

## 465,915

Confirmed cases in 199 countries, territories or areas

## 21,031

deaths

## 40,026

Restrictions on mobility have been imposed in 182 countries, territories or areas

## 888

IOM movements cancelled

## \$100M

Requested by IOM for the Global Humanitarian Response Plan (GHRP) for Covid-19



IOM establishes Tippy Taps, improved handwashing stations, to reduce risk of COVID-19 transmission in Cox's Bazaar, Bangladesh. ©IOM 2020

## HIGHLIGHTS

As part of the global HRP launch, the UN's Emergency Coordinator announced a \$60 million USD Central Emergency Response Fund (CERF) allocation to UN agencies, including IOM.

IOM continues to support ministries, border authorities, partners, and people on the move to enhance preparedness at prioritized points of entry, include screening, awareness-raising, and flow monitoring.

IOM is adjusting its Water, Sanitation and Hygiene (WASH) services to prevent the spread of the COVID-19 disease, ensuring the continuity of operations and accountability to the people it serves.

## SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 30 January 2020, the World Health Organization's (WHO) Emergency Committee declared the illness known as Coronavirus Disease 2019 (COVID-19) a Public Health Emergency of International Concern (PHEIC), and on 11 March declared it a pandemic. Since the outbreak began, as of 27 March, more than 465,000 cases and over 21,000 deaths have been reported globally. Confirmed cases have been reported in 196 countries/territories/areas, with new cases and countries reporting daily.

The observed steady increase in the number of COVID-19 cases globally continues to influence mobility restrictions. According to the Travel Restriction Monitoring conducted by IOM's Displacement Tracking Matrix (DTM), 40,026 restrictions on mobility have been imposed in 182 countries, territories and areas as of 26 March 2020. Despite the registered overall stabilization in new restrictions, the restrictive measures based on passenger arrival country continued to increase by 4 per cent. In addition to external border restrictions, a new trend with several governments and regions now imposing internal mobility restrictions has been observed.

## CONTACTS

## IOM RESPONSE

IOM is the lead agency for *Pillar: Points of Entry* as part of the Regional Partners Coordination Platform for Preparedness and Response to COVID-19 for East, Horn and Southern Africa as well as for West and Central Africa (chaired by WHO).

IOM is closely engaged with the broader United Nations system on how to include migrants and migration in the COVID-19 response. For example, IOM participated in and contributed to the extraordinary meeting of the **UN Network on Migration** Executive Committee on 25 March to assess the way in which the Network needs to adjust its work, including the way it works, in light of the COVID-19 crisis, and to develop a plan of action, in line with the Network Terms of Reference.

As a global cluster co-lead for the **Camp Coordination and Camp Management (CCCM)**, IOM is working with its counterparts and chair of the global working groups to plan and prepare for a series of webinars that will aim at providing support to field colleagues on adapting and adjust their programming in preparedness for reducing risks of COVID-19 in displacement locations. The first of the webinars will be on the 2 April and will look at camp management standards and the application of such standards in the context of COVID-19. Subsequent webinars (planned for every Tuesday) will cover topics on community engagement and risk communication, capacity development, and remote management.

IOM is in the process of developing a global approach to mobilizing financial, professional and human resources available in the **global diaspora and transnational communities** to help strained communities and health systems cope with the challenges related to the COVID 19 outbreak. Specifically, IOM will mobilize medical professionals among diaspora to volunteer and temporarily return to their home communities to support with the crisis response. Further, the already existing channels of collaboration on [IDiaspora.org](https://www.diaspora.org) will be reinforced to enable crowdfunding and a donation function, to ensure that additional financial support and resources can be channeled consistently and in a trusted manner to those in most need.

### COORDINATION AND PARTNERSHIPS

Under the leadership of OCHA, IOM has worked closely with other Inter-Agency Standing Committee (IASC) agencies to produce the [COVID-19 Global Humanitarian Response Plan \(HRP\)](#) which was officially launched on Wednesday, 25 March. IOM is requesting \$100 million and aims to respond to all strategic priorities of the plan. In relation to this, the UN's Emergency Coordinator announced the disbursement of a **Central Emergency Response Fund**

(CERF) allocation to a number of UN agencies, including IOM, to advance COVID-related programming within the parameters of the HRP.

### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM actively engages in **Risk Communication and Community Engagement (RCCE)** and works to ensure that information is effectively communicated to displaced people, migrants and mobile populations. In Somalia, South Sudan, and Nigeria, IOM teams are conducting regular community health and hygiene awareness sessions, using adapted methodologies to reduce the spread of Covid-19, to educate and sensitize internally displaced persons and raise awareness with local community leaders, women and youth groups in IDP sites. IOM is also working to ensure that awareness raising is reaching migrant communities in Italy, and has been engaging local health authorities, municipalities and migrants' organizations in order to better tailor the information to suit the audience. In Libya, IOM is including the Libyan Coast Guard in the awareness sessions and hygiene campaigns, for the benefit of both the staff as well as the migrants that may be disembarked.

Meanwhile, in the area of **labour migration and human mobility** more broadly, operations are ongoing to develop specific messages and social media campaigns to ensure that migrant workers are aware of risks associated with the on-going pandemic and are informed about ways to ensure both their own health and safety, and those within their communities.

### DISEASE SURVEILLANCE

Additionally, IOM is working to **enhance existing national-level disease surveillance systems** by linking mobility information to surveillance data, particularly among border communities and in migrant-dense areas. IOM is further conducting population mobility mapping in some locations to anticipate preparedness measures to be implemented in a strategic and prioritized manner. In some locations, including the Districts of San Miguelito and La Chorrera in Panama, IOM is supporting community event-based surveillance (CEBS).

IOM continues to track 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. With the historical **Flow Monitoring** data, IOM is producing information products for movements of "outgoing" and "incoming" individuals, with an emphasis on movements from countries and regions with a higher prevalence of COVID-19. Utilizing data from its central

data repository of IDP data and mobility tracking, IOM also continues to **monitor and map global presence of internally displaced persons** into confirmed COVID-19 affected countries to support preparedness efforts and inform response.

As of 25 March 2020, IOM has begun **tracking information on stranded migrants** as well, including numbers of migrants in need, locations where migrants are stranded, and countries of origin. A dedicated landing page on the [IOM Flow Monitoring Portal](#) has been developed acting as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs in relation in COVID-19 produced at country, regional and global level.

## POINTS OF ENTRY (POE)

IOM is supporting Ministries of Health and border authorities and partners to enhance the preparedness of prioritized **points of entry (POEs)**. For example, IOM Afghanistan has mobilized health teams to support POE screening processes, with a focus on returnees from Iran, while in Rwanda, building from Ebola virus disease interventions already in place, IOM has been supporting screening at POEs.

Additionally, IOM is supporting governments to ensure infection prevention and control at points of entry. In Kenya, IOM has supported the preparedness and response efforts of the government by providing infection prevention and control supplies for frontline immigration officers at critical points of entry, including airports. The Regional Office for Asia and Pacific in Bangkok is currently leading the development of Standard Operating Procedures (SOP) for frontline immigration officers at POE to ensure the safety and well-being of the travellers as well as immigration officers. The purpose is to provide rapid guidance to immigration officers to prevent contamination from COVID-19, avoid spreading the disease and effectively manage the case of suspected and/or probable COVID-19 cases.

Further, with the closure of borders in Thailand, thousands of **migrant workers have returned** to Cambodia, Lao and Myanmar. IOM is responding in all four countries to provide support to both migrants and national authorities. In Cambodia, IOM has provided reception support to returnees at the Poipet border crossing, including meals, health screening, hygiene education and support to reception centres.

Using IOM immigration and border management expertise, a COVID-19 needs assessment was carried out in Jordan together with the Ministry of Health and in coordination with the World Health Organization (WHO), to assess border crossing points (land, sea and air) and inform programme

design and resource mobilization. In Southern Africa, various IOM country offices are analyzing the impact of COVID-19 and exploring possibilities for implementing Health, Border and Mobility Management (HBMM) activities that include assessments on health and borders as well as trade/mobility border action plans which include a health response.

IOM's **Displacement Tracking Matrix (DTM)** has developed an online tool to register points of entry and transit applying restrictions locally such as land border points, seaports, and airports, which is being implemented in coordination with IBM, MPA, RMM and other IOM service areas. The **Country Level Mobility Restriction Mapping** provides a real time snapshot of the types of mobility restriction being put in place, as well as the varied and complex forms of mobility restrictions being enacted at location level. As of 26 March 2020, data collection has taken place in 10,108 countries/territories/areas, providing information on 1,501 points and 169 areas with more countries expected over the coming days. These points of entry consist of 313 airports, 89 internal transit points, 882 land border points and 217 sea/port border points.

## INFECTION PREVENTION AND CONTROL

To enhance **infection prevention and control (IPC)**, IOM is enhancing its provision of **health and water, sanitation and hygiene (WASH)** services at points of entry, in displacement settings and in communities where IOM operates. In Bulgaria, at two safety zones for unaccompanied and separated children in refugee reception centres (RRC), IOM has significantly enhanced preventive infection measures including temperature monitoring at entrances, the provision of proper PPE for staff, and the disinfection of centers. In Yemen, IOM is supporting the WASH Cluster in its development of Standard Operating Procedures for COVID-19 management in displacement settings. In camp settings in Nigeria, Ethiopia, Bangladesh, Yemen and Syria, IOM has increased WASH responses to ensure the availability of hand washing stations and modified hygiene kits to include extra soap and disinfecting items.

## LOGISTICS, PROCUREMENT AND SUPPLY

IOM is further engaging in **logistics, procurement and supply management**, including in the procurement and supply of critical medical supplies to protect frontline health-care workers, e.g. masks and antiseptic materials in Yemen. As part of IOM's ongoing activities in Libya, essential personal protective equipment is being procured and will be delivered as soon as possible to the Libyan Coast Guard (LCG) and the staff involved in search and rescue missions at sea. In Syria, IOM has been requested by WHO to dispatch 400 tents to set up 190 triage stations in north-west Syria in coordination with health partners, while in Turkey, IOM has provided Personal Protective equipment and sanitation items to five provinces through to front line workers.

## OPERATIONAL UPDATES

### OPERATIONAL CHALLENGES

Based on local epidemiological realities and imperatives, and government decisions, IOM has had to continue scaling back or suspending some pre-migration health activities and movement operations temporarily to guarantee the safety of the migrants as well as staff. As of 26 March 2020, 95 per cent of IOM's Migration Health Assessment Centre (MHAC) sites have either closed or reduced their health assessment services. The closure of MHACs means all appointments have been cancelled, though core staff continue to perform essential functions.

IOM's Resettlement and Movement Management (RMM) operations have also been severely impacted by the current crisis. Of departures scheduled between 11 February and 30 April, 888 movements have been cancelled, affecting 8,726 individuals, the majority of whom are resettlement cases.

The implementation of immigration and visa processing programmes on behalf of Canada, Germany and the Republic of Korea continues in locations where activities are not restricted due to the pandemic. Programme activities are maintained where operationally feasible, with additional health and hygiene related measures for the protection of staff and beneficiaries, along with remote access channels such as telephone and online support.

As a large part of IOM's preparedness and response operations take place in displacement sites are often very crowded, IOM is exploring opportunities for safer methods to distribute life-saving humanitarian aid. In appropriate situations (as assessed on a case-by-case basis), IOM will encourage the use of Cash-Based Interventions (CBI), complemented by an increased sensitization on the proper use of cash assistance. In locations where it's a feasible option, CBI has the opportunity to be a safer means of providing rapid relief in that it can allow for remote delivery and can reduce the need for crowded distribution sites. It can also help vulnerable households compensate for the loss of revenue due to the interruption of income-generating activities during the COVID-19 outbreak.

### GUIDELINES AND GUIDANCE FOR OPERATIONS

IOM contributed technical inputs on WHO's [Handbook for Public Health Capacity-Building at Ground Crossings and Cross-Border Collaboration](#).

IOM is working with WHO to draft IASC guidance on Public Health Measures for Humanitarian Operations in the Context of the COVID-19 Outbreak.

IOM continues participating in Inter-Agency Task Teams to produce protection guidance amid the current situation. For

example, IOM is currently contributing to new guidance on children in detention and alternative care in the context of COVID-19.



IOM's CCCM teams in Baidoa (Somalia) conduct COVID-19 awareness sessions for IDP community leaders. ©IOM 2020

### FURTHER GUIDELINES

IOM's Global Strategic Preparedness and Response Plan for Coronavirus Disease was released on 19 March and can be found [here](#). The geographic prioritization of the appeal, which totals 116.1 million, is based on existing national and IOM capacities.

To answer questions related to the possible impacts of COVID-19 on Cash-Based Interventions (CBI), the Cash Learning Partnership (CaLP) has been collecting resources and guidance from all partners and will be regularly publishing key findings on their website. To access the latest version of this guidance and get updates on upcoming webinars, go to: <https://www.calpnetwork.org/themes/cva-and-covid-19-resources-guidance-events-and-questions/>

The Camp Management Operations [FAQs](#) (3rd edition, 20 March) have now been translated into Spanish while French and Arabic translations are in the process of being finalized. The guidance is already being adapted to the context of operations by various missions with camp management responses.

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