IOM COVID-19 POINTS OF ENTRY ANALYSIS

28 May 2020

SOUTH-EASTERN EUROPE, EASTERN EUROPE AND CENTRAL ASIA

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PUBLISHER

Please send any feedback, comments and suggestions related to the Covid-19 Mobility Tracking dashboards and outputs to the DTM Covid-19 Team at dtmcovid19@iom.int

COVER PHOTO:
Border guard officer at Minsk National Airport hands out a leaflet on COVID-19 prevention measures to a newly arrived passenger

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Methodology & Definitions

The Points of Entry Analysis is meant to serve IOM Member States, IOM, UN and voluntary partner agencies, the civil society (including media) as well as the general population in analysing the impact of COVID-19 pandemic on Points of Entry. It is particularly relevant when identifying and addressing specific needs faced by migrants and mobile populations, disproportionately affected by the global mobility restrictions. This report is a regional product that covers countries under the IOM's Regional Office Vienna. The Regional Office Vienna covers the South-Eastern Europe, Eastern Europe and Central Asia region (referred to as the SEEECA region). The SEEECA region includes following countries, territories and areas: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Israel, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Russian Federation, Serbia, Tajikistan, Turkey, Ukraine, Uzbekistan and Kosovo (SCR 1244).

The report is based on information provided by IOM field staff, using resources available at the IOM country office level and is accurate to the best of IOM's knowledge at the time of compilation. All information is being constantly validated, including the geo-location and attributes, and through regular assessments and triangulation of information. The updates depend on the time frame within which the information becomes available and is processed by IOM. For this reason, the analysis is always dated and timestamped in order to reflect the reality at a given time. However, as the situation continuously evolves and changes, despite IOM's best efforts, the analysis may not always accurately reflect the multiple and simultaneous restrictive measures being imposed at a specific location.

This report provides an overview and analysis of the data from a regional perspective and is in line with the Global Covid-19 Points of Entry report issued with 28th of May 2020 data. For more detailed country-specific information and dataset used for the analysis please visit: https://migration.iom.int/.

For further information on the methodology, definitions and explanation please refer to the Methodology Framework.

Regional maps are available here.

The dataset is available here.

Data is collected about the following locations:

- Airports (currently or recently functioning airport with a designated International Air Transport Association (IATA) code)
- Blue Border Crossing Points (international border crossing point on sea, river or lake)
- Land Border Crossing Points (international border crossing point on land, including rail)
- Internal Transit Points (internal transit point inside a given country, territory or area)
- Areas of interest (region, town, city or sub-administrative unit in a given country, territory or area)
- Sites with a population of interest (stranded, repatriated and returning migrants, IDPs, nationals, asylum seekers and regular travellers)

The following operational status is captured for each assessed location:

- Fully operational:
  - Open for entry and exit: all travellers can use the PoE or internal transit point.
- Partially operational:
  - Open for commercial traffic only: only transport of goods is permitted, travellers are not allowed to cross;
  - Closed for entry: travellers cannot use this location to enter the country, territory or area;
  - Closed for exit: travellers cannot use this location to leave the country, territory or area;
  - Open for returning nationals and residents only: the location is open to returning nationals and residents only, including military and humanitarian personnel and other special groups for whom entry and exit is permitted according to national procedures in place.
- Fully closed:
  - Closed for both entry and exit: no one is permitted to use the PoE or internal transit point.
- Other
  - Other
  - Unknown

Methodology & Definitions

The report systematically captures the following types of mobility restrictions in place:

- Movement restricted to this location
- Movement restricted from this location
- Visa requirements have changed for this location
- Certain nationalities are restricted to enter or disembark at this location
- Rules pertaining to identification and/or travel documents needed to enter or disembark at this location have changed
- Medical measures including mandatory quarantine or additional medical checks have been imposed at this location
- Medical certificate confirming a negative COVID-19 test result
- Other
- None

Additionally, more information is collected on areas of interest, specifically concerning whether:

- Public events were cancelled or postponed
- Schools were closed
- Restricted operating hours for public establishments (café, restaurant, etc.) were adopted
- Alternative working arrangements (working remotely, etc.) were implemented
- Movement outside home was restricted
- Lockdown/quarantine measures were enforced by police or military

Affected Populations:

COVID-19 mobility restrictions affect different population categories. For example, for the purpose of this report, stranded migrants are individuals unable to return as a result of mobility restrictions related to COVID-19. This could include economic migrants, students, temporary visa or work permit holders. It could also include other populations such as tourists who may be stranded owning to COVID-19-related travel restrictions. These populations may be seeking repatriation or assistance while remaining abroad.

Other affected populations include regular travellers, nationals, returnees, irregular migrants, internally displaced persons (IDPs), migrant workers and refugees. The various populations are affected in diverse ways across the different types of assessed locations, including but not limited requirements for additional documentation, temporary relocation, quarantine or medical screening, up to an inability to continue their intended travel.

Public Health Emergency Preparedness and Response Capacities (COVID-19):
To understand public health emergency preparedness and response capacities with regard to the COVID-19 pandemic additional questions are asked about specific public health interventions in place in the specified locations. These include risk communication and community engagement, infection prevention and control, and measures to detect, manage and refer ill travellers suspected of having COVID-19, such as standard operating procedures, health screening, presence and functionality of a referral system for suspected COVID-19 cases, and the availability of an isolation space for suspected cases.

List of acronyms used throughout the report

- C/T/As: countries, territories or areas
- DTM: Displacement Tracking Matrix
- IDPs: Internally Displaced Persons
- PoE: Point of Entry
- p.p.: Percentage Point[1]
- PPE: Personal Protective Equipment
- SOPs: Standard Operating Procedures

Data is geographically aggregated by IOM Regional Offices. The list of countries under each IOM Regional Office can be found here: https://www.iom.int/regional-offices

1. Not to be confused with per cent, percentage point (p.p.) refers to an increase or decrease of a percentage rather than an increase or decrease in the raw number.

1. Scope and Coverage: Numbers at a glance

19

Assessed C/T/As

89

Assessed Internal Transit Points[2]

602

Assessed Points of Entry

111

Assessed Areas and Sites

The current outbreak of COVID-19 has affected global mobility in the form of various travel disruptions and restrictions. To better understand how COVID-19 affects global mobility, IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions at PoEs, globally. This report looks at data for countries in the South-Eastern Europe, Eastern Europe and Central Asia (SEEECA) region. It also looks at the impacts on stranded migrants and other populations such as tourists who are affected by the changes in mobility measures using a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking as well as from trusted media sources.

IOM has assessed 4,809 total locations (including PoEs, internal transit points, areas of interest and sites with population of interest) in 176 countries, territories and areas as of May 2020. At the same time, in the **SEEECA region, 802 locations in 19 countries, territories and areas (C/T/As)** were assessed. Of these, 51 per cent were land border crossing points, 15 per cent airports, 9 per cent of assessed points were blue border crossing points (sea, river and lake ports), 6 per cent were areas of interest and 8 per cent sites with population of interest. Finally, 11 per cent of the locations assessed were internal transit points between cities and regions. More details can be found in annex, Table 1.1.

Of all assessed locations in the SEEECA region, 52 per cent were reported as fully closed, 38 per cent were reported to be partially operational, and 10 per cent of assessed locations were fully operational. At the same time, only 1 assessed location status was unknown (see Table 2 and 2.1).

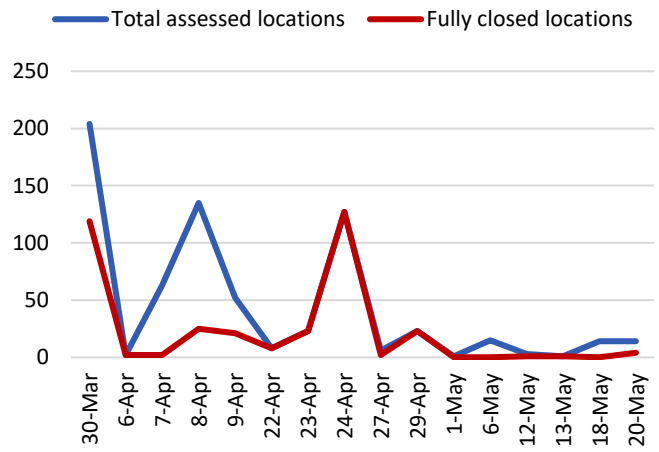
2. Disclaimer: while Points of Entry mostly refer to international border crossing points, the inclusion of internal transit points in this analysis is to provide a comprehensive overview of internal restrictive measures on affected populations. This is not to suggest a conflation of internal transit points with international border crossing points.

1. Scope and Coverage: Numbers at a glance

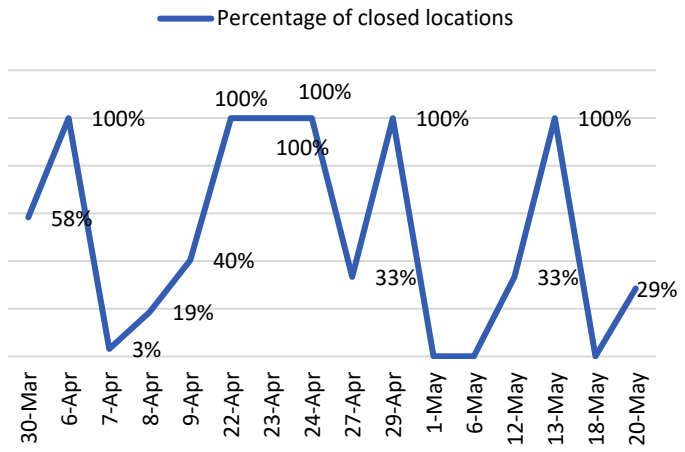
Table 1: Number of assessed locations by type in the SEEECA Region

	Airport	Internal Transit Point	Land Border Crossing Point	Blue Border Crossing Point	Area of Interest	Site with Population of Interest
Number of assessed locations by type	122	89	405	75	48	63
% of total assessed locations	15%	11%	51%	9%	6%	8%

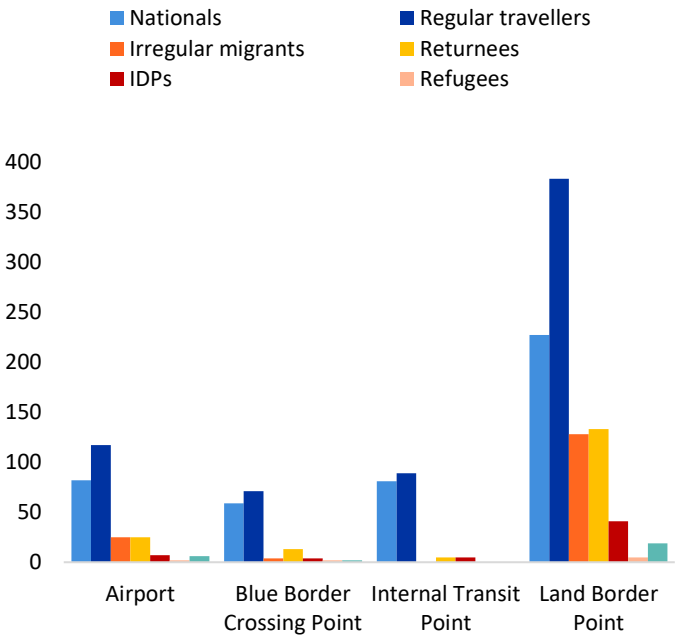
Total number of assessed and closed locations



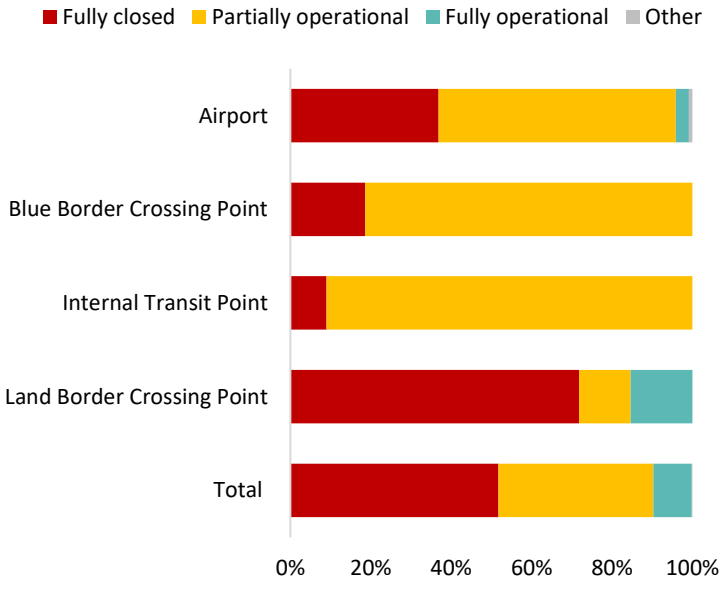
Percentage of assessed locations that are closed



Affected population categories at assessed locations

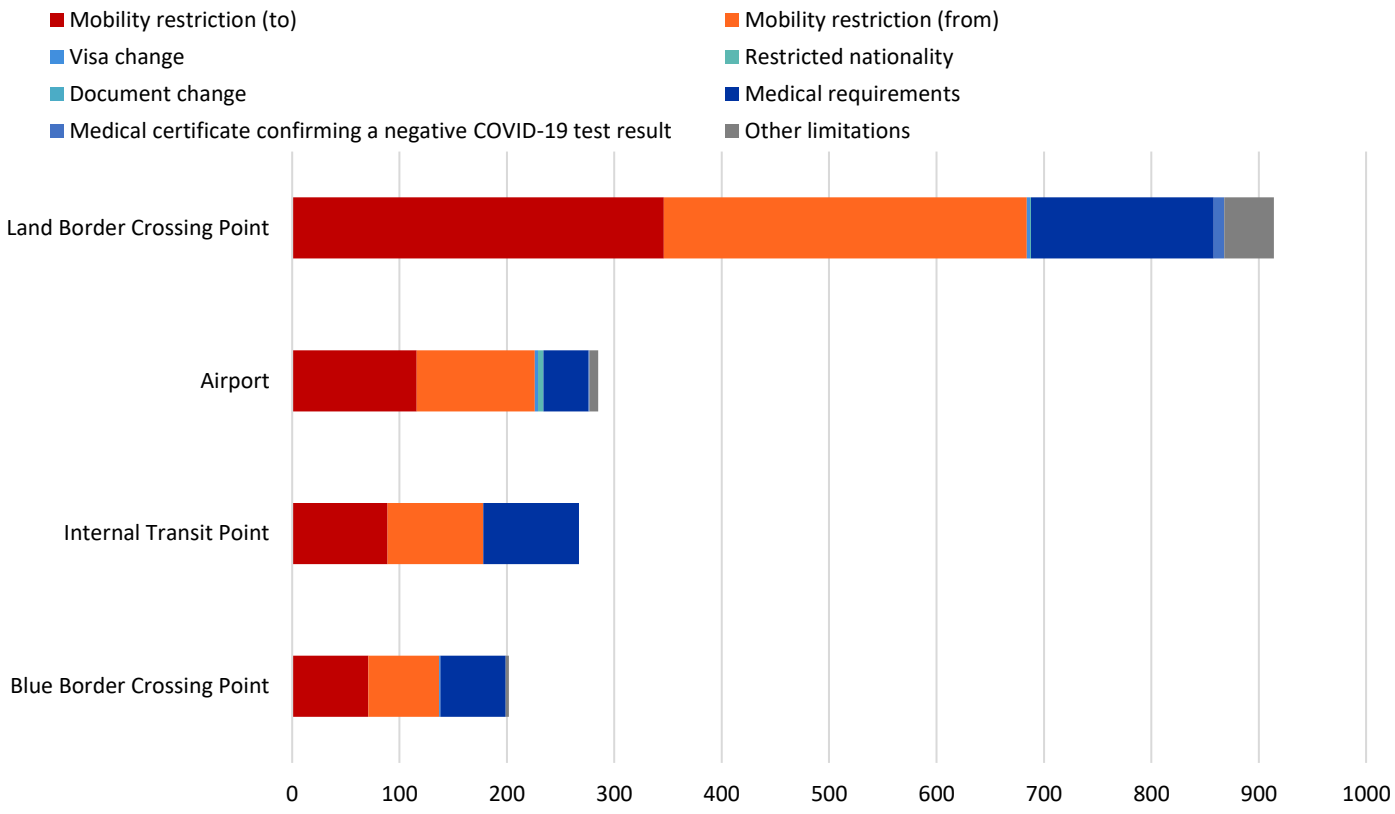


Operational status of assessed locations

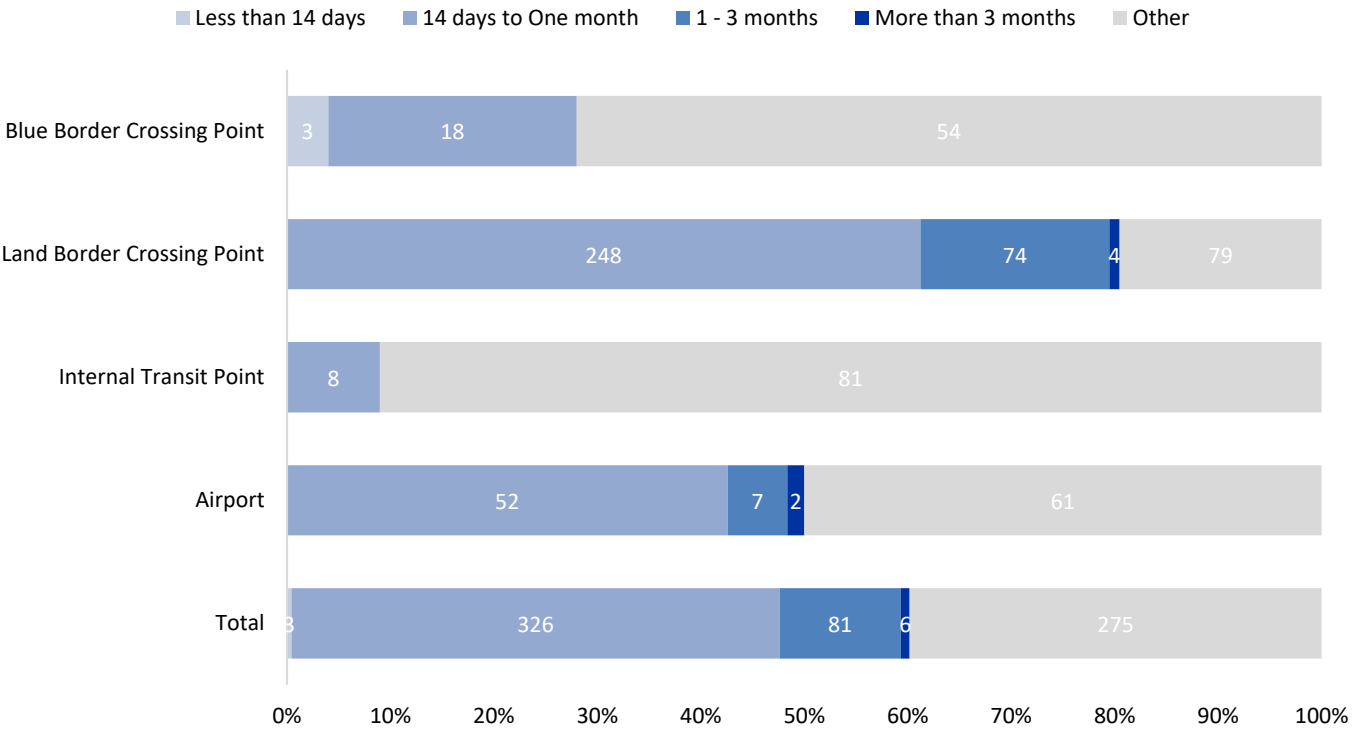


2.Situational Overview: SEEECA Region

Number and type of restrictive measures imposed at assessed locations in the SEEECA region



Duration of restrictive measures imposed at assessed locations in the SEEECA region



3.Overview of Airports

122

Airports assessed in 26 C/T/As

37%

of the assessed airports are closed

14 days to one month

Most common (43%) duration of restrictions imposed (and 50% were unknown, i.e. information unavailable)

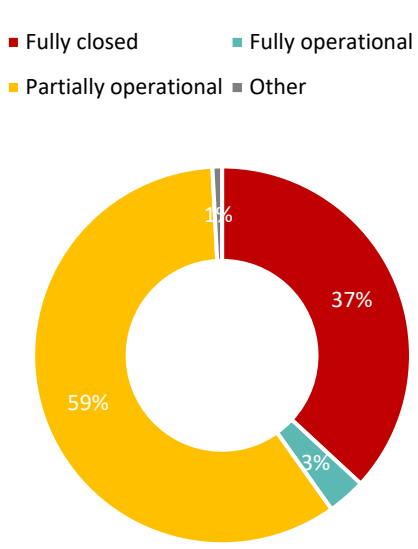
In total, 122 airports were assessed in 19 countries, territories and areas. The operating status of the assessed airports varied but most airports were either partially operational (59% or 72 airports), or fully closed (37% or 45 airports). Only 3 per cent of the assessed airports remained open (4 airports). The information was not available for 1 of the assessed airport (for more details, see Table 2 and 2.1). Many operational airports were reported to be used to repatriate nationals as well as for the transport of necessary cargo and medical supplies.

The most common mobility restrictions or restrictive measures imposed at assessed airports were landing in and departing from the assessed airport with 95 and 90 per cent of the assessed airports by these measures, respectively (see Table 4.1). Other common restrictive measures imposed at airports were newly introduced medical requirements, such as medical screening, medical certificates or quarantine measures (adopted in 34% of the assessed locations), restrictions imposed on specific nationalities (in 4% of the assessed airports), changes in visa requirements (2%), a medical certificate confirming a negative COVID-19 test result (1%). It is noticeable that other limitations were imposed in 7 per cent of the assessed airports.

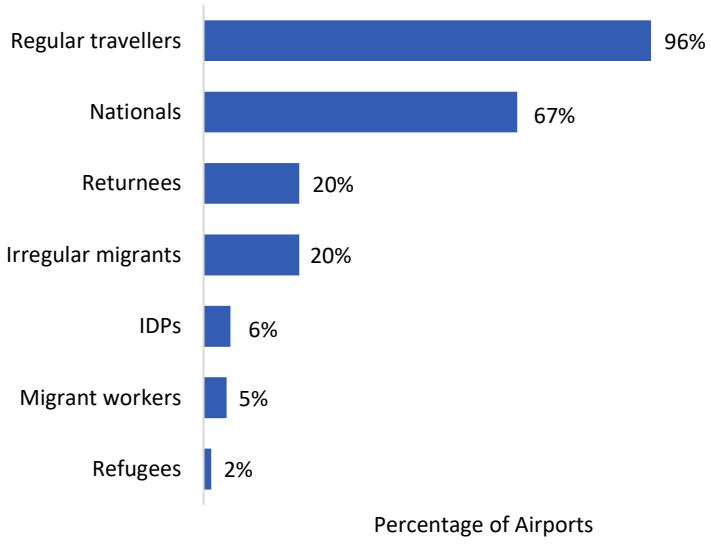
As of 28 of May 2020, the most common duration of imposed restrictions at assessed airports was 14 days to one month (43% of the cases), while 6 per cent of them were expected to remain in place for a duration between one to three months. Only 2 airports assessed were going to apply restrictive measures for more than three months. Finally, in 50 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable).

The restrictive measures imposed at assessed airports had an impact on mobile populations (see Table 3 and 3.1), largely affecting regular travellers (in 96% of assessed locations), nationals (67%), irregular migrants and returnees respectively (20%), IDPs (6%), migrant workers (5%) and also refugees (2%).

Operational status of the assessed airports



Affected population category at assessed airports



3.Overview of Airports

Public Health Section

The following public health measures were reported in specified airports through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6).

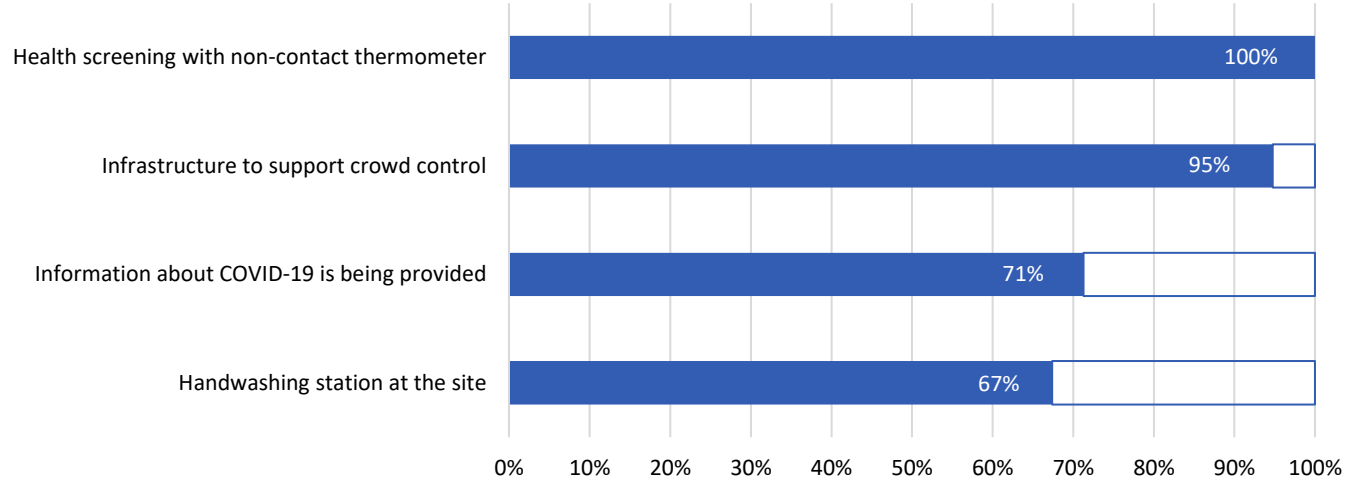
On risk communication and community engagement, in 71 per cent of the specified airports (67 out of the 95 identified airports), information on COVID-19 was provided at the site through leaflets, posters or announcements. In 67 per cent of the responses (62 out of 92 identified airports) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported in all the assessed airports where this information was available (57 identified airports). Moreover, 95 per cent of all the identified locations (54 out of 57) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

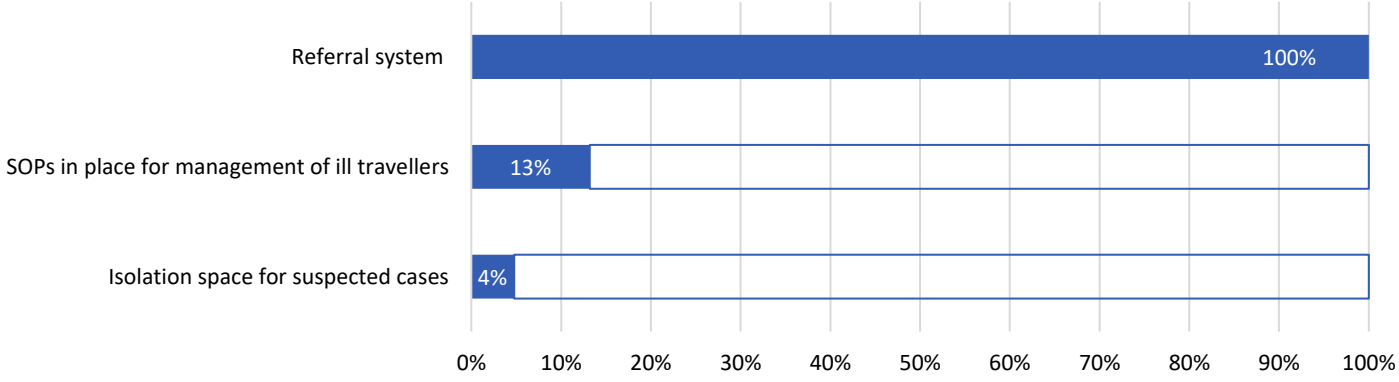
For the detection, management and referral of ill travellers, standard operating procedures were reported to be in place in 13 per cent of identified airports (12 out of 95 identified airports), while a referral system was reported to be in place in all the 6 identified airports where this information was available. Finally, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was reported by 4 out of 89 specified airports (4% of the total).

Maintaining and enhancing these capacities across various levels (e.g. local, national, regional) can facilitate the detection, assessment, and notification or reporting of events that can together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place at the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



4.Overview of Blue Border Crossing Points (sea-, river and lake ports)

75

Blue Border Crossing Points Assessed in 7 C/T/As

19%

of the assessed blue border crossing points are closed

14 days to one month

Most common (24%) of restrictions imposed (72% were unknown, i.e. information unavailable)

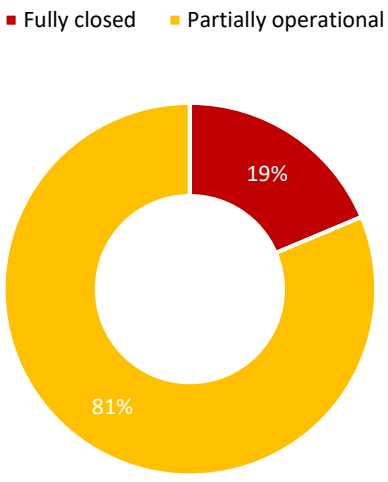
IOM assessed a total of blue border crossing ports in 7 different countries, territories and areas. The operational status of the assessed ports varied with 81 per cent of blue border locations (or 61 locations) which were partially operational, 19 per cent (59 locations) fully closed. Finally, none of the blue border crossing points assessed was fully operational (for more details, see Table 2 and 2.1).

The most common mobility restrictions or restrictive measures imposed at ports were disembarkation at and embarkation from a particular port (95% and 88%, respectively), followed by newly introduced medical requirements (81%) such as medical screening, requirement of medical certificates or quarantine measures. Less common restrictive measures imposed at blue border crossing points were changes in visa requirements (1%). None of the blue border crossing points assessed required restrictions imposed on specific nationalities or specific medical certificate confirming a negative COVID-19 test result. Finally, it is noticeable that in 4 per cent of the assessed ports other mobility limitations were imposed.

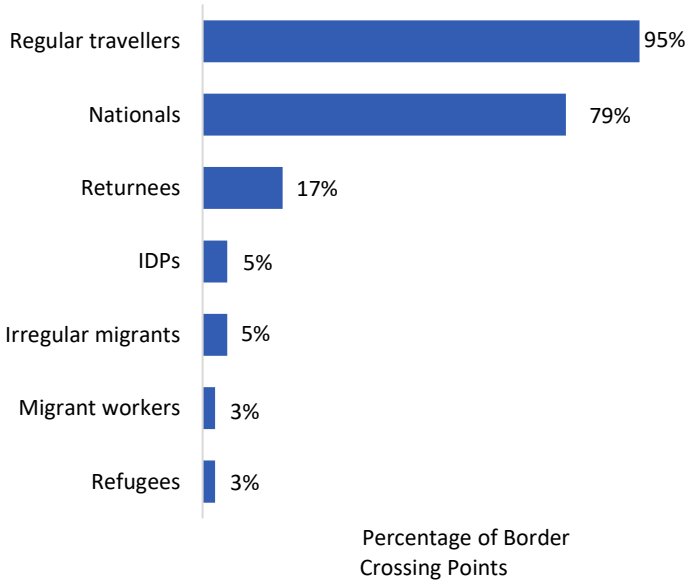
The share of restrictions expected to be in place for a period between 14 days and one month was recorded in 24 per cent of the cases. None of the assessed locations expected the duration of restrictive measures one to three months, while in only 4 per cent of assessed locations restrictions were planned to be valid for less than 14 days. Also, in 72 per cent of the assessed port (54 out of 75 assessed ports), the foreseen duration of the restrictive measures was recorded as unknown (i.e. no available information).

The restrictive measures imposed at the assessed ports had an impact on mobile populations (see Table 3 and 3.1), largely affecting regular travellers (in 95% of assessed locations), nationals (79%), returnees (17%), irregular migrants and IDPs (5%), respectively, and finally migrant workers and refugees also respectively (3%).

Operational status of the assessed blue border crossing points



Affected population category at assessed blue border crossing points



4. Overview of Blue Border Crossing Points (sea-, river and lake ports)

Public Health Section

The following public health measures were reported in specified blue border crossing points through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6.1).

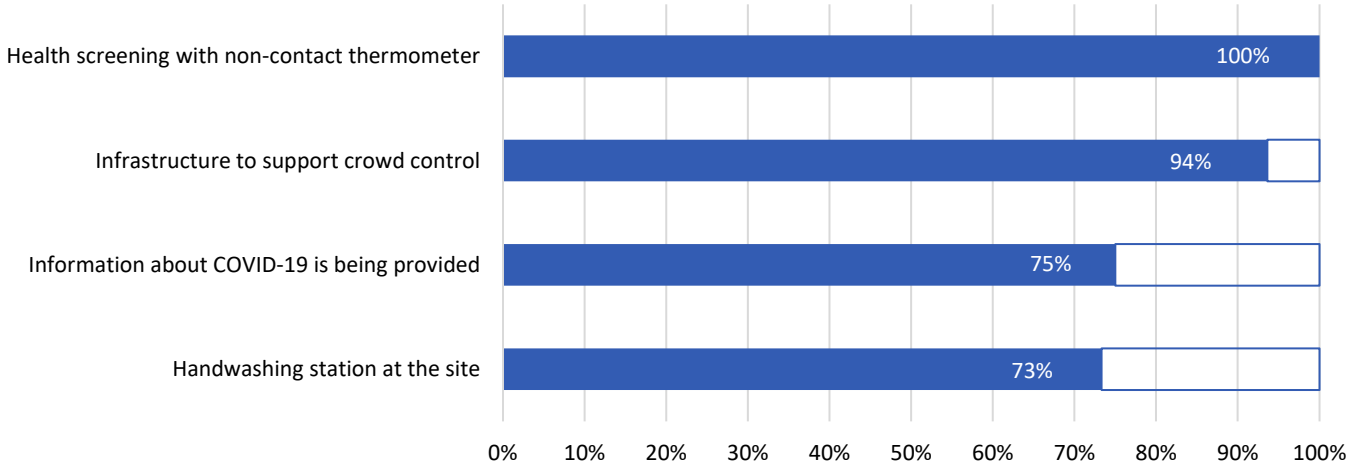
On risk communication and community engagement, in 75 per cent of the specified blue border crossing points (45 out of 60 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Furthermore, 44 out of the 60 blue border crossing points assessed (73% of the identified locations) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported in all the assessed blue border crossing points (47 out of 47 assessed locations). Moreover, of the 47 identified locations for which this information was available, 44 blue border crossing points (94%) had infrastructure in place to support crowd control and ensure safety of screeners.

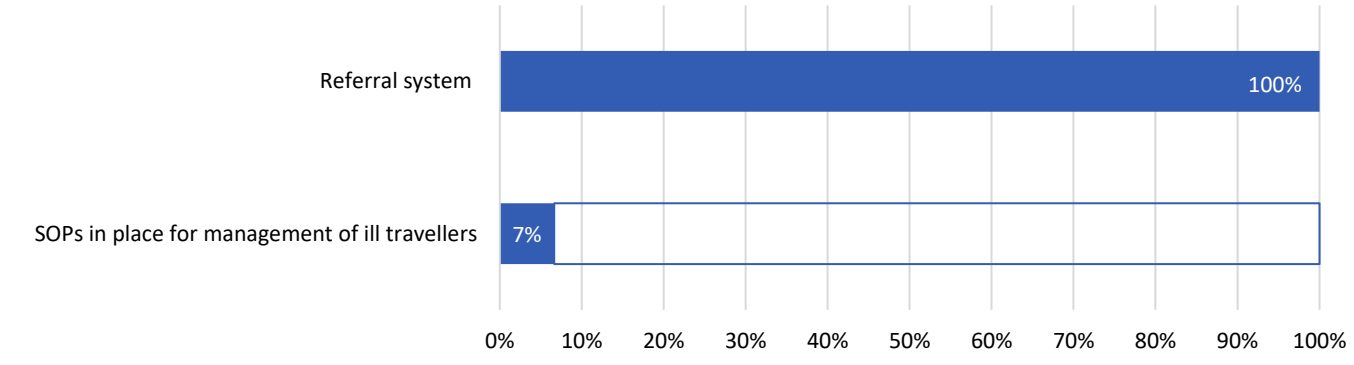
For the detection, management and referral of ill travellers, standard operating procedures were reported to be in place in 7 per cent of identified blue border crossing points (4 out of 60 identified locations), while a referral system was reported to be in place in all of the 2 specified locations where the information was available. Finally, none of the 60 specified blue border crossing points reported the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral.

Maintaining and enhancing these capacities across various levels (e.g. local, national, regional) can facilitate the detection, assessment, and notification or reporting of events that can together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place in the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



5. Overview of Land Border Crossing Points

405

Land Border Crossing Points assessed in 17 C/T/As

72%

of assessed land border crossing points are completely closed

14 days to one month

Most common (61%) duration period of restrictions imposed

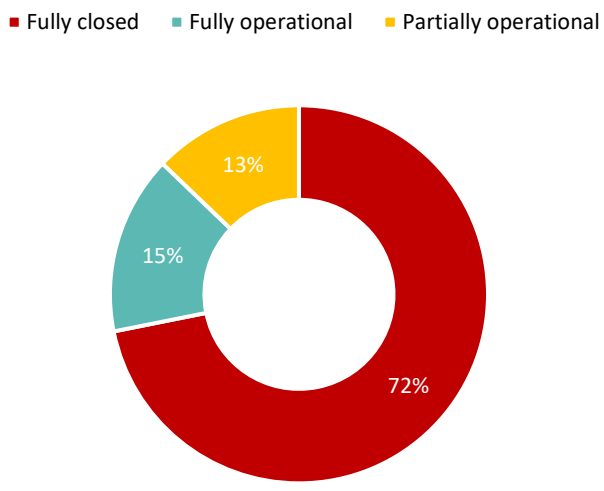
Among the 405 assessed land border crossing points monitored in 17 countries, territories or areas, the majority of the assessed locations were partially operational or fully closed (13% and 72% of the total, respectively), while 15 per cent of the assessed locations were fully operational (for more information, see Table 2.1).

In total, 291 out of 405 assessed locations were completely closed, corresponding to 72% per cent of the total number of land border crossing points assessed in this region. Limitations on entry to and exit from a land border crossing point were the most frequent restrictive measures used to curb the spread of COVID-19 at land border crossing points: both restrictions were used in 85 and 83 per cent of assessed land border crossing points, respectively (see Table 4.1). Other restrictions that were imposed in the assessed land border crossing points were medical measures, such as quarantine or medical screening (in 42 per cent of the cases), restrictions imposed on specific nationalities (only in 1 of the assessed land border crossing points), changes in visa requirements (in 3 assessed land border points) and medical certificate confirming a negative COVID-19 test result (2%). However, noticeably, other limitations were imposed in 11 per cent of assessed locations.

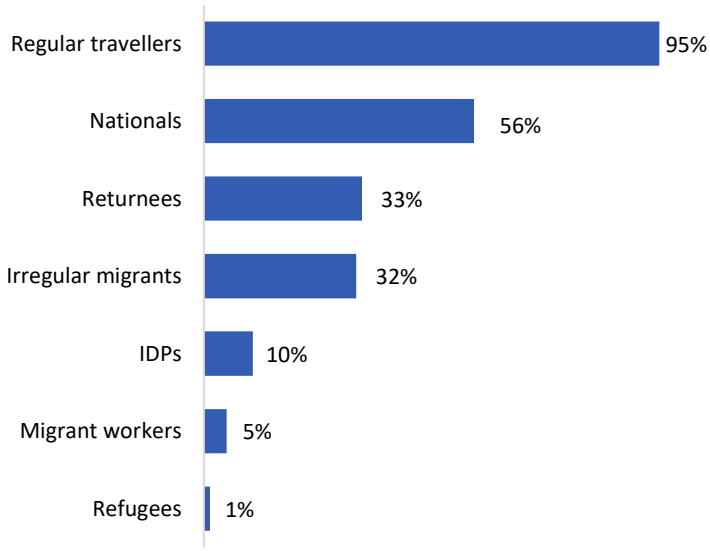
As of 28 of May 2020, the most common duration of restrictions at assessed land border crossing points was 14 days to one month (61% of the cases), while 18 per cent of them will be in place for a duration between one to three months. Only 1 per cent of the restrctive measures will be in place more than three months, while none of the assessed locations applied measures for less than 14 days.

The abovementioned measures had an impact on all categories of populations (see Table 3 and 3.1), with regular travellers being the mostly affected at 95 per cent of the assessed land border crossing points, followed by nationals (56%), returnees (33%), irregular migrants (32%), IDPs (10%), migrant workers (5%), and finally refugees (1%).

Operational status of the assessed land border crossing points



Affected population category at assessed land border crossing points



Percentage of Land Border Crossing Points

5. Overview of Land Border Crossing Points

Public Health Section

The following public health measures were reported in specified blue border crossing points through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6.2).

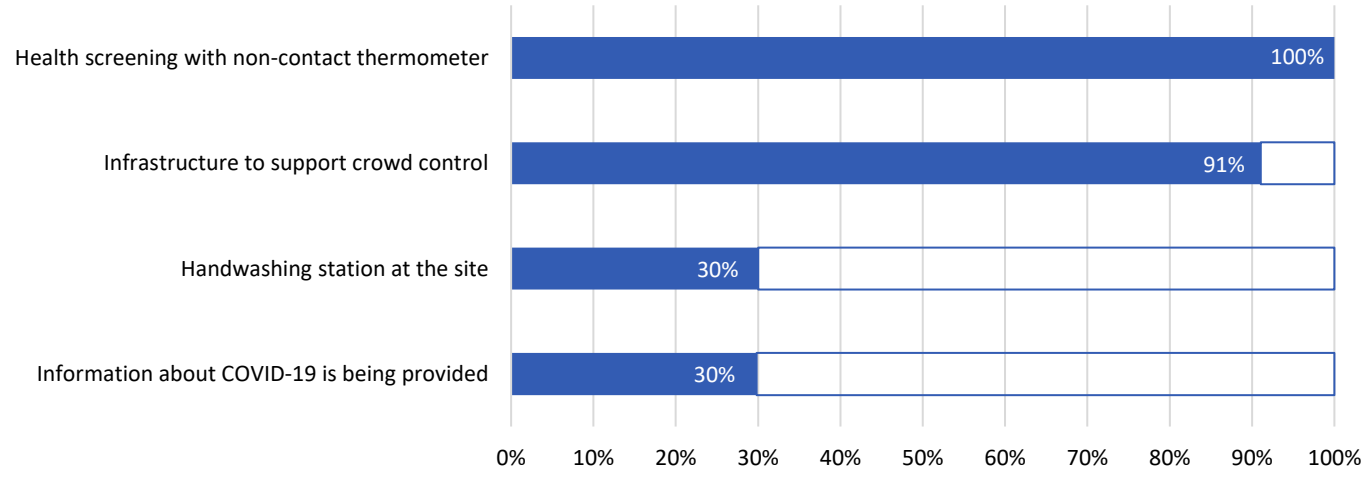
On risk communication and community engagement, in 30 per cent of the specified blue border crossing points (68 out of 230 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Furthermore, 69 out of 232 land border crossing points (30% of the identified locations) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported in all of the 67 assessed land border crossing points. Moreover, of 67 identified locations for which this information was available, a total of 61 land border crossing points (91%) had infrastructure in place to support crowd control and ensure safety of screeners.

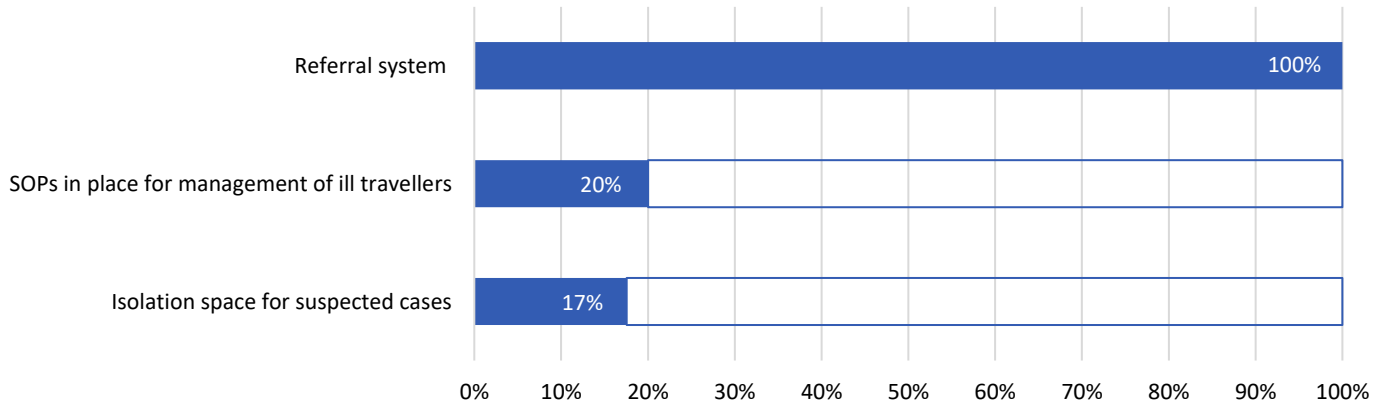
For the detection, management and referral of ill travellers, standard operating procedures were reported to be in place in less than half of the identified land border crossing points (46 out of 232 identified locations, 20%), while a referral system was reported to be in place in all the specified locations assessed (38 identified land border crossing points). Finally, 17 per cent of the specified land border crossing points reported availability of an isolation space for suspected COVID-19 cases (40 out of 231 identified locations), prior to their appropriate referral.

Maintaining and enhancing these capacities across various levels (e.g. local, national, regional) can facilitate the detection, assessment, and notification or reporting of events that can together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place in the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



6.Overview of Areas and Sites of Interest

6.1. Areas of Interest

48

Areas assessed in 8 C/T/As

83%

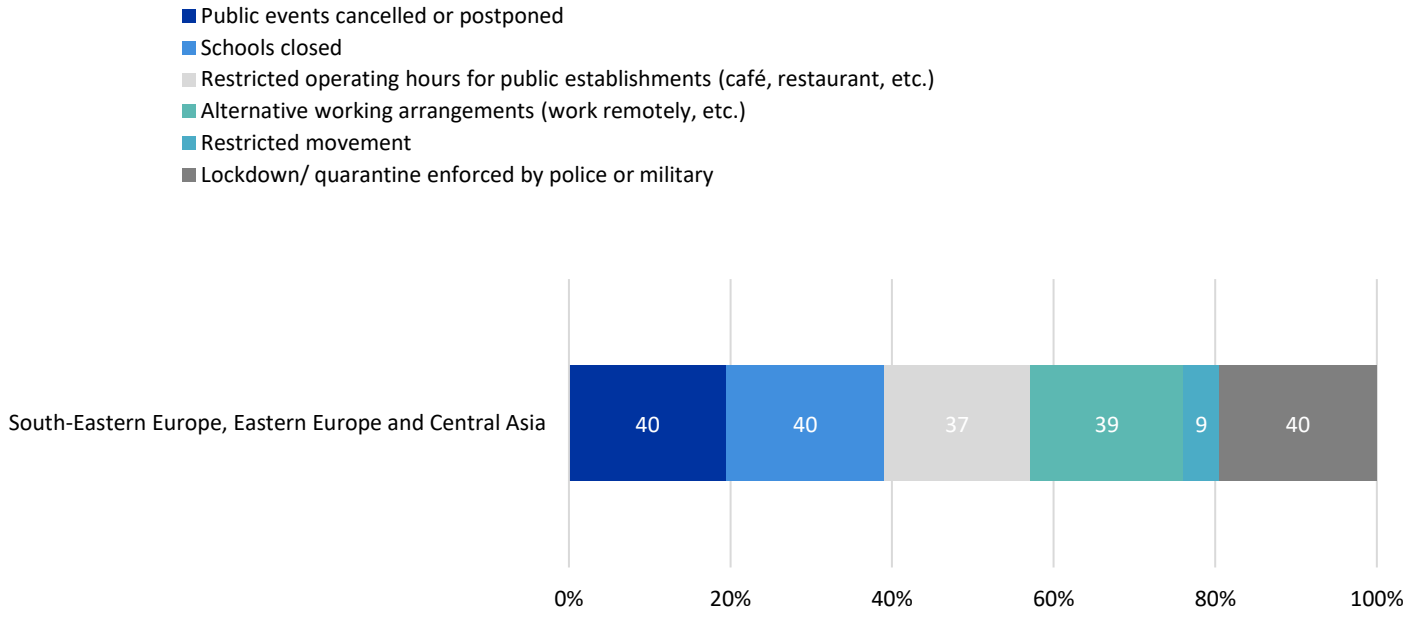
of the assessed areas have restrictions on public events, school, quarantine enforced, respectively

In total, 48 areas of interest were assessed in 8 countries, territories and areas. These were locations in different sub-administrative units, such as areas of outbreak of COVID-19 or areas under lockdown/quarantine. Assessed areas consisted of cities, towns and regions. Cancellation of public events, school closures, restricted operating hours for public establishments and alternative working arrangements can be listed as restrictive measures assessed in these areas.

The type of restrictive measures being imposed on the assessed areas in the SEEECA region varied. Particularly, in 83 per cent of these specified areas (40 out of 48) public events were cancelled or postponed, schools closed and quarantine enforced. Similarly, in 81 and 77 percent of the specified locations alternative working arrangements (working remotely) and restricted operating hours for public establishments (café, restaurant, etc.) were imposed, respectively.

In majority of the areas (88%), the expected duration of restrictions was 14 days to one month, followed by one to three months (6% of the cases). Moreover, noticeably, in 6 per cent of assessed areas, the expected duration of restrictions was unknown (i.e. information was unavailable).

Number and type of restrictions in areas of interest in SEEECA region



6.Overview of Areas and Sites of Interest

6.2. Sites with Populations of Interest

63

Sites assessed in 9 C/T/As

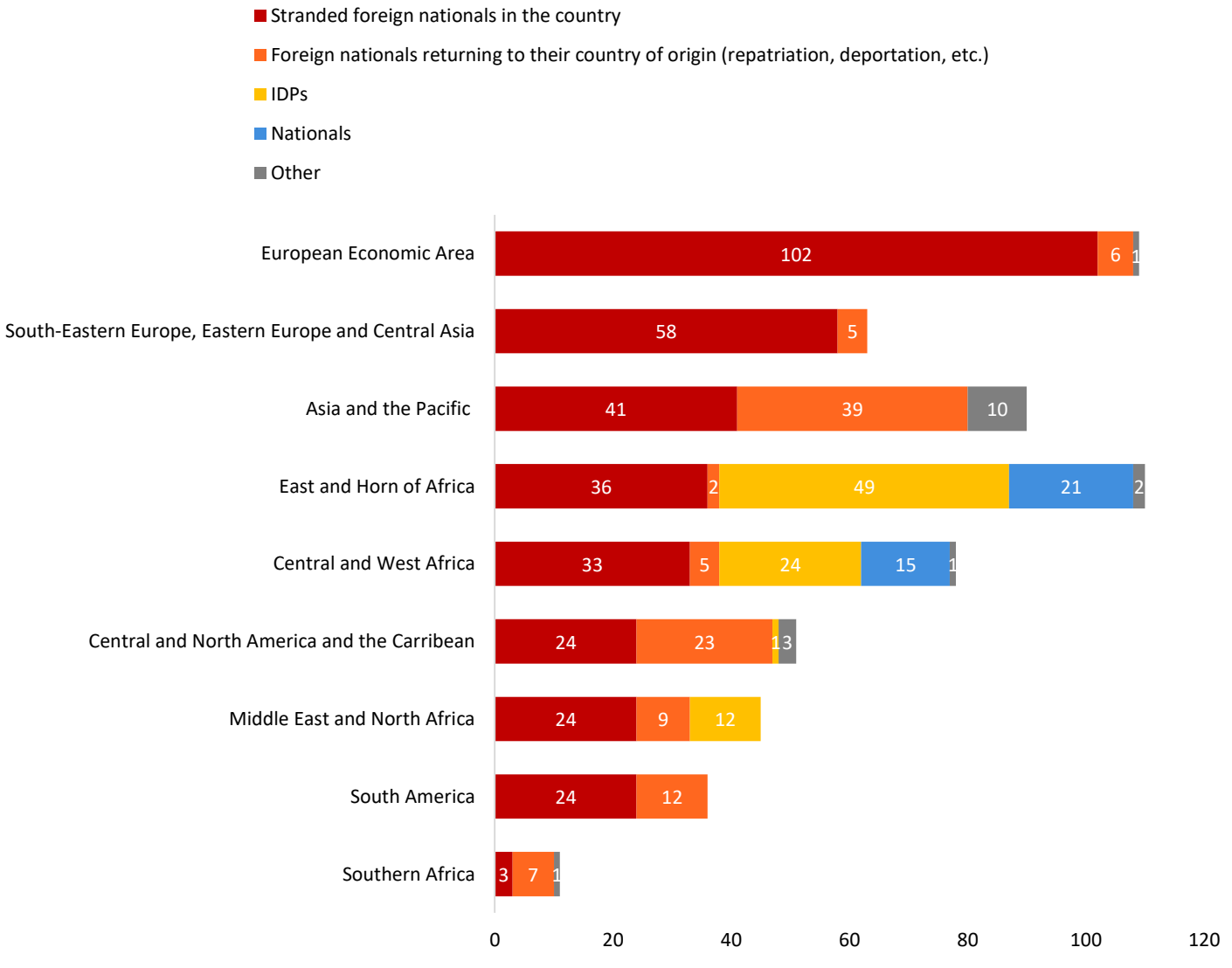
92%

of the assessed sites have reported cases of stranded foreign nationals

In total, 63 sites were assessed in 9 countries, territories and areas. These sites were selected as they concern populations of interest such as stranded foreign nationals and IDPs. Airports, hotels, temporary reception centers, camps, transit centers and detention centers can be given as examples of assessed sites.

Affected population groups consisted of stranded, repatriated and returning migrants, IDPs, nationals, asylum seekers and regular travellers. In 92% per cent of the assessed sites with populations of interest, foreign nationals were stranded there (58 out of 63 assessed sites), where in 8 per cent there were reported cases of foreign nationals returning to their country of origin (5 sites), while no assessed sites reported that both nationals and IDPs were affected by the restrictive measures.

Number of sites disaggregated by population categories and by IOM region



Annex: Tables

Table 1.1: Percentage of assessed locations by type in SEEECA region

Location Type	Percentage of assessed locations
Airport	15%
Area of Interest	6%
Sites of Interest	8%
Blue Border Crossing Point	9%
Internal Transit Point	11%
Land Border Crossing Point	51%
Total	**100%**

Table 2: Number of assessed location by operational status and type in the SEEECA region

Location Type	Fully closed	Partially operational	Fully operational	Other	Total
Airport	45	72	4	1	122
Blue Border Crossing Point	14	61	0	0	75
Internal Transit Point	8	81	0	0	89
Land Border Crossing Point	291	52	62	0	405
Total	**358**	**266**	**66**	**1**	**691**

Table 2.1: Percentage of locations disaggregated by operational status and type in the SEEECA region

Location Type	Fully closed	Partially operational	Fully operational	Other	Total
Airport	37%	59%	3%	1%	100%
Blue Border Crossing Point	19%	81%	0%	0%	100%
Internal Transit Point	9%	91%	0%	0%	100%
Land Border Crossing Point	72%	13%	15%	0%	100%
Total	**52%**	**38%**	**10%**	**0%**	**100%**

Table 3: Number of assessed locations by affected population categories

Location Type	Nationals	Regular travellers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	No. of locations assessed
Airport	82	117	25	25	7	2	6	122
Blue Border Crossing Point	59	71	4	13	4	2	2	75
Internal Transit Point	81	89	0	5	5	0	0	89
Land Border Crossing Point	227	383	128	133	41	5	19	405
Total	**449**	**660**	**157**	**176**	**57**	**9**	**27**	**691**

Table 3.1: Percentage of assessed locations disaggregated by affected population categories

Location Type	Nationals	Regular travellers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	No. of locations assessed
Airport	67%	96%	20%	20%	6%	2%	5%	122
Blue Border Crossing Point	79%	95%	5%	17%	5%	3%	3%	75
Internal Transit Point	91%	100%	0%	6%	6%	0%	0%	89
Land Border Crossing Point	56%	95%	32%	33%	10%	1%	5%	405
Total	**65%**	**96%**	**23%**	**25%**	**8%**	**1%**	**4%**	**691**

Annex: Tables

Table 4: Overview of measures imposed on locations, disaggregated by type of location

Location Type	Mobility restriction (to)	Mobility restriction (from)	Visa change	Restricted nationality	Document change	Medical requirements	Medical certificate confirming a negative COVID-19 test result	Other limitations	None	No. of locations assessed
Airport	116	110	3	5	0	42	1	8	0	122
Blue Border Crossing Point	71	66	1		0	61	0	3	0	75
Internal Transit Point	89	89			0	89	0	0	0	89
Land Border Crossing Point	346	338	3	1	0	170	10	46	0	405
Total	**622**	**603**	**7**	**6**	**0**	**362**	**11**	**57**	**0**	**691**

Table 4.1: Percentage of different measures disaggregated by type of location

Location Type	Mobility restriction (to)	Mobility restriction (from)	Visa change	Restricted nationality	Document change	Medical requirements	Medical certificate confirming a negative COVID-19 test result	Other limitations	None	No. of locations assessed
Airport	95%	90%	2%	4%	0%	34%	1%	7%	0%	122
Blue Border Crossing Point	95%	88%	1%	0%	0%	81%	0%	4%	0%	75
Internal Transit Point	100%	100%	0%	0%	0%	100%	0%	0%	0%	89
Land Border Crossing Point	85%	83%	1%	0%	0%	42%	2%	11%	0%	405
Total	**90%**	**87%**	**1%**	**1%**	**0%**	**52%**	**2%**	**8%**	**0%**	**691**

Table 5: Duration of restrictive measures imposed at assessed locations in the SEEECA region

Location Type	Less than 14 days	14 days to One month	1 - 3 months	More than 3 months	Other	Total
Airport	0	52	7	2	61	122
Blue Border Crossing Point	3	18	0	0	54	75
Internal Transit Point	0	8	0	0	81	89
Land Border Crossing Point	0	248	74	4	79	405
Total	**3**	**326**	**81**	**6**	**275**	**691**

Table 6: Public Health Section for Airports

Question	Yes	No	Don't Know	Total
Handwashing station at the site	62	0	30	92
Health screening with temperature check using non-contact thermometer	57	0	0	57
Information about COVID-19 being provided at site	67	1	27	95
Infrastructure at the site to support crowd control and ensure safety of screeners	54	0	3	57
Isolation space exists for evaluation of any suspect case away from crowds	4	5	80	89
Referral system in place at the site	6	0	0	6
SOPs in place at the site for management and referral of ill travellers	12	4	79	95

Annex: Tables

Table 6.1: Public Health Section for Blue Border Crossing Points

Question	Yes	No	Don't Know	Total
Handwashing station at the site	44	0	16	60
Health screening with temperature check using non-contact thermometer	47	0	0	47
Information about COVID-19 being provided at site	45	0	15	60
Infrastructure at the site to support crowd control and ensure safety of screeners	44	0	3	47
Isolation space exists for evaluation of any suspect case away from crowds	0	0	60	60
Referral system in place at the site	2	0	0	2
SOPs in place at the site for management and referral of ill travellers	4	0	56	60

Table 6.2: Public Health Section for Land Border Crossing Points

Question	Yes	No	Don't Know	Total
Handwashing station at the site	69	2	161	232
Health screening with temperature check using non-contact thermometer	67	0	0	67
Information about COVID-19 being provided at site	68	2	160	230
Infrastructure at the site to support crowd control and ensure safety of screeners	61	0	6	67
Isolation space exists for evaluation of any suspect case away from crowds	40	3	188	231
Referral system in place at the site	38	0	0	38
SOPs in place at the site for management and referral of ill travellers	46	2	184	232

Table 7: Number of areas of interest in the SEEECA region

Region	No. of Areas of Interest	Percentage
South-Eastern Europe, Eastern Europe and Central Asia	48	100%

Table 7.1: Number of type of restrictions in areas of interest assessed in SEEECA region

Region	Public events cancelled or postponed	Schools closed	Restricted operating hours for public establishments (café, restaurant, etc.)	Alternative working arrangements (work remotely, etc.)	Restricted movement	Lockdown/ quarantine enforced by police or military	Total *
South-Eastern Europe, Eastern Europe and Central Asia	40	40	37	39	9	40	48

* Indicates total number of assessed areas of interest, which is 48

Table 7.2: Duration of restrictive measures in areas of interest

Duration	No. of Areas of Interest	Percentage
1 - 3 months	3	6%
14 days to One month	42	88%
Other	3	6%
Total	**48**	**100%**

Annex: Tables

Table 7.3: Affected population in the sites of interest

Affected population categories	No. of Sites of interest	Percentage of sites
Foreign nationals returning to their country of origin (repatriation, deportation, etc.)	5	8%
Stranded foreign nationals in the country	58	92%
IDPs	-	-
Nationals	-	-
Other	-	-
Total	**63**	**100%**

Table 7.4: Number of sites with stranded migrants by IOM Region

Region	Stranded foreign nationals in the country	Foreign nationals returning to their country of origin (repatriation, deportation, etc.)	IDPs	Nationals	Other	Total
Southern Africa	3	7	0	0	1	11
South America	24	12	0	0	0	36
Middle East and North Africa	24	9	12	0	0	45
Central and North America and the Carribean	24	23	1	0	3	51
Central and West Africa	33	5	24	15	1	78
East and Horn of Africa	36	2	49	21	2	110
Asia and the Pacific	41	39	0	0	10	90
South-Eastern Europe, Eastern Europe and Central Asia	58	5	0	0	0	63
European Economic Area	102	6	0	0	1	109
Total	**345**	**108**	**86**	**36**	**18**	**593**