

1,439,516

Confirmed cases in more than 200 countries, territories or areas¹

85,711

Deaths

45,960

Restrictions on mobility have been imposed globally

1,151

IOM movements cancelled

\$116.1M

Requested by IOM for the Strategic Preparedness and Response Plan for COVID-19



Passengers disembarking from a ferry in Mauritania have their body temperatures taken using a ThermoFlash. © IOM 2020

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown origin was reported in Wuhan City, Hubei Province of the People's Republic of China. On 30 January 2020, the Emergency Committee of the World Health Organization (WHO) declared the illness known as Coronavirus Disease 2019 (COVID-19) a Public Health Emergency of International Concern (PHEIC). On 11 March, WHO officially declared COVID-19 a pandemic. Since the outbreak began, as of [10 April](#), more than 1.4 million cases and over 85,000 deaths have been reported globally.

The COVID-19 pandemic has forced most border points to limit crossings to essential travel only, resulting in a near global international mobility deadlock. As of 9 April, almost 46,000 restrictions to mobility have been put into effect by governments and authorities worldwide, a marginal increase from the 45,427 measures that had been issued as of 6 April. However, the varying severity of the COVID-19 pandemic has generated divergent impacts on mobility between countries, regions, territories and areas around the world.

These global restrictions have left some migrants stranded. In the West and Central African region, for example, over 3,500 migrants are currently stranded at border points, with 2,500 waiting in transit centers (mainly in Niger, Mali, Chad and Burkina Faso) for their voluntary return. Most of the transit centers have already reached maximum capacity; overcrowding and lengthy stays are leading to increased tensions and psychological stress, while potentially also putting migrants at higher risk of contracting COVID-19.

At the same time, the pandemic is triggering additional movements and exacerbating already volatile situations. In Venezuela, massive returnee movements are being reported in the border areas, mainly from Colombia and Ecuador, as a result of a loss of livelihoods amidst social distancing measures, leaving migrants with no source of income and in some cases leading to evictions. Venezuela is struggling to handle the large influx, which comes atop an already existing socioeconomic and political crisis in a country that has an almost nonexistent health care infrastructure left.

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¹WHO COVID-19 Situation Dashboard: <https://who.sprinklr.com/>.

SNAPSHOT OF IOM RESPONSE

Partnerships and Coordination

Around the world, IOM provides technical support to **country-level, cross-border, regional, and global coordination mechanisms**. Within these mechanisms, IOM is advocating to ensure that migrants and vulnerable groups are included in regional and national preparedness and public health planning and is providing technical support for COVID-19 preparedness and response.

- In **Afghanistan**, IOM, WHO and UNHCR have formed a Point of Entry (POE) Working Group to ensure effective coordination of planning and response across the four major border crossing points with Iran and Pakistan.
- The **Regional Office for Southern Africa in Pretoria** is engaging in consultations with the African Development Bank (AfDB) to provide inputs for its Regional Integration Strategic Plan for Southern Africa.
- **IOM Malaysia** led the development of the UNCT COVID-19: Rapid Needs Assessment Survey for Civil Society Organizations, which is planned to be disseminated this week. Additionally, a country-specific monitoring tool with an overview of government response has been developed to ensure safety and well-being of migrant workers affected by the COVID-19 outbreak. This living tool will be updated weekly.
- **IOM Venezuela** has observed a large uptick in the number of migrant returnees flowing into the country. Together with Caritas and UNHCR, IOM has begun delivering food and hygiene kits to migrants in need.

Risk Communication and Community Engagement (RCCE)

IOM works with RCCE counterparts at global, regional and national levels to ensure that mobility is taken into account in public health messaging, and to ensure that information is communicated to migrants and mobile populations.

- In **Portugal**, IOM has created information products with general information on COVID-19, information regarding the state of emergency in Portugal, and information on psychosocial well-being in a situation of isolation. The materials are available [here](#) in Portuguese, English, French, Spanish and Bengali.
- **IOM Kenya** distributed information, education and communication (IEC) posters on COVID-19 prevention measures (translated into English and Somali). The mission also conducted community health workers sensitization in the migrant populated Eastleigh community in Nairobi. These health workers will educate the public on important COVID-19 behavioural practices, including social distancing.

- In **Vanuatu**, IOM is translating public health messaging on COVID-19 into the languages spoken by migrants and is ensuring that migrants and displaced communities have access to timely and correct information. IOM is working with the Gender and Protection Cluster to distribute messaging to communities – including people in informal settlements – on Efate, Santo, Ambae, Maewo, Pentecost and other islands.
- **IOM Ukraine** distributed 75,000 posters with WHO recommendations on COVID-19 prevention to medical facilities and communities located in the non-government-controlled areas of Donetsk Region.
- **IOM Timor-Leste** is working with the Ministry of Health to ensure counterparts take mobility into account during RCCE, and information is communicated to migrants and mobile populations, including taxi drivers, micro-let drivers, truck drivers and travellers in coordination with the national transport authority.
- **IOM Palau** is coordinating with the Ministry of Justice to ensure that awareness raising materials are translated and available in multiple languages.

Disease Surveillance

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 also conducting population mobility mapping in some locations to anticipate preparedness measures to be implemented in a strategic and prioritized manner.

- In **Sri Lanka**, IOM is supporting refugees and asylum seekers in coordination with UNHCR, reaching 1,300 refugees and asylum seekers to-date. IOM operates a 24/7 COVID-19 hotline and is providing guidance on where and how to seek treatment. Identification of COVID-19 symptoms and contact screening have been introduced, and refugees with previously identified health conditions have been identified and followed-up with by telephone.
- In **Cambodia**, where thousands of migrant workers have been returning from Thailand despite border closures, IOM continues to track cross border flows in order to understand population mobility, respond to the needs of the migrants, and inform public health preparedness and response strategies.

Points of Entry (POEs)

IOM is supporting Ministries of Health and border authorities and partners to enhance preparedness of prioritized POEs.

- In **Lebanon**, when the government allowed nationals abroad to return to the country, IOM supported

the airport medical and security check points. IOM conducted a rapid assessment of the airport clinic, as well as of the designated isolation sites and pathways for the movement of passengers, and identified required PPE, medical supplies and equipment to support proper screening. IOM provided protection gear, N95 and surgical masks, protection eyeglasses, single use gloves, hand sanitizers, non-contact thermometers, shoe covers and so forth for airport security and the airport clinic, as well as additional supplies to a hospital.

- **IOM Kenya** with the Ministry of Health and Department of Immigration Services conducted assessments at seven POEs to inform priority interventions of COVID-19 response.
- In **Cambodia**, IOM has been working with the National Committee for Counter Trafficking and other key civil societies at the Poi Pet Transit Center (PTC) to receive returning migrants and screen for COVID-19 symptoms.
- In **Kazakhstan**, IOM, through an implementing partner, supported efforts to identify vulnerable migrants at a POE on the Kazakhstani–Uzbekistani border. In coordination with Kazakhstani local authorities and law enforcement agencies, IOM also supported distribution of personal protective equipment (masks, gloves, antiseptics, antibacterial wipes) to migrants crossing the border.
- IOM has finalized the *Standard Operating Procedures for Front-Line Border Officials at Point of Entry in Response to COVID-19 Outbreak*. This SOP will provide guidance to frontline border officials who deal with passengers and travellers at Points of Entry. IOM Country Offices will be engaging with relevant national counterparts to discuss operationalization of the SOP and how IOM can support these efforts.
- **The Regional Office for Central America, North America and the Caribbean in San Jose** has developed a POE protocol document as an immediate measure to disseminate existing global technical guidelines and protect the health of frontline control officers.
- On 7 April, **IOM Ukraine** handed over a first tranche of urgently needed personal protection equipment (PPEs), as well as disinfection equipment and liquids, to the State Border Guard Service of Ukraine. Sprayers, disposable protective masks, protective gloves, glasses and suits will be used by the border guards for processing Ukrainian nationals entering Ukraine.
- **IOM Zambia** – under a COMESA funded project – is currently developing an SOP manual integrating International Health Regulation elements for the One Stop Border Post (OSBP) to be used at the Chirundu OSBP between Zambia and Zimbabwe.

Infection Prevention and Control (IPC)

IOM continues to strengthen the provision of critical water, sanitation, and hygiene (WASH) facilities and services in

health care facilities, camps, POE and displacement settings.

- **IOM Bangladesh** has engaged 30,000 households in Cox's Bazar in awareness-raising sessions on the prevention of disease transmission, and IOM's Non-Food Items and Shelter teams have implemented infection mitigation measures by rearranging distributions into small batches for beneficiaries at all distribution points.
- Additionally, **IOM Bangladesh** in Cox's Bazaar has completed door to door distribution of key items for handwashing (63,860 soap kits) and disinfection (85 kg 65% HTH chlorine, 17 backpack sprayers) and installed 142 hand washing stations in communal locations to help improve sanitation and prevent the spread of the disease.
- **IOM Micronesia** is supporting hygiene promotion through public awareness and installation of handwashing stations.

Case Management and Continuity of Essential Services

IOM continues to provide technical and operational support to governments, as well as life-saving primary health care, essential health services, critical medicines, personnel, diagnostics, and other general support.

- 39% of **IOM Health Assessment Programmes (HAP)** sites are liaising with Member States to provide supplies and services to support local COVID-19 response initiatives. In addition, 25% of HAP sites are now providing additional services to beneficiaries, including health education/resources related to COVID-19, and provision of primary care, emergency care and/or personal protective equipment, among others.
- **IOM Italy** is organizing remote training sessions related to mental health and psychosocial support (MHPSS) and moderating weekly remote meetings with more than 10 reception centres in the province of Rome. IOM facilitates dialogue between the local health authorities and the reception centres and engages a group of international protection holders (via WhatsApp) trained as peer educators to support them providing remote sessions to other migrants in reception facilities.
- **IOM Burundi** held a three-day Psychological First Aid (PFA) training in Kirundo for 58 community health workers and a second one in Rumonge for 59 health workers. The training was adapted to COVID-19 with tailored practical exercises and related messaging.
- In **Germany**, IOM is piloting a virtual counselling initiative for Gambian migrants in Germany and exploring the possibility of offering MHPSS to migrants living in accommodation centres. IOM is engaging with the Federal Association of Psychosocial Centers for Refugees and Victims of Torture to provide a safe space and technical support, simultaneous translation, and assistance to the overall counselling process, in

order to ensure a survivor-friendly approach. IOM Germany also engaged with TANG e.V., an umbrella organization for African diaspora associations, to offer an information session to relevant communities.

- **IOM Ukraine** has concluded an assessment on the impact of COVID-19 on beneficiaries, including former victims of human trafficking, returning migrants, internally displaced persons (IDPs) and conflict-affected populations in order to better inform the humanitarian response.
- In **Cox's Bazar**, 260 staff from IOM health facilities have been trained on COVID-19 case management, IPC and RCCE. IOM is in the process of reinforcing the Mobile Medical Team hotline in the Ukhiya and Teknaf communities to coordinate isolation bed capacity management and ambulance dispatch for the COVID-19 response in the area. Furthermore, IOM and WHO trained 19 ambulance staff, including drivers, medical escorts and hotline operators on IPC in ambulances. IOM has designated two ambulances to support the referral of COVID-19 cases from triage centers to quarantine/isolation facilities.

Logistics, Procurement and Supply Management

IOM is engaging in procurement and supply of critical medical supplies to protect frontline health-care workers as well as other necessary supplies and equipment for government stakeholders and beneficiaries.

- For example, in **Mauritania**, IOM is providing equipment to border posts and health centres/hospitals, while in Tanzania, IOM provided two tents deployed at Kagunga border (Kigoma region) to be used for screening purposes.
- In **Venezuela**, IOM is coordinating the purchase and distribution of emergency kits for the Venezuelan population under extreme vulnerability in the context of the Regional Refugee and Migrant Response Plan.
- In **Sri Lanka**, IOM provided 5,000 masks and 50 bottles alcohol hand rub to the Disaster Management Centre (DMC) and provided 25 culture swabs to the National Hospital.

Displacement Tracking Matrix (DTM)

In an effort to provide a global overview of the restrictions to mobility being implemented around the world, IOM has developed a global mobility restrictions database based on information from IATA, WHO Situation Reports and relevant media and official sources. This database provides daily reporting on the rapidly changing travel restrictions being imposed by countries in response to the COVID-19 crisis, allowing for interactive analysis and mapping. Heatmaps of the travel restrictions have been produced. The database and maps can be viewed on [the Mobility Restrictions COVID-19 website](#).

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 **Djibouti**, IOM conducts data collection in five flow monitoring points of Holl-Holl and Guelileh, Ali Sabieh region; Yoboki, Dikhil region; PK9, Tadjourah region; and Fantehero, Obock region. IOM has increased its focus on raising awareness among travellers and migrants on COVID-19 prevention. In addition, DTM has launched a COVID-19 survey in host communities and amongst migrants in Obock to support RCCE preparedness and response.
- In **Afghanistan** and **Pakistan**, DTM is tracking and monitoring the number of returning Afghan nationals, observing that between 6 – 9 April more than 70,000 returning Afghan migrants passed through the Torkham and Chaman-Spin Boldak border crossings during their temporary opening to facilitate the return of stranded Afghan nationals.

IOM is tracking information on stranded migrants whose situation is being exacerbated by COVID-19.

- In **Tunisia**, IOM's Migrant Presence Monitoring (MPM) conducted a rapid needs assessment in the cities of Grand Tunis, Sfax and Zarzis. At least 3,700 migrants were found to be in need of urgent assistance; priority needs include food and vouchers, cash for rent, and medicine.
- Since January 2020, **IOM In Thailand** has been monitoring migration flows between Thailand and Myanmar across five different locations in Ranong province. Between 2 – 8 April 2020, 336 stranded migrants were identified; of which 94% of which identified as migrant workers. When asked about their plans for the future, most reported their intention to stay in Ranong Province and wait to cross into Myanmar regularly.

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.



Raising awareness in Mauritania among village committees on safety instructions and preventive measures against COVID-19. @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 30 April, 1,151 movements have been cancelled, affecting 10,286 individuals, the majority of whom are resettlement cases.

IOM launched the second round of an internal survey, the purpose of which is to understand better the impact of COVID on IOM's operational globally. To date, 40 missions have responded to the survey, with more responses expected in the coming days. The results have indicated missions' core concerns to be around the negative impact on staffing numbers and working conditions, and the need for reprogramming – on agreement with donors – due to the current limitations, particularly in relation to activities involving direct assistance.

Several missions have also reported significant delays in procurement, and a limited availability of supplies leading to price increases and a decrease in the quality of available goods. International supply chains are facing difficulties due to restrictions at the borders, while locally, shops are often closed, delivery services are limited, and cross-country trucking is unavailable. For example, border closures in West and Central Africa have led to dramatic price increases and overall negative impact on the economy and commerce, and on social stability.

New Programmatic Approaches

- The [IOM South-Eastern Europe, Eastern Europe and Central Asia Regional Office](#) in Vienna is currently updating the translation app it has developed in the Western Balkans to assist border officials to include questions on COVID-19.
- [IOM Mauritius](#) is currently re-drafting a Border and Migration Management Assessment questionnaire for the border officials in the Indian Island States, to include International Health Regulation core capacity questions as well as to reframe the baseline assessment of current border management needs.

Guidelines and Guidance Documents

- IOM Mental Health and Psychosocial Support (MHPSS) [has published](#) a *COVID-19 Response: Guidance and Toolkit* for the use of IOM MHPSS Teams.
- IOM Water, Sanitation and Hygiene (WASH) has contributed inputs for the review of the *IASC Interim Guidance on Scaling-Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations Including Camps and Camp-Like Settings*.

- IOM has published [guidance](#) for employers and businesses on protecting migrant workers in the context of COVID-19. This is a “living document” that will be updated every two weeks during the duration of the pandemic. The document covers occupational safety and health measures, adjustments to work arrangements, promotion of universal access to health care, protection of migrant rights during the crisis, and many other issues relevant to workplaces and employers.

Information Sharing and Communications

The Regional Office for Southern Africa in Pretoria and IOM's African Capacity Building Centre (ACBC) are organizing a webinar on **COVID-19 and the impact on Free Movement and Border Management** on 21 April.

IOM has been working on how to manage anticipated media interest in the cases of COVID-19 in camp settings. On Thursday evening IOM broke news of the first confirmed coronavirus cases in a camp setting.

IOM is producing regular [COVID-19 Analytical Snapshots](#), which provide brief thematic reviews of the latest migration and mobility related impacts of Covid-19 from around the world. These snapshots are an accessible tool that enable readers to quickly grasp the key implications of the pandemic. The 2-3 page snapshots draw upon the latest outputs being produced by researchers, analysts and organizations as the COVID-19 pandemic unfolds. Spanish translations are underway, with the first now available on the [COVID-19 Analytical Snapshots](#) webpage.

IOM has developed **external communication guidance on detention and alternatives in the context of the COVID-19 pandemic**. The vulnerability of migrants in detention is high and the confined, often overcrowded environment, coupled with lack of sufficient access to health, sanitation facilities and poor hygienic conditions render people in detention at higher risk of contamination, as the virus spreads more rapidly in enclosed environments.

Resources

The Government of Japan has contributed USD six million in support of the International Organization for Migration's COVID-19 response. The donation will be used to provide emergency assistance to the Islamic Republic of Iran and surrounding developing countries to prevent the further spread of the novel coronavirus.



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