Confirmed cases in more than 200 countries, territories or areas¹

Deaths

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

IOM movements cancelled

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

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 24 April, more than 2.5 million confirmed cases and over 178,000 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.

With the increasing number of cases worldwide, the global COVID-19 pandemic continues to provoke strict measures restricting both global mobility and migration, as well as daily internal mobility. As of 24 April, a total of 215 countries, territories and areas have implemented a total of 52,262 travel restrictions. This indicates an 8 per cent increase in the number of daily restrictions from 48,588 restrictions recorded on 20 April. In general, other limitations such as new documents required for entry have increased by 17 per cent since the last report, while medical restrictions and measures have increased by 10 per cent, and restrictions on passengers arriving from a specific country, territory or area have increased by 8 per cent.

As physical distancing measures continue to be imposed and maintained in response to the COVID-19 pandemic, the socioeconomic and psychosocial conditions of migrants and host communities in many regions are rapidly worsening. As a result of lockdowns and shelter-in-place orders, for example, migrant women in Latin America are disproportionately affected by an increase in cases of domestic violence. In addition, an economic slowdown is visible across many regions, which affects migrants and refugees, who are predominantly employed in the informal sector, more harshly. The situation poses even greater socioeconomic and protection challenges for migrants excluded from or unable to access support mechanisms.

In addition, due to the economic slowdown linked to lockdowns and other physical distancing measures, there is an increase in migrants returning to their home countries and regions, the majority of whom earned a daily wage. The movements triggered by the pandemic have fuelled xenophobia in many regions, with increasing reports of stigma and discrimination towards migrants at destination, transit and home locations upon return, due to fears around COVID-19 transmission.

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.

- The IOM Regional Office for South America took part in the Iberoamerican Conference of Migration Authorities (RIAM in Spanish) on 21 April under the leadership of Panama as the Presidencia Pro-tempore, with IOM as the Technical Secretariat. They were joined by 12 countries in the region as well as the Office of the Special Envoy for Migrants and Refugees. The main concern expressed by the participating governments was the situation of stranded irregular migrants as a result of the pandemic.

- The Regional Office for Central America, North America and the Caribbean in San Jose participated in a virtual meeting with Migration Authorities of Central America (OCAM in Spanish) to review principles on the return of nationals, land border return protocol coordination, and resource concerns related to irregular migrant camps.

- IOM Thailand chaired an ad hoc Migration Network Working Group meeting, which brought together UN agencies to share updates related to COVID-19 response and impacts, and to facilitate coordination for producing and translating information, education and communication (IEC) materials. A smaller working group was also formed to coordinate data collection initiatives in order to pinpoint which communities and migrant populations are being most significantly impacted and where resources and capacities should be directed.

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. IOM maintains a global mobility restrictions database based on information from IATA, WHO Situation Reports, and relevant media and official sources. This database provides daily updates on the changing travel restrictions being imposed by countries, territories, and areas in response to COVID-19, enabling interactive analysis and mapping.

In Iraq, IOM’s Displacement Tracking Matrix (DTM) has released an interactive COVID-19 dashboard with datasets. Between 9-13 April, phone interviews were conducted with IOM’s broad network of key informants across the country. Data was collected for all of Iraq at sub-district level with information on the status of healthcare services, public awareness levels, access to services, movement restrictions and overall economic impact of the pandemic across Iraq.

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 the East and Horn of Africa Region, for example, DTM is active in six countries (Burundi, Djibouti, Ethiopia, Somalia, South Sudan, and Uganda). A regional snapshot has been published based on Flow Monitoring data collected throughout the month of March.

IOM is also tracking and monitoring the impact that COVID-19 is having on internally displaced persons (IDPs) and migrants.

- In Ethiopia, IOM has added a COVID-19 specific section to its Event Tracking Tool.

- In Chad, IOM is tracking the measures that have been taken by Chadian authorities to limit the spread of COVID-19 in the country. IOM reported that between 16-18 April, 127 individuals (118 males, 9 females) arriving from Libya were placed in quarantine in the town of Ouanianga Kebir located in the province of West Enedi and were observed to have humanitarian needs.

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 Thailand has been working closely with the UNCT Communications Team to develop a communications campaign called “Solidarity Against COVID-19”, which will be rolled out this week on social media platforms. The campaign is targeted for the general public, policymakers, the private sector and vulnerable populations, and will be launched via SMS, print and mainstream media and through partnerships with popular platforms such as LINE and Twitter.

- In Yemen, two Migrant Protection Mobile Teams distributed leaflets in areas with large migrant communities in Aden governorate to raise awareness on the prevention of COVID-19.
In Burundi, IOM and UNICEF jointly delivered a COVID-19 training to 18 operators from the Emergency Hotline (109) and the Child Assistance Hotline (116), two of the main emergency hotlines in Burundi. This training will help build their capacity to disseminate critical information around COVID-19, manage rumours and refer suspect cases.

In Djibouti, IOM launched a COVID-19 sensitization campaign in Dikhil region on 14 April. IOM has engaged over 40 volunteers from the local authorities to increase the awareness of migrants and host communities in Dikhil through door-to-door messaging, reaching 10,781 people. Truck drivers have been invited to wash their hands at handwashing stations while agents disinfect their trucks and check temperatures. IOM has also printed 4,600 awareness and prevention posters in various local and migrants’ languages to sensitize communities on how the disease is spread. These will be distributed to all the public hospitals in the region.

In coordination with the RCCE working group, IOM Marshall Islands is placing 15 large community billboards across the Islands of Majuro with COVID-19 messaging for communities.

IOM Palau is working with the Ministry of Justice Anti-Human Trafficking Office on the printing of RCCE materials in languages appropriate for foreign migrant workers.

In Fiji, IOM is using contextualized materials for each state in appropriate languages to communicate with communities and vulnerable travellers.

IOM Georgia is using its social media channels to provide updated multilingual information on COVID-19 and available services to over 4,000 people. IOM also provides continuous online counselling services to stranded Georgian migrants.

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In close coordination with the Ministry of Public Health, IOM Afghanistan is initiating large-scale recruitment of screeners, testing teams and social mobilizers in four border provinces with Iran (Islamic Republic of) and Pakistan.

IOM Djibouti carried out a survey in the city of Obock in order to better understand the knowledge, perceptions and attitudes of local populations and migrants about COVID-19.

In Kenya, 35 IOM medical staff have been seconded to the Ministry of Health for one month and have been responding on the front lines as part of the Quarantine Site Response Team. Two new quarantine sites have opened in Nairobi, making the total number of sites seven.

In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell and the relevant clusters, IOM supports the procurement, storage and distribution of critical supplies.

In Burundi, IOM is procuring personal protective equipment (PPE) for immigration officers at the central level and for priority PoEs. Additional equipment, including solar panels and IT equipment, have already been handed over to two priority PoEs to help health officials in Burundi screen travellers for Covid-19 and share timely information.

In South Sudan, IOM has released critical water, sanitation and hygiene (WASH) items to partners for distribution at two locations within Juba, in coordination with the WASH Cluster and the Inter-Agency COVID-19 Operations Group. These items will benefit approximately 11,000 beneficiaries in Don Bosco and Mahad IDP settlements.

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry.

IOM Burundi held a two-day workshop from the 21-23 April to validate SOPs for land, sea and airport PoEs adapted for COVID-19, which will be valid for any disease of epidemic potential. IOM is also continuing PoE evaluations in order to assess the structural rehabilitation needed of PoE transit and waiting areas in order to limit COVID-19 and Ebola transmission. Assessments have been carried out in Rumonge and Bujumbura Rural, and will soon be followed by other priority districts.

In Afghanistan, IOM is coordinating with UNHCR, WHO and other partners to strengthen logistics, health screening, surveillance, and monitoring assistance in border areas in support of the government.

IOM teams in Libya provided medical assistance to more than 1,000 migrants who have been stranded on the Tunisia/Libya border. IOM continues to monitor the situation on both sides of the border in coordination with local authorities and partners.

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In Haiti, IOM, the Ministry of Public Health and Population (MSPP), PAHO/WHO, and IOM are
implementing a project at the border with the Dominican Republic to enhance the detection, referral, support and follow-up of suspected cases among migrants and returnees. Additional facilities to host medical staff and quarantine persons with suspected COVID-19 infection have been identified, and WASH facilities are being installed.

• In Rwanda, IOM has provided support for healthcare workers to conduct screenings at PoEs, including retrospective incentives for screenings that took place in December 2019 and January 2020. In agreement with the donor, IOM Rwanda’s One Stop Border Post (OSBP) project between Rwanda and DRC will include capacity-building activities to support local and border authorities to enhance preparedness and provide training to border authorities (health, immigration, police, customs, agriculture, and so forth) on COVID-19 as well as public health aspects of mobility and migration at the targeted PoE.

• In Somalia, IOM, as the technical lead for PoEs, handed over PPE to the Director of Airports and the Civil Aviation in Mogadishu to protect the airport employees. IOM will continue to support PoEs across Somalia, in close coordination with the Ministry of Health, WHO, Immigration and Naturalization Directorate (IND) and other relevant stakeholders. IOM’s medical staff started to screen at the Somali-Ethiopian border in Doolow; 1,262 people entering the country were screened for symptoms of COVID-19 with no suspected cases being reported.

• In South Sudan, IOM continued to support IPC/WASH activities at eight points of entry and screened 4,668 travellers for COVID-19/EVD from 13–19 April 2020 in Nimule, Wau and Juba International Airport.

• In United Republic of Tanzania, IOM has completed a PoE Preparedness Capacity and Needs Assessment in the regions of Kigoma and Kagera and is currently undertaking a PoE assessment in the Zanzibar islands. IOM is slated to extend the assessment also to Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Mwanza and Mbeya.

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.

• In Cox’s Bazar, Bangladesh, IOM identified a new site in Camp 20E and drafted layout plans for a 100-bed isolation and treatment centre. Triage and separate consultation spaces have been established at IOM health posts in Camps 15 and 18. IOM continues to coordinate with the Directorate General of Health Services (DGHS), Civil Surgeon’s Office and World Bank to support government isolation centres in Chakaria and Ramu Upazilas in Cox’s Bazar.

• In Somalia continued screening at 40 health centres in the country. In the of week 12-18 April, 10 health staff in Kismayo were trained on COVID-19 symptoms, to enable them to identify suspected cases. In addition, IOM continued its support to migrants, particularly to the increased number of stranded migrants in Bossaso and its surroundings; 50 migrants received health support and assistance.

• In Kenya together with the International Rescue Committee (IRC) conducted a two-day training for 21 health workers in Kakuma.

• In Venezuela, IOM is working with PAHO and the Ministry of Health to coordinate hiring of Venezuelan
health workers who will be posted to provincial hospitals.

- In Bolivia, IOM has supported the isolation and housing of 450 returning migrants and has facilitated their safe return to their communities of origin upon completion of the quarantine.

- In Guatemala, Honduras and Ecuador, IOM has facilitated the transportation of returned migrants from the United States and Mexico to their communities of origin. Transportation is implemented following controls by respective Ministries of Health.

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. Ensuring the protection of migrants, displaced persons and other vulnerable populations remains at the centre of its COVID-19 response.

- In Bosnia and Herzegovina, a local radio station and an association of psychologists supported by IOM are producing a radio show providing advice on how to cope with the COVID-19 crisis. The radio show will be aired three times a week for the next eight weeks. Additionally, in the city of Tuzla, IOM supported youth activists to create online educational materials and games to help children with developmental disabilities and their families cope with restrictions of movement and home schooling.

- IOM Ukraine is providing financial assistance to micro-enterprises run by former victims of trafficking to cover essential needs such as food, medicine, hygiene and rent during the crisis.

- In South Sudan, IOM's MHPSS team conducted five awareness raising sessions in Malakal PoC, reaching 216 beneficiaries and 1,199 indirect beneficiaries with key messages on COVID-19 prevention. Additionally, in Malakal PoC, the drama groups are creating a drama series with key messages on COVID-19, which include promotion of psychosocial well-being, to be recorded and aired on the radio. IOM South Sudan's GBV team in partnership with Active Youth Agency (AYA) has conducted awareness raising on COVID-19 and GBV prevention and service availability with 435 persons (213 female and 222 male) in Juba, Central Equatoria State. Further, GBV and gender mainstreaming support for a WASH training of trainers (ToT) was provided for IOM’s WASH team and community hygiene promoters.

- In Burundi, IOM’s psychosocial mobile team continued remotely supervising community health workers, focal points and local authorities previously trained on psychological first aid in Makamba, Muyinga, Rumonge and Rutana provinces. The trainees have been conducting MHPSS follow-up in communities, including door-to-door sensitization, on Covid-19 prevention measures, while ensuring physical distancing protocol is respected. Approximately 870 people were sensitized during the week of April 13, bringing the total to more than 2,100 people sensitized overall.

- In Iraq, IOM is responding to reports of incidents of suicide following domestic violence in the context of the nationwide “curfew” through the continued provision of psychiatric and psychological services to vulnerable individuals. IOM is also utilizing community-based focal points and peer support volunteers to provide assistance to individuals in need of psychosocial support, drawing upon IOM Iraq’s suicide prevention SOP.

- In support to the government, and in coordination with the local R4V group (GIFMM), IOM Colombia created over 80 hotlines across the country for migrants and refugees that are seeking humanitarian aid during the COVID-19 outbreak. An information directory including the numbers has been created.

- In Uruguay and Ecuador, IOM is offering psychosocial care and emotional support remotely; personalized advice, information and routes to follow are provided over the phone. In Ecuador, IOM also delivers financial support to migrants who have lost their jobs and are at risk of eviction and homelessness.

### 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, 1,175 movements have been cancelled, affecting 10,540 individuals, the majority of whom are resettlement cases.

#### Information Sharing and Communications

IOM’s immigration and visa processing programmes have reduced activities in adherence to health and local government directives. As of 22 April, 9 per cent of centres continued to operate and assist migrants at regular capacity, while 16 per cent have temporarily reduced operations and 76 per cent have temporarily closed.
IOM’s Immigration and Border Management (IBM) monitoring and analysis initiative has identified more than 750 situations where immigration, consular and visa related assistance is needed as a result of COVID-19. Derived from initial findings, IOM has developed the following procedural recommendations: Facilitation of immigration and visa procedures for health-care workers; Expansion of remote consular support; Adaptation of regulations; Rethinking of existing immigration processes and programmes.

**New Programmatic Approaches**

IOM has held a series of webinars to provide guidance to IOM staff in Latin America on utilizing cash-based interventions (CBI) in the context of COVID-19. Both English and Spanish webinars were conducted, reaching 180 participants across 49 country offices. Additionally, IOM has developed a short guidance note and literature review on cash-based interventions and COVID-19. The guidance note will be updated on a regular basis as new information becomes available.

IOM’s African Capacity Building Centre (ACBC) and the Regional Offices in Pretoria and Cairo jointly hosted a webinar “COVID-19 Impacts on Border Management and Free Movement” on 21 April. The latest webinar provided an update on the COVID-19 situation on the African continent and looked at the impacts on current and future human mobility issues, with emphasis on free movement protocols.

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. These 2-3-page briefs are an accessible tool that enable readers to quickly grasp the implications of the pandemic. New snapshots include: “misinformation on migration and migrants”; “cities and local authorities”; “tools and resources” and “migration research outputs”.

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