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 worldwide pandemic. As of 17 April, confirmed cases globally surpassed 2 million, with over 135,000 deaths, 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 rapid increase in the global number of cases, global mobility restrictions have been extended and strengthened. A total of 202 countries, territories and areas have issued 47,423 mobility restrictions and measures as of 15 April 2020 highlighting a 3 per cent increase in the total number of restrictions issued (from 45,960 restrictions as of the last report on 9 April 2020). The tightening of mobility restrictions has increased considerably since 9 April, as restrictions such as visa suspensions and invalidations increased by 84 per cent and other forms of restrictions (such as new travel requirements) also saw a 20 per cent increase. This spike in new restrictions has been complemented by the extension or creation of national lockdown policies.

With the number of new COVID-19 cases continuing to rise and economies worldwide slowing under the weight of the pandemic, the enormity of the immediate need and longer-term socio-economic impact as a result of the virus are coming sharply into focus. To outline its response to this unprecedented crisis, IOM has expanded the scope of its Global Strategic Preparedness and Response Plan (SPRP) to support vital preparedness, response and recovery activities relating to the pandemic in 140 countries. The revised SPRP – an update to the previous IOM appeal for USD 116.1 million – requests USD 499 million to provide far-reaching interventions which aim to mitigate the dire health and other humanitarian needs, as well as long-term development impacts of the pandemic on a global scale. The SPRP reflects the organization’s commitment to respond to the effects of COVID-19 in a rapid, effective, and principled manner to support migrants, returnees, displaced populations, communities and vulnerable populations gravely affected by the pandemic’s impacts.

SNAPSHOT OF IOM RESPONSE

### Coordination and Partnerships

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.

- **IOM Indonesia** is engaging in ongoing consultations with the national Task Force on the Handling of Foreign Refugees and health departments at the national and local levels to ensure continued access to health services for refugees, including for COVID-19 care and treatment.

- **IOM Myanmar** is chairing a UN Core Group on Returning Migrants to coordinate the UN’s response in support of the government to assist returnees. The group is coordinating immediate response measures – particularly in supporting quarantine facilities hosting returnees in Myanmar – as well as looking at medium- to long-term interventions.

- The **IOM Regional Office for Central America, North America and the Caribbean in San Jose** is supporting the Ibero-American Network of Migration Authorities (RIAM) as the Secretariat for this multilateral body during the COVID-19 pandemic. The objective is to share and review each Member State’s status regarding migrants’ access to health services, compliance with WHO recommendations, humanitarian flights, and provide updates on point of entry activities.

- **IOM Italy** completed surveys of 12 partner migrant associations to assess the impacts of the pandemic on their programming and communities/beneficiaries, map out actions already put in place, and initiatives and resources required to further their response both in Italy and in the countries of their affiliation.

### Tracking Mobility Impacts

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, analyzing, 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 in response to COVID-19, enabling interactive analysis and mapping.

IOM has developed an online tool to register, map and monitor points of entry and transit including airports, seaports and ground crossings, which have been subjected to restrictions. The country level primary data collection for points of entry mapping and monitoring provides a real-time snapshot of the types of mobility restrictions being put in place including the varied and complex forms of mobility restrictions being enacted at location level. Following the completion of Phase 1, baseline data has been collected for 162 countries/territories/areas and has been provided on 2,998 points of entry. Phase 2 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 Yemen, IOM’s Displacement Tracking Matrix (DTM) flow monitoring activities continue across 6 flow monitoring points, to track the movement/flows of migrants into the country and feed into regional analyses of migration trends.

- **IOM is also tracking information on stranded migrants** whose situation is being exacerbated by COVID-19.
  - In **Turkey**, IOM’s Migrants Presence Monitoring (MPM) has developed online platforms for reporting and mapping based on publicly available data. MPM has developed a Rapid Assessment Survey jointly with the Directorate of Migration Management to assess the immediate needs of vulnerable migrants.
  - In **Djibouti**, IOM’s DTM team is collecting data daily at migrant sites across the country. Across 15 sites, DTM has identified 2,353 migrants whose immediate needs include water, food, hygiene kits and non-food items.

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 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 **Bangladesh**, community health workers and volunteers in Cox’s Bazar completed 32,140 awareness-raising sessions, as well as 35,399 door-to-door messages, 402 courtyard sessions and 18,553 peer discussions, reaching a total of 113,931 beneficiaries. IOM’s protection, site management, and WASH teams also conducted awareness-raising activities reaching 281,443 beneficiaries.
• IOM Chile is supporting the Ministry of Health (MINSAL) in the preparation of specific information booklets for social networks for the migrant population. The information is focused on care protocols and the right to health care in all circumstances.

• In Guyana, in coordination with PAHO-WHO, IOM is supporting the Ministry of Public Health with the translation of printed communication materials as well as radio and video communication materials so that migrants and members of indigenous groups in the country’s hinterland regions can have access to timely, life-saving information.

• IOM has reprogrammed its regional Assisted Voluntary Return and Reintegration campaign in the Western Balkans to disseminate messages focused on the COVID-19 emergency in English, Pashto, Urdu, Bengali, Farsi, and Arabic. Messages are shared through the Facebook page, “Support for Migrants,” and the Support for Migrants App.

• In the Democratic Republic of the Congo, IOM has carried out increased community awareness raising on hygiene and preventive measures to eradicate Ebola virus disease (EVD) and prevent COVID-19 in and around Beni, Butembo, Mangina and Mambasa. A total of 3,651 people (1,766 women, 1,885 men) have been reached through one-to-one communication and door-to-door community engagement.

• In Iraq, IOM has translated WHO awareness materials on COVID-19 into Kurdish Sorani and Kurdish Badini. IOM has also developed key messages on COVID-19 related to gender-based violence (GBV) and domestic violence, mental health and psychosocial support (MHPSS), and stigma of infected persons and their families.

• In South Sudan, IOM reached 43,793 individuals in Malakal Protection of Civilians site (PoC) and Twic with COVID-19 sensitization, including hygiene promotion. In Bentiu PoC and Twic, IOM WASH personnel participated in one-hour radio talk shows, with a focus on COVID-19 signs and symptoms, and preventative measures. In Malakal, awareness-raising on COVID-19 was conducted via radio (Nile FM) using songs produced by IOM MHPSS animators.

• In Portugal, IOM is organizing remote sensitization sessions targeting social workers and refugees’ hosting institutions, addressing COVID-19 and MHPSS and offering practical guidance on identification and referrals to specialized care, communication and self-care.

• IOM Chad continues to raise awareness on COVID-19 prevention measures for refugees and migrants in the existing transit centers. In 11 regions throughout the country, awareness-raising activities are ongoing and led by town troubadours.

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**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 Guinea Bissau, IOM has created and launched a data collection and monitoring program that equips border agents with tablets to facilitate gathering information on key indicators at all points of entry, and provide updated information and key messages related to disease surveillance and prevention.

• IOM in Libya in collaboration with the Disease Surveillance Directorate of the National Centre for Disease Control (NCDC), trained 49 Rapid Response Team (RRT) members in active case finding and contact tracing.

• IOM Guinea has set up a disease surveillance system at five border crossing points with Cote d’Ivoire, Liberia and Mali. Standard operating procedures for the detection, isolation and referral of suspected COVID-19 cases at Points of Entry were developed for each site.

**Logistics, Procurement and Supply Management**

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

• In Somalia, IOM has donated the first round of life-saving equipment that will be used at the De Martini Hospital, Mogadishu – the referral hospital to treat COVID-19 patients – and various points of entry across the country. The delivery included personal protective equipment (PPE), thermometers, 100 hand sanitizers, 400 surgical sterile gloves, 300 boxes of medical non-sterile gloves, 1,000 N95 face masks, 800 disposable gowns and surgical head caps, 8 blood pressure machines, and 15 oxygen concentrates.

• IOM Libya has provided 300 PPE kits, including N95 masks and protective isolation suits, to the Libyan National Center for Disease Control (NCDC) and Emergency Directorate in the Ministry of Health. Furthermore, medical equipment and supplies were provided to the NCDC to address the health needs of migrants at points of entry, which will help to serve the health needs of migrants at the country borders with Tunisia and Egypt.

• In Trinidad and Tobago, IOM has partnered with community organizations to assess the needs of vulnerable migrants and refugees. Over 630 vulnerable families have been identified on both islands of Trinidad and Tobago. IOM has distributed
the hygiene kits to nearly 100 migrants and refugee families in areas which, according to IOM’s DTM, have the highest concentration of Venezuelans.

- **IOM Chad** provided transportation to 250 students after they completed their quarantine period to help them reach their final destinations.

### Points of Entry (POEs)

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

- **IOM Bangladesh** and WHO are designated co-leads of the POE task force within the national response mechanisms, which includes representatives from the Airport Authority, Customs and Immigration, the Ministry of Health and CDC, the Directorate General of Health Services and the Ministry of Civil Aviation and Tourism. Similarly, in Sudan, IOM is the co-lead with WHO on POE.

- **In Guinea**, where IOM leads the POE pillar of the UN COVID-19 task force, IOM public health teams have been deployed to 10 priority land POEs to provide support to health control through evaluation, delivery of health kits, raising awareness of agents and mobile populations and temperature screening.

- **In Libya**, where IOM is designated as the lead UN agency of the POE technical working group, IOM has supported 12 POEs with hygiene promotion and COVID-19 awareness sessions, including at disembarkation points and within detention centers. Equipment and supplies have also been provided to the National Centre for Disease Control to establish health posts at two POEs.

### Infection Prevention and Control (IPC)

IPC interventions have been enhanced to support migrants and IOM staff.

- **IOM Indonesia** has prepared a response plan to assist with potential COVID-19 cases among migrants in accommodation facilities. To encourage hygienic practices among migrants and host communities, handwashing stations have been built in migrants’ accommodations, as well as nearby public places. As a community engagement initiative, migrants are making cloth masks which will be provided to their fellow migrants and host communities.

- **IOM Uganda** has supported the establishment and training of 18 community-based WASH management committees to manage the operation and maintenance of water points and to ensure social distancing, hand washing, and other COVID-19 response measures at key water points.

- As part of a livelihoods initiative in Cox’s Bazar, Bangladesh, 6,000 cloth masks were produced by host community members for community mobilizers.

The masks, produced in line with WHO guidelines, have been approved by the Directorate General of Health Services and local health authorities.

- In **Colombia**, IOM has coordinated with Health Secretariats and local hospitals in the analysis of the risk of transmission of respiratory viruses in health and medical assistance sessions, and has provided support to local hospitals in contingency planning and infection control. IOM has also distributed 110,000 masks to hospitals, health centers and shelters that serve migrants.

- In **Lebanon**, IOM has supported the Ministry of Public Health by providing medical equipment to the country’s main COVID-19 referral public health hospital, Rafic Hariri University Hospital (RHUH).

- Upon request from the Government of **Kuwait**, IOM has inspected government-led facilities specifically prepared for expatriates who have returned to Kuwait, and has reviewed the public health measures and procedures, to ensure migrant access to health screening services.

- In **Yemen**, in Marib, IOM, as the lead of the sub-national Health Cluster, is working closely with the Ministry of Health to support the establishment of an isolation ward in the city. Further, quarantine sites within 2 IDP sites are underway as well as the rollout of community management and surveillance measures to empower and equip communities to cope with a potential COVID-19 outbreak. In Marib, IOM has also led a series of initiatives to deliver risk communications on IPC.

### 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.

- **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, **27%** 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.

- In **Ethiopia**, 29 IOM health personnel – including 17 doctors, nurses and other health staff in Addis Ababa and 12 nurses in different regions – are supporting the Public Health Emergency Operations Centre (PHEOC) with medical services in the COVID-19 response.

- In **Bosnia and Herzegovina**, IOM has increased the capacity of isolation areas in all 6 Migrant Temporary Reception Centres (TRC) managed by IOM, reaching
more than 700 beds in total, and will continue the expansion together with partners. Additionally, through the NGO Zene sa Une, IOM is offering online services and recreational activities at Migrant Temporary Reception Centres. In the first week of April, about 200 beneficiaries were able to access recreational and language classes online.

- In Jabra Hospital in Sudan, IOM provided and installed 20 ACs to improve the hospital’s ventilation. IOM also provided High Efficiency Particulate Air Filter for the intensive care unit (ICU), critical care unit (CCU) and high dependency unit (HDU).

- IOM Bangladesh is working with Ministry of Health and Refugee Relief and Repatriation Commissioner to set up 2 isolation and treatment centers in Cox’s Bazar with 200 beds. In addition, 4 IOM-managed Primary Health Centers have been identified to serve as isolation units for suspected COVID-19 cases in the camps. IOM’s Site Development teams in Cox’s Bazar are also supporting the renovation and upgrading of an existing 16-bed Primary Health Care Center/isolation unit through Cash-for-Work.

IOM is committed to ensuring that the protection of migrants, displaced persons and other vulnerable populations remains at the center of its COVID-19 response.

- IOM Ethiopia has held trainings for IOM Transit Center and government medical staff on MHPSS aspects of COVID-19. To date, 100 people have been trained, with 100 more to be trained next week. In addition, the Ethiopia emergency team is providing training to focal points on Psychological First Aid (PFA) and MHPSS aspects of COVID-19 in all their field sub-offices; the focal points will cascade the training, with 600 people to be trained in total.

- IOM Chad is managing two transit centers which provide life-saving services for 400 persons stranded in northern Chad.

- In South Sudan, as lead of the MHPSS Technical Working Group, IOM has overseen the development of MHPSS guidelines specific to the COVID-19 response entitled, “MHPSS Considerations during COVID-19 pre-outbreak response in South Sudan”. In coordination with Care International, IOM has also prepared a South Sudan COVID-19 Gender and Protection Analysis. IOM GBV staff have been deployed to Kajo Keji and the Abyei Administrative Area (AAA) to strengthen GBV service provision in COVID-19 response, and IOM’s GBV team has conducted awareness raising on COVID-19 with eight women (of which two had physical impairments, two had visual impairments and three were older persons), three men (one of whom had visual impairment) and one youth leader in AAA.

- IOM Algeria, in cooperation with the Algerian Association of Psychologists (SARP), organized virtual group psychosocial support sessions for migrants hosted at the two transit centers managed by IOM. The purpose was to break the feeling of psychological isolation and counter the negative psychological effects of quarantine.

IOM delivers food and non-food items to vulnerable migrants in Peru @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, 1,173 movements have been cancelled, affecting 10,499 individuals, the majority of whom are resettlement cases.

IOM finalized the second round of its internal survey, the purpose of which was to understand better the impact of COVID-19 on IOM’s operational globally. There were 90 non-duplicative responses to the survey, which revealed that over 90% of missions feel that the COVID crisis has had an impact on staffing, and 65% believe that has had an impact on supply chains. At the same time, 74% of missions expect to be assisting more people in the next three months.

Information Sharing and Communications

IOM, in partnership with the Responsible Business Alliance, will lead a webinar on 21 April for its over 150 member companies representing the electronics, automotive, toy and retail industries. The webinar will present IOM’s recent guidance to employers on protecting migrant workers in the context of the current pandemic. The guidance can be accessed here.

IOM’s COVID-19 Analytical Snapshots summarize 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: “irregularity, protection and smuggling”; “human trafficking” and “migrants on the front line”. Spanish translations of most snapshots are now available on the COVID-19 Analytical Snapshots webpage.

IOM’s Migration and Sustainable Development team is rolling out a series of webinars with the UN Development Program to support worldwide efforts to leverage migration in the socio-economic response and recovery in the 12 partner countries in which they operate. The webinars include an explanation of and discussion on the tools available to development partners to support the integration of migration. These will be followed-up with more targeted webinars in priority sectors.

The IOM Regional Office for Central America, North America and the Caribbean in San Jose supported the public relation team with a recorded series of questions and answers regarding COVID-19’s effects on border operations.

The IOM Regional Office for the Middle East and North Africa is developing a digital talk show to shed light on positive initiatives led by civil society and UN partners in response to COVID-19 in the region. The show will build on IOM’s partners and networks, including the Mixed Migration Hub.

New Programmatic Approaches

• In Iraq, as part of its support to the private sector, IOM is identifying businesses that may be allocated grant funding to scale-up activities related to medical equipment and supplies, online delivery and other essential activities during lockdown.

• In response to the restrictions on movement imposed by the lockdown, IOM Uganda is supporting the continuity of care for persons living HIV/AIDS in the cross-border communities of the Karamoja region. Through the use of mobile technologies (including SMS), IOM is linking health facilities to community peer networks. Community peers, with support from local health workers, are working to ensure that PLWHIV are still able to get their antiretrovirals (ARVs) refilled.

IOM Colombia carries out preventative health and hygiene promotion with the Amorul indigenous group in Vichada, Eastern Colombia @IOM 2020.