IOM COVID-19 POINTS OF ENTRY ANALYSIS

26 June 2020

SOUTH-EASTERN EUROPE, EASTERN EUROPE AND CENTRAL ASIA

IOM
UN MIGRATION

PUBLISHER

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 dtmcovid19@iom.int

COVER PHOTO:
Fever screening during COVID-19 pandemic at the Republic of Moldova Points of Entry.

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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).[1]

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

1. This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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 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):
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[2]
- 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

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.

1. Scope and Coverage: Numbers at a glance

19

Assessed C/T/As

107

Assessed Internal Transit Points[3]

625

Assessed Points of Entry

119

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. In addition, it looks at the availability of public health measures at the assessed locations, including tools/measures in the event of a COVID-19 case on site. 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.

IOM has assessed 4,930 locations in total (including PoEs, internal transit points, areas of interest and sites with population of interest) in 176 countries, territories and areas as of June 2020. At the same time, in the **SEEECA region, 851 locations in 19 countries, territories and areas (C/T/As)** were assessed. It is noteworthy to mention that additional 49 locations were assessed since the last round of reporting (28 May 2020) within the scope of this report. Of these, 50 per cent were land border crossing points, 14 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, 13 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 PoEs and internal transit points in the SEEECA region, 36 per cent were reported as fully closed, 21 per cent were reported to be partially operational, and 41 per cent fully operational (open). At the same time, only 3 per cent of the assessed location status was classified as other (see Table 2 and 2.1).

3. 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.

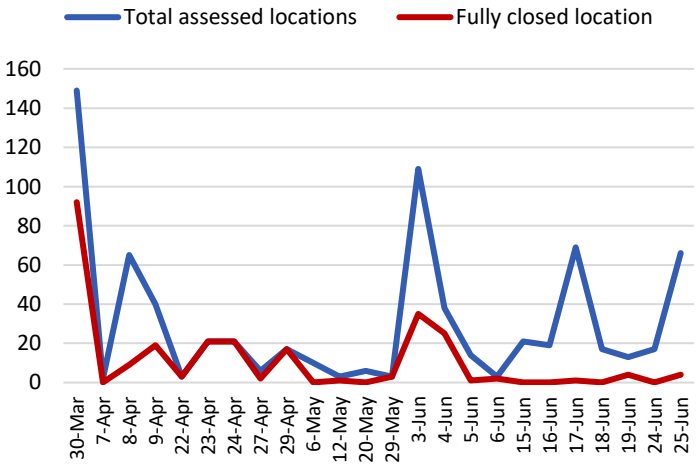
1. Scope and Coverage: Numbers at a glance

Points of Entry and internal transit points[4]

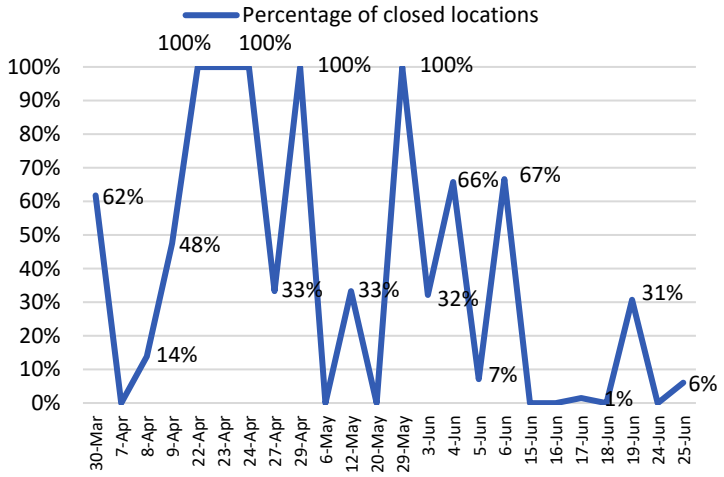
Table 1: Number of assessed locations by type in the SEEECA Region

	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	107	424	79	48	71
% of total assessed locations	14%	13%	50%	9%	6%	8%

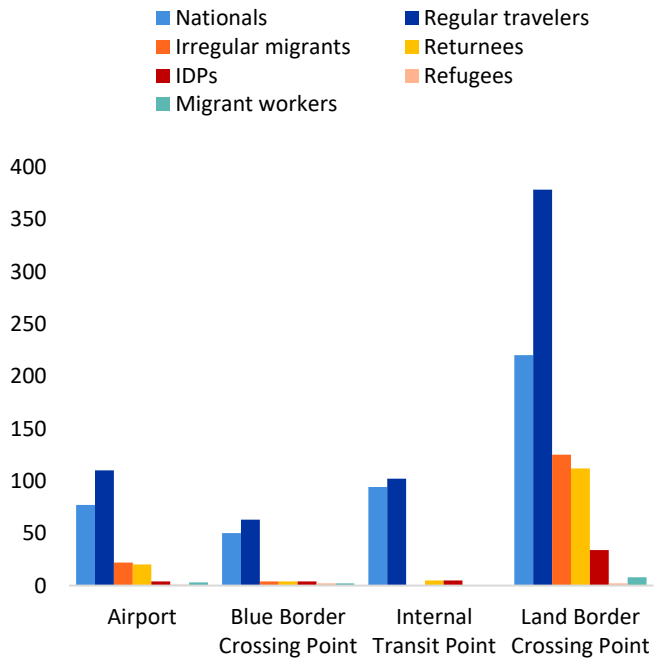
Total number of assessed and closed locations



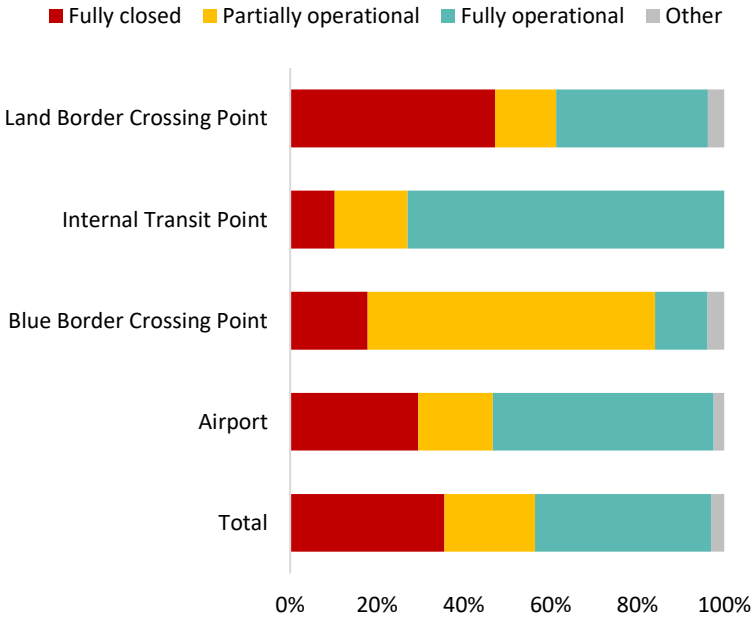
Percentage of assessed locations that are closed



Affected population categories at assessed locations



Operational status of assessed locations

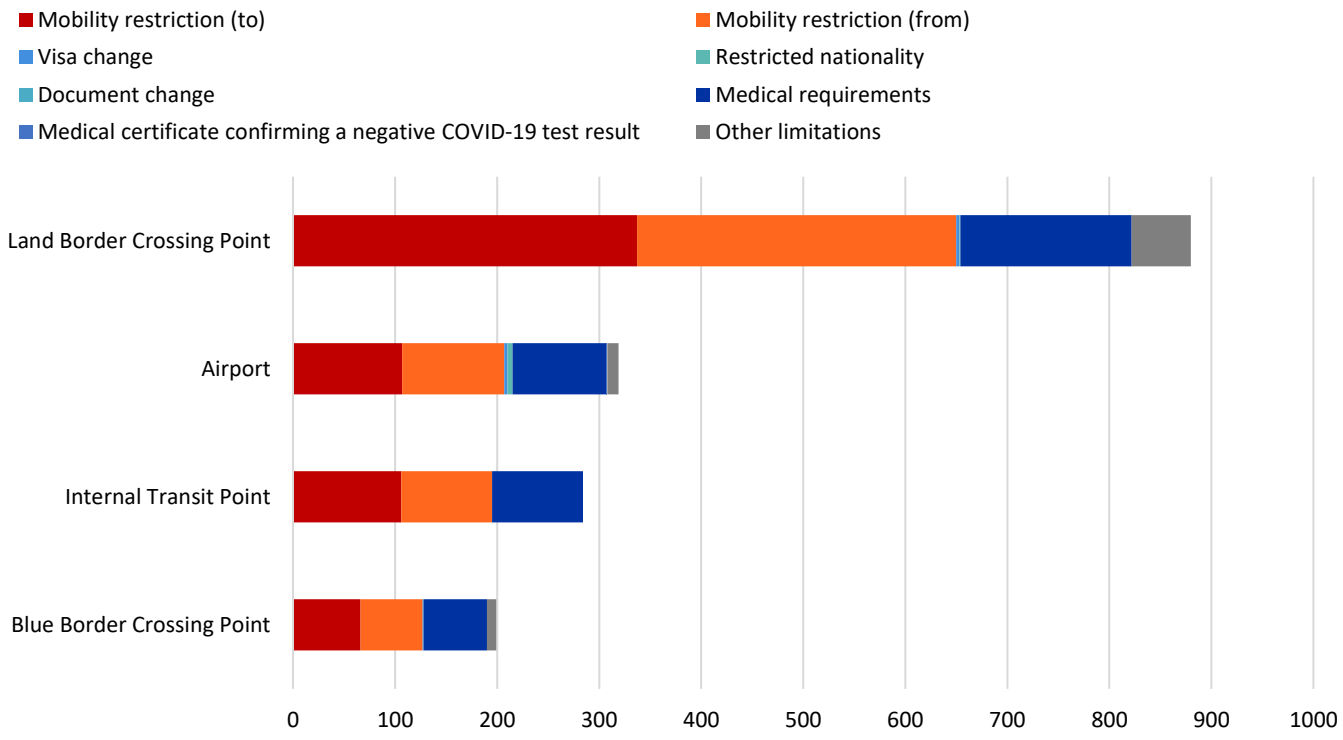


4. The graphs represented in the following sections, 'Scope and Coverage: Numbers at a glance', and 'Situational Overview: SEEECA Region' refer to assessed locations, which includes Points of Entry and internal transit points only. Areas of interest and sites with population of interest will be presented in the section 'Overview of Areas and Sites of Interest' (see page 17-18).

2.Situational Overview: SEEECA Region

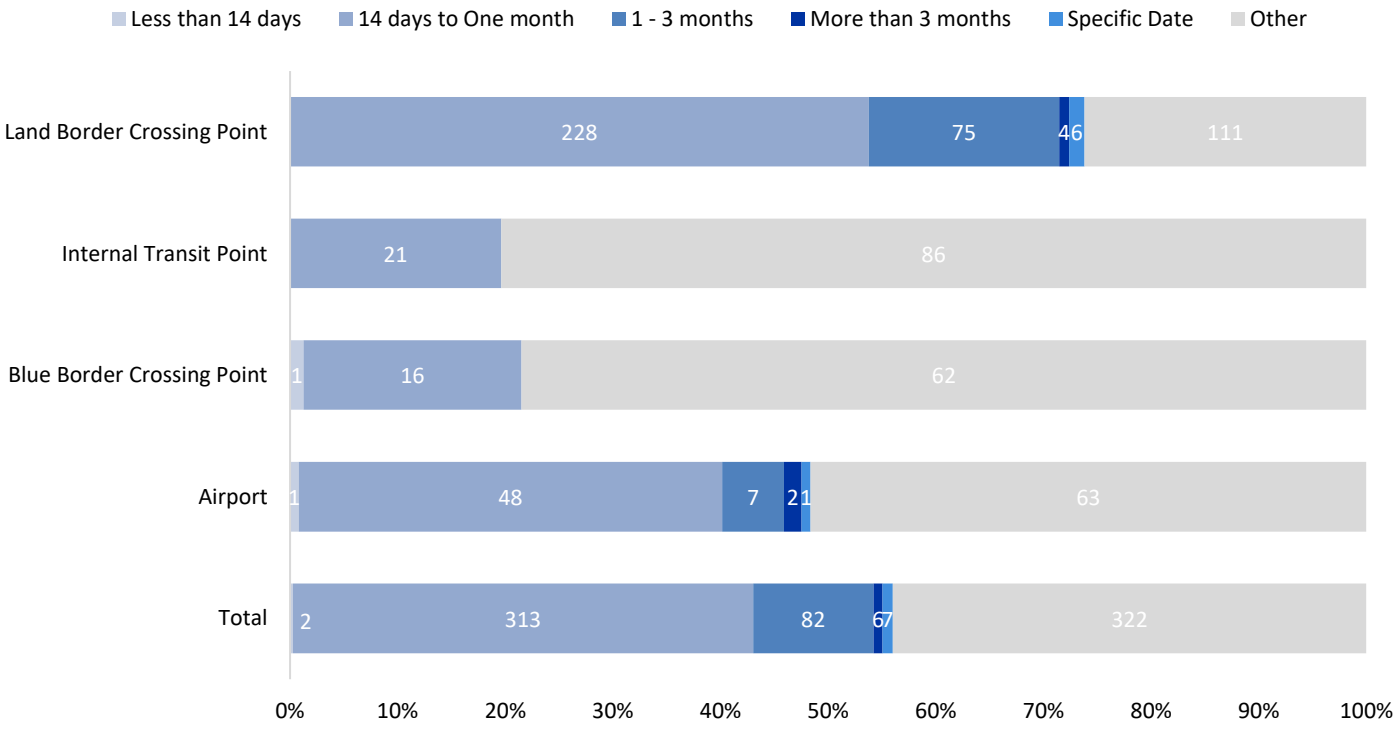
Points of Entry and internal transit points

Number and type of restrictive measures imposed at assessed locations in the SEEECA region[5]



5. 'Visa change' within the scope of this report refers to changes in visa requirements, exemplified by removal of fines for visa overstays or expired residency or work permits, or situations where governments allow foreigners to change one type of visa to another, in order to allow them to stay in the country during COVID-19 outbreak, while 'document change' refers to changes in identification documents required to disembark to a location

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



3.Overview of Airports

122

Airports assessed in 19 C/T/As

51%

of the assessed airports are fully operational

14 days to one month

duration of most common restrictions imposed (39%), 52% were unknown, i.e. information unavailable)

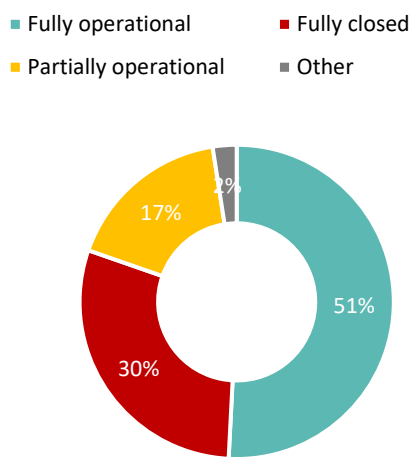
In total, 122 airports were assessed in 19 countries, territories and areas. The operating status of the assessed airports varied but most airports were either fully operational (51% or 62 airports), or partially operational (17% or 21 airports). Moreover, 30 per cent of the assessed airports remained closed (36 airports). The information was not available for 3 of the assessed airports (for more details, see Table 2 and 2.1).

The most common mobility restrictions or restrictive measures imposed at assessed airports were landing in and departing from the assessed airport with 88 and 82 per cent of the assessed airports by these measures, respectively (see Table 4.1). Other common restrictive measures imposed at the airports were medical requirements, such as medical screening, medical certificates or quarantine measures (adopted in 75% of the assessed airports), 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 9 per cent of the assessed airports.

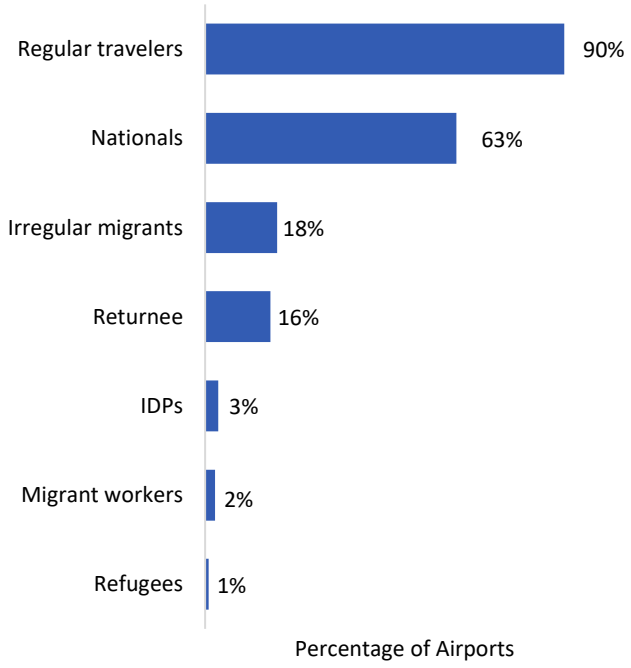
As of 26 of June 2020, the most common duration of imposed restrictions at assessed airports was 14 days to one month (39% of the cases), while 6 per cent of them were expected to remain in place for a duration between one to three months. Only 2 of the assessed airports were going to apply restrictive measures for more than three months. Finally, in 52 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported to be other (i.e. other restriction measures or information unavailable).

The restrictive measures imposed at assessed airports had an impact on mobile populations (see Table 3 and 3.1), largely affecting regular travelers (in 90% of assessed locations), nationals (63%), irregular migrants (18%), returnees (16%), IDPs (3%), migrant workers (2%) and also refugees (1%).

Operational status of the assessed airports



Affected population category at assessed airports



3.Overview of Airports

Public Health Section

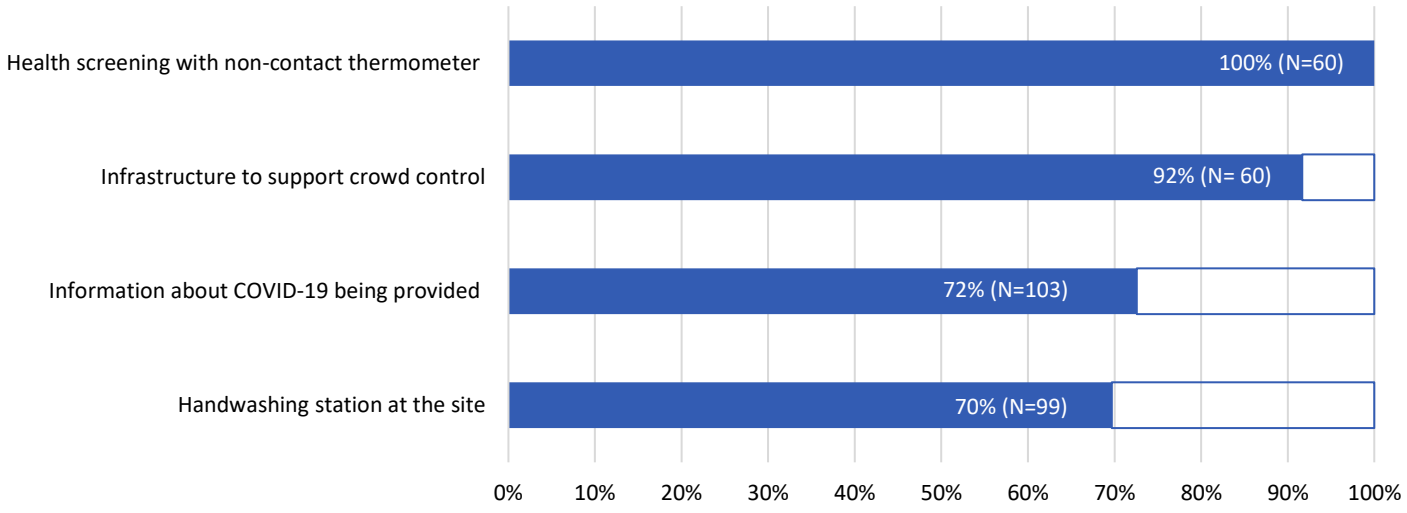
The following public health measures were reported in specified airports through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6).

Regarding risk communication and community engagement, which refer to information provision to travellers concerning COVID-19 on site through leaflets, posters or announcements, 72 per cent of the specified airports (74 out of the 103 identified airports) reported that information was provided on site accordingly. In 70 per cent of the assessed airports (69 out of 99 identified airports) handwashing stations were reportedly available as an infection prevention and control measure.

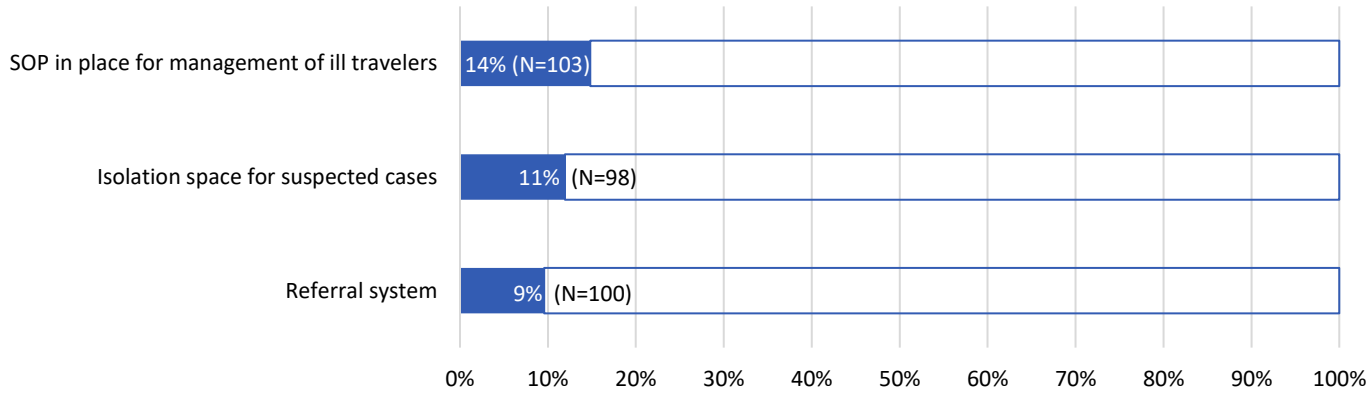
Health screening through non-contact thermometers was reported to be in place in all the assessed airports where this information was available (60 identified airports). Moreover, 92 per cent of all the identified airports (55 out of 60) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

For the detection, management and referral of ill travellers, standard operating procedures (SOPs) were reported to be in place in 14 per cent of identified airports (15 out of 103 identified airports), while a referral system was reported to be in place in 9 out of 100 of the 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 to be in place in 11 out of 98 specified airports (11% of the total).

Public health measures in place at the assessed locations



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



3.Overview of Airports

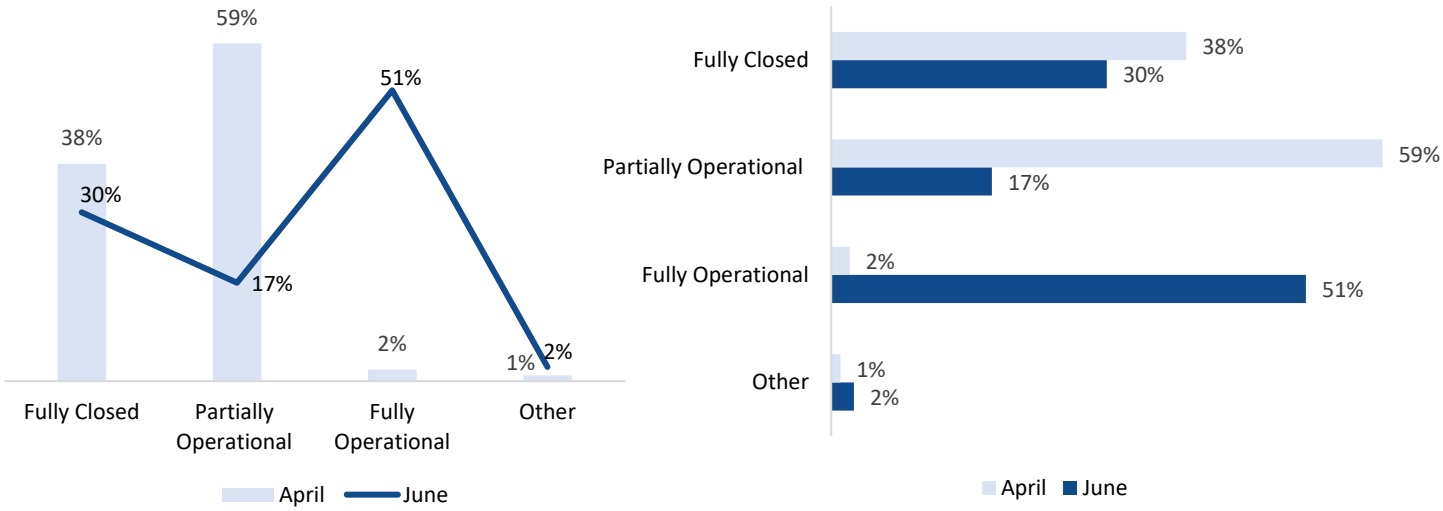
Changes in mobility restrictions over time (April – June 2020)

The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of airports and the restriction measures in place at the assessed locations.

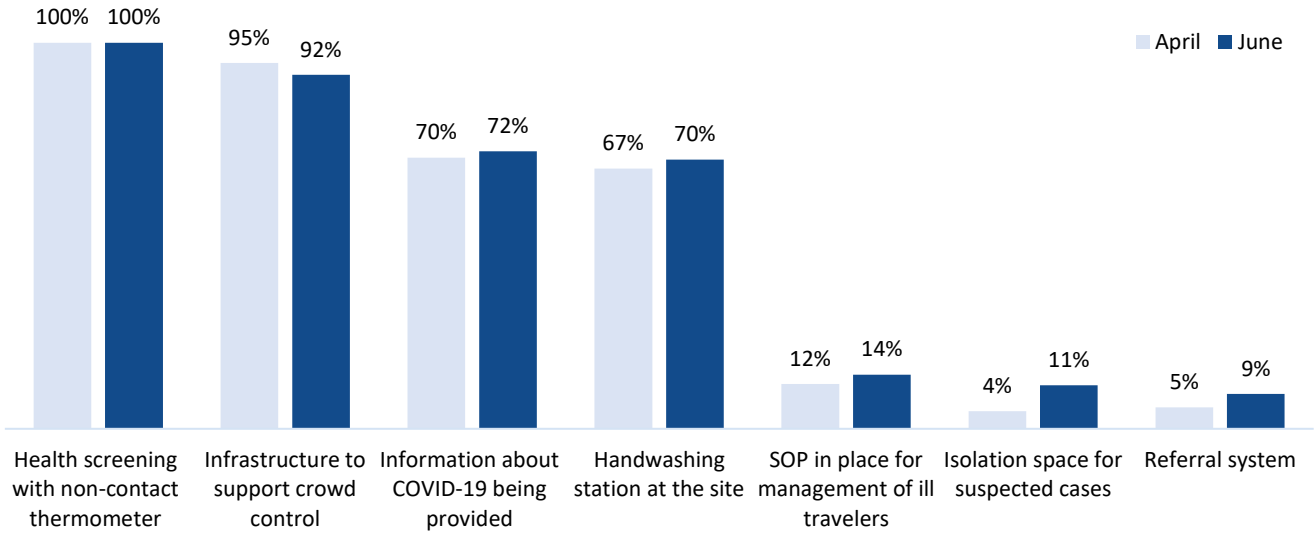
The operational status of the assessed airports varied between April – June 2020. Although the percentage of airports classified as fully closed remained moderately stable (38% in April and 30% at the end of June), the number of airports that were fully operational increased significantly from 2 percent (recorded in April), to 51 per cent by the end of June 2020. At the same time, the partial operationalization of the airports (partially operational airports) of the assessed locations had decreased from 59 per cent to 17 per cent of the assessed locations by the end of June since April.

The public health measures in place at the specified airports within the SEEECA region remained relatively stable during April – June 2020. Slight increases of public health measures and available measures/tools were recorded. The number of referral systems in place at the assessed sites increased by 4 per cent by the end of June (from 5% to 9%), while the number of standard operating procedures (SOPs) increased by only 2 per cent (from 12% to 14%) in the same period. At the same time, health screening with temperature check using non-contact thermometer were reported to be in place at all the assessed locations where this information was available during the entire reporting period (April – June 2020). Finally, a minor increase in handwashing stations (from 67% to 70%) and in risk communication and community engagement (from 70 to 72%) at the assessed sites were reported.

Operational status of the assessed airports



Public health measures in place at the assessed airports



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

79

Blue Border Crossing Points Assessed in 8 C/T/As

66%

of the assessed blue border crossing points are partially operational

14 days to one month

duration of most common restrictions imposed (20%), 78% were unknown, i.e. information unavailable)

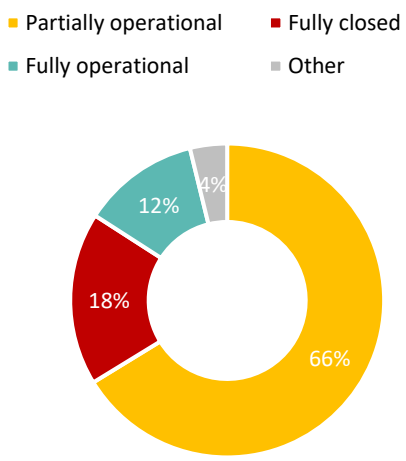
IOM assessed a total of 79 blue border crossing ports in 8 different countries, territories and areas. The operational status of the assessed ports varied with 66 per cent of blue border crossing points (or 52 locations) which were partially operational, 18 per cent (14 locations) fully closed. Finally, 12 per cent of the blue border crossing points (10 locations) assessed were fully operational (for more details, see Table 2 and 2.1).

The most common mobility restrictions or restrictive measures imposed at ports concerned disembarkation at and embarkation from a port (84% and 77%, respectively), followed by medical requirements (78%) 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, in 11 per cent of the assessed ports other mobility limitations were imposed.

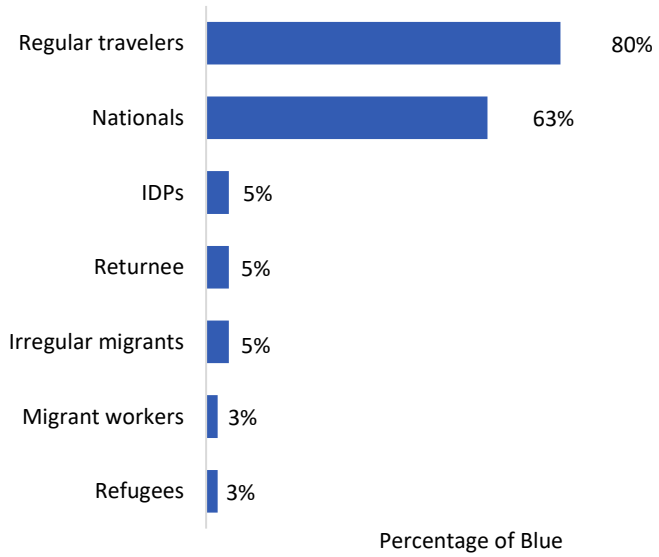
The share of restrictions expected to be in place for a period between 14 days and one month was recorded in 20 per cent of the cases. None of the assessed locations expected durations of restrictive measures lasting for one to three months, while in only 1 per cent of assessed blue border crossing points restrictions were planned to be valid for less than 14 days. Also, in 78 per cent of the assessed port (62 out of 79 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 80% of assessed locations), nationals (63%), returnees, irregular migrants and IDPs (5% respectively), and finally migrant workers and refugees (3% of the assessed locations respectively).

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

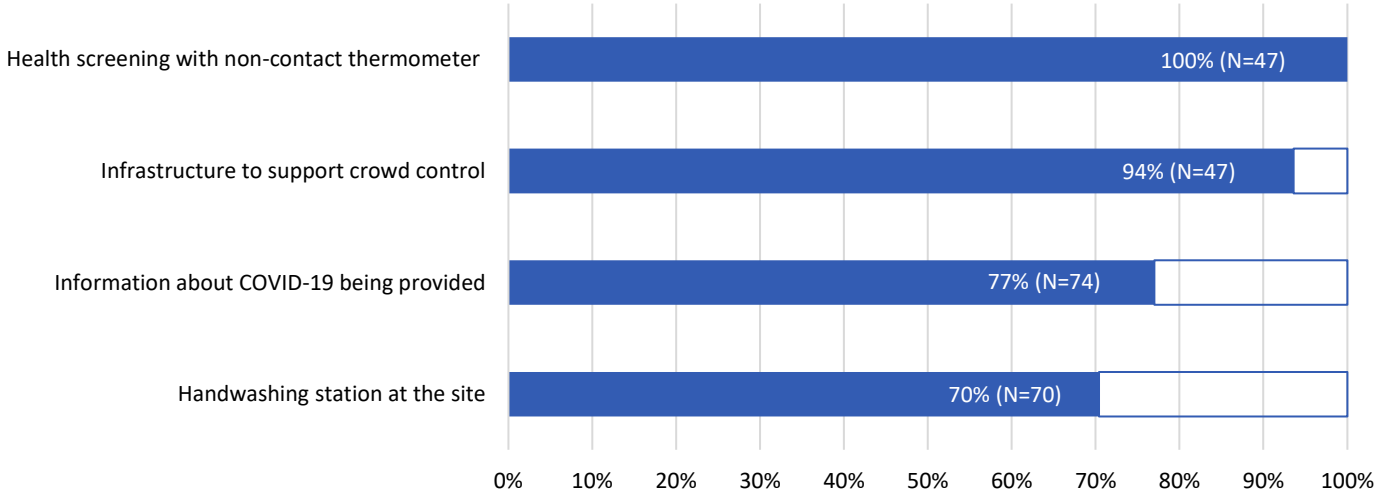
The following public health measures were reported in specified blue border crossing points through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6.1).

Regarding risk communication and community engagement, in 77 per cent of the specified blue border crossing points (57 out of 74 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Furthermore, 50 out of the 71 blue border crossing points assessed (70% of the identified locations) reported that handwashing stations were available as an infection prevention and control measure.

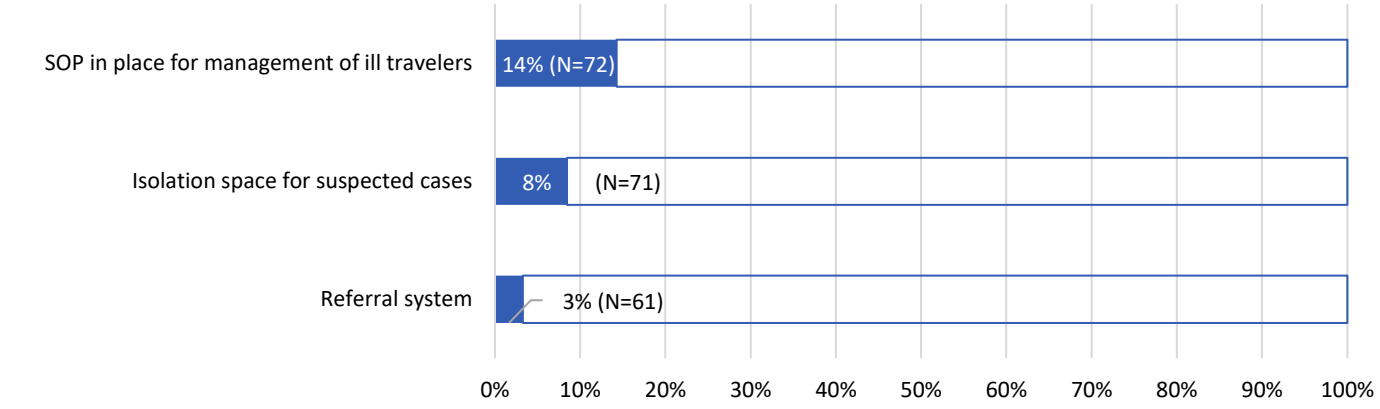
Health screening through non-contact thermometers was reported in all the assessed blue border crossing points (47 out of 47 assessed locations). Moreover, of the 47 identified locations for which this information was available, 44 blue border crossing points (94%) had infrastructure in place to support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

For the detection, management and referral of ill travellers, SOPs were reported to be in place in 14 per cent of identified blue border crossing points (10 out of 72 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, in 6 out of the 71 specified blue border crossing points (or 8%) reported the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral.

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)

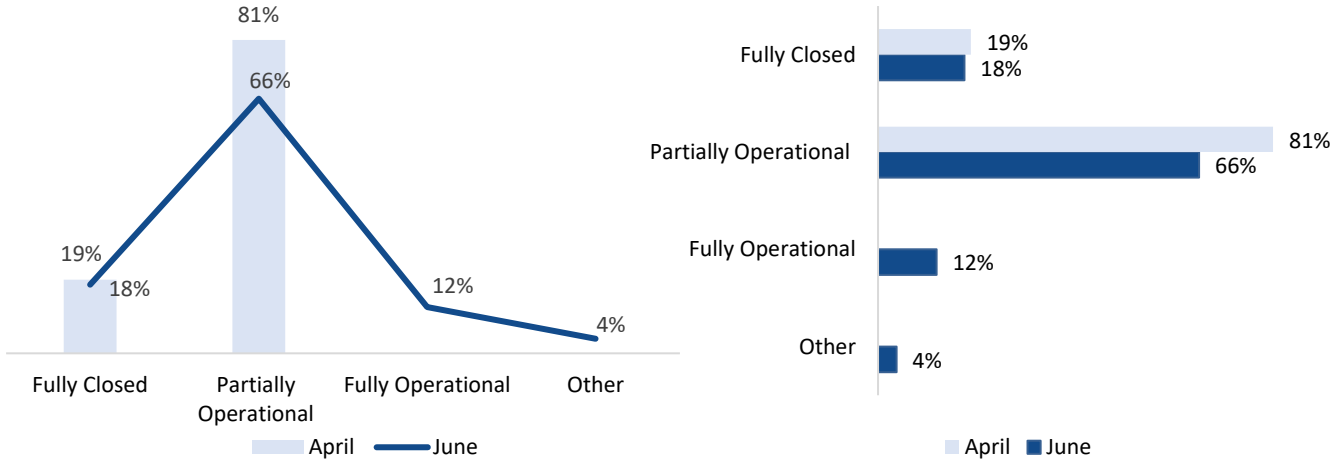
Changes in mobility restrictions over time (April – June 2020)

The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of blue border crossing points and the restriction measures in place at the assessed locations.

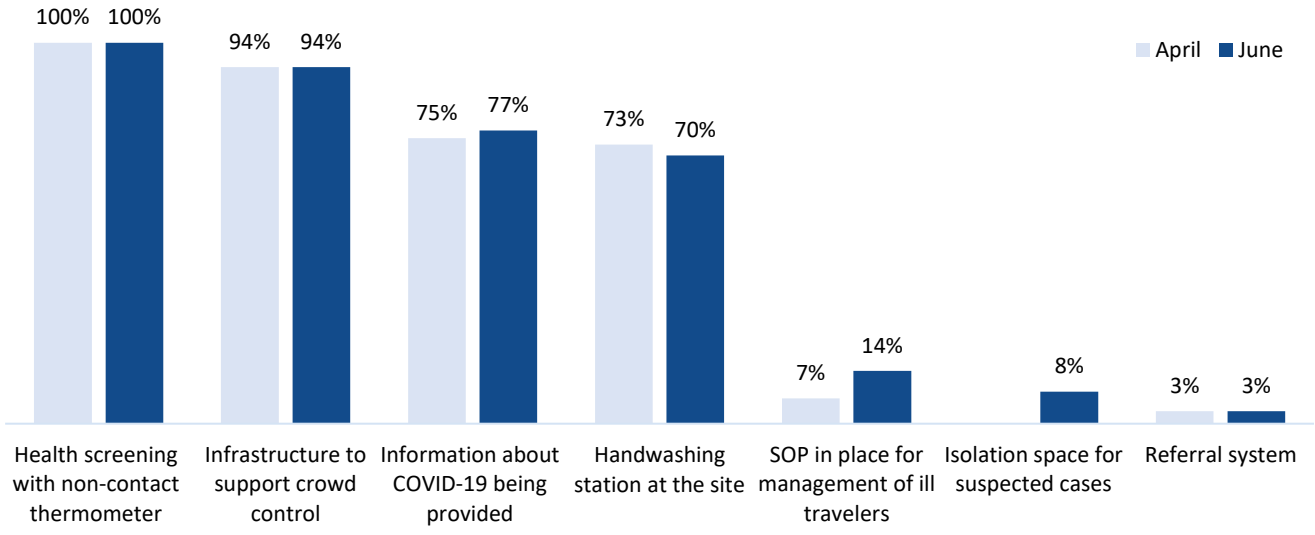
The operational status of the assessed blue border crossing points (ports) varied between April – June 2020. Although the percentage classified as fully closed remained moderately stable (19% in April and 18% at the end of June), the number of blue borders that were fully operational increased by 12 per cent by the end of June 2020 when comparing with April, where none of the assessed locations were recorded as being fully operational. At the same time, the partial operationalization of the assessed ports decreased from 81 per cent to 66 per cent by the end of June since April.

The public health measures in place at the specified blue border crossing points within the SEEECA region remained relatively stable during April – June 2020. Slight increases of public health measures and available measures/tools were recorded. The number of SOPs in place at the assessed sites increased by 7 per cent by the end of June (from 7% to 14%), while the number of referral systems remained unchanged. At the same time, health screening with temperature check using non-contact thermometer were reported to be in place at all the assessed locations where this information was available during the entire reporting period (April – June 2020). Finally, the number of handwashing stations decreased slightly by 3 per cent (from 73% to 70%), while the availability of isolation spaces for suspected cases present on site at the assessed locations had increased from 0 to 8 per cent by the end of June since April.

Operational status of the assessed blue border crossing points



Public health measures in place at the assessed blue border crossing points



5. Overview of Land Border Crossing Points

424

Land Border Crossing Points assessed in 18 C/T/As

47%

of assessed land border crossing points are completely closed

14 days to one month

duration of most common restrictions imposed (54%)

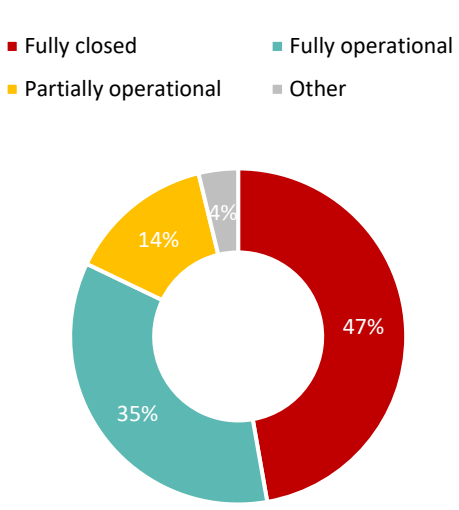
Among the 424 assessed land border crossing points monitored in 18 countries, territories or areas, the majority of the assessed locations were fully closed or partially operational (47% and 14% of the total, respectively), while 35 per cent of the assessed locations were fully operational (for more information, see Table 2.1).

In total, 199 out of 424 assessed locations were completely closed, corresponding to 47 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 79 and 74 per cent of assessed land border crossing points, respectively (see Table 4.1). Additional restrictions were imposed. These were medical measures, such as quarantine or medical screening (40 per cent of the cases), followed by changes in visa requirements reported in 3 of the assessed land border points, restrictions on specific nationalities only reported in 1 of the assessed locations, while none of the assessed locations reported that medical certificates confirming a negative COVID-19 test result nor document change were required. However, noticeably, other limitations were imposed in 14 per cent of assessed locations.

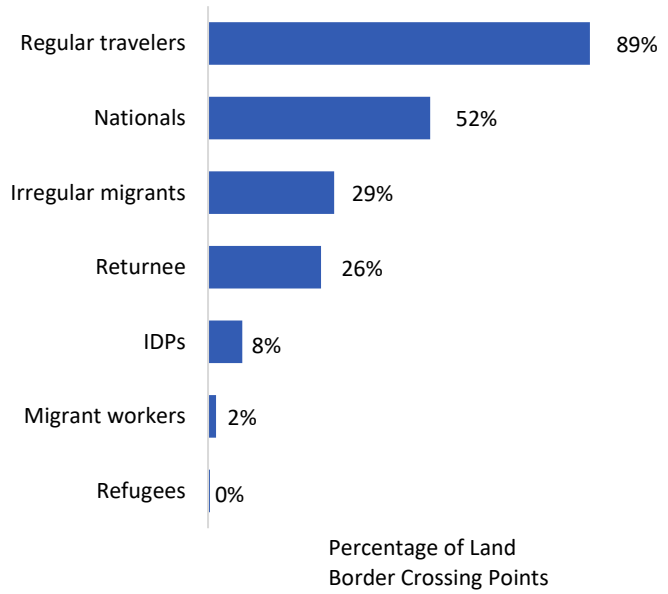
As of 26 of June 2020, the most common duration of restrictions at assessed land border crossing points was 14 days to one month (54% of the cases), while 18 per cent of them will be in place for a duration between one to three months. Only 1 per cent of the restrictive measures will be in place for 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 89 per cent of the assessed land border crossing points, followed by nationals (52%), irregular migrants (29%), returnees (26%), IDPs (8%), migrant workers (2%), and finally refugees (only in 2 of the assessed locations).

Operational status of the assessed land border crossing points



Affected population category at assessed land border crossing points



5. Overview of Land Border Crossing Points

Public Health Section

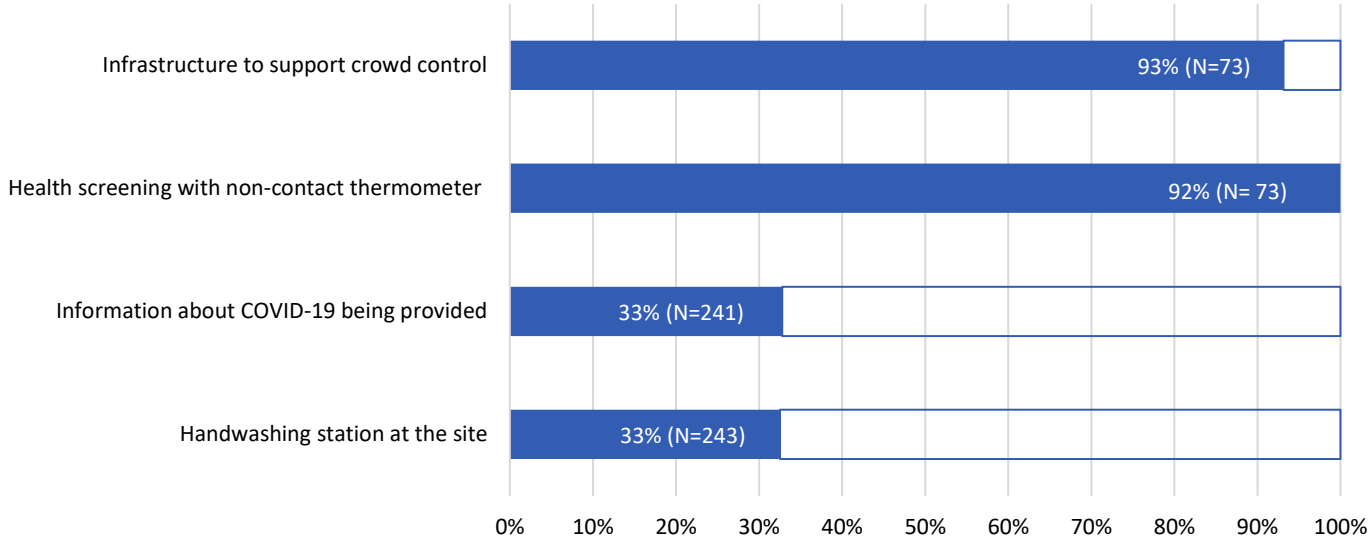
The following public health measures were reported in specified land border crossing points through IOM's missions participating in this exercise within the SEEECA region (for further information, see Table 6.2).

On risk communication and community engagement, in 33 per cent of the specified land border crossing points (79 out of 241 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Similarly, in 79 out of 243 land border crossing points (33% of the identified locations) reported that handwashing stations were available as an infection prevention and control measure.

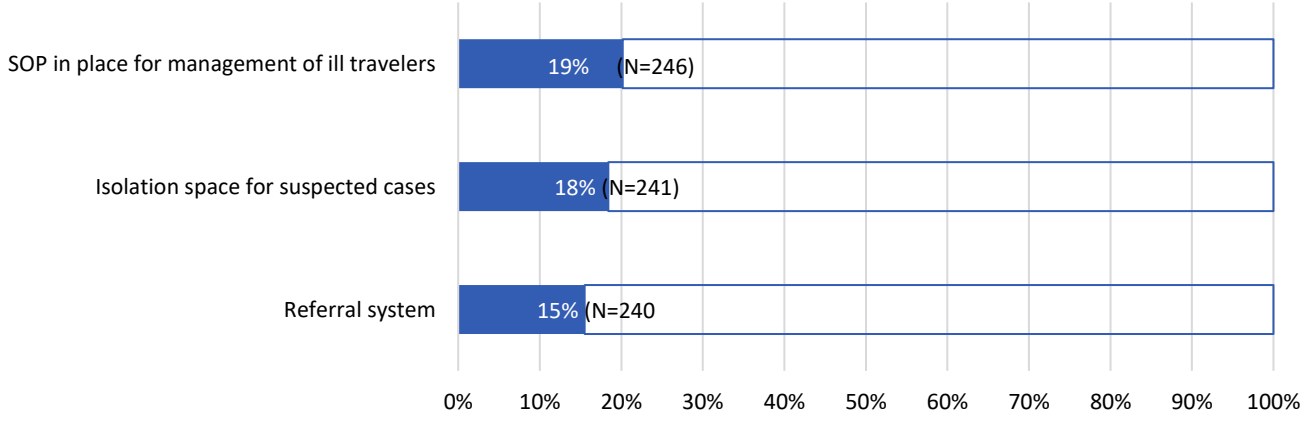
Health screening through non-contact thermometers was reported to be in place in 67 out of 73 of the assessed land border crossing points (92%). Moreover, of the 73 identified locations for which this information was available, a total of 68 land border crossing points (93%) had infrastructure in place 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 (47 out of 246 identified locations, 19%), while a referral system was reported as being in place in only 37 of the 240 assessed locations (15%). Finally, 18 per cent of the specified land border crossing points reported availability of an isolation space for suspected COVID-19 cases (44 out of 241 identified locations), prior to their appropriate referral.

Public health measures in place at the assessed locations



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



5. Overview of Land Border Crossing Points

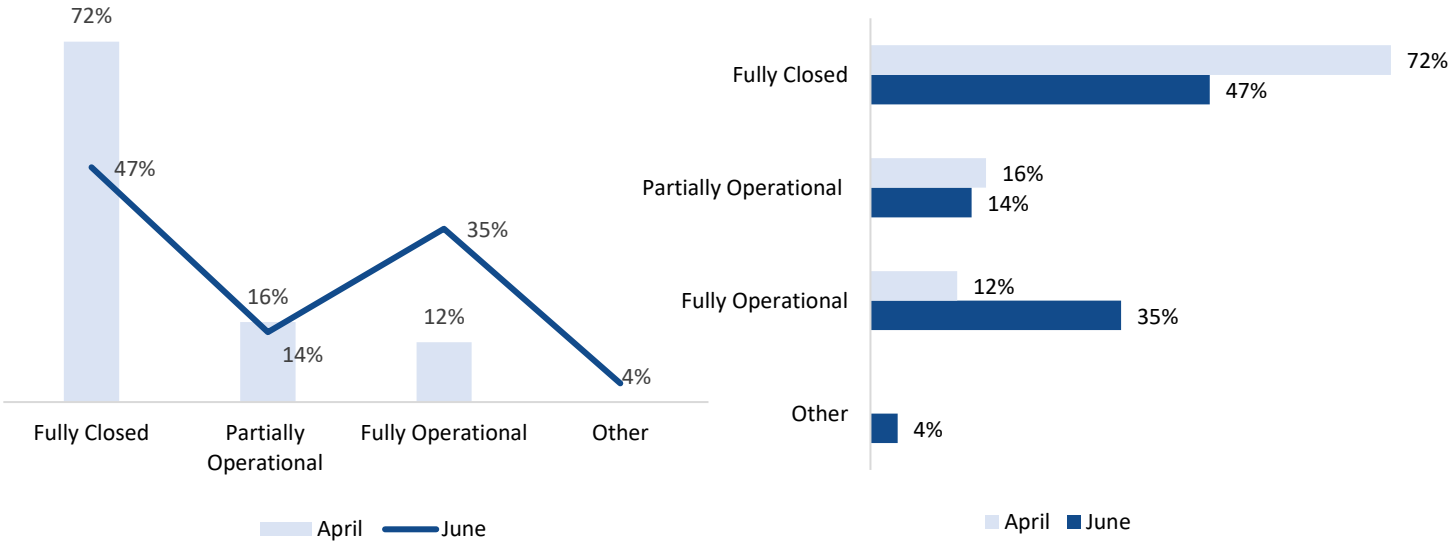
Changes in mobility restrictions over time (April – June 2020)

The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of land border crossing points and the restriction measures in place at the assessed locations.

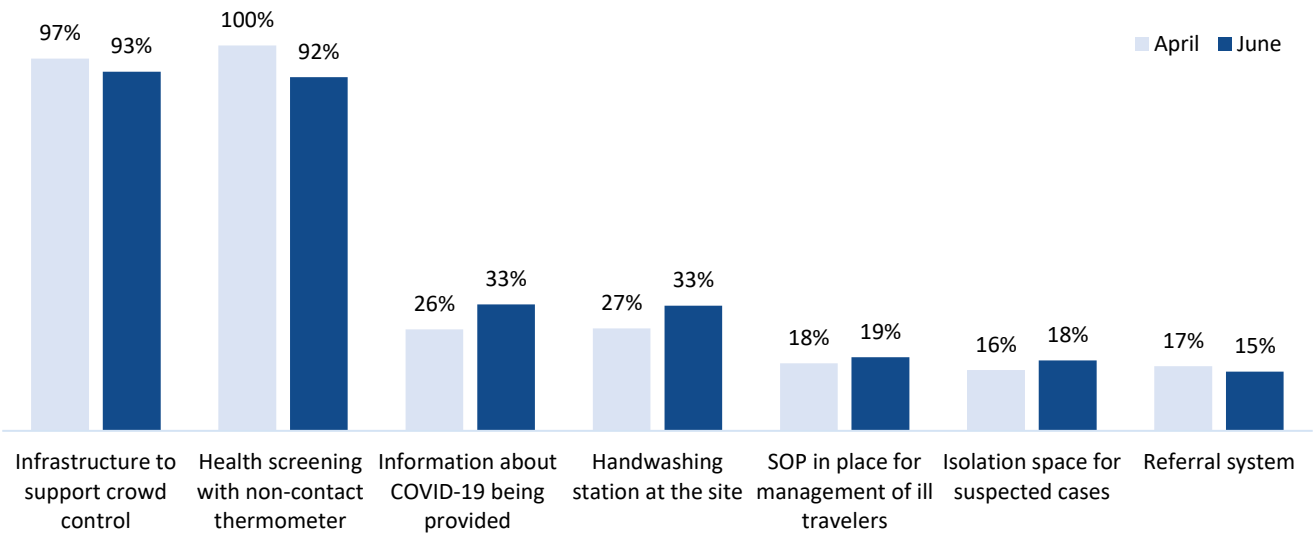
The operational status of the assessed land border crossing points varied between April – June 2020. While the percentage classified as fully closed decreased significantly by 25 per cent (72% in April and 47% by the end of June), the number of land border crossing points that were fully operational increased from 12 percent (recorded in April), to 35 per cent by the end of June 2020. At the same time, the partial operationalization of the land border crossing points (partially operational land border crossing points) remained relatively stable, from 16 per cent of the specified locations in April to 14 per cent by the end of June.

The public health measures in place at the specified land border crossing points within the SEEECA region remained relatively stable during April – June 2020. Slight increases of public health measures and available measures/tools were recorded. The number of referral systems decreased by 2 per cent (from 17% to 15%) by June, while the presence of SOPs increased by only 1 per cent (from 18% to 19%) in the same period. At the same time, the number of sites where health screening with temperature check using non-contact thermometer was in place decreased by 8 per cent (from 100% in April to 92% in June). Finally, a minor increase in handwashing stations (from 27% to 33%) and in risk communication and community engagement (from 26% to 33%) at the assessed sites were reported.

Operational status of the assessed land border crossing points



Public health measures in place at the assessed land border crossing points



6.Overview of Areas and Sites of Interest

6.1. Areas of Interest

48

Areas assessed in 8 C/T/As

79%

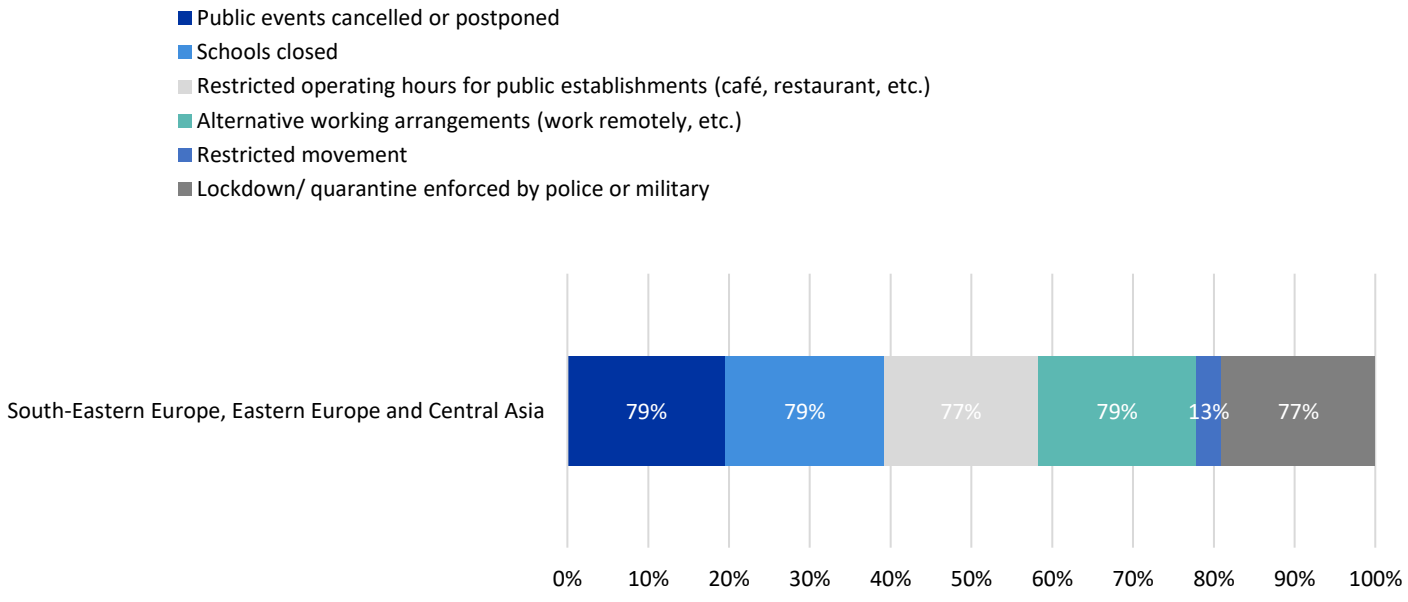
of the assessed areas have restrictions on public events, school, and alternative working arrangements were imposed

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 79 per cent of these specified areas (38 out of 48) public events were cancelled or postponed, schools closed and alternative working arrangements (working remotely) imposed, respectively. Additionally, in 77 percent of the assessed locations lockdown/quarantine measures were imposed by police or military and restricted operating hours for public establishments (café, restaurant, etc.) were imposed, while restriction of movement were imposed in only 13 per cent of the assessed location (6 out of 48).

In majority of the areas (88%, 42 out of 48 of the assessed locations), the expected duration of restrictions was 14 days to one month, followed by one to three months (6% of the cases). In 6 per cent of assessed areas, the expected duration of restrictions was reported as other (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

71

Sites assessed in 10 C/T/As

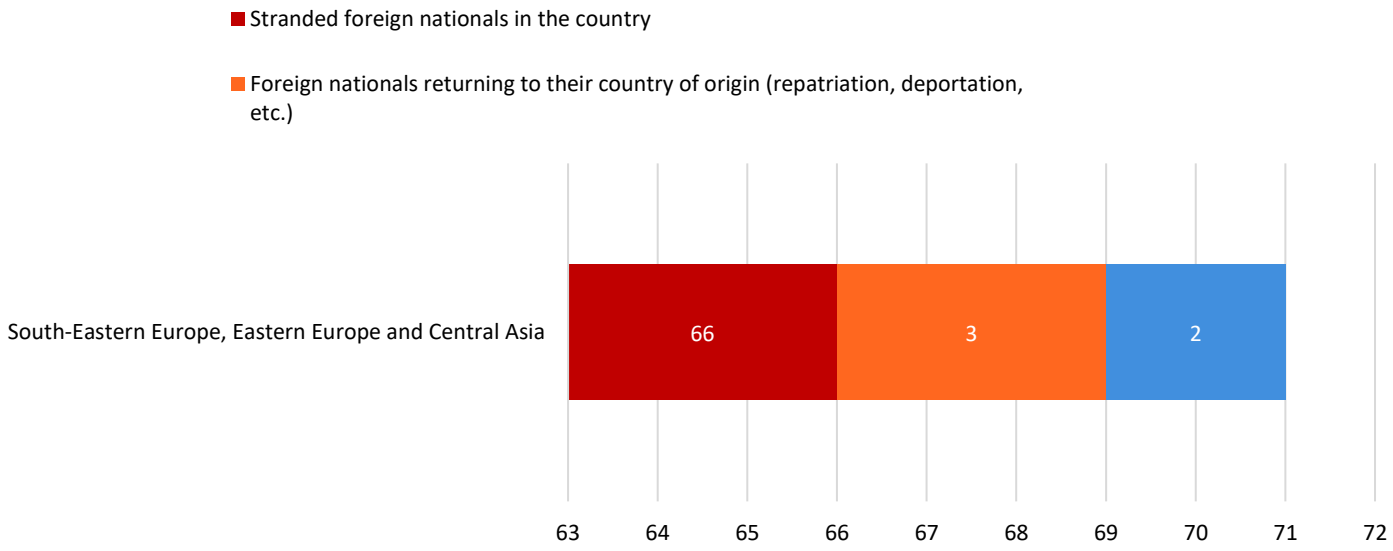
93%

of the assessed sites have reported cases of stranded foreign nationals

In total, 71 sites were assessed in 10 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 93% per cent of the assessed sites with populations of interest, foreign nationals were stranded (66 out of 71 assessed sites), where foreign nationals were returning to their country of origin in 4 per cent of the assessed sites (3 sites). Furthermore, only 3 per cent of the assessed sites reported that nationals were affected by restrictive measures (2 out of the 71 assessed sites), while none of the assessed locations reported IDPs were being affected.

Number of sites disaggregated by population categories in the SEEECA region



Annex: Tables

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

Location type	Percentage of assessed locations
Airport	14%
Area of Interest	6%
Sites of Interest	8%
Blue Border Crossing Point	9%
Internal Transit Point	13%
Land Border Crossing Point	50%
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	36	21	62	3	122
Blue Border Crossing Point	14	52	10	3	79
Internal Transit Point	11	18	78	0	107
Land Border Crossing Point	199	62	147	16	424
Total	**260**	**153**	**297**	**22**	**732**

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	30%	17%	51%	2%	100%
Blue Border Crossing Point	18%	66%	12%	4%	100%
Internal Transit Point	10%	17%	73%	0%	100%
Land Border Crossing Point	47%	14%	35%	4%	100%
Total	**36%**	**21%**	**41%**	**3%**	**100%**

Table 3: Number of assessed locations by affected population categories

Location type	Nationals	Regular travellers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	Other	No. of locations assessed
Airport	77	110	22	20	4	1	3	3	122
Blue Border Crossing Point	50	63	4	4	4	2	2	6	79
Internal Transit Point	94	102	0	5	5	0	0	0	107
Land Border Crossing Point	220	378	125	112	34	2	8	2	424
Total	**441**	**653**	**151**	**141**	**47**	**5**	**13**	**11**	**732**

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

Location type	Nationals	Regular travellers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	Other	No. of locations assessed
Airport	63%	90%	18%	16%	3%	1%	2%	2%	122
Blue Border Crossing Point	63%	80%	5%	5%	5%	3%	3%	8%	79
Internal Transit Point	88%	95%	0%	5%	5%	0%	0%	0%	107
Land Border Crossing Point	52%	89%	29%	26%	8%	0%	2%	0%	424
Total	**60%**	**89%**	**21%**	**19%**	**6%**	**1%**	**2%**	**2%**	**732**

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	107	100	3	5	0	92	1	11	3	122
Blue Border Crossing Point	66	61	1	0	0	62	0	9	3	79
Internal Transit Point	106	89	0	0	0	89	0	0	0	107
Land Border Crossing Point	337	313	3	1	0	168	0	58	17	424
Total	**616**	**563**	**7**	**6**	**0**	**411**	**1**	**78**	**23**	**732**

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	88%	82%	2%	4%	0%	75%	1%	9%	2%	122
Blue Border Crossing Point	84%	77%	1%	0%	0%	78%	0%	11%	4%	79
Internal Transit Point	99%	83%	0%	0%	0%	83%	0%	0%	0%	107
Land Border Crossing Point	79%	74%	1%	0%	0%	40%	0%	14%	4%	424
Total	**84%**	**77%**	**1%**	**1%**	**0%**	**56%**	**0%**	**11%**	**3%**	**732**

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	Specific Date	Other	Total
Airport	1	48	7	2	1	63	122
Blue Border Crossing Point	1	16	0	0	0	62	79
Internal Transit Point	0	21	0	0	0	86	107
Land Border Crossing Point	0	228	75	4	6	111	424
Total	**2**	**313**	**82**	**6**	**7**	**322**	**732**

Table 6: Public Health Section for Airports

Question	Yes	No	Don't Know	Total
Handwashing station at the site	69	0	30	99
Health screening with temperature check using non-contact thermometer	60	0	0	60
Information about COVID-19 being provided at site	74	1	28	103
Infrastructure at the site to support crowd control and ensure safety of screeners	55	0	5	60
Isolation space exists for evaluation of any suspect case away from crowds	11	6	81	98
Referral system in place at the site	9	6	85	100
SOPs in place at the site for management and referral of ill travellers	15	5	83	103

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	50	0	21	71
Health screening with temperature check using non-contact thermometer	47	0	0	47
Information about COVID-19 being provided at site	57	0	17	74
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	6	0	65	71
Referral system in place at the site	2	0	59	61
SOPs in place at the site for management and referral of ill travellers	10	2	60	72

Table 6.2: Public Health Section for Land Border Crossing Points

Question	Yes	No	Don't Know	Total
Handwashing station at the site	79	0	164	243
Health screening with temperature check using non-contact thermometer	67	6	0	73
Information about COVID-19 being provided at site	79	0	162	241
Infrastructure at the site to support crowd control and ensure safety of screeners	68	0	5	73
Isolation space exists for evaluation of any suspect case away from crowds	44	2	195	241
Referral system in place at the site	37	1	202	240
SOPs in place at the site for management and referral of ill travellers	47	13	186	246

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	38	38	37	38	6	37	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.)	3	4%
Stranded foreign nationals in the country	66	93%
IDPs	-	-
Nationals	2	3%
Other	-	-
Total	**71**	**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
South-Eastern Europe, Eastern Europe and Central Asia	66	3	0	2	0	71