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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration and uphold the human dignity and well-being of migrants.

Please send any feedback, comments and suggestions related to the Covid-19 Mobility Tracking dashboards and outputs to the DTM Covid-19 Team at <a href="mailto:dtmcovid19@iom.int">dtmcovid19@iom.int</a>

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### **COVER PHOTO:**

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Between December 2020 and January 2021, close to 800 patients received palliative care services, including pain and key symptom management, infection prevention, and referrals to appropriate teams for psychological and spiritual care. As of January 2021, 6,219 people have been reached by IOM's community outreach teams raising awareness about palliative care and 7,888 inpatient/outpatient consultations have been conducted by the palliative care team. IOM's palliative care programme in Cox's Bazar is possible thanks to the support of the European Civil Protection and Humanitarian Aid Operations (ECHO), Australia's Department of Foreign Affairs and Trade (DFAT), the Foreign, Commonwealth & Development Office (FDCO), and the World Bank.



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## Methodology & Definitions

IOM COVID-19 Impact on Key Locations of Internal Mobility Monthly 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 different key locations impacting internal mobility. It is particularly relevant when identifying and addressing specific needs faced by migrants and mobile populations, disproportionately affected by the global mobility restrictions.

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 geolocation 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.

As the situation of the COVID-19 pandemic continues to evolve, the resulting restrictive measures issued to mitigate the spread, has become increasingly complex and varied. The IOM global mobility database has been updated in a way which reflects the varied stages of measures issued at different times by countries, territories, or areas (C/T/As). As such, the evolution of global restrictive measures, has resulted in varied update timelines and can explain the difference in monthly updates.

Regional maps are available here.

#### Data is collected on the following location types:

Other Key Locations of Internal Mobility:

- 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 with internal COVID-19
  related restrictive measures, including areas with an outbreak of COVID-19 or areas under lockdown/quarantine)
- Sites with a population of interest (including stranded, repatriated and returning migrants, IDPs, nationals, asylum seekers and regular travelers, who have been affected by COVID-19 mobility restrictions at specific locations, for example hotels, temporary reception centers, camps, transit centers and detention centers). For more information on these classifications, please refer to the IOM Glossary on Migration.

While not included in this report, to give a comprehensive view of the COVID-19-related impact on mobility, please also refer to the weekly report on Points of Entry (PoEs) mentioned above, which assesses the impact on cross-border movements at locations such as:

- 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)

### The following operational status is captured for each assessed Internal Transit Point 1:

- Fully operational:
  - Open for entry and exit: all travelers can use the PoE or internal transit point.
- Partially operational:
  - Open for commercial traffic only: only transport of goods is permitted, travelers are not allowed to cross;
  - Closed for entry: travelers cannot use this location to enter the country, territory or area;
  - Closed for exit: travelers 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.
- Unknown





## Methodology & Definitions

### The report systematically captures the following types of mobility restrictions in place at assessed Internal Transit Points:

- Movement restricted to this location
- Movement restricted from 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
- Requirement for 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

### Country/territory/area level restrictions are aggregated as following:

- Significant mobility restrictions (E.g. curfew, lockdown, state of emergency, medical requirements for international arrivals and other mobility restrictions)
- No restrictions
- Specific national measures such as: national emergency declared and mandatory quarantine of arrivals from abroad

#### **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 travelers, 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) at Internal Transit Points:

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 that have been put in place in the specified locations including both internal transit points as well as PoEs. These include risk communication and community engagement, infection prevention and control, and measures to detect, manage and refer ill travelers suspected of having COVID-19, existence of 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 before referral to designated health facility.

### List of acronyms used throughout the report

- C/T/As: countries, territories or areas
- DTM: Displacement Tracking Matrix
- IDPs: Internally Displaced Persons
- ITP: Internal Transit Point
- PoE: Point of Entry
- p.p.: Percentage Point <sup>2</sup>
- 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

2. 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.



## **Executive summary**

The current COVID-19 pandemic has affected global mobility both in terms of international mobility restrictions and restrictive measures on internal movement. To better understand how COVID-19 affects global mobility, IOM has developed a global mobility database to gather, map and track data on these restrictive measures impacting movement. This report provides a global perspective of the COVID-19-related measures and restrictions imposed by countries, territories and areas impacting internal movements, as well as the resulting effects on stranded migrants and other population categories. The information in this report relies on a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking.

Data has been collected between 13 March and 25 February 2021. Data for 10 per cent of the assessed locations has been updated since the beginning of February, while data for 1 per cent of the assessed locations has been updated in January, with 5 per cent of the assessed locations that have been updated in December, while 9 per cent was last updated in November. The data for the remaining assessed internal locations was last updated before November (specifically, 4% in October, 3% in September, 7% in August, 7% in July, 17% in June, 12% in May, 16% in April and 9% in March). For more information see Table 3 in the Annex.

Through this exercise, IOM collected information from 186 C/T/As across all IOM regions. Among these, 41 per cent (76 C/T/As) declared a national emergency due to the COVID-19 pandemic and 74 per cent introduced some sort of mobility restriction. Some restrictive measures that have been adopted are quarantine for all international arrivals (68%) and the suspension of the issuance of new visas (28%). On the other hand, some facilitations for stranded populations have also been adopted, such as the automatic extension of expired visas and working permits (27%) and the removal of fines for visa overstays and expired residency and working permits (32%).

### Key Locations of Internal Mobility (Internal Transit Points, Areas of Interest, and Sites with Populations of Interest):

- IOM assessed 1,530 key locations located in 137 C/T/As, including 394 internal transit points, 481 areas of interest and 655 sites with population of interest.
- Assessed internal transit points and areas of interest were mostly situated in Asia and the Pacific, while the highest number of assessed sites with population of interest were from the East and Horn of Africa and the European Economic Area.
- 87 per cent of the assessed internal transit points were fully operational, with 7 and 3 per cent which were respectively either fully closed or partially operational. Moreover, 49 per cent of the assessed internal transit points had introduced medical measures within the location.
- The most common restrictive measures in place in the assessed areas of interest included the cancellation of public events (51% of the assessed areas), school closure (49%), alternative working arrangements (46%) and restricted operating hours for public establishments (44%). Moreover, non-essential movements outside home were restricted in 16 per cent of the assessed areas while lockdown or quarantine measures were enforced by police or military in 23 per cent of the cases.
- Stranded foreign nationals were reported in 65 per cent of the assessed sites with populations of interest, while in 20 and 14 per
  cent of cases respectively nationals and foreign nationals on their way to their country of origin were reported to be present in
  the assessed sites with population of interest.



# I. National-level mobility restrictions

4 1 %
Declared national emergency

74% imposed significant mobility restrictions<sup>4</sup>

27%
automatically extended visas and working permits

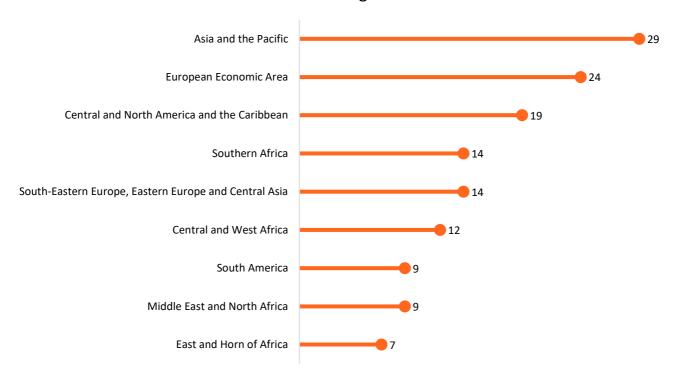
186
Assessed C/T/As

imposed mandatory quarantine for international arrivals

removed fines for visa overstays, expired residency and work permits

28% suspended the issuance of new visas

# Number of C/T/As which imposed significant mobility restrictions by IOM region



4. These mobility restrictions include, among others, curfew, lockdown, checkpoints and patrols.



# 2. Key Locations of Internal Mobility: Scope and Coverage

**394** 

Assessed Internal Transit Points

1,136

Assessed Areas and Sites

137

Assessed C/T/As

The current COVID-19 pandemic has also affected global mobility in the form of various internal travel disruptions and restrictions. To better understand how COVID-19 affects internal mobility, globally, IOM has included internal transit points as well as assessed areas and sites in the global mobility database. IOM maps and gathers data on the locations, status and restrictions at internal transit points as well as other sub-administrative such as areas of outbreak of COVID-19 or areas under lockdown/quarantine, and sites where populations of interest, such as stranded foreign nationals and IDPs, are particularly affected.

This report provides an overview and analysis on the data from a global and regional perspective, using data updated as of **25 February 2020**.

IOM has assessed a total of 1,530 locations (including internal transit points, areas of interest and sites with population of interest) in **137 countries, territories and areas** so far. The highest share of these assessed locations, which remained consistent, was sites with populations of interest (43%), followed by areas of interest and important internal transit points between cities and regions, with 32 and 26 per cent respectively. More details can be found in Table 1 in the Annex.

Table I: Number (#) and percentage (%) of assessed locations by type and IOM region

Region	Total		Internal transit points		Areas of interest		Sites with population of interest		No. of C/T/As
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	316	100%	121	38%	105	33%	90	28%	27
Central and North America and the Caribbean	157	100%	2	1%	103	66%	52	33%	18
West and Central Africa	183	100%	102	56%	30	16%	51	28%	10
East and Horn of Africa	168	100%	21	13%	20	12%	127	76%	9
European Economic Area	189	100%	2	1%	80	42%	107	57%	23
Middle East and North Africa	153	100%	26	17%	64	42%	63	41%	17
South America	66	100%	6	9%	19	29%	41	62%	9
South-Eastern Europe, Eastern Europe and Central Asia	265	100%	114	43%	48	18%	103	39%	13
Southern Africa	33	100%	0	0%	12	36%	21	64%	11
Total	1530	100%	394	26%	481	31%	655	43%	137



## 3. Overview of Internal Transit Points

394

Internal Transit Points assessed in 33 C/T/As

87%

of the assessed internal transit points are fully operational (no change compared to the previous report) 49%

of the assessed locations imposed medical restrictions (no change compared to the previous report)

Of the **394 internal transit points** monitored in 33 countries, territories or areas, a large majority were reported as **fully operational (87%**, i.e. no change compared to the previous report). The remaining internal transit points are either **fully closed (7%**, i.e. no change compared to last month) or **partially operational (3%**, i.e. no change compared to one month ago), with 3 per cent of the assessed internal transit points whose operational status is unknown. Moreover, approximately half of the assessed locations (192 out of 394, 49% of the total: no change compared to the previous report) have imposed medical restrictions, such as quarantine or medical screening.

IOM-assessed internal transit points were mostly situated in Asia and the Pacific (31%), South-Eastern Europe, Eastern Europe and Central Asia (29%) and West and Central Africa (26%). Specifically, almost two thirds of the assessed internal transit points were from only four countries: Turkey (81 assessed internal transit points, 21% of the total), Mali (74, 19%), Bangladesh (50, 13%) and the Philippines (44, 11%). The operational status of the assessed internal transit points appears very similar across the abovementioned regions with a majority of locations that are fully operational. For more information, please refer to Table 4 in the Annex.

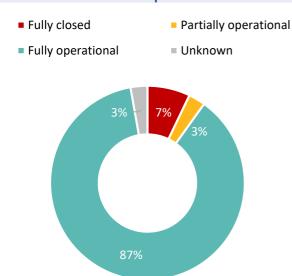
In 232 out of the 394 assessed internal transit points (59% of the total, i.e. no change compared to the previous report), the foreseen duration of the restrictions was unknown (i.e. information was unavailable). In 23 and 15 per cent of the cases the restrictions will be in place for 14 days to one month or less than 14 days, respectively. Only in 13 internal transit points (4% of the total), the restrictive measures will be valid for more than one month.

These restrictions had an **impact** on all categories of population (for more details, see Table 5 in the Annex), especially on **regular travelers** (affected in **61%** of the assessed locations) and **nationals** (**60%**). **Irregular migrants** (in **24%** of the assessed internal transit points), **returnees** (**19%**) and **IDPs** (**16%**) have also been affected by the abovementioned restrictions. Finally, a less significant impact has also been reported on **migrant workers** (in **11%** of the assessed locations) and **refugees** (**6%**).

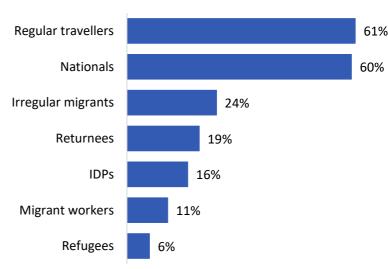


# 3. Overview of Internal Transit Points

# Operational status of the assessed internal transit points

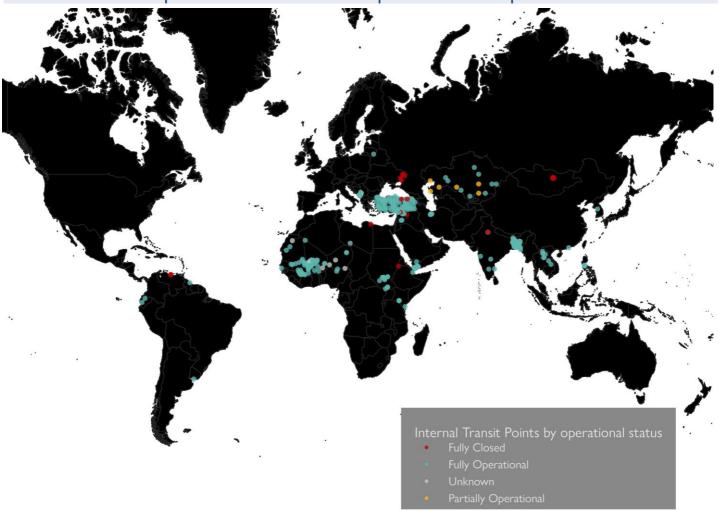


# Percentage of internal transit points with affected population



Percentage of Internal Transit Points

## Global map of assessed internal transit points and their operational status



Disclaimer: This map is for illustration purpose only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.



## 3. Overview of Internal Transit Points

## Public Health Measures

The global mobility database collects information on public health measures in assessed internal transit points through IOM's missions participating in this exercise. The data are collected in five categories, covering various aspects of public health capacity at the PoEs. The categories are: 1) Standard Operating Procedures; 2) Risk communication and community engagement; 3) Infection prevention and control; 4) Surveillance; and 5) Referral system. Among the 394 internal transit points assessed by country missions, response rates for these public health questions range from 31 to 64 per cent. Please see Table 6 in the Annex for more details on specific questions asked and the response rate for each question.

For the detection, management and referral of ill travellers, standard operating procedures were reported to be in place at 48 out of 254 (19%) of identified internal transit points.

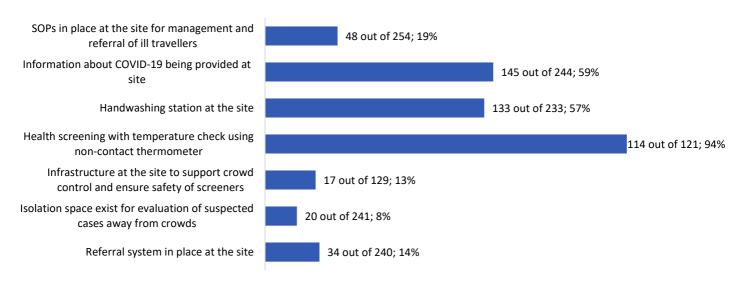
On risk communication and community engagement, 145 out of 244 (59%) assessed internal transit points reported that information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. In 133 out of 233 (57%) internal transit points, handwashing stations were available as an infection prevention and control measure.

Health screening using non-contact thermometers was reported in 114 out of 121 (94%) assessed internal transit points. Moreover, 17 out of 129 (13%) assessed internal transit points reported that there was infrastructure in place to support crowd control and ensure safety of screeners, whereas 20 out of 241 (8%) assessed internal transit points reported that the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral.

A functional referral system was reported to be in place at 34 out of 240 (14%) assessed internal transit points.

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

### Assessed internal transit points with the relevant public health measure \*



<sup>\*</sup>Covered points with response to each public health question.

Disclaimer: The reported findings on Public Health measures should be considered with important caveats. The descriptive summary provided in this report is aimed at providing a rapid capture of assessed ITPs in terms of these public health measures and prompt more detailed rigorous evaluation. Data collection is conducted by country offices with varying resources and capacity, as such assessment coverage, data collection methodologies and modalities vary. Data validation, such as verification from those designated International Health Regulation (IHR) focal points and/or competent authorities at each ITP is not presently possible. These factors impose limitations to the ability to conduct analysis across POE settings within or between countries, territories and areas and comparisons externally at regional and global levels. Furthermore, the limitations of the exercise may impact the consistency of the captured public health measures, and the inter-rater reliability across different enumerators, influencing the quality of the data.



## 4. Overview of Areas and Sites of Interest

## 4.1. Areas of Interest

**48** I

22%

51%

areas assessed in 78 C/T/As

of the assessed areas are located in the IOM region of Asia and the Pacific of the assessed areas have restrictions on public events

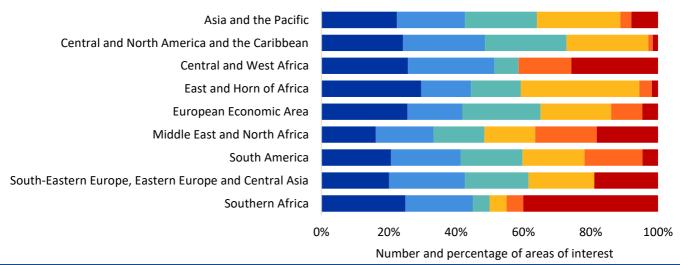
In total, 481 areas of interest were assessed in 78 countries, territories and areas (increase of 2 areas since last report). These areas were chosen from sub-national units of interest, such as areas of outbreak of COVID-19 or areas under lockdown/quarantine. Assessed areas consist of cities, towns and regions. Cancellation of public events, school closures, restricted operating hours for public establishments and alternative working arrangements can be listed as restrictive measures imposed in these areas.

There was no significant changes since last report among the regions. The IOM region of Asia and Pacific continued to have the highest share of assessed areas (105 out of 481 assessed areas or 22%), along with followed by the IOM region of Central and North America and the Caribbean (103 out of 481 assessed areas or 21%). The IOM region of European Economic Area followed with 17 per cent, IOM Region of Middle East and North Africa had 13 per cent and the IOM region of South-Eastern Europe, Eastern Europe and Central Asia had 10 per cent of the assessed areas (80, 64, and 48 areas respectively).

The type of restrictive measures being imposed on the assessed areas varied. In 51 per cent of assessed areas (245 out of 481 assessed areas) public events were cancelled or postponed. Schools were closed also in 49 per cent of the assessed areas (236 areas). Restricted operating hours for public establishments (café, restaurant, etc.) and alternative working arrangements (working remotely, etc.) were in place in 44 and 46 per cent of the assessed areas (212 and 221 areas respectively). Movement outside home was restricted in 16 per cent of the assessed areas while lockdown or quarantine measures were enforced by police or military in 23 per cent of them (76 and 112 assessed areas). The largest proportion of areas with an expected duration of restrictions (36%), was 14 days to one month, followed by less than 14 days (20%), one to three months (5%) and more than 3 months (1%). However, in 37 per cent of assessed areas, the expected duration of restrictions was unknown.

## Number and type of restrictions in areas of interest by IOM 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





## 4. Overview of Areas and Sites of Interest

## 4.2. Sites with Populations of Interest

655

19%

**65%** 

sites assessed in 116 C/T/As

of the assessed sites are located in the IOM region of East and Horn of Africa

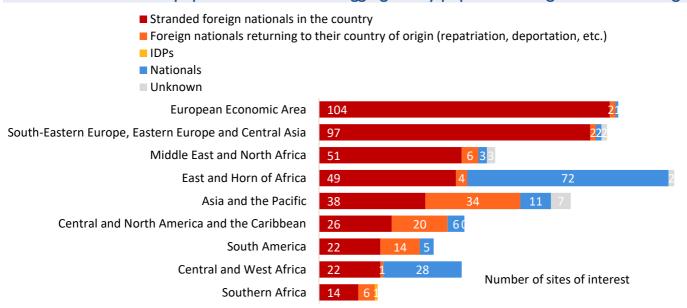
of the assessed sites have reported cases of stranded foreign nationals

In total, 651 (increase of 4 assessed sites since the last assessment) sites were assessed in 116 countries, territories and areas. These sites were selected as they concern populations of interest such as stranded foreign nationals and IDPs. Hotels, temporary reception centers, camps, transit centers and detention centers can be given as examples of such assessed sites.

Affected population groups consisted of stranded, repatriated and returning migrants, IDPs, asylum seekers and regular travelers. In 65 per cent of the assessed sites with populations of interest, foreign nationals were reportedly stranded (423 out of 655 assessed sites) and in 14 per cent of cases foreign nationals reported returning to their country of origin (89 sites) were impacted, while in 20 per cent of sites, nationals were affected by restrictive measures (128 sites). In 2 per cent of the sites, there were other affected population groups including migrants and refugees that were in reception centers before COVID-19 (14 sites). In only one site, IDPs were affected by restrictive measures.

Among the regions, the IOM region of East and Horn of Africa, European Economic Area and South-Eastern Europe, Eastern Europe and Central Asia had the highest proportion of sites (19%, 16%, 16% respectively). IOM region of European Economic Area had the highest proportion of sites with stranded foreign nationals in the country (25% or 104 out of 423 stranded foreign nationals), followed by the IOM region of South-Eastern Europe, Eastern Europe and Central Asia with 23 per cent. The IOM region of Asia and Pacific has the highest proportion of sites with reported cases of nationals returning to their country of origin (38%) followed by IOM Region of Central and North America and the Caribbean with 22 per cent, while IOM region of East and Horn of Africa reported the highest per cent of sites with reported cases of affected nationals (56%). Analysis within regions can be also conducted in order to investigate the distribution of sites with populations of interest in certain regions. In 97 and 94 per cent of the sites in the IOM region of European Economic Area and IOM region of South-Eastern Europe, Eastern Europe and Central Asia, respectively, there were reported cases of stranded foreign nationals. In 38 per cent of the sites in IOM region of Asia and Pacific and the region of Central and North America and the Caribbean, separately, there were reported cases of foreign nationals returning to their country of origin, who were impacted while nationals were the most impacted the most in IOM Region of East and Horn of Africa (in 57% of the assessed sites).

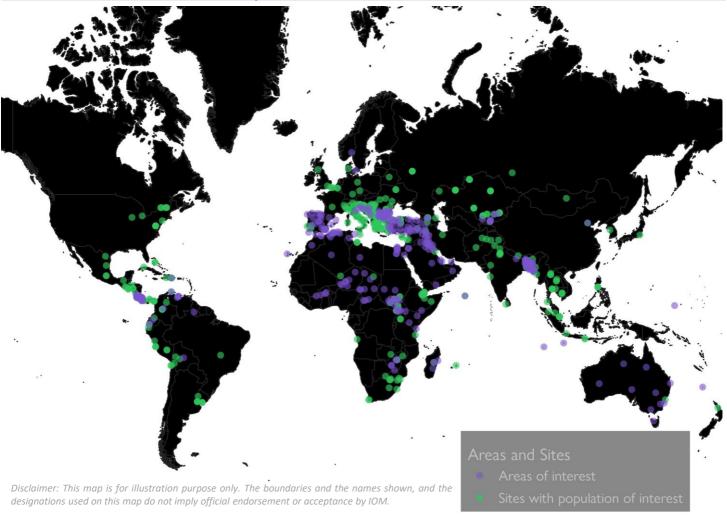
## Number of sites with population of interest disaggregated by population categories and IOM region





# 4. Overview of Areas and Sites of Interest

## Global map of assessed Areas and Sites of Interest



## 5. Case Study: Chile

This section provides reported examples of the various ways in which COVID-19 mitigation measures have had an impact on populations of concerns during the pandemic, using Chile as a case study. This section is intended to present an overview and the case study is not meant to be a comprehensive account of the impact of COVID-19 in the country. The information presented in this case study comes from a range of sources including IOM Regional Offices and Country Missions, IOM sitreps, IOM files and media outlets. Please note that the content in this section is dependent on what is reported and available from reports mentioned.

The COVID-19 pandemic and its associated mitigation measures have impacted migrants in diverse and complex ways. Hundreds have been left stranded in Chile, many of whom are from neighbouring countries such Argentina, Brazil, the Plurinational State of Bolivia, Colombia, Ecuador, Peru and the Bolivarian Republic of Venezuela due to travel restrictions, border closures and the costs associated with returning home. For example, 270 Colombian migrant workers requested for a humanitarian flight to return home as they were unable to afford the cost of airfare – about 615 USD each. Other reports of people stranded in Chile included approximately 1,000 Argentinian migrants who remained in limbo for almost nine months, as of 10th December 2020, 227 Mexican nationals, and 48 Ecuadorian nationals, including children, pregnant women and older people.

Many were reported to be in vulnerable conditions, including individuals with medical conditions and others who no longer have the financial means to pay for shelter or food. According to reports, hundreds of people were camping outside their respective embassies to request for return assistance. It was reported on 20th May 2020 that 600 Venezuelan nationals were camped outside the Venezuelan embassy in Santiago, Chile's capital, while an article published on 16th April 2020 reported that approximately 800 labour migrants from the Plurinational State of Bolivia and Peru were housed in a disused school In the Chilean city of Iquique, with another 250 were sleeping outside the Bolivian consulate.

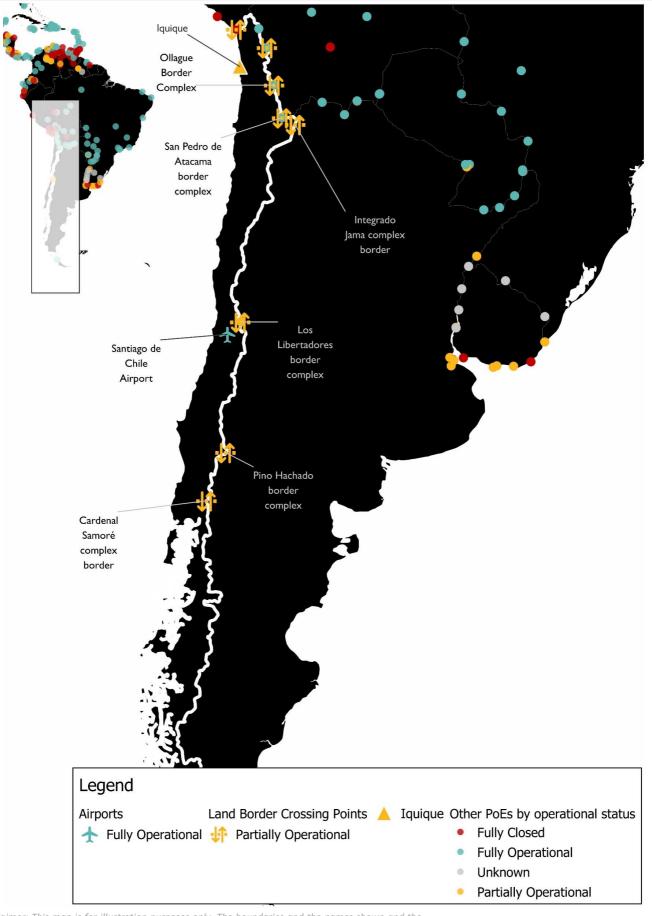
There were additional reports of people in precarious living conditions. For instance, approximately 350 Colombian and 50 migrants from Ecuador signed an affidavit in exchange for a return flight funded by the Chilean government, according to an article published on 10th June 2020. The affidavit states that they are not allowed to return to Chile for nine years and have to rescind any application for residence or refuge or revoke refugee status if they have it. Meanwhile, on 25th October 2020, it was reported that Cuban migrants were being mistreated and/or were eventually forced to leave a migrants' shelter for requesting access to food and adequate nutrition in the city of Santiago. The arrival of winter in Chile and the COVID-19 pandemic have made the situation of stranded migrants more vulnerable, particularly those without shelter.

Amid the COVID-19 pandemic, responses by the Chilean government to support various groups were also reported. The Chilean government implemented a rule permitting irregular migrants to formalise their status provided that they have lived in Chile for more than two years. The aim of this is to facilitate their access to support during COVID-19 related restrictions. Additionally, the Chilean government formed a private-public partnership with the Confederation of Production and Commerce, which is comprised of Chilean companies and entrepreneurs. This partnership is intended to operate humanitarian flights from the country to return migrants stranded in Chile home to their countries and to return stranded Chilean nationals from abroad. The first flight occurred on 6th July 2020 and brought 147 nationals of the Dominican Republic back from Chile and then 107 Chilean nationals and permanent residents back on 14th July. On 26th July, 180 Colombian nationals also returned to Bogotá on a humanitarian flight. Using the same plane, 140 Chilean nationals and Colombian permanent residents of Chile returned to Santiago. The return operations were fully financed by the Confederation of Production and Commerce.

<sup>3.</sup> Please visit the Methodology tab of migration.iom.int for more information on stranded migrant mapping methodology.



# 5. Case Study: Chile



Disclaimer: This map is for illustration purposes only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.

<sup>3.</sup> Please visit the Methodology tab of migration.iom.int for more information on stranded migrant mapping methodology.



Table 2: Number of C/T/As which imposed significant mobility restrictions by IOM region

Region	Yes	No	Unknown	n/a	No. of C/T/As per region
Asia and the Pacific	29	8	0	3	40
Central and North America and the Caribbean	19	3	0	3	25
Central and West Africa	12	7	0	2	21
East and Horn of Africa	7	1	0	1	9
European Economic Area	24	4	0	2	30
Middle East and North Africa	9	8	0	0	17
South America	9	1	0	0	10
South-Eastern Europe, Eastern Europe and Central Asia	14	5	0	0	19
Southern Africa	14	1	0	0	15
Total	137	38	0	11	186

Table 2.1: Measures taken by C/T/As in response to COVID-19

Measure taken in response to COVID-19	Yes	No	Unknown	n/a	Total
Automatic extension of visas and work permits	50	48	44	44	186
National emergency declared	76	98	0	12	186
Quarantine for international arrivals	127	47	0	12	186
Removal of fines for visa overstays or expired residency or work permit	60	34	48	44	186
Significant mobility restrictions	137	38	0	11	186
Suspension of issuance of new visas	53	96	0	37	186

Table 3: Number of location updates by month

Location Type	March	March (%)	April	April (%)	May	May (%)
Area	90	19%	54	11%	45	9%
Area2	0	0%	182	28%	55	8%
Internal Transit Point	47	12%	15	4%	79	20%
Total	137	9%	251	16%	179	12%

Location Type	June	June (%)	July	July (%)	August	August(%)
Area	74	15%	68	14%	59	12%
Area2	65	10%	30	5%	33	5%
Internal Transit Point	122	31%	6	2%	14	4%
Total	261	17%	104	7%	106	7%

Location Type	September	September(%)	October	October(%)	November	November(%)
Area	21	4%	6	1%	3	1%
Area2	16	2%	24	4%	125	19%
Internal Transit Point	10	3%	32	8%	17	4%
Total	47	3%	62	4%	145	9%

Table 2: Number of C/T/As which imposed significant mobility restrictions by IOM region

Location Type	December	December(%)	January 2021	January 2021 (%)	February 2021	February 2021 (%)	Total	Total (%)
Area	8	2%	3	1%	50	10%	481	100%
Area2	34	5%	7	1%	84	13%	655	100%
Internal Transit Point	28	7%	9	2%	15	4%	394	100%
Total	70	5%	19	1%	149	10%	1530	100%

Table 4: Number (#) and percentage (%) of operational status at internal transit points

Region	Fully (	/ (Insert		tially ational Fully Ope		erational	Unknown		Total	
	#	%	#	%	#	%	#	%	#	%
Asia and the Pacific	9	7%	0	0%	112	93%	0	0%	121	100%
Central and North America and the Caribbean	0	0%	0	0%	2	100%	0	0%	2	100%
West and Central Africa	0	0%	0	0%	93	91%	9	9%	102	100%
East and Horn of Africa	1	5%	0	0%	20	95%	0	0%	21	100%
European Economic Area	0	0%	0	0%	1	50%	1	50%	2	100%
Middle East and North Africa	4	15%	2	8%	20	77%	0	0%	26	100%
South America	3	50%	0	0%	3	50%	0	0%	6	100%
South-Eastern Europe, Eastern Europe and Central Asia	11	10%	9	8%	93	82%	1	1%	114	100%
Total	28	7%	11	3%	344	87%	11	3%	394	100%

Table 5: Affected population categories at internal transit points

Location type	Nationals	Regular travellers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	No. of locations assessed
Number	235	239	94	76	64	24	43	394
Percentage	60%	61%	24%	19%	16%	6%	11%	100%

Table 6: Public health measures at 394 internal transit points

Public health measures	Yes	No	Don't know	No response	Total responses	Response rate%			
Standard operating procedures									
SOPs in place at the site for management and referral of ill travelers	48	87	119	140	254	64			
Risk communication									
Information about COVID-19 being provided at site	145	64	35	150	244	62			
Infection prevention and control									
Handwashing station at the site	133	68	32	161	233	59			
Surveillance									
Health screening with temperature check using non-contact thermometer	114	0	7	273	121	31			
Infrastructure at the site to support crowd control and ensure safety of screeners	17	7	105	265	129	33			
Isolation space exists for evaluation of any suspect case away from crowds	20	88	133	153	241	61			
Referral system									
Referral system in place at the site	34	75	131	154	240	61			

Table 7: Number of areas of interest in each IOM Region

Region	Areas of interest	Percentage of Total	No. of C/T/As
Asia and the Pacific	105	22%	10
Central and North America and the Caribbean	103	21%	9
West and Central Africa	30	6%	4
East and Horn of Africa	20	4%	5
European Economic Area	80	17%	15
Middle East and North Africa	64	13%	15
South America	19	4%	7
South-Eastern Europe, Eastern Europe and Central Asia	48	10%	8
Southern Africa	12	2%	5
Total	481	100%	78

Table 7.1: Number and type of restrictions in areas of interest

Region	Public events cancelled or postponed	Schools closed	Restricted operating hours for public establishments (café, restaurant, etc.)	Alternative working arrangements (work remotely, etc.)	Restricted	Lockdown/ quarantine enforced by police or military	Total
Asia and the Pacific	20	18	19	22	3	7	105
Central and North America and the Caribbean	93	93	93	93	5	6	103
Central and West Africa	18	18	5	0	11	18	30
East and Horn of Africa	16	8	8	19	2	1	20
European Economic Area	11	7	10	9	4	2	80
Middle East and North Africa	31	33	29	29	35	35	64
South America	18	18	16	16	15	4	19
South-Eastern Europe, Eastern Europe and Central Asia	33	37	31	32	0	31	48
Southern Africa	5	4	1	1	1	8	12
Total	245	236	212	221	76	112	481

Table 7.2: Duration of restrictive measures in areas of interest

Duration	No. of Areas of interest	Percentage				
1 - 3 months	24	5%				
14 days to One month	174	36%				
Less than 14 days	98	20%				
More than 3 months	6	1%				
Specific Date	1	0%				
Unknown	178	37%				
Total	481	100%				

Table 8: Affected population categories in the sites of interest

Affected population categories	No. of Sites of interest	Percentage
Foreign national returning (on the way) to origin (Returnee/Repatriation/Deportation)	89	14%
Foreign national stranded in country (Stranded)	423	65%
IDPs	1	0%
Nationals	128	20%
Unknown	14	2%
Total	655	100%



Table 8.1: Number (#) of sites disaggregated by population categories and by IOM region

Region	Stranded foreign nationals in the country		Foreign nationals returning to their country of origin (repatriation, deportation, etc.)		IDPs		Nationals		Other		Unknown		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	Region's %
Asia and the Pacific	38	42%	34	38%	0	0%	11	12%	0	0%	7	8%	90	100%
Central and North America and the Caribbean	26	50%	20	38%	0	0%	6	12%	0	0%	0	0%	52	100%
Central and West Africa	22	43%	1	2%	0	0%	28	55%	0	0%	0	0%	51	100%
East and Horn of Africa	49	39%	4	3%	0	0%	72	57%	0	0%	2	2%	127	100%
European Economic Area	104	97%	2	2%	0	0%	1	1%	0	0%	0	0%	107	100%
Middle East and North Africa	51	81%	6	10%	0	0%	3	5%	0	0%	3	5%	63	100%
South America	22	54%	14	34%	0	0%	5	12%	0	0%	0	0%	41	100%
South-Eastern Europe, Eastern Europe and Central Asia	97	94%	2	2%	0	0%	2	2%	0	0%	2	2%	103	100%
Southern Africa	14	67%	6	29%	1	5%	0	0%	0	0%	0	0%	21	100%
Total	423	65%	89	14%	1	0%	128	20%	0	0%	14	2%	655	100%