

38,619,674 Confirmed cases in over 200 countries, territories or areas¹

1,093,522 Deaths from COVID-19

98,717 Restrictions on mobility have been adopted by 219 countries, territories or areas

\$283 M Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²

\$	Received: 283 M	Gap: \$336 M (Requested: \$619 M)
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New funds: \$221 M; Reprogrammed funds: \$62 M.



A woman washes her hands using a water tank, water, and soap distributed by IOM's implementing partner in an IDP camp near the Syrian-Turkish border. © IOM 2020

SITUATION OVERVIEW

COVID-19 continues to spread rapidly across the globe. As of 16 October and since the outbreak began in December 2019, over 38.6 million confirmed cases have been reported and the world is approaching 1.1 million deaths. Confirmed cases have been reported in more than 200 countries/territories/areas; nearly half of these cases (48 per cent) and deaths (55 per cent) continue to be reported in the Americas, while Europe is reporting a substantial increase in the number of cases, and Africa in the number of deaths.

While the global pandemic persists and Governments and authorities continue to grapple with the epidemiological challenges, global mobility remains affected. As of 12 October 2020, a total of 219 countries, territories or areas have issued 98,717 travel restrictions indicating an increase of 2 cent from 96,549 travel restrictions reported on 5 October 2020. There has been an increase of 108 per cent in visa changes, 3 per cent increase in medical requirements and an increase of 2 per cent in other limitations such as new documents needed for travel. There has been a simultaneous decrease of 3 per cent in restrictions on passengers arriving from specific countries, territories or areas. In parallel to existing travel restrictions, a total of 175 countries, territories or areas have issued

771 exceptions enabling mobility despite blanket travel restrictions. Between 5 and 12 October 2020, 9 countries, territories or areas issued 13 new exceptions whilst 9 countries, territories or areas removed 19 exceptions.

As the pandemic's effects continue to vary widely across world regions, mobile populations encounter diverse challenges depending on the policy and epidemiological contexts in their sending, transit, and receiving areas. Regulations and measures are evolving rapidly, and mobile populations often lack timely, accurate information about these changes. These populations are also frequently in vulnerable socioeconomic situations and have been especially impacted by the global economic downturn generated by the pandemic. Furthermore, in crisis contexts, COVID-19 has exacerbated existing gaps in access to basic services and protection challenges, particularly for the most vulnerable groups. To address these and other questions, IOM missions around the world are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness, response, and recovery efforts.

¹Source: WHO COVID-19 Situation Dashboard: <https://covid19.who.int/>.

²Funding received excludes the [USD 25 million CERF contribution](#) which is towards NGOs rather than IOM's appeal. See [Global Crisis Response Platform](#) for more information.

SNAPSHOT OF IOM RESPONSE

Risk Communication and Community Engagement (RCCE)

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, and correct information.

- **IOM Uzbekistan** produced an animated video clip for migrants in Uzbek on how to prevent and respond to symptoms of COVID-19. The clip was shared with migration and health authorities, and civil society organizations in the main countries of destination for Uzbek migrants.
- In **Iraq**, IOM conducted about 35 awareness-raising sessions and activities on COVID-19, reaching over 250 individuals in camps and non-camp settings. Thousands of card games, game boards, colouring books, and other COVID-19-themed information materials were distributed.
- In **Niger**, IOM organized a COVID-19 awareness-raising caravan, which travelled from Niamey to cities along key migratory routes. The caravan has reached 1,500 people directly, and an additional 16,500 people through radio.
- In the **Democratic Republic of the Congo**, over 10,150 IDPs received messaging through a door-to-door IOM campaign on best practices regarding COVID-19 prevention.
- In **Zimbabwe**, IOM and Partnership for Development (PDI) organized a COVID-19 risk awareness broadcast on a community radio station in Mutare and held an outreach event at a major transit point, including demonstrations on handwashing, hand sanitizer use, and proper mask wearing.
- **IOM Micronesia** conducted the second round of the Yap RCCE knowledge, attitudes, and practices survey for COVID-19, interviewing 110 households in Rull Municipality.
- **IOM Pakistan** is conducting COVID-19 public awareness and risk communication campaigns at the Torkham and Chaman border crossings. IOM's Natural Disaster Consortium Programme, together with UNICEF and the WHO, has developed information, education, and communication materials to reach 150,000 individuals through public campaigns, radio, and social media channels.
- As cases rise in **Sri Lanka**, IOM has developed new RCCE materials for different migrant groups and IOM health officers are communicating remotely with migrants and refugees under lockdown to assist with health and other needs.

Disease Surveillance

Migration and mobility are increasingly recognized as determinants of health and risk exposure; IOM plays a key role in linking an understanding of population mobility with disease surveillance.

- In **Yemen**, IOM has shared 11 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.
- In **Morocco**, IOM continued disease surveillance mapping in collaboration with the Association Marocaine de Planning Familial. A community-based surveillance unit in Marrakech has organized awareness raising and COVID-19 case mapping activities among migrants and 10 community leaders have also been trained on case identification, reporting, and sensitization tools.
- In **Libya**, syndromic and event-based health surveillance was rolled out in areas at or near Points of Entry (PoEs) in collaboration with the National Centre for Disease Control. A total of 5,655 migrants were surveyed as of 5 October 2020.
- **IOM Afghanistan** seconded more than 200 staff in Herat, Nimroz, and Kandahar provinces to assist with the COVID-19 response, collect surveillance data, conduct case management, and ensure timely reporting of cases. IOM also donated IT equipment and screening devices for Provincial Public Health Departments to facilitate health screenings of mobile populations.
- **IOM Cambodia** conducted an assessment of newly assigned quarantine and health centres in Kampong Thom to set up temperature and symptom check points and subsequent testing for suspected COVID-19 cases.
- **IOM Indonesia** is collaborating with local government and health authorities to conduct an epidemiological survey, screening, and contact tracing among refugees under IOM care. As of 30 September, 565 COVID-19 related cases were recorded. Monitoring and surveillance for COVID-19 is conducted via phone before referral to IOM's Migration Health Assessment Centre.

Logistics, Procurement and Supply Chain

In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell and the relevant clusters, IOM supports the procurement, storage and distribution of critical supplies.

- **IOM Bangladesh** distributed 22,200 examination gloves, 5,100 surgical masks, 1,540 KN-95 masks, 50 face shields and 40 coveralls to IOM-supported health facilities in Cox's Bazar. IOM additionally distributed 30,860 soap kits and provided 1,650 households with handwashing devices.
- **IOM Philippines** provided 40 vans to the Philippine Coast Guard to support their swabbing operations at testing and quarantine facilities around Manila, and 41 buses to the Overseas Workers Welfare Administration. Eight vans were also deployed to the Department of Social Welfare and Development for shuttling vulnerable migrants between airport terminals and quarantine facilities. Three temporary vehicles with solar mobile refrigerators were provided to the Ministry of Health and Integrated Provincial Health Office in Maguindanao and Lanao del Sur for COVID-19 sample transportation and surveillance activities.
- In the **Democratic Republic of the Congo**, IOM distributed 7,045 handwashing kits for internally displaced households, including close to 3,300 handwashing kits in Tanganyika province and 3,800 handwashing kits in North Kivu province.
- In **Mali**, IOM trained almost 80 border agents on COVID-19 protective measures and on the implementation of adapted health-related SOPs.
- **IOM Thailand** conducted trainings for 34 frontline Border Officials at Sa Kaeo Immigration Office and Ubon Ratchathani Immigration Office. The sessions covered general knowledge on COVID-19, self-protection measures, risk assessment at the workplace, and effective communication.

National Laboratory Systems

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM continues to support the enhancement of national capacity for detection of COVID-19.

- In **Bangladesh**, the IOM-managed severe acute respiratory infection isolation and treatment centre (SARI ITC) in Leda and three temporary isolation facilities collected 1,498 samples from suspected SARI cases and transported them to the laboratory in Cox's Bazar. IOM's contract tracing and medical support team staff traced, monitored, and quarantined 164 contacts of COVID-19 positive patients.
- In **Niger**, relevant health authorities and IOM evaluated testing capacities in the Agadez region to strengthen support provided in low resource areas. IOM will provide regional health authorities with equipment to test COVID-19-related samples locally and staff have also been trained on how to administer COVID-19 tests.
- In **The Gambia**, IOM provided the National Public Health Laboratory with an electric generator to ensure uninterrupted power supply of the Molecular Laboratory Unit running PCR testing equipment.

Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry, through mobilizing its broad range of expertise in migration management and emergency operations.

- **IOM Ethiopia** has completed the construction of an emergency latrine, three blocks of communal shelters, and the installation of a 14,000-litre water tank at the Dewelle PoE.
- **IOM Tanzania** has facilitated the development and technical review of standard operating procedures (SOPs) on exit and entry screening for COVID-19 and other public health events at PoEs, engaging health and other government experts.
- **IOM Nepal** supported the Epidemiology and Disease Control Division of the Ministry of Health and Population to finalize tools for PoE assessment and conducted a field visit to 11 PoEs in four provinces to establish a health desk prototype at border crossing points together with the local government.
- **IOM Moldova** developed PoE-specific SOPs for the border police to use in the detection, notification, isolation, management, and referral of travellers with COVID-19.
- In **Jordan**, IOM, in collaboration with the Ministry of Health (MoH), drafted COVID-19-specific PoE SOPs, and supported the MoH's supervisory visits to southern borders to assess border lab quality and adherence to standard procedures.

Infection Prevention and Control (IPC)

The provision of safe water, sanitation and hygiene (WASH) is an essential part of prevention efforts during infectious disease outbreaks, including COVID-19. Combined with improved access to WASH services, IOM continues to support national capacity to implement infection prevention and control measures as these are an effective way to prevent or limit the transmission of the disease.

- **IOM Somalia** provided about 300 people in Dhobley and Bossaso with hygiene kits and installed 14 handwashing stations in Bossaso. IOM has recruited 21 hygiene promoters in Bossaso and Baidoa.
- In **Iraq**, IOM conducted trainings for 68 participants for clinical and non-clinical staff at supported clinics in four governorates on IPC, COVID-19 screenings and triage, and PPE use.

- In **Libya**, IOM fumigated, disinfected, and cleaned four disembarkation points and three detention centres. IOM also delivered PPE to Libyan authorities and organized two training courses on IPC and COVID-19 case management for 38 healthcare workers based in Tripolia and Benghazi.
- In **Nigeria**, IDPs' production of 66,000 masks through IOM cash-for-work initiatives in Edo, Yobe, and Adamawa States has contributed to both IPC and tackling the pandemic's socioeconomic impact. IOM also distributed hygiene kits to 4,931 persons hosted in two camps and one reception centre and supplied 12.2 million litres of clean water in 39 camps to prevent the spread of the COVID-19 virus in the camps and in the host communities in Borno State.
- **IOM Cambodia** provided hygiene care kits and bed linens to 22 newly returned migrants in quarantine centres in Prey Veng Province. Five hand-washing stations were also donated at three PoEs in Banteay Meanchey Province.
- **IOM Indonesia** distributed 450 hygiene kits to organizations working with vulnerable populations in Makassar and Tangerang. IOM also installed and supplied 5 handwashing stations in local schools in Kupang, and distributed PPE to hospitals and health care providers in several cities in coordination with local health offices and the National Disaster Management Agency.
- **IOM Micronesia** installed two medical waste incinerators and trained four operators at Pohnpei State Hospital in waste management and IPC measures. In Chuuk, IOM continued the fabrication of hands-free handwashing stations for installation at health centres and dispensaries within the lagoon.

Case Management and Continuity of Essential Services

IOM continues to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19 in order to reduce morbidity and mortality rates. In particular, IOM focuses on countries and regions suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases.

- In **Yemen**, IOM is providing support to 22 health facilities and eight mobile health teams across numerous governorates. 7,626 people, including 3,407 migrants, received primary and secondary health care services, cholera treatment, and mental health and psychosocial support.
- In **Iraq**, IOM continued to support six COVID-19 response teams in Kirkuk, responsible for monitoring contacts in self-quarantine and suspected/confirmed cases in home isolation.
- In **Cox's Bazar**, **IOM Bangladesh** opened an 18-bed maternity unit at the SARI ITC in Camp 24 to

provide antenatal and post-natal care to women with symptoms of or positive tests for COVID-19. IOM also trained 60 clinical staff on home-based care for mild to moderate COVID-19 cases in case high transmission rates overwhelm the SARI ITCs.

- **IOM Pakistan** donated two ambulances to District Headquarters Hospitals in Torkham and Chaman to transport COVID-19 suspect cases to isolation/quarantine facilities and reduce delays in emergency response, ensuring migrants and host communities benefit from immediate care.

Protection

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age and disability, but also nationality, status or ethnic origin. IOM is committed to ensuring the protection of migrants, displaced persons and other vulnerable populations remains at the center of its COVID-19 response.

- **IOM Philippines** installed mental health and psychosocial support (MHPSS) hotlines in seven displacement sites and trained 63 IDPs from six sites on peer support and handling the hotline. Protection committee meetings were held to integrate the hotlines into the committee structure.
- In **Libya**, IOM conducted psychosocial awareness sessions on coping with stress during COVID-19 and distributed MHPSS COVID-19 flyers and children's booklets to 82 migrants of various nationalities.

Addressing Socio-Economic Impacts of the Crisis

Recognizing the importance of including migrants and other mobile population groups in UN development responses, IOM is actively engaging with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socioeconomic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- **IOM Regional Office in Pretoria** presented on COVID-19's impact on mobility in Southern Africa during the roundtable "Migrant-responsive social protection: Lessons from COVID-19," co-hosted by SASPEN and World Food Programme. The round table discussed COVID-19's impact on migrants and social protection responses, and considered lessons learned for future action.
- **IOM Viet Nam** recently concluded a Labour Market Assessment on the link between the workers and employers in Northern and Northern Central provinces, in order to identify government, employer, and employee perspectives on COVID-19's social and economic impacts on the labour market.

- **IOM Bangladesh** completed the second round of data collection on the needs and vulnerabilities of Bangladeshis who returned due to COVID-19. This round focused on gaining more longitudinal insights on returnees' socioeconomic status and added more information on coping mechanisms.
- In **Peru**, IOM, in collaboration with UNHCR and the GTRM, is distributing hot food rations and food baskets to refugees and migrants from Venezuela in response to the pandemic's negative economic impacts on these populations.
- **IOM Sri Lanka** participated in the National Trade Union and Civil Society consultation on migration and the pandemic, including discussions on migration and trafficking trends, labour migration, and IOM's approach to preventing exploitation and promoting safe, humane, and dignified migration.
- **IOM Pakistan** and its partners are providing multi-purpose cash grants for families whose jobs have been curtailed due to COVID-19's socio-economic impacts.
- **IOM Venezuela** assisted 90 beneficiaries in Táchira state with food kits in order to support vulnerable populations during the COVID-19 pandemic.

Coordination and Partnerships

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national, regional and global levels to support the global pandemic response, particularly in coordinating cross-border efforts.

- IOM and the **Pan American Health Organization** signed an agreement to increase and scale up interventions that address barriers to health care and the disproportionate impact of COVID-19 on migrant populations across the Americas.
- On 15-16 October, held virtually from IOM HQ in **Geneva** the **20th annual International Migration Dialogue** with a focus on the "COVID-19 crisis: reimagining the role of migrants and human mobility for the achievement of the Sustainable Development Goals." Attendees included numerous government actors, civil society organizations, and private sector representatives, who discussed global efforts to address the immediate challenges and expected longer-term impacts of the pandemic on the society, migrants, and vulnerable populations worldwide, and identify opportunities to shape responses in line with the Global Compact for Migration (GCM).
- **IOM Afghanistan**, together with WHO and UNHCR, is co-leading a PoE coordination forum for information sharing and operational coordination at PoEs with Iran and Pakistan.
- **IOM Bangladesh** held health, border, and mobility management taskforce meetings at several PoEs to discuss the construction/refurbishment of additional screening rooms, health staff's challenges,

communication and awareness materials, and disseminating recent assessment findings.

- **IOM Cambodia** held a coordination meeting with the Prey Veng Provincial Committee regarding improvements at new quarantine centres and coordinated the Provincial COVID-19 meeting to review arrangements at existing and new quarantine centres at PoEs.
- **IOM Indonesia**, in coordination with the Ministry of Health, the Directorate General of Immigration, the National Border Management Authority, and the National Agency for the Protection of Indonesian Migrant Workers, conducted 5 assessments at various PoEs.
- **IOM Lao PDR** held a meeting with the Director of the Department of Public Security and the Luang Prabang Provincial Immigration Department to better understand PoE needs under COVID-19.
- From 7 to 9 October, **IOM Cameroon** organized a field mission to Garoua-Boulai, the main PoE to the neighbouring Central African Republic, to promote greater coordination and partnerships of public health interventions, explain COVID-19 screening and referral mechanisms, and highlight needs and challenges. The 36 participants represented 21 different organizations, including national and local government officials, embassies, UN agencies, and international and local NGOs.

Tracking Mobility Impacts

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response.

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on international travel restrictions being implemented around the world and is conducting Mobility Restriction Mapping for points and locations impacted by local restrictions on mobility. IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions in place at PoEs and other key locations of internal mobility. As of 1 October 2020, IOM has assessed 3,960 PoEs (including 1,025 airports, 2,328 land border crossing points and 607 blue border crossing points) in 174 countries, territories and areas and 1,483 Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 135 countries, territories and areas. Of the total number of locations of internal mobility assessed, 384 were internal transit points, and 1,099 comprised of other areas and sites of interest. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, medical certificate requirements and other measures limiting mobility. These restrictions impact populations including

regular travellers, nationals, irregular migrants, returnees, migrants, IDPs and refugees. IOM COVID-19 Impact on Points of Entry Weekly Analysis can be accessed [here](#) and IOM COVID-19 Impact on Key Locations of Internal Mobility Weekly Analysis can be accessed [here](#).

IOM tracks and monitors in-country and cross border flows in order to understand population mobility trends within and between certain areas, which in turns helps to inform public health preparedness and response strategies.

- In **Somalia**, a total of 16,598 movements were observed by IOM across seven flow monitoring points in September. This represents a decrease of 46 per cent in comparison with September 2019 when 30,982 movements were observed. 44 per cent of migrants reported not being aware of COVID-19 and 47 per cent of respondents cited difficulties with sending or receiving remittances from abroad as a challenge encountered since the start of the pandemic.
- In **Lao PDR**, IOM conducted a Flow Monitoring Survey on bus routes and at the interprovincial bus stations in Vientiane Capital completing over 130 interviews. A domestic migrant survey was initiated, comprising of inflow and outflow interviews. IOM is providing information, education, and communications materials on COVID-19 prevention.

IOM is also tracking and monitoring the impact that COVID-19 is having on IDPs and migrants.

- In **Djibouti**, following border closures in Ethiopia and stricter border management policies in Yemen due to COVID-19, some migrants transiting through Djibouti on their way to or from the Arabian Peninsula have found themselves stranded in country. IOM is monitoring migrant sites across the country. As of 8 October 2020, 1,109 stranded Ethiopian migrants have been identified across 19 sites. Immediate needs include water, food, hygiene kits, and NFIs.

- In **Indonesia**, IOM trained 30 Disaster Preparedness Team volunteers and staff from the National Zakat Agency for a displacement tracking and assessment exercise following flash floods in North Luwu, South Sulawesi. The exercise gathered information from 4,000 IDPs, integrating COVID-19 as a line of inquiry to support government and non-government responders' preparedness plans for future displacement events, including instances where IDPs are temporarily in camp-like settings.
- In **Libya**, IOM released findings from its DTM Round 32 data collection. IOM identified over 584,000 migrants from over 47 nationalities across all 100 Libyan municipalities. IOM has observed that the overall number of migrants has been decreasing steadily since March 2020. The sustained decline in the number of migrants coincides with the start of the COVID-19 pandemic and the associated socio-economic impacts and mobility restrictions. Primary humanitarian needs reported were health services (81 per cent), shelter (42 per cent), NFIs (38 per cent) and WASH (24 per cent).
- In **Mozambique**, IOM in collaboration with the Government's National Disaster Management Agency, conducted assessments from 8 – 11 September on precautionary measures taken across 73 resettlement sites sheltering over 93,000 individuals, including those displaced by Cyclone Idai and migrant returnees from South Africa. This information was gathered to inform and support intervention planning and to recommend preventative and containment measures. All sites reported a noticeable change in people's behaviours and habits to better prevent COVID-19.

A dedicated landing page on the [IOM Flow Monitoring Portal](#) has been developed to act as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs produced at country, regional and global level in relation to COVID-19.



IOM staff in Egypt distribute food and NFIs to the Ugandan migrant community in Maadi, Cairo. © IOM 2020

OPERATIONAL UPDATES

Operational Challenges

- Due to travel restrictions and public health measures, as of 9 October, eight out of 75 **IOM Migration Health Assessment** sites remain closed and nine are providing limited services.
- **IOM's immigration and visa processing programmes** have reduced activities, in adherence with health and local government directives. As of 14 October, 12 per cent of centres are now operating and assisting migrants at regular capacity, with 50 per cent having temporarily reduced operations and 38 per cent having temporarily closed.

New Programmatic Approaches

- Migration health staff from **IOM's global Health Assessment Programme (HAP)** have been called to contribute to national COVID-19 responses in several locations. As of 9 October, 133 staff are deployed within both IOM and government programmes. In addition, 22 HAP sites are currently providing Member States with health supplies and services to support local COVID-19 response initiatives, including COVID-19 screening at PoEs and elsewhere, the provision of primary and acute care services related to COVID-19, and the provision of PPE and medical supplies.



IOM partner, Humanity and Inclusion, provides medical assistance to migrants in Morocco. © IOM 2020

Maintaining cross-border operations during the COVID-19 pandemic

The pandemic has brought additional challenges to the delivery of humanitarian aid in north west Syria (NWS), but the humanitarian needs remain just as acute. The **IOM Turkey cross-border team** has incorporated new programmatic approaches in the face of COVID-19 to mitigate the impact on its operations:

- Adjusted warehousing, logistics and transshipment approaches to reduce transmission risks while maintaining scale and speed (see [video](#) for more details). IOM remains the largest actor in non-food items and shelter in NWS.
- Integrated COVID-19 awareness campaigns into all cross-border activities, standard distancing measures into all distributions, and regular disinfection of all IOM-managed facilities;
- Provided essential PPE kits for the staff of 12 implementing partners working in NWS (2,500 kits in total, designed to cover PPE needs for 3 months);
- Distributed COVID-19 adapted hygiene kits to support 55,000 individuals, and increased the quantities of water regularly provided in IDP camps;
- Established a Community Treatment Centre in an IOM-supported camp to ensure preparedness and response capacity to cater for the 4,000 residents;
- Modified the layout of Reception Centres to increase social distancing, ensure hygienic conditions, and decrease transmission risks;
- Identified and trained COVID-19 focal points in IOM-supported camps and informal sites to support referrals to local health actors;
- Piloted livelihoods activities to enable small businesses to produce locally-made face masks, soap, and other hygiene items;
- Increased engagement with Health Cluster and COVID-19 Task Force, providing monitoring support for assessments of over 100 Primary Healthcare Facilities in NWS.

- As part of IOM's contribution to the **UN's First Line of Defence against COVID-19**, IOM has started providing health services for UN staff in several countries. As of 7 October, COVID-19 testing has been established in Kenya, Nigeria, Ghana and Cambodia, and will soon begin in Burundi, DRC, Ethiopia, Ghana, Rwanda, South Africa, Tanzania, Uganda, Nepal, Thailand, and the Philippines. Clinical services are offered in Cambodia, Kazakhstan, Uganda, Ukraine, Tanzania and Ethiopia. In total, IOM is to provide health services to UN staff in 19 countries during the project's first phase.
- IOM continues to facilitate **movement operations** and provide transportation assistance, despite the challenges imposed by COVID-19. Between 21 March and 12 October, 43,629 persons received IOM assistance to facilitate their movement, namely for repatriation, assisted voluntary return and resettlement. This includes the arrangement of 64 charter flights for 5,317 individuals to allow for movements to continue despite the limitations imposed by COVID-19. Since 1 June, resettlement movements continue to increase, with a total of 11,075 persons having embarked on an international flight to begin life anew.
- IOM's High-Level Migration Research Adviser papers on COVID-19 and the transformation of global migration and mobility are now available on the [IOM Online Bookstore](#). The short papers cover key topics including migrants' rights, gender impacts, stranded migrants, and mobility systems. Recordings of the related webinar series can be accessed online, including on [migrants' rights, mobility, and regular pathways](#) (Prof. Vincent Chetail, Prof. Susan Martin, and Prof. Feline Freier); and [COVID-19 and women migrant workers](#) (Prof. Nicola Piper, Dr. Marika McAdam, and Dr. Lan Anh Hoang).
- To mark World Mental Health Day on 10 October, IOM joined a global campaign with a [statement from the IOM Director General on the need for greater investment in mental health services](#) and with a [photo story on ways IOM helps migrants recover hope after hardship](#).
- **IOM Mexico** published the third COVID-19 report on the official PoE situation and migrants service provision on the southern border. Data on migratory flows, COVID-19 prevention and control procedures, and migrants' access to health, protection, and other services are collected through interviews with key informants from government institutions, civil society organizations, consular offices, and other UN organizations.

Guidelines and Guidance Documents

- IOM is developing a global e-learning course for border guards on COVID-19 response at Points of Entry. The course is based on the latest WHO guidance and is aimed at building the necessary knowledge and skills to minimize the risk of infection and enhance the safety and wellbeing of travellers and frontline officers. Topics covered include basic information on COVID-19, PPE and hygiene, management of ill travellers, mental health, and human rights.
- In **Chad**, IOM finalized a guide on Humanitarian Immigration and Border Management, targeting border officials in Chad's Southern Provinces. The guide includes modules on COVID-19 prevention, COVID-19 sensitive immigration and border management, safe and orderly transhumance management, counter-human trafficking, and the prevention of gender-based violence.

Information Sharing and Communications

- [IOM's COVID-19 Analytical Snapshots](#) summarize the latest research, information, and analysis covering migration and mobility related impacts of COVID-19 around the world. These 2-3 page highlights are an accessible tool enabling readers to quickly grasp the pandemic's impacts and implications. New translations are now available in [Chinese](#), [Spanish](#), [French](#), and [Arabic](#), with Russian coming soon.



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