



IOM Health workers at the opening of an IOM constructed COVID-19 isolation and treatment centre in Marib city ©IOM Yemen 2020

Key Regional Updates

- As of May 13, there were **130,721** confirmed cases in the region representing a **47.2 per cent increase** in regional caseload since April 29.
- To date, according to IOM's Tracking Mobility Impact, about **83 per cent of monitored international airports are closed for entry and exit** and 16 per cent are partially closed. **Almost 66 per cent of land border crossing points are totally closed** and 29 per cent are only partially closed. Two blue border crossing points in the Syrian Arab Republic out of 39 in the region are open to the entry and exit of passengers with no restrictions.
- COVID-19 impacts on human mobility continue to be a concern. Especially in countries like **Sudan**, human mobility patterns including **transhumance, pastoral populations and seasonal labours** are likely to be negatively affected by border closures and inter-state movements, as they rely on seasonal movements of livestock and seasonal work as a source of livelihood.
- **IOM continues to work closely with the World Health Organization (WHO)** at both national and regional levels for info-sharing, joint programming, and developing guidance notes and tools, through regular coordination as well as the regional RCCE Working Group.
- IOM continues to advocate for universal health coverage for **displaced persons and migrants to be fully included in the national COVID-19 response** regardless of their legal status, counter xenophobia and "infodemic" to discriminate and stigmatize displaced persons and migrants as well to continue advocate for continuation of **humanitarian access** to ensure critical assistance continue to be delivered to populations affected by crisis in the region.

IOM's appeal for the MENA region is currently at
\$72,898,000

For more information, please check our dedicated **COVID-19 website**

All IOM National Response Plans related to COVID-19 can also be found at **IOMs Crisis Response Site**



Stories from the Field

Support for Marginalized Groups Crucial in COVID-19 Response: IOM Iraq

Socially disadvantaged and marginalized populations are disproportionately affected by ill-health. The WHO states that “[certain populations, such as those with disability, may be impacted more significantly by COVID-19.](#)” When these individuals are members of the large Internally Displaced Person (IDP), refugee, returnee and migrant communities in Iraq, that already face challenges accessing health care and relevant information, the impact is more acute.

On May 12, the Iraqi Alliance of Disability Organizations (IADO) distributed packages containing hand sanitizer, face masks, gloves and soap to members of the alliance with disabilities living in and around Baghdad. [The packages were destined for individuals who have difficulties accessing these items, that are essential for protecting against and slowing the spread of COVID-19.](#) The items were provided to IADO by the International Organization for Migration (IOM) as an in-kind donation, which was made possible with generous support from the Government of Australia’s Department of Foreign Affairs and Trade. The Government of Australia continues to be a strong supporter of disability inclusion in IOM Iraq’s programming.



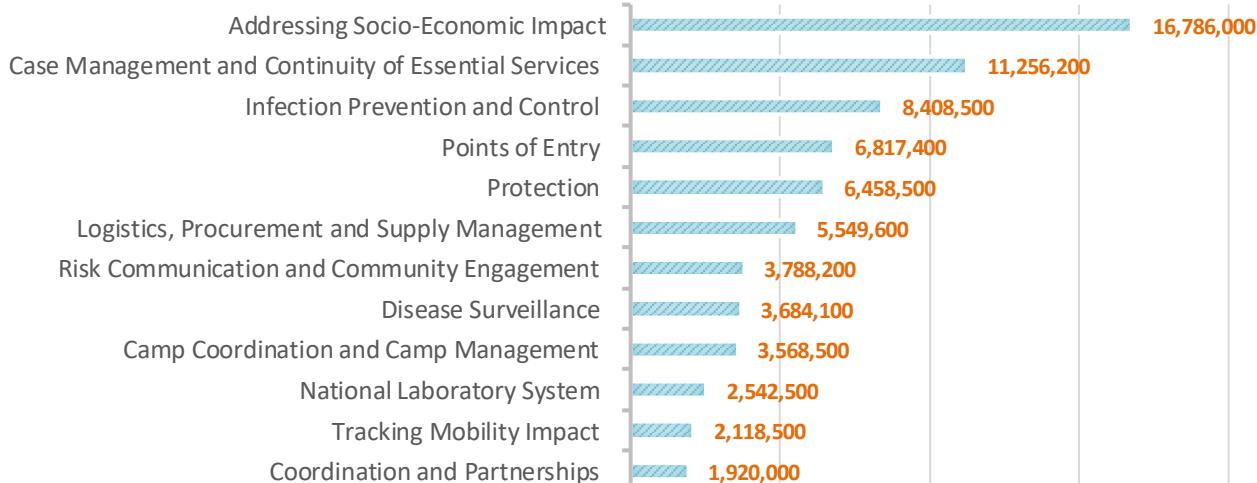
IOM partner IADO at the distribution site in Baghdad, Iraq ©IOM Iraq 2020

“During this pandemic, the suffering of people with disabilities has multiplied due to isolation; hiatus of many service institutions; and limited transportation options,” said Mowafaq Al Khafajy, Head of IADO. [“There should be a plan to respond to the challenges faced by people with disabilities, and to psychological crises.](#) Hotlines must be set up to help people with disabilities and awareness campaigns should be done in sign language too.”

“Through cycles of conflict and economic hardship in Iraq, people with disabilities have faced acute challenges,” said IOM Iraq Chief of Mission Gerard Waite. [“The needs of people with disabilities must be fully considered across our projects and programming, including our COVID-19 response plan in support of vulnerable host communities, IDPs, returnees, migrants and refugees.”](#)

Resource Mobilization

TOTAL FUNDING REQUESTED PER PILLAR IN THE REGION (USD)



Response

COORDINATION AND PARTNERSHIPS

In **Bahrain**, IOM has developed a protocol for establishing and managing Temporary Accommodation Facilities to support the governments' efforts to decongest labour camps/accommodations. A joint briefing analysis was developed with WHO and ILO for the UN Resident Coordinator in Saudi Arabia and United Arab Emirates on the impact of COVID-19 on Temporary Contractual Workers.

IOM **Egypt** has moved forward in coordinating its support to the Ministry of Social Solidarity to provide basic needs to social care institutions. IOM is expected to support a total of 65 social care institutions with an average of 30 beds per institution.

IOM **Kuwait** is using feedback collected by a growing network of Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), as well as Country of Origin embassies to identify migrant worker clusters in vulnerable situations and liaise with national partners to meet their immediate needs. In addition, IOM continues to provide technical support to the Ministry of Interior as they mitigate the challenges migrant workers face.

IOM **Morocco** has activated the UN Migration Thematic Group to coordinate its actions on the COVID-19 response. A mapping of UN contributions to COVID-19 direct needs of humanitarian assistance has been produced to analyse main needs and coordinate actions.

As co-chair of the Refugee and Migrant Multisector, IOM is leading the migrant response in **Yemen** and advocating against the arbitrary arrest, detention, relocation and targeting of migrants across the country.

TRACKING MOBILITY IMPACTS

Between March 8 and May 7, data was collected on 196 locations across 17 countries in the region, including 93 official land border crossings, 64 airports and 39 blue border points (sea, river and lake ports).

Several publications were released, including in **Sudan**, where IOM published its fourth [COVID-19 Mobility Restriction Dashboard](#). In addition to data on Points of Entry (PoEs), DTM has been monitoring the impact of mitigation measures on IDP camps throughout Darfur.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Algeria**, IOM is developing country-specific factsheets on different COVID-19 related topics (movement restrictions, housing, social subsidies, etc.) to support migrants. The factsheets will be shared through social media, partners and migrant communities for sensitisation purposes.

In **Kuwait**, through the UN Communication Group, IOM and the International Labour Organization (ILO) produced several sensitization messages targeting employers and employees of domestic work. The messages were shared with UN Country Team (UNCT) members then rolled out on social media for public engagement.



IOM providing awareness raising sessions among migrants in Tunis, Tunisia. ©IOM Tunisia 2020

DISEASE SURVEILLANCE

In **Yemen**, IOM mobile and static health teams are prepared to report suspected cases of COVID-19 through the COVID hotline, in-line with Yemen's disease surveillance protocol.

POINTS OF ENTRY (POE)

IOM **Libya** conducted a series of assessments at Misrata Airport, Ras Ajidir and Wazin border cross points with Tunisia and Zliten Detention Centres to assess the premises for the purpose of identifying a location for an isolation room for COVID-19 cases.

INFECTION PREVENTION CONTROL (IPC)

IOM **Morocco** works closely with its partners in disseminating the information developed by the Ministry of Health to migrant communities for handwashing and hygiene practices to prevent COVID-19. More than 1,300 hygiene kits have been given to migrants in five regions across the country with higher numbers of migrants.

IOM **Libya** conducted several sterilization fumigation and cleaning campaigns as part of the initiatives to combat COVID-19 outbreak. IOM targeted locations included urban shelters, disembarkation points and detention centres in Libya.

In **Iraq**, two virtual trainings were conducted for health workers at IOM Primary Health Care Facilities and Mobile Medical Teams on COVID-19 including screening/isolation/triage, core elements for infection, prevention and control (IPC), and proper use of PPE. 82 participants were trained in two rounds of training.

IOM Yemen, under its role as lead of the sub-national health cluster in Marib governorate, has established an isolation and treatment center in Marib city. IOM is also establishing one quarantine facility in Marib's largest IDP hosting site, Al Jufainah Camp. To ensure that displacement sites have access to adequate WASH services, IOM water trucking activities supported 4,242 people in Taizz, and 18 water site rehabilitation projects are ongoing across Shabwah, Lahj, Taizz and Abyan governorates.

CAMP COORDINATION AND CAMP MANAGEMENT

In **Sudan**, IOM together with UNHCR is leading the establishment of the COVID-19 IDP Camp Coordination Task Force. To ensure a harmonized and predictable approach to COVID-19, the Taskforce will use Camp Coordination and Camp Management (CCCM) principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in the camps and settlements.

In **Syria**, IOM is providing additional water and soap bars to nearly 60,000 living in camps and informal settlements in North West Syria and is funding partners to conduct disinfection activities in camps. IOM also provided tent to support the establishment of 72 triage stations in coordination with health partners.

IOM Yemen is maintaining site management and coordination activities in 63 sites in Ibb, Taizz and Marib, and is ensuring that site activities and distributions are carried out in-line with COVID-19 prevention guidelines. IOM has trained 144 site focal points on COVID-19 preparedness.

CASE MANAGEMENT AND CONTINUATION OF SERVICES

In **Morocco**, IOM has reinforced its partnership with health associations to make sure they continue giving assistance to those migrants in need of essential health services or medicines.

In **Yemen**, 28,051 people were provided with access to health services through 32 IOM-supported health facilities and nine mobile health teams operating across 12 different governorates. Of these, eight primary health care facilities in four governorates received a selection of additional PPE, medical supplies and COVID-19-related IEC materials. IOM continues to provide health support in these facilities and has helped set up triage management spaces to facilitate COVID-19 emergency care.

In **Iraq**, two orientation sessions on providing essential health services during COVID-19 were organised in collaboration with Ministry of Health. The purpose of the sessions was to enable the MOH to resume the provision of primary health care services that have been suspended for close to two months. The sessions focused on the implementation screening, triage, and isolation at PHCC.

PROTECTION

IOM Kuwait, together with CSO partners, has been assisting migrant workers. Insofar, IOM has identified over 80 vulnerable migrants in inhumane situation or labour camps in need of food and shelter security.

In **Algeria**, IOM continues to provide protection-sensitive services to migrants through its hotline and specific counselling to accommodate medical and psychosocial needs, including through its temporary transit centres.



COVID-19 Awareness raising including handwashing at one of IOMs Migrants Centres in Sudan. ©IOM Sudan 2020

In **Tunisia**, IOM has launched a series of discussions with the authorities to include migrants in its mechanisms to combat the spread of COVID-19. A monitoring committee on the situation of migrants has been set up by the Ministry of Human Rights to meet the needs of migrants in partnership with international organizations and civil society.

In **Libya**, IOM has strengthened its focus on Mental Health and Psychosocial Support (MHPSS) and provided individual counselling services to migrants, psychological first aid, and awareness sessions on COVID-19.

IOM Yemen is assisting migrants through its Migrant Response Points and mobile teams. 570 migrants received food and NFIs, and 532 migrants participated in awareness sessions on migrants' rights, COVID-19 prevention and where to access services. Monitoring mechanisms are in place among protection and health teams to identify, mitigate and respond to protection risks and violations of human rights perpetrated within the context of COVID-19.

ADDRESSING SOCIO-ECONOMIC NEEDS

IOM Tunisia has conducted, in collaboration with the Municipalities of La Goulette, Sfax, Sousse and Zarzis, the distribution of different aids to migrant communities. In total, 7,002 migrants benefited from different types of assistance provided by IOM in the cities of Tunis, Sousse, Sfax and Zarzis. IOM also provided vouchers to 5,856 vulnerable migrants to support them to address their socio-economic needs.

In **Libya**, IOM with WFP conducted a **Migrant Emergency Food Security Assessment**. Key findings noted that COVID-19-related measures resulted in a rise in food prices and scarcity of food in certain areas. This can constitute a threat to the food security, safety and wellbeing of migrants, refugees and IDPs. In addition, COVID-19 measures have significantly reduced daily labour opportunities on which many migrant workers rely on for subsistence.

In **Iraq**, IOM has provided volunteer networks and CSOs in Sinjar with training and in-kind support to deliver food baskets to families whose socio-economical vulnerability has been exacerbated due to the pandemic. For its Enterprise Development Fund, 2,804 online applications for EDF grants from 11 governorates have been received online.