraq, Lebanon, Jordan, and Libya alongside sporadic cases in Sudan. According to IOM's Displacement Tracking Matrix (DTM), **more than 85 per cent of the regions' international airports and 65 percent of land borders are completely closed**, with only one sea border in Syria open with no restrictions.

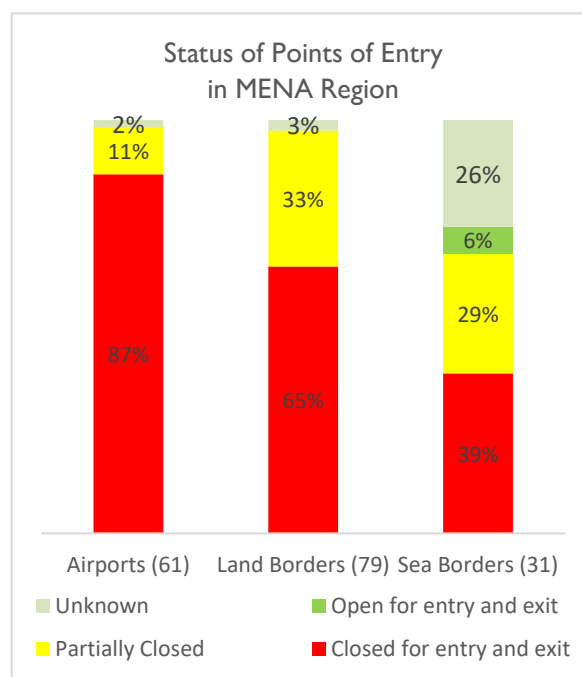
While the full impact of the unfolding COVID-19 pandemic remains unknown, **it is certain that it will have deep health, social and economic consequences for migrants, displaced populations and returnees in the region**. For example, in Iraq there have been several reports that domestic violence in the context of the nationwide "curfews" has led to incidents of suicide, particularly among Iraqi women. In response, IOM Mental Health and Psycho-Social Support (MHPSS) teams in Iraq continue to provide psychological support services to vulnerable individuals, especially those with a known suicide risk. As movement limitations continue to be enforced across the region, cases of domestic, and Gender-Based Violence (GBV) are likely to increase for Internally Displaced Persons (IDPs), and other vulnerable populations residing in congested living spaces.

**At the regional level, early indications suggest the response to the COVID-19 pandemic continues to significantly influence mobility patterns**. For example, migration on the world's busiest maritime route from the Horn of Africa to the Arabian Gulf has dropped dramatically since the onset of the COVID-19 pandemic while stigmatization and ill-treatment of migrants are increasing. As movement restrictions persist, migrants face increased risk of falling into situations of irregularity due to difficulties in regularizing their stay after the expiration of residency permits. This exposes migrants to risks of being apprehended by the local authorities while trying to access vital services.

**For migrants that have lost their source of income and without access to services, returning home is a desired option, but due to travel and mobility restrictions many find themselves stranded**. Large groups of migrants seeking to return home but prohibited by border restrictions have emerged at border points across the region. This significantly increases the risk of being trafficked or smuggled and forced to work under exploitative conditions or in extreme cases, deported back to their countries of origin. The situation is acute for displaced populations in crises-affected locations with governments' policies to curb the transmission of the virus increasing poverty and aid-dependency.



Source: WHO



Source: IOM DTM

## Response

### COORDINATION AND PARTNERSHIPS

In **Egypt**, the UN Socio-Economic Response Plan for COVID-19 was launched on 22 April. The plan was developed in consultation with the Government and with aims to support vulnerable groups affected by COVID-19 with a segment on addressing the needs of migrants, refugees and asylum seekers.

IOM and ILO in **Lebanon** co-organized a meeting as migrant workers are becoming extremely vulnerable within the current COVID 19 outbreak. Key priorities included: access to health, food, hygiene items, cash assistance, shelter and assisted voluntary return and reintegration, as well as policy, advocacy, and communication. This platform will discuss action points under different priority areas and possible joint initiatives.

### TRACKING MOBILITY IMPACTS

Until the 23rd of April 2020, 171 locations, or 79 land border crossings, 61 airports, 31 border points were monitored. Information on mobility and visa restrictions, and preparedness and response measures in place at ports of entry to prevent, protect against, control and provide a public health response in line with International Health Regulations (IHR) were collected. The most common measures implemented are with respect to visa changes/restrictions, both in countries applying partial and total closures. This includes "leniency towards or removal of fines for visa overstay, expiration of residency or work permit,"

### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM in several countries continues to support RCCE, ensuring materials are translated into relevant languages. IOM in **Sudan** disseminated IEC materials and SMS messages in Amharic, Tigrinya, Oromo, Somali and Hausa. In **Egypt**, IOM distributed 3,000 flyers and 200 posters on COVID-19 prevention measures in Arabic, English, Amharic, Oromo, Somali and Tigrinyan. The flyers that were distributed in Cairo and Alexandria are designed to raise awareness on COVID-19 prevention and referral pathways that have been developed in collaboration with the Ministry of Health and Population. In **Lebanon**, IOM has translated messages concerning TB and COVID-19 into Arabic and is working on short animations to be shared among key populations.

IOM, in several missions, have adopted new approaches to enhance its reach to migrants and beneficiaries. For example, IOM in **Algeria** launched its Facebook page on 23 April, to strengthen outreach on e.g. COVID-19 prevention. While in **Morocco**, over 2,700 people were sensitized on COVID-19 issues through phone, WhatsApp or Facebook. IOM in **Egypt** boosted its hotline as the main source of communication between the IOM teams and migrants seeking assistance including medical. The hotline has ensured the continuation of services to vulnerable migrants during the period of movement restrictions. In **Iraq**, IOM disseminated SMS messages on COVID-19 related confinement, MHPSS, GBV and safety issues. They



*IOM in Egypt, in coordination with Caritas Alexandria, provided vulnerable migrants in Alexandria with essential items in response to the COVID-19.*

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are also working to produce comics and animations for distribution on these topics.

IOM in **Yemen** leads series of RCCE initiatives. In Marib, four (4) Mobile Outreach Teams provided primary health care to IDPs at 27 different displacement sites. Additionally, 114 focal points from 91 different IDP sites in Marib City and Al Wadi district were provided with health promotion tools and health awareness sessions. IOM's team continues health awareness activities on prevention of COVID-19 in Aden governorate. To date, this activity has reached 1,732 people from migrant, refugee and host communities during April.

### DISEASE SURVEILLANCE

IOM in **Lebanon** seconded a Monitoring and Evaluation (M&E) Officer at the level of the National Tuberculosis (TB) Control Program and one at the level of the National AIDS Control Program to ensure proper disease surveillance and reporting for both TB and HIV and any associated comorbidity related to COVID-19.

IOM in **Yemen** reports weekly to WHO/Health Cluster Electronic Integrated Disease Early Warning System on disease surveillance. IOM teams are also responsible for reporting suspected and confirmed COVID-19 cases to

the COVID-19 hotline, managed by the MoPHP and health cluster, each time a case is detected.

### LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

Upon the request from the Government of **Egypt**, IOM mobilized funds to support the Governorate of Giza through the donation of 3,500 surgical masks and 3,500 latex gloves to be distributed in medical centers and hospitals in Giza.

### POINTS OF ENTRY (PoE)

IOM in **Jordan** continues to deliver PPE items to Jordanian Armed Forces to support border management. In **Libya**, IOM leads the PoE Pillar. The mission delivered COVID-19 awareness sessions and distributed posters and leaflets in almost all active disembarkation points under LCG and GACS. The campaign reached a total of 808 migrants, 39 DCIM staff, 81 LCG officers and 66 GACS officers.

### INFECTION PREVENTION CONTROL (IPC)

IOM in **Sudan** supported the COVID-19 awareness campaigns across 7 localities in Khartoum through the distribution and installation of 15 portable handwashing facilities. This initiative was developed in coordination with the Khartoum State Ministry of Social Development and the State Ministry of Health. While in **Yemen**, IOM supported the Ministry of Public Health and Population with the training of 80 health workers in Shabwah governorate on COVID-19 prevention and management skillsets.

In **Libya**, IOM organized trainings for 76 health care providers from the MoH. IOM also completed a Hygiene promotion campaign, covering all active Detention Centers under the Directorate for Combating Illegal Migration (DCIM) control. All sessions included information about COVID-19 and related preventive measures. The campaign was preceded by a fumigation/disinfection/cleaning intervention, while some DCs also received hygiene kits and NFIs.

### CASE MANAGEMENT AND CONTINUATION OF SERVICES

IOM mobile teams in **Jordan** expanded activities with distribution of food packages to vulnerable Tuberculosis (TB) patients from different nationalities and the ones who reside in different governorates including refugees inside the camps.

IOM in **Sudan**, in partnership with private partners, secured the donation of 20 AC units as a first step towards improving ventilation in Jabra hospital. Before the installation, IOM medical team trained workers and distributed PPE items to ensure the safety of workers, medical staff and patients. IOM installed five (5) hand-washing stations at the quarantine centre in Omdurman.

### CAMP COORDINATION AND CAMP MANAGEMENT

IOM in **Iraq** set up remote management mechanisms with displaced community leaders in camps and informal settlements. IOM is scaling hygiene promotion and health awareness in locations where access has been enabled, such as IDPs camps in Anbar. IOM also trained 59 health



*IOM conducting interviews with migrants for cash assistance in Algiers  
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workers in five (5) health facilities in IDP camps.

### PROTECTION

In partnership with the Egyptian Red Crescent, Swiss Red Crescent and the German Red Crescent, IOM supported 3,400 stranded Yemenis families who remained lockdown in **Egypt** due to the closure on airspace and in need of support of temporary shelter and protection. IOM also supported 3,500 vulnerable migrants in Cairo, Alexandria, and the North Coast through the distribution of food boxes and hygiene kits through the “We Care” campaign with Caritas and ERC. IOM in **Algeria** is providing virtual counselling for migrants stranded because of COVID-19. While in **Morocco**, IOM is providing psychosocial assistance to migrants during distributions and through phone calls. IOM is also providing migrants in dense areas with hygiene kits and support for shelter, including the distribution of over 800 hygiene kits to migrants in the regions of Rabat-Salé-Kenitra, the Oriental and Marrakech-Safi.

### ADDRESSING SOCIO-ECONOMIC NEEDS

IOM in **Libya** distributed food basket to migrants who are not able to work due to lockdown/curfews. While in **Lebanon**, over 500 vulnerable Syrian Refugee households living across Lebanon received Multi-Purpose Cash assistance and 131 families living in North Lebanon received Cash for Rent assistance in April.

## Other Updates

### NEW AND INNOVATIVE APPROACHES

IOM in **Algeria**, in coordination with UN, NGO partners and the Government, launched a pilot one-time cash grant for vulnerable migrants. So far, 41 migrants have been assisted, and 200 more are scheduled for assistance in the next few days. The beneficiaries can cash the amount in any Algerian Post Office using an SMS code. For those who are unable to reach the post office, IOM is delivering the assistance directly.

IOM in **Iraq** has initiated a “Stabilization Forecast” in collaboration with UNDP and UN Habitat. The Forecast will provide an overview of drivers of instability in Iraq and analyse how the COVID-19 outbreak and other factors will shape the stability in the coming six-months.