

### 3,145,407

Confirmed cases in more than 200 countries, territories or areas<sup>1</sup>

### 221,823

Deaths

### 54,379

Restrictions on mobility have been adopted by 182 countries, territories or areas

### 1,272

IOM movements cancelled

### \$499 M

Requested by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019



IOM engages in awareness-raising activities for nomadic populations in the wilayas of Trarza, Brakna, Gorgol, Guidimakha and Hodh El-Gharbi in Mauritania. ©IOM 2020

## SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the illness known as Coronavirus Disease 2019 (COVID-19) has spread rapidly across the globe, leading the World Health Organization (WHO) to declare it a pandemic on 11 March 2020. As of [1 May](#), over 3.1 million confirmed cases and more than 220,000 deaths have been reported globally since the outbreak began. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases and countries reporting daily.

Global mobility remains at a temporary halt amidst the preponderance of travel restrictions worldwide. Per the UN World Travel Organization, of these travel restrictions, 83 per cent have already been imposed for four or more weeks. A total of 218 countries, territories and areas have adopted 54,379 restrictions to date, demonstrating a 3 per cent increase from the 52,970 restrictions that were reported on 27 April. The adoption of new document requirements for entry, as well as medical measures such as mandatory quarantine and the possession of a medical certificate, continued to increase in the reporting period by 13 and 7 per cent respectively. While the closure of borders and suspension of air travel for passengers has

been prolonged, internal restrictions continued at different paces depending on the context, with some countries beginning to ease restrictions even as others prolonged.

IOM missions 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 efforts to mitigate and combat the illness's impact. Recent weeks have seen evidence of concentration of COVID-19 cases among migrant workers in some locations, highlighting existing inequalities between migrants and host communities and further confirming the critical need for specific outreach and inclusion of migrants in all responses. In addition to the immediate health risks of COVID-19, the situation poses significant socioeconomic and protection challenges for migrants excluded from or unable to access support mechanisms. There are also increasing reports of stigma and discrimination towards migrants at destination, transit and home locations upon return, due to fears around COVID-19 transmission. Devising adequate responses for migrants, refugees, IDPs, returnees and vulnerable groups remains the top priority for IOM.

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<sup>1</sup>Source: WHO COVID-19 Situation Dashboard; data as of 1 May 2020.

## SNAPSHOT OF IOM RESPONSE

### 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.

- As migrant workers are becoming extremely vulnerable within the current COVID 19 outbreak, IOM and the International Labour Organization (ILO) in [Lebanon](#) co-organized a meeting to discuss key areas for action and possible joint initiatives. Key priorities included: access to health, food, hygiene items, cash assistance, shelter and assisted voluntary return and reintegration, as well as policy, advocacy, and communications.
- In [Mexico](#) and [El Salvador](#), IOM, in collaboration with both governments, supported 42 Salvadoran migrants to voluntarily return from Mexico to El Salvador through the Assisted Voluntary Return and Reintegration (AVRR) programme. All precautions in terms of health guidelines and use of personal protective equipment (PPE) for migrants and staff were followed.

### 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 mapping and monitoring **points of entry (PoEs)** that have been impacted and are applying restrictions locally. IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions at PoEs and internal transit points, globally. As of 23 April 2020, IOM has assessed 4,120 points and locations in 172 countries, territories and areas. IOM's COVID -19 Points of Entry Weekly Analysis can be accessed [here](#). This report also looks at the impacts on stranded migrants and other populations such as tourists who are affected by the changes in mobility using a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking as well as from trusted media sources.

IOM 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 [Bangladesh](#), IOM is collecting data on returning Bangladeshi migrants from the European Union through ten reintegration service centres to determine

levels of vulnerability and provide COVID-19-related information and counselling assistance on how to cope with the adverse impacts of the pandemic.

- In [Burundi](#), IOM has published a flow monitoring dashboard based on data collected in March 2020. The Dashboard provides an analysis of the trends in population mobility observed at nine flow monitoring points (FMP) established along the Burundi and United Republic of Tanzania border. Over the reporting period, a total of 42,680 movements were observed at these points. This represents a decrease of 20 per cent as compared to the daily average movements observed in February 2020.
- In [Somalia](#), between 19 to 25 April 2020, a total of 2,563 movements were observed at various FMPs, of which 83 per cent were incoming flows and 17 per cent were outgoing flows.
- In [South Sudan](#), initial results have been released as a result of the joint initiative on data analysis between IOM, UNICEF, REACH and UNHCR, combining flow monitoring data for South Sudan with geographically disaggregated data for COVID-19 cases in neighbouring countries. Results are available [here](#) and [here](#).

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

- In [Sudan](#), IOM has been monitoring the impact of the mitigation measures put in place on IDPs including any impediments to access IDP camps in Darfur. As of 27 April, of the 36 IDP camps DTM is currently monitoring in Darfur, no cases of COVID-19 amongst IDPs have been reported.
- In [Djibouti](#), IOM collects daily data on migrant sites across the country. Following the border closure in Ethiopia and due to the stricter border management policies in Yemen, a number of migrants who were transiting through Djibouti on their way to the Arabian Peninsula found themselves stranded in the country. These migrants live in spontaneous sites located along the migration route. As of 24 April 2020, 1,647 Ethiopian migrants across 19 sites in regions of Ali Sabieh, Arta, Dikhil, Obock and Tadjourah have been identified.

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.

### 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 UK** is setting up a COVID-19 Migrant Information Service functioning as a virtual one-stop-shop with an integrated hot-line targeting migrant communities in the UK. The Service seeks to provide information on COVID-19 related matters (health, work, social benefits, housing, visas, etc.) and support referrals to existing and operational service providers attending to migrants' needs.
- In the **Middle East and North Africa**, RCCE multilingual activities continue. **IOM in Sudan** disseminated IEC materials and SMS messages in Amharic, Tigrinya, Oromo, Somali and Hausa, while in **Egypt**, in addition to boosting its hotline, IOM distributed 3,000 flyers and 200 posters on COVID-19 prevention measures in Arabic, English, Amharic, Oromo, Somali and Tigrinya. In Lebanon, IOM has translated messages on tuberculosis and COVID-19 into Arabic and is developing short animations to target key populations.
- **IOM Myanmar** disseminated health messages using Ministry of Health and Sports posters and pamphlets in Mon, Kayin, Kachin and Rakhine States, as well as in the Yangon Region. IOM and civil society partners, with support from the Livelihoods and Food Security Fund and in coordination with state and local authorities, continued distribution of hygiene kits, WASH supplies, and information materials on risk communication and combatting stigma. The initiative has reached a total of 48,583 (25,350 women and 23,233 men) since the beginning of April, primarily returning migrants from Thailand and China.
- **IOM Nepal** is developing an online platform with official resources, a list of available services, and online medical counselling services delivered both in Nepal and in the countries where most Nepalese migrant workers reside.
- **IOM Thailand** has created audio Public Service Announcements (PSAs) to communicate risk information to migrants and refugees in Immigration Detention Centres (IDCs), and has translated the PSAs into Somali and Farsi with help from IOM counterparts in East Africa and Central Asia. These PSAs have been provided to immigration officials for dissemination.
- **IOM Kazakhstan** has provided an online training for Uzbek NGO workers with information on preventative measures, as well as the use of disposable protective masks, protective gloves, glasses and suits during the COVID-19 pandemic.
- **IOM Nigeria** carried out 465 COVID-19 awareness sessions in 116 sites across nine local government

areas in Borno State, in the north-east. To support these efforts, five additional mobile speakers have been deployed to three sites for IDPs and host communities.

- In **Yemen**, four Mobile Outreach Teams provided primary health care to IDPs at 27 different displacement sites in Marib. Additionally, 114 focal points from 91 different IDP sites in Marib City and Al Wadi district were provided with health promotion tools and health awareness sessions. To date, this activity has reached 1,732 people from migrant, refugee and host communities during April.

### 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 **South Sudan**, the screening of travellers continues with 4,668 people screened for COVID-19 and the Ebola Virus Disease at Juba International Airport, Wau Airport, and the Nimule border crossing point.
- **IOM Micronesia** installed handwashing stations at the Pohnpei seaport.
- **IOM Republic of Marshall Islands** hosted a meeting with Division of Immigration to review IOM's standard operating procedures, identify needs including training, RCCE materials, infrastructure improvements, and address other requests regarding points of entry.
- **IOM Mongolia** is engaged in consultations with the Border Protection Agency to define the required technical assistance and capacity development needs for the "new reality" of border management once the borders reopen.
- **IOM Mauritania** is supporting response capacity at points of entry and has distributed PPEs to border officials at seven PoEs.
- **IOM Cameroon** is providing technical assistance to the Ministry of Health in carrying out a quick analysis of the 65 PoEs on sanitary, health and disease sensitization measures in place. The results of this analysis will be presented to the technical working group on Points of Entry with the Ministry of Health and will be used to coordinate the COVID-19 preparedness and response work.
- **IOM Chad** completed an assessment of major PoEs in support of PoE management by national authorities. This included an assessment of the international airport to establish WASH facilities.
- **IOM Guinea Bissau** reviewed SOPs for detection, notification and case management of suspected cases at eight PoEs.

## 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.

On Tuesday, IOM's Director General endorsed the **Sanitation and Water for All – SWA, Leadership Call on Covid-19**, which aims to prioritize cost effective measures to ensure continuity of WASH services during and after the COVID19 pandemic. The Leadership Call to Action underscores the importance on hygiene, water and sanitation services during this crisis, and also sets the tone for the global community to ensure that these services remain available when the pandemic is over.

- **IOM in Sudan** supported a COVID-19 awareness campaign across seven localities in Khartoum through the distribution and installation of 15 portable handwashing facilities. This initiative was developed in coordination with the Khartoum State Ministry of Social Development and the State Ministry of Health.
- In **Yemen**, IOM supported the Ministry of Public Health and Population with the training of 80 health workers in Shabwah governorate on COVID-19 prevention and management skillsets.
- In **Libya**, IOM organized trainings for 76 health care providers from the Ministry of Health. IOM also completed a hygiene promotion campaign, covering all active detention centres under the Directorate for Combating Illegal Migration (DCIM) control. Sessions included information about COVID-19 and related prevention measures.
- **IOM South Sudan** is undertaking rapid identification of emergency water sources, for construction and rehabilitation of water infrastructure in order to accommodate additional water supply needs. IOM is constructing handwashing facilities at the community level, including in markets, places of worship, and transportation centres, and establishing a network of handwashing stations across Juba, and will continue ongoing maintenance of 410 handwashing stations in various protection of civilians (POC) sites, including 138 in Malakal, 218 in Bentiu and six in Wau.
- In **North Macedonia**, IOM is conducting ongoing medical screenings in the temporary transit centres (TTCs) and the reception centre for asylum seekers Vizbegovo, for each new arrival, including temperature checks, medical questionnaires, and screening for additional symptoms.
- **IOM Ethiopia** is assisting more than 9,400 returning migrants in the country's quarantine facilities with medical care, soap, sanitizer, bed sheets, food, and

other assistance during quarantine and after, including helping them return to their villages.

- In **Bosnia and Herzegovina**, 162 migrants have been accommodated in isolation areas set up in the temporary reception centres (TRCs) while expansion works in several TRCs is ongoing. IOM is working to ensure that isolation areas have fenced green areas allowing migrants to spend time outside, which is important for the physical and mental health.
- **IOM Moldova** facilitated the procurement and the delivery of 1,500 protective shields and 240 bottles of antiseptic spray to the Moldovan Border Police.
- Upon the request from the Government of **Egypt**, IOM has mobilized funds to support the Governorate of Giza through the donation of 3,500 surgical masks and 3,500 latex gloves to be distributed in medical centres and hospitals in Giza. While in **Libya** PPE has been distributed to LCG and to the Ministry of Interior.

## 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.

- **IOM in Lebanon** seconded a Monitoring and Evaluation Officer at the level of the National Tuberculosis (TB) Control Programme and one at the level of the National AIDS Control Programme to ensure proper disease surveillance and reporting for both TB and HIV and any associated co-morbidity related to COVID-19.
- IOM mobile teams in **Jordan** expanded their activities with distributions of food packages to vulnerable TB patients, including refugees inside the camps.
- In **Colombia**, PPEs were delivered to local and national health authorities to support primary health care services for migrants, refugees, and host communities. In addition, virtual community workshops were provided on COVID-19 prevention measures as well as special care measures to be taken during pregnancy for mothers and fathers.

## Camp Coordination and Camp Management

As co-lead of the global CCCM cluster, IOM works to support regional, national and local authorities to develop contingency and response plans, and to ensure the continuation of services in existing displacement sites at risk. For example, **IOM in Iraq** set up remote management mechanisms with displaced community leaders in camps and informal settlements, while at the same time scaling

hygiene promotion and health awareness in locations where access has been enabled, such as the IDPs camps in Anbar. Additionally, IOM has trained 59 health workers in five health facilities in IDP camps.

## 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 centre of its COVID-19 response.

- IOM HQ has adapted its interactive, face-to-face prevention of sexual exploitation and abuse (PSEA) training to an online, distance learning two. Every week, in two different sessions, 25 participants are invited to a two hour online training which introduces them to the basic principles of PSEA.
- In partnership with the Red Crescent movement, IOM has supported 3,400 stranded Yemeni families who remain lockdown in [Egypt](#) due to the closure of airspace and have required temporary shelter and protection. IOM has also supported 3,500 vulnerable migrants in Cairo, Alexandria, and the North Coast through the distribution of food boxes and hygiene kits through the “We Care” campaign with Caritas and ERC.
- In [Algeria](#), IOM has started providing e-psychosocial support services through the Algerian Association of Psychologists to migrants “stranded” due to the COVID-19 pandemic.
- In [Morocco](#), IOM is providing psychosocial assistance to migrants during distributions and through phone calls. IOM is also providing migrants in dense areas with hygiene kits and support for shelter, including the distribution of over 800 hygiene kits to migrants in the regions of Rabat-Salé-Kenitra, the Oriental and Marrakech-Safi.
- IOM’s MHPSS staff in [Cox’s Bazar](#) is continuing to provide one-on-one counselling for individuals admitted to IOM’s quarantine and isolation facilities in Leda. MHPSS teams provide in-facility services, including individual counselling, group counselling, PFA, psychoeducation, case management, follow-up sessions, awareness sessions, and referrals, while also expanding remote methods of reaching those in need. In the past week, 40 callers have contacted the MHPSS helpline and received guidance to cope with increased stress and anxiety during the COVID-19 outbreak.
- [IOM Nepal](#) has conducted a survey with Private Recruitment Agencies (PRAs) and members of the Nepal Association of Foreign Employment Agencies to better understand the impacts of COVID-19 on

migrant workers in labour destination countries and on PRAs in Nepal. The survey aims to identify the protection needs of vulnerable migrants and their families, as well as offer some insight into how IOM can assist the private sector during and after the pandemic.

## 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 socio-economic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- [IOM in Libya](#) has distributed food baskets to migrants who are not able to work due to lockdown/curfews.
- In [Lebanon](#), IOM has delivered multi-purpose cash assistance to over 500 vulnerable Syrian refugee households living across Lebanon and has provided cash for rent assistance to 131 families (in April) living in North Lebanon.
- [IOM in Algeria](#), in coordination with UN, NGO partners and the Government, has launched a pilot one-time cash grant for vulnerable migrants. So far, 41 migrants have been assisted, and 200 more are scheduled for assistance in the next few days. The beneficiaries can cash the amount in any Algerian Post Office using an SMS code; for those who are unable to reach the post office, IOM is delivering the assistance directly.
- IOM has published [guidelines for labour recruiters](#) on enhancing the protection of migrant workers during the COVID-19 crisis which complement earlier launched guidelines for employers. Both tools are garnering significant attention from the business community and recruiters themselves as they seek to ensure that international recruitment and employment practices are consistent with new health-related guidance and mitigate socio-economic impacts.



An IOM mobile health team visits the Habal IDP camp in Somalia. © IOM 2020.

## OPERATIONAL UPDATES

### Operational Challenges

IOM's [Resettlement and Movement Management \(RMM\)](#) operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 31 May, 1,272 movements have been cancelled, affecting 11,240 individuals, the majority of whom are resettlement cases.

Despite the progressive reopening of some IOM clinics (where feasible), the [IOM Health Assessment Programme](#) continues to see its operations severely hampered. 69 per cent of sites are closed and 19 per cent are providing limited services.

### New Programmatic Approaches

Despite the impact of preventive measures taken against the spread of COVID-19 on activities organized under the EU-IOM Joint Initiative, [IOM in West and Central Africa](#) is continuously working to minimize the disruption to the program while ensuring an appropriate COVID-19 response. IOM mainstreams COVID-19 related actions into existing activities whenever possible, by conducting awareness raising to inform on prevention measures, and provide beneficiaries with PPE and training on their use. When relevant, IOM also puts in place mitigation measures to ensure continuation of services, e.g. reintegration counselling sessions. Despite restrictive measures, IOM has succeeded in organizing over 2,700 individual reintegration counselling sessions and has completed the reintegration assistance of 800 returnees across the region since March. .



IOM conducts a distribution of medical equipment to the Sélibabi regional hospital in Mauritania. © IOM 2020.

In [Cox's Bazar, Bangladesh](#), IOM is adapting the means by which it communicates key messages. Multiple programmes and resources are being used to update the Interactive Voice Response database that broadcasts important health and safety-related messages. Additionally, Rohingya beneficiaries have teamed up with IOM staff to produce COVID-19 awareness-raising songs in their local language. The songs have been produced in ways to allow for easy sharing across messaging platforms.

### Information Sharing and Communications

The newly released thematic page on IOM's Global Migration Data Portal, [Migration data relevant for the COVID-19 pandemic](#), compiles and analyses existing data on migrants, including in the countries hardest hit by COVID-19.

IOM's [COVID-19 Analytical Snapshots](#) summarize the latest information and analysis covering migration and mobility related impacts of Covid-19 from around the world. New snapshots include: "stranded migrants", "child protection" and "gender dimensions". Snapshots are available in [English](#), [Spanish](#) and with several now also in [French](#).

IOM has launched the [Migration Health Evidence Portal for COVID-19](#), open-source, searchable (and downloadable) repository of research publications on COVID-19 in relation to migrants, migration, and human mobility based on the quantitative analysis of the thematic trends and impact of relevant publications.

[IOM HQ](#) and [IOM Uruguay](#) held a webinar focused on the impact of COVID-19 on immigration and consular systems. With more than 100 participants, including officials from Uruguay and Paraguay, the session was centred on the key findings and recommendations found on the IOM Issue Brief of COVID-19 Emerging Immigration, Consular and Visa Needs.



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