



## COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa

Situation Report 11 (20 August – 02 September 2020)



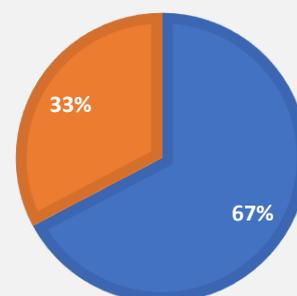
A health worker conducts temperature testing for returnees from AFF Camp to Fallujah ©IOM Iraq

### Key Regional Updates

- As of 31 August 2020, a total of **1,232,284 COVID-19** cases have been confirmed in the MENA Region, with **23,176 deaths** reported.
- Countries in crises throughout the region continued to experience worrying COVID-19 trends during the reporting period. **Libya recorded a significant increase in new COVID-19 cases**, whereas the effect of the Beirut Port explosion in **Lebanon**, coupled with the associated humanitarian challenges, **has also led to a surge in cases**. **Iraq continues to record the highest number of daily cases** and has accumulated the highest proportion of active cases regionally, while the **case fatality ratio (CFR) in Yemen is among the highest globally**. The burden and socio-economic effects of COVID-19 in crises-affected settings compounds pre-existing vulnerabilities and can amplify fragility.
- The **Working Group on Migration** was launched in **United Arab Emirates (UAE)**, co-chaired by IOM and United Nations Office on Drugs and Crime (UNODC). The Working Group **discussed the impact of COVID-19 on migrants in UAE**. Several UN agencies participated in the inaugural Working Group.
- The **second Online Capacity Building Workshop of the Regional Review Process for the Global Compact for Safe, Orderly and Regular Migration (GCM)** occurred on **13 August 2020**. The workshop, which was co-organized by IOM, UNESCWA and the League of Arab States, in coordination with UN agencies, had 110 participants, including 26 government officials from 15 countries, and 84 participants from Regional Organizations and UN agencies. Government representatives engaged in dialogue during the workshop on how each country incorporates the GCM principles in the ongoing COVID-19 response.
- IOM facilitated the voluntary return of 114 migrants from **Algeria to Côte d'Ivoire, Guinea and Liberia** via a return flight organized with support from the Government of Algeria. The flight is the **second voluntary return operation to be facilitated by IOM amid COVID-19 within the last two months**.

IOM's appeal for the MENA region  
**72,898,000 USD**

Funding contributions to COVID-19 to date:  
**49 Million USD**, including 4.5 million USD reprogrammed funding.



■ Funding Received  
■ Funding Gap

All IOM National Response Plans related to COVID-19 can also be found at [IOM's Crisis Response Site](#)

## Stories from the Field

### IOM Brings Tuberculosis (TB) Treatment to Patients' Doors in Aftermath of Beirut Explosions

**Beirut, Lebanon** – When an explosion rocked the Port of Beirut on 04 August 2020, Hamido had one main concern: what had happened to the medicine that kept his Tuberculosis (TB) under control and to the clinic where he had a check-up scheduled in the coming days?

The health centre in Beirut's Karantina neighbourhood that he relied on for treatment and the warehouse that stored his medicine was heavily damaged by the blast.

Any interruption to his treatment, he knew, would compromise the ability to fight the bacteria and overcome TB, which had left him sick for the past two months.

"We were luckily able to salvage the medicine stored in the severely damaged central warehouse and move it to a safe location in a hospital on the other side of the city," said Dr. Nada Najem, an IOM doctor who oversees a joint programme with the Lebanese Ministry of Health (MoH).

Through the programme, Lebanese, migrant and refugee populations receive free testing and treatment for TB and HIV in nine (9) centres across Lebanon.

In the days following the blast, staff of the programme and other volunteers came from as far as the Bekkaa Valley to help clean-up the damaged centre in Karantina.

"The first thing we did after cleaning up the centre was to meet with all the staff on the premises and figure out a way to continue serving our patients," Dr. Najem continued.

The team quickly adapted to transform the clinic-based services into a mobile response that ensured patients remained on the path to recovery.

"It typically takes six months for someone to recover from TB. During that time, patients must take drugs that ensure the TB will not become active. If there are any disruptions to the treatment, however, the disease remains in the body and can re-emerge, become active again and more resistant to drugs. It can then spread to others.

Ensuring people can continue with treatment is crucial so that people do not develop resistance to the medicine, weaken their immune system and disrupt their body's ability to overcome the disease," explained Dr. Najem.

"I was so relieved to learn that people will be coming to my home to bring my medicine," said Hamido, one of the Lebanese patients receiving treatment.

To strengthen outreach, health workers are accompanied by community health volunteers – members of diverse communities who are attune to the cultural backgrounds and sensitivities of each patient. Most of the volunteers have themselves recovered from TB as part of the programme.

Yacoub is one of dozens of community health volunteers working with Syrian and Sudanese patients. Originally from Sudan, he came to Lebanon to work as a cleaner. A few years ago, he fell sick with TB and was treated at the clinic.

"I'm able to help them because I understand their culture and I understand what it means to be sick with TB. When I tell them why they need to take their medication and listen to the doctor, they trust us," said Yacoub.



*Yacoub rides a bike around Beirut to reach the homes of migrants and refugees who need treatment for TB ©IOM Lebanon*

Before contracting TB, Hamido sold vegetables in the local market to provide for his family.

"About two months ago, I began to experience pain in my lungs. I could not eat anything, and I began to lose a lot of weight. I went to the hospital because I thought I had COVID-19. After I tested negative for COVID, they referred me to the clinic in Karantina...the doctors there diagnosed me with TB."

I went on medication for two months, while I stayed isolated away from others. My sister and children also tested positive for TB but theirs is latent. We are all thankfully now on medication. Now I must be very careful not to go out or spread it to others," said Hamido.

This is no small challenge. He shares a bedroom with two children and his sister, who has a disability.

"Most TB patients come from less privileged backgrounds. They live in overcrowded homes – sometimes with two or three families in one room - where the hygienic state is inadequate. Some are living in unfinished buildings. These conditions put people at a really high risk of contracting and spreading diseases like TB and COVID-19," said Dr. Najem.

Many have no choice but to live in closed quarters with others. Those who come from high TB burden countries, like Ethiopia, are at an even higher risk.

For patients like Hamido, a mobile medical response means they do not have to risk infecting others, but it also reduces the risk of contracting COVID-19, which would severely compromise their health.

To raise awareness on the dangers of COVID-19, program staff have also started to spread vital awareness materials on COVID-19 infection control on social media platforms and via WhatsApp to community health volunteers, who subsequently share with their network.

IOM hopes that a new clinic will be ready to serve patients in the next two weeks, where diagnostics and treatment for drop-in patients can continue.

The Middle East Response Programme has run in partnership with the Lebanese MoH since 2015. Teams currently serve 750 people under the TB program. The project also spans five countries throughout the region with funding from the Global Fund.

The impact of the COVID-19 pandemic continues to be felt across all countries in the Region. As of 31 August 2020, a total of **1,232,284 cases have been confirmed**, out of which, 23,176 have proven fatal. The **case fatality ratio (CFR) for the region stands at 1.9 per cent**, which is relatively low compared to the global CFR of 3.3 per cent. However, countries experiencing humanitarian crises, such as Yemen, Sudan and Iraq, have a significantly higher CFR than the regional average. Yemen's CFR currently stands at 26 per cent while Sudan's is six (6) per cent and Iraq's three (3) per cent. The region accounts for **4.8 per cent of global burden of COVID-19 cases** and 2.7 per cent of global COVID-19 mortalities. With changes in testing strategies, a few countries are recording stability in the number of new cases reported as well as a decrease in the overall number of new cases. This is not an indication of flattening of the COVID-19 curve.

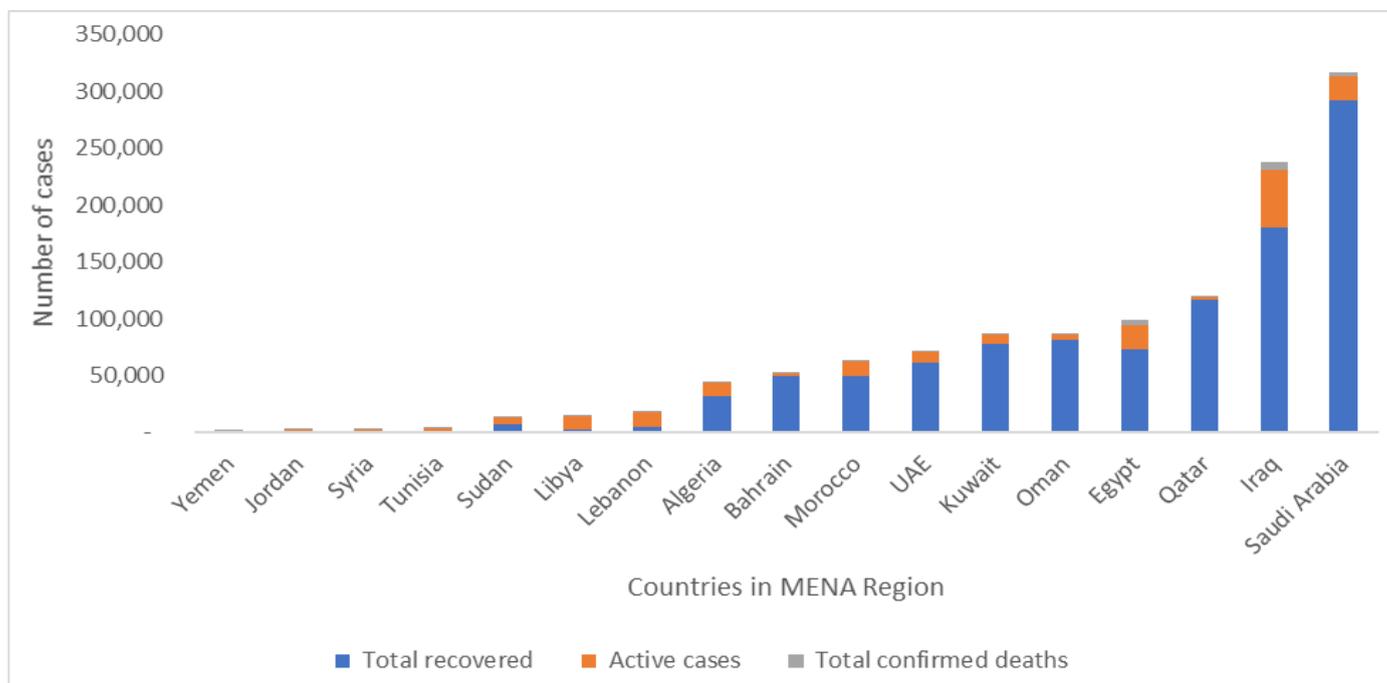


Figure 1: Situation of COVID-19 in MENA Region as of 31 August 2020 Data source: WHO Situational Reports

The pandemic continues to significantly impact regional mobility in the form of various travel disruptions and mobility restrictions. A **slight reopening process has continued to be observed in the operations status of international airports** in the region during the reporting period. However, **this trend was not recorded for land and blue border crossing points**. To date, according to IOM's Tracking Mobility Impact, around **42 per cent of monitored international airports are fully closed**, 20 per cent are partially operational and 35 per cent are now fully operational. **Fewer than half of the 98 land border crossing points, 46 per cent, remain fully closed** and 40 per cent are only partially operational while there are eight (8) land border crossing points classified as fully operational as of 27 August 2020. **Out of 42 monitored blue border crossing points in the region, twenty-three (23) of them are fully closed** and fifteen (15) are partially operational, while only three (3) blue border crossing points are fully operational for passengers.

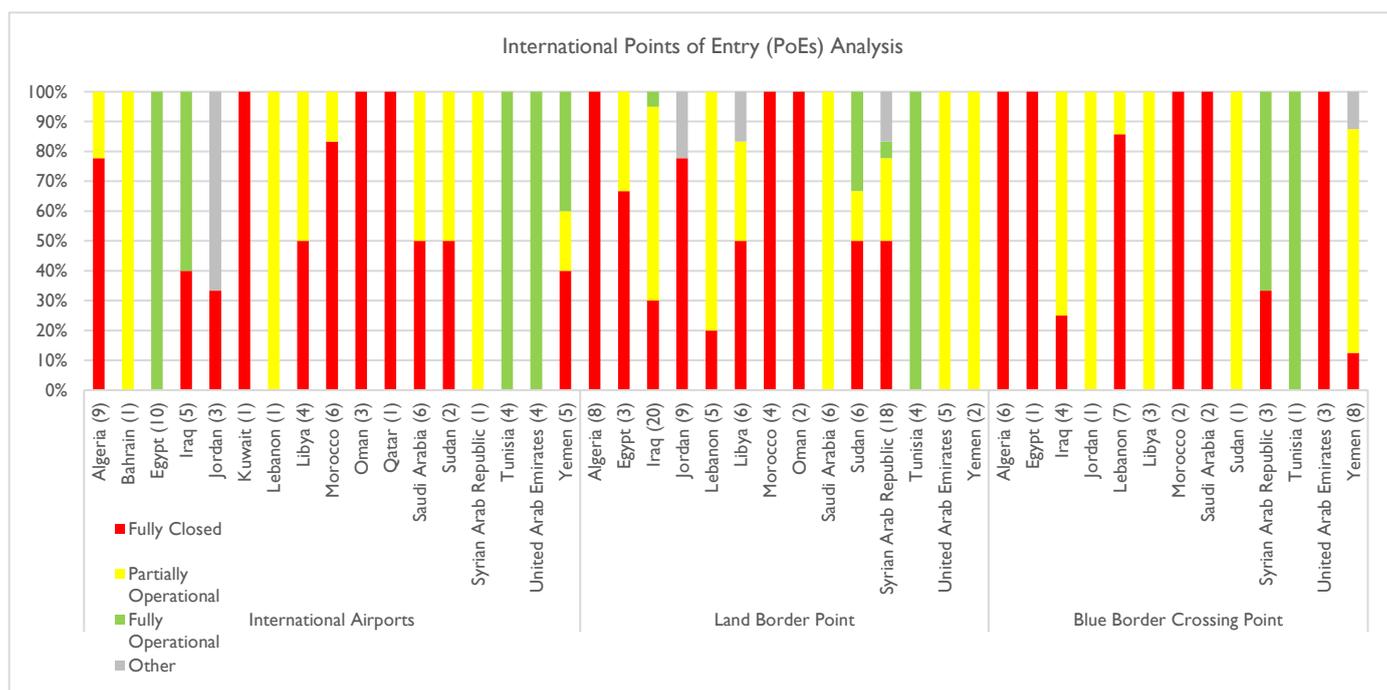


Figure 2: Overview of international PoE mobility restrictions as of 01 September 2020 Source: IOM Tracking Mobility Impacts – PoE Analysis

## COORDINATION AND PARTNERSHIPS

At the **regional-level**, the Regional Task Force on COVID-19 and Migration/Mobility discussed about the impact of the Lebanon explosion on migrants and the deteriorating COVID-19 situation across country and exchanged information for potential programmatic collaboration.

In **Yemen**, IOM continues to be an active member of the COVID-19 Task Force, engaging closely with partners on the COVID-19 response effort. In Marib Governorate, IOM leads the Camp Coordination Camp Management (CCCM) and Health sub-national clusters. IOM also co-leads the Water Health and Sanitation (WASH) sub-national cluster and is the primary focal point for Shelter and Non-Food Item (S-NFI) and protection activities. IOM plays an active role in the Emergency Coordination Committee, chaired by the Executive Unit, which is attended by clusters leads and other humanitarian partners, and is responsible for coordinating the response to new displacements in Marib.

In **Morocco**, IOM continues to coordinate assistance to migrants, alongside other UN agencies, through the UN Network on Migration and as part of other UN task forces. IOM also coordinates the work of partners that covers different regions in Morocco through local regional councils. Several strategic meetings were held with the Ministry of Health (MoH) during the reporting period to discuss a common work plan on Mental Health and Psycho-Social Support (MHPSS) for migrants.



*IOM distributed PPE and essential items to vulnerable migrants in El Fasher, North Darfur ©IOM Sudan*

## TRACKING MOBILITY IMPACTS

In **Sudan**, COVID-19 has now spread to all of Sudan's 18 states, with most of the confirmed cases in Khartoum State. IOM continues to collect data on Points of Entry (PoEs) and timelines for mobility restrictions. The PoEs along land borders have also been updated to reflect repatriations. Mobility restrictions as of 27 August are available [here](#).

In **Yemen**, IOM's Displacement Tracking Matrix (DTM) recorded 1,100 household (HH) displacements between 23 and 29 August 2020. In total, 21,703 HH have been displaced since the beginning of 2020. This figure includes 1,545 HH that reportedly moved from areas like Aden to more sparsely populated areas in Lahj, Abyan and Al Dhale governorates, due to fears of contracting COVID-19. In August 2020, COVID-19 related displacements have decreased substantially, while displacements from conflict, particularly in areas like Hudaydah, Al Bayda and Taizz governorate, continue.



*IOM Tunisia provides food, Personal Protection Equipment (PPEs), clothes as well as counselling sessions to 120 vulnerable migrants in Médenine ©IOM Tunisia*

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM in **Morocco** has reached more than 30,000 individuals cumulatively from 01 April until 31 August 2020 with hygiene awareness promotion activities including door-to-door sensitizations, social media mobilization and the distribution of visibility materials, available in three languages and published in IOM Morocco website. The materials are available [here](#).

IOM in **Algeria** included an information leaflet on COVID-19 prevention measure in packages distributed to returnees before departure to their country of origin. The leaflet complements information delivered by IOM counsellors during pre-departure sessions, with the aim to reinforce awareness and compliance.

In **Iraq**, IOM reached more than 1,200 individuals in camp and camp-like settings with 120 COVID-19 awareness raising and sensitization sessions. Activities occurred in Basra, Diyala, Dohuk, Kirkuk, Najaf, Ninewa, and Salah al-Din governorates. IOM also printed 160 COVID-19 flyers and posters illustrating how to use masks, which were used by the IOM Health team. Additionally, IOM printed COVID-19 flyers and posters, which were distributed by IOM shelter and CCCM teams, and conducted a phone-based assessment to identify information gaps on COVID-19 and available communication channels in camps. IOM also designed and circulated Information, Education and Communication (IEC) material on COVID-19 precautions at construction sites. IOM conducted online



*Pharmacy students producing hand sanitizer in Al Mukallah governorate, Yemen ©IOM Yemen*

trainings for 20 participants from civil society organizations (CSOs) and volunteer networks from Sumel and Dahuk governorates.

### DISEASE SURVEILLANCE

In **Yemen**, IOM shared ten disease surveillance reports with the Ministry of Public Health and Population (MoPHP), feeding into community level COVID-19 surveillance and the electronic disease early warning system.

IOM in **Iraq** supported efforts to expand the capacity of the Ministry of Health (MoH) in COVID-19 case management and surveillance by increasing the number of hotlines available to the public. This expansion of hotlines will be supported with Standard Operating Procedures (SOPs) and trainings to MoH staff in the coming weeks.

### POINTS OF ENTRY (POE)

In **Sudan**, the IOM-led renovation of the isolation unit and the arrival and departure terminals in Khartoum International Airport (KIA) is nearing completion. A training was also provided on Personal Protection Equipment (PPE) usage for 60 delegates at the KIA is scheduled for w/c on 06 of September 2020. The training is expected to last for around three (3) days.

In **Libya**, IOM's medical teams supported the National Centre for Disease Control (NCDC) staff at Ras Jdeer and Mitiga airports by providing medical check-ups to all passengers returning to Libya as part of the IOM COVID-19 Strategic Preparedness and Response Plan. In total, 256 passengers were screened, while samples for PCR tests were collected. The travellers were also provided with health awareness sessions at the airport. IOM's Medical Team also conducted two, two-day training sessions for 25 PoE health workers on COVID-19 case management and Infection Prevention and Control (IPC).



All migrants prior to departure were medically screened by IOM and received PPE, including masks, gloves, and hand sanitizer ©IOM Libya

In **Jordan**, IOM and the Ministry of Health (MoH) conducted a follow-up visit to Queen Alia International Airport on 26 August 2020 to identify any emerging needs in preparation for scheduled reopening in early September 2020. During the visit, doctors and border management experts walked through the process of receiving and testing arriving passengers and discussed relevant SOPs currently under development.

### INFECTION PREVENTION CONTROL (IPC)

IOM in **Yemen** continues to improve Water Health and



Food basket and hygiene kit distribution by IOM Morocco's civil society organization (CSO) partner, AMPF ©IOM Morocco

Sanitation (WASH) services at displacement sites and in communities hosting significant displaced populations. IOM water trucking activities are ongoing at 162 sites in Hudaydah, Taizz, Ibb and Marib governorates. In Taizz governorate, IOM also distributed 215 water storage tanks, while in Aden governorate, IOM is rehabilitating a community water network to ensure adequate water supply for more than 35,000 people. In addition, IOM distributed 4,080 Long Lasting Insecticide Nets (LLINs) to immunocompromised and high-risk individuals in Aden.

In **Libya**, IOM performed a thorough fumigation, disinfection, and cleaning intervention at Disembarkation Points (DP) and at Detention Centres (DC). IOM also distributed NFIs and Hygiene Kits (HKs) to 1,007 migrants within the DCs.

IOM in **Egypt** donated more than 8,000 PPE kits and 22,000 medicines to Giza Governorate in coordination with the Giza Deputy Governor and according to the needs of the Giza Health Directorate. Items will be distributed to primary healthcare units across Giza.

In **Syria**, IOM supported the COVID-19 Task Force by co-leading a monitoring assessment of a portion of the Primary Healthcare Facilities (PHFs) in North West Syria. More than 100 PHFs have been assessed through this exercise during the reporting period. The assessment will enable the Task Force and health partners to understand the functionality of triage systems, COVID-19 protocols, and gaps in service provision

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

In **Yemen**, IOM continues to engage IDP communities in mask making activities. To date, 90 women have been supported with training, materials, and cash grants to weave 31,500 masks for IDPs in Marib governorate. Activities are also being launched at displacement sites in

Ibb and Taizz governorates. In Marib governorate, IOM is also equipping the quarantine centre in Al Jufainah IDP hosting site to support isolation and IPC.

In **Iraq**, IOM, in coordination with government counterparts, conducted a sterilization campaign at the AAF Camp. Additionally, Mercy Corps, IOM's WASH partner, began distributing COVID-19 HK. In Salah Al-Din governorate, IOM provided hygiene promotion session and distributed HKs to HHs at informal sites.

## CASE MANAGEMENT AND CONTINUATION OF SERVICES

In **Tunisia**, IOM donated PPE to the Tunisian National Office for Family and Population (ONFP) on 26 August 2020. This donation will ensure the continuity of sexual and reproductive health services, while safeguarding health workers and beneficiaries alike from COVID-19. The distribution was captured by media outlet, Hannibal TV, where representatives from ONFP emphasized the important partnership with IOM in the context of COVID-19 and the positive impact of the distribution on essential health services to Tunisian and migrants.

In **Yemen**, IOM is providing support to 22 health facilities and eight mobile health teams across Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Lahj, Marib, Shabwah and Taizz governorates. During the reporting period, 10,382 migrants, IDPs and host community members received health services, ensuring that primary and secondary healthcare, cholera treatment and MHPSS continue to be accessible to affected populations.

In **Morocco**, IOM is promoting the continuity of care for migrants, especially for migrants with chronic health conditions as well as mothers and children. Around 2,000 migrants have been assessed through referral and follow up mechanisms, including sexual and gender-based violence (SGBV) cases, as well as for unaccompanied and separated children (UASC). Migrants are referred to public health facilities.

## PROTECTION

IOM in **Tunisia** provided food, PPE, clothes, and



A displaced woman sewing face masks at a displacement site in Ibb governorate ©IOM Yemen

counselling sessions to 70 migrants rescued at sea as well as 50 migrants at IOM shelters across the Medenine region. This assistance aims to support the Government of Tunisia's inclusion and protection of migrants as part of its national response against COVID-19.

In **Algeria**, IOM supported six (6) migrants to attend psychosocial support (PSS) sessions and one (1) female VoT to attend PSS session remotely. IOM also continues to distribute monthly assistance to VoTs, including NFIs, food baskets and in-kind cash assistance. In the reporting period, four women were assisted with food baskets, four cans of baby milk, four dignity kits and baby dignity kits, as well as cash assistance. This assistance allows migrants to better cope with COVID-19 related challenges.

## ADDRESSING SOCIO-ECONOMIC NEEDS

IOM in **Morocco** continues to work with national and regional authorities to analyse the socio-economic impact of the COVID-19 on migrants. IOM is developing regional plans to address this issue and facilitate the development of strategies and mechanisms that improve services to migrants, especially in the Oriental, Tanger-Tetouan-Al Hoceima and the Souss-Massa regions of the country.

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