

1,776,867

Confirmed cases in more than 200 countries, territories or areas¹

111,828

Deaths

45,960

Restrictions on mobility have been imposed by 196 countries, territories or areas

1,151

IOM movements cancelled

\$116.1M

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



IOM Djibouti conducts sensitization on the risks and dangers of COVID-19 for migrants, refugees, and host communities in Obock. © 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 [13 April](#), nearly 1.8 million confirmed cases and over 111,000 deaths have been reported globally. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases and countries reporting daily.

The COVID-19 pandemic has forced most border points to limit crossings to essential travel only, resulting in a near global international mobility deadlock. In many places in the world, including Latin America, the entry into force of decisions on border closings, suspension of air operations and/or travel restrictions have prevented people from continuing on their standard migratory routes or from

returning to their places of origin. The use of unauthorized border crossings can increase the risks of trafficking, smuggling, exploitation and abuse, and excludes these migrants and refugees from the necessary health controls for the prevention of COVID-19.

The economic, social and psychosocial effects of the measures adopted in response to the health crisis caused by COVID-19 have disproportionately impacted the most vulnerable population groups with less capacities for resilience. Among these are migrants and refugees, especially those who require humanitarian assistance or whose food security, housing and access to health services depend on independent or informal forms of work that have been interrupted. Added to this is the fear that COVID-19 will reach the places that provide collective accommodation and services for migrants in various countries, which is in some cases leading governments or aid organizations to order them to be temporarily closed or significantly reduce the scale of operations.

CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71

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 and regional 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.

- **IOM Regional Office for Asia and Pacific (ROAP)** is convening a Regional Technical Working Group on Migrants, Refugees and COVID-19 for Asia Pacific. The working group has regular participation by OCHA, WHO, IFRC, UNDRR, OHCHR, UNHCR, ILO, UN Women and international NGOs. On 9 April, UNDRR, IOM ROAP and the International Council of Voluntary Agencies co-hosted a webinar on “Reducing COVID-19 Vulnerability Amongst Displaced Populations and Migrants” with guest speakers from Afghanistan, Bangladesh and India.
- **IOM Cambodia** has been designated to lead the response efforts to support returning migrants in coordination with the UN and government. The mission is also part of the working group for the protection of returning migrants and is planning a rapid assessment on health and protection together with UNFPA and WHO.
- **IOM Malaysia** is leading the UNCT effort to address the needs of 4 million undocumented migrants facing food insecurity. The mission is developing a joint plan for advocacy and action and has developed and disseminated a UNCT COVID-19 Rapid Needs Assessment Survey for Civil Society Organizations on the Impact on Migrants, Refugees and the Stateless in Malaysia.
- **IOM Viet Nam** is actively participating in the UN Crisis Management Team and the UN Technical Committee on COVID-19 Response. IOM’s Corporate Responsibility in Eliminating Slavery and Trafficking (CREST) programme continues to offer advice to the business community and partner companies on how to address migrant worker protection during COVID-19.
- **IOM Germany** recently concluded a survey of its 800 local partners of Assisted Voluntary Return and Reintegration (AVRR) counselling centres (among them local authorities, NGOs and welfare organisations) to assess their availability and needs in order to remain operational under the current COVID-19 restrictions. IOM Germany maintains support to counselling structures through the website “Returning from Germany”, which contains a virtual counselling tool that connects migrants with IOM staff in 16 countries of origin for assistance and has recently been updated with information on COVID-19 and its impact.

- **The Regional Office for Southern Africa in Pretoria** is developing draft messaging on border management and trade facilitation in the context of COVID-19 as a communications tool vis-à-vis governments, particularly border and health authorities.

Risk Communication and Community Engagement (RCCE)

IOM works with RCCE counterparts at the 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 **Ethiopia**, IOM produced and distributed 50,000 leaflets and 10,000 posters in relevant local languages (e.g. Amharic, Oromo, Somali, Tigrigna) on COVID-19 awareness and mitigation measures. Banners with relevant messaging were displayed in many rural areas and towns. Additionally, 375 individuals received COVID-19 sensitization through IOM mobile clinics in West Gedeo, Guji, and Welega.
- In **Bosnia and Herzegovina**, information leaflets on COVID-19 in English, Urdu, Pashtu, Arabic and Bengali were posted throughout the Temporary Reception Centres. IOM centre staff continue to engage migrant community representatives, to keep them informed on COVID-19, provide advice on preventative measures, and collaborate on ideas to raise awareness among migrants. IOM has also supported the communication efforts of several grassroots initiatives through NGOs, local radios and journalists, to encourage people to stay home, support people in quarantine and acknowledge the efforts of people who are playing a key part in the COVID-19 response such as doctors, supermarket workers, and volunteers. Some examples of these campaigns are: Mlslimo O Nama Heros, Mlslimo O Nama Stay home.
- In **Egypt**, IOM has translated updated information tools into languages commonly spoken by migrant populations for distribution into their communities, as well as activated its “communication corridors” with migrant community leaders to ensure 24/7 two-way exchanges of information. IOM has also joined forces with a local start-up that is creating a nationwide campaign using Egyptian influencers and celebrities on several topics related to COVID-19 preparedness and response.
- In **the Bahamas**, IOM has supported the Ministry of Health and the Prime Minister’s Office with the translation and distribution of the official COVID-19 guide in Chinese, Tagalog, Spanish and Creole, and IOM is working on the development of audio and video messages for these populations.

- In **Colombia**, IOM has developed COVID-19 communication materials, in partnership with the office of the Resident Coordinator, WHO/PAHO and the Ministry of Health, along with community health networks. A total of 35,000 posters, aimed at preventing panic, xenophobia and/or discrimination, have been printed, and many are being distributed in areas with a high influx of migrants.
- **IOM Indonesia** is conducting meetings with refugees via WhatsApp and online platforms to disseminate prevention information and receive comments. The mission has also developed RCCE materials for returned Indonesian migrant workers in collaboration with the Ministry of Women Empowerment & Child Protection and the Ministry of Social Affairs.
- **IOM Malaysia** has participated in the review of five COVID-19 RCCE documents prepared by WHO. The mission has increased the number of languages of the Migrant Health Alert Poster from 14 to 19 and produced an audio version of the Migrant Health Alert Poster in the Rohingya language.
- In **Malta**, IOM is engaged in multilanguage information dissemination on COVID-19 among migrant communities via websites and social media. IOM Malta is also developing guidelines/leaflets that contain consolidated information on the benefits available to third country nationals without employment/who may become unemployed, websites for additional information, as well as useful numbers/helplines.

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 **Panama**, community health workers in the context of an ongoing project are working directly with the Ministry of Health on the implementation of the national strategy for the prevention of diseases, in response to the COVID-19 outbreak. The community health workers refer cases where there are signs and symptoms to the Ministry of Health and provide follow-up.
- In **Bangladesh**, due to movement restrictions, IOM is making use of public audio forums and radio programmes to communicate hygiene and health-related messages. Further, having observed group gatherings at certain refugee camps in Cox's Bazar, IOM launched a rapid assessment to determine where and why social distancing is not being consistently observed. IOM is working with community leaders in these camps to encourage behavioural change in line with the guidance provided by health partners.

Points of Entry (POEs)

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

- In **Zimbabwe**, IOM assisted in the development of a preparedness and health response plan in the POEs, and supported the development and dissemination of POE-specific standard operating procedures (SOPs) including those for detection, notification, isolation, management and referral of travellers suspected to have COVID-19.
- In **Panama**, IOM is coordinating with the Ministry of Public Security and local governments to provide technical assistance for the effective implementation of measures to prevent the spread of COVID-19 in the Migration Reception Stations at the border in Darien Province, in line with the guidelines of the Ministry of Health. IOM delivered food, hygiene items and masks for more than 2,500 migrants in the reception centres.
- In **Mauritania**, IOM provided guidance on construction of isolation units and handwashing stations at border posts.
- In **Afghanistan**, IOM is co-convening weekly POE working group meetings, and recently assessed all four major POEs with Iran and Pakistan together with UN partners. The mission is providing technical assistance to the district hospital at the Spin Boldak border point to manage large incoming migrant populations and to secure the facility and its medical supplies.
- To support the work of the Ministry of Social Affairs and the National Board for the Protection of Indonesian Migrant Workers, **IOM Indonesia** has developed a video campaign on COVID-19 prevention measures and protocol for returning migrants arriving at points of entry.
- IOM **Sierra Leone** is supporting surge capacity with the deployment of health officers to support screening and referrals at prioritized POEs and wharfs.

Infection Prevention and Control (IPC)

Infection prevention and control (IPC) interventions have been enhanced to support migrants and IOM staff.

- In **Bosnia and Herzegovina**, youth beneficiaries of IOM programmes help deliver food, hygienic products and medicines to the elderly and other people in isolation, produce homemade masks, and support the fire department to disinfect public places. Additionally, young engineers have been producing face shields for health workers with 3D printers donated by IOM.
- In **Azerbaijan**, a group of victims of trafficking in a shelter supported by IOM started to produce hundreds of face masks for themselves and for the local community in their part of the capital Baku using sewing machines provided by IOM and USAID.

Logistics, Procurement and Supply Management

IOM is engaging in the 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.

- In **Ethiopia**, IOM has reached 138,000 individuals with hygiene awareness messages, including in some targeted locations, with the provision of soap, WASH NFIs and clean water, and community water management committees are being trained on COVID-19 mitigation measures. IOM has also trained 113 hygiene promoters on COVID-19 prevention and control methods, and training for additional 250 volunteers to improve surge capacity for future needs is also underway.
- In **Libya**, IOM launched a comprehensive sanitation campaign in migrant and internally displaced person (IDP) communities, accompanied by the critical distribution of non-food items (NFIs), and the provision of health support and access to outreach services including referrals delivered by IOM mobile teams. IOM is also conducting disinfection and fumigation campaigns in detention centres and disembarkation points, in addition to delivering information campaigns to migrants in those locations.
- In **Brazil**, approximately 1,600 personal hygiene kits have been delivered to migrants in Roraima who are not living in shelters and 8,000 brochures with critical prevention information have been distributed in key locations such as shelters, the central bus station, and informal settlements in Boa Vista and Pacaraima. Information sessions have also been carried out, including in indigenous communities in Pacaraima and nearby regions.
- **IOM Turkey** has continued working with local authorities to ensure that migrants are included in the COVID-19 response. This week, 300 food and hygiene kits were donated to Mersin Municipality and distributed to seasonal workers in Akdeniz district. Items were also provided in other south east provinces including Adana, Iskenderun and Gaziantep.

Case Management and Continuity of Essential Services

IOM provides technical and operational support to governments, as well as life-saving primary health care, continuation of essential health services, procurement of critical medicines, personnel, diagnostics, medical supplies and infrastructure support.

- Migration health staff in **IOM Health Assessment Programmes (HAP)** have been called upon to contribute to national COVID-19 response activities in some locations. As of 9 April, 52 staff have been deployed to support COVID-19 related programmes, both internally within IOM programmes and to government efforts. Discussions are in progress for further staff to assist.
- 29 **HAP** sites are liaising with Member States to provide supplies and services to support local COVID-19 response initiatives, including, among others, screening for COVID-19 at POEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of personal protective equipment and supplies for COVID-19 response.

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 health crisis, allowing for interactive analysis and mapping. The database and maps can be viewed on the [COVID-19 Mobility Impacts Portal](#). Phase two of the mapping and monitoring of **points of entry** is ongoing; results will contribute to a more comprehensive and real time overview of restrictions being implemented at location level.

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 **Ethiopia**, daily movements have been impacted by measures imposed in response to COVID-19. DTM

observed a total on 7,648 movements across its five flow monitoring points (Metema, Humera, Galafi, Dawanle, Tog Wujale) in the month of March. This represents a 34% decrease in daily average movement in comparison with February 2020 figures, when an average of 376 movements per day were observed. For incoming movements, 72% reported that bus/truck was the most often means of transportation used.

- In **Mongolia**, DTM has extended implementation of its Flow Monitoring until 1 May at six checkpoints around Ulaanbaatar; almost 1.5 million movements have been captured since inception of this exercise in February. To date, over 400 health and education system personnel have been trained as data enumerators.

IOM tracks and monitors the **socio-economic impact of COVID-19**

- In **Ukraine**, the National Monitoring System is conducting a series of assessments on the impact that COVID-19 related restrictions are having on local businesses and access to services for vulnerable populations in Eastern Conflict Area.

To better understand the ways and extent to which the pandemic is impacting mobility in **West and Central Africa**, DTM has been working on analyzing Flow Monitoring data collected between January and March 2020 at 35 key transit points across the region using 2018 and 2019 data as barometers of comparison. In addition, a compilation of DTM's Event tracking in the region has been mapped with country specific publications available on the portal. 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.

OPERATIONAL UPDATES

Operational Challenges

During the reporting period, IOM continued with the second round of its internal survey, the purpose of which is to understand better the impact of COVID-19 on IOM's operational globally. To date, there have been 84 non-duplicative responses 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.

Based on local epidemiological realities and government decisions, IOM has had to scale back its pre-migration health activities and movement operations temporarily to guarantee the safety of the migrants as well as staff. As of 9 April 2020, 75% of IOM Migration Health Assessment Centre (MHAC) sites (56) have temporarily ceased main HAP activities; however, efforts are being made to ensure that essential services are still being provided to migrants with significant medical conditions. The remaining 25% of MHACs (19) have reduced their HAP services.

New Programmatic Approaches

- **IOM Marshall Islands** has launched a special health and hygiene initiative for taxi drivers. As shared taxis are the main form of transportation in the country, taxis are equipped with disinfectant and drivers provided with hygiene awareness as part of a public-private partnership.

- In **Bosnia and Herzegovina**, in the framework of IOM's Diaspora for Development project, implemented in partnership with UNDP and the Ministry of Human Rights and Refugees of Bosnia and Herzegovina, diaspora organizations and individuals were invited to share their experiences, ideas, and projects that might be useful for combating COVID-19 through a section dedicated to COVID-19 in the official [BiH diaspora web portal](#).

Information Sharing and Communications

IOM is producing regular [COVID-19 Analytical Snapshots](#), on the latest analysis covering migration and mobility related impacts of Covid-19 from around the world. These 2-3 page briefs are an accessible tool that enable readers to quickly grasp the key implications of the pandemic. New snapshots include: "economic impacts on migrants"; "implications for development" and "global migration governance". Spanish translations are underway, with the first three now available on the [COVID-19 Analytical Snapshots](#) webpage.



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