



COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa
Situation Report 14 (01 – 15 October 2020)



Distribution of NFI kits and COVID-19 kits to families in Samaraa District, Salah Al-Din Governorate, Iraq ©IOM Iraq

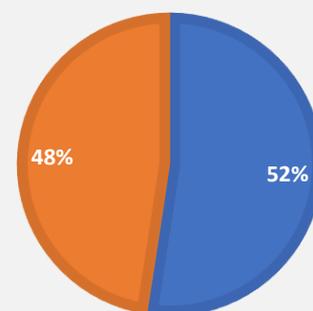
Key Regional Updates

- As of **14 October 2020**, a total of **1,802,170 COVID-19 cases** have been confirmed in the Middle East and North Africa (MENA) region, out of which **32,110 fatalities** have been reported.
- As the world celebrates **Global Handwashing Day** on **15 October 2020**, the COVID-19 pandemic comes as a stark reminder of the importance of handwashing to prevent the spread of the virus. In many **crisis-affected settings** across the MENA region, **the lack of access to clean water impedes effective handwashing and detriments overall health outcomes for millions**. In support of this year's theme "Hand Hygiene for All", IOM continues to **play a critical role in the provision of water, health and sanitation (WASH) services** across the region and globally to support COVID-19 prevention and response.
- The International Organization for Migration (IOM) published its "**Quarterly Report on Points of Entry Analysis in MENA Region (July 2020 - September 2020)**" on 15 October 2020. Findings from the analysis illustrate a **widespread and rapid reopening of international airports**. A more limited reopening was recorded for land and blue border crossing points during the reporting period.
- IOM MENA Regional Office **participated in the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean** on 12 and 13 October 2020. During the meeting, IOM issued a statement on its efforts to include migrants and internally displaced persons (IDPs), refugees, and returnees in **COVID-19 preparedness and response activities**. IOM advocated to ensure the provision of essential services and improve access to medicines and vaccines for migrants, irrespective of their legal status.
- IOM and Frontex, the European Border and Coast Guard Agency, jointly organized a **webinar on Countering Trafficking and Smuggling of Children Across Borders in the EU and the MENA region**, on 15 October 2020. During the virtual event, governments from across the EU and MENA region, alongside EU institutions and UN agencies, **shared their experiences and expertise in the field of child-sensitive border management with a focus on counter-smuggling and counter-trafficking measures during the COVID-19 pandemic**.

IOM's appeal for the MENA region

91,360,418 USD

Funding contributions to COVID-19 to date:
47,866,625 USD, including **5 million USD** reprogrammed funding.



■ Funding Received
■ Funding Gap

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

Stories from the Field

IOM response to the diverse and evolving needs of vulnerable migrants in Tunisia.

Tunis, Tunisia – Across Tunisia, the impact of COVID-19 for migrants has been multifaceted, with deep health and socio-economic consequences. The diversity of migrant profiles throughout the country has created a range of needs that require a flexible and adaptive response. While many migrants have witnessed significant income reductions, some have re-evaluated their mobility intentions as they confront the effects of the pandemic, while others have found themselves separated from loved ones.

Aya*, a young woman from Mali, was one such individual. After a tragic shipwreck off the Tunisian coast while attempting to migrate to Europe, Aya found herself alone in Tunisia with rapidly dwindling resources.

“This incident made me rethink my life choices and reflect on new ways to rebuild my life”, she reflected, while talking about the event.

A combination of travel restrictions to limit the spread of COVID-19, and decreasing employment opportunities, left Aya with rapidly increasing vulnerabilities and few options. To support Aya, IOM provided multi-purpose cash vouchers to purchase critical medicine and hygiene products during her time in Tunisia. This assistance was made possible through the EU-IOM Joint Initiative for Migrant Protection and Reintegration.

Aya’s story is not unique. It speaks of the untold stories of 775 migrants rescued at sea, that have been assisted by IOM in different Tunisian governorates. Since the first case of COVID-19 was reported in Tunisia in February 2020, IOM has been proactive in responding to the unique and exacerbated vulnerabilities of migrants and their hosting communities, playing a leading role in ensuring the inclusion of migrants in Tunisia’s national COVID-19 response.

“We have always been in alert to provide humanitarian assistance to vulnerable migrants, while reinforcing the capacity of local authorities”, explains an IOM staff member.

Illustrating the diverse range of needs experienced by migrants, Mariam’s* story illustrates the difficulties faced by migrant families due to COVID-19. Mariam, an Ivorian migrant who arrived in Tunisia in 2018, explains that before the pandemic, she worked happily with her husband in a coffee shop in Tunisia, raising her new-born baby. However, since the pandemic, Mariam has struggled to find stable income.



IOM assists in the reunification of a separated family in Tunisia ©IOM Tunisia



IOM staff distributing vouchers at the primary school of Laouina, Tunis ©IOM Tunisia

“I am now having difficulties in supporting my family ... the expenses have become higher, especially after the baby,” she said. To alleviate the additional pressure experienced by Mariam, IOM provided her with health assistance throughout her pregnancy. This included family planning vouchers to alleviate many of the most pressing issues she faced during her pregnancy.

IOM has also facilitated family reunification in a context where border closures have sometimes resulted the separation of children from their parents. Recently, two children of seven (7) and twelve (12), who were temporarily living with relatives in Tunisia, were reunited with their parents after months of separation thanks to close collaboration with Tunisian Child Protection authorities and authorities from the country of origin.

Concurrently, IOM continues to assist some of the most vulnerable migrants across Tunisia, including victims of trafficking (VoT). To date, IOM has provided support to 712 VoTs through partnership with the Tunisian National Authority against Trafficking in Persons (INLTP).

To ensure a whole-of-society approach, IOM also provides support to migrant hosting communities across Tunisia. To date, IOM Tunisia has assisted more than 134 Tunisians during vouchers distribution days.

While addressing the immediate socio-economic needs of migrants and hosting communities, IOM works to better inform migrants about their rights, and the various social services available.

“I noticed that many migrants remain unaware and reluctant to seek health assistance from public hospitals. For me, sensitization and access to information and establishing new partnerships with local civil society for new outreach activities are priorities”, said one staff member.

This holistic approach has been tailored to respond to the growing needs of different migrant and hosting populations, including stranded migrants, migrants who see Tunisia as their home, VoTs and local Tunisian families. To date, IOM has assisted more than 16,400 beneficiaries in coordination with local municipalities. This includes 13,259 beneficiaries of vouchers, 1,303 beneficiaries of in-kind donation, support to 712 VoTs, 361 beneficiaries of medical assistance, 548 beneficiaries of psychological assistance and 94 legal assistance.

* All names changed to protect individuals' identities

The effects of the COVID-19 pandemic continue to be felt in the MENA region. As of 14 October 2020, a total of **1,802,170 cases of COVID-19** have been confirmed, out of which, **32,110 cases** have proven fatal. The **case fatality ratio (CFR)** for the region continues to be **stable at 1.8 per cent**, which is relatively low compared to the global CFR of 2.8 per cent. The MENA region accounts for **4.6 per cent of the global burden of COVID-19 cases** and **2.9 per cent of the global COVID-19-associated mortalities**. During the reporting period, an increase of **14.1 per cent** on the number of cases and **11.5 per cent** on the number of deaths associated with COVID-19 have been reported. Overall, **four (4) countries, including Tunisia, Saudi Arabia, Morocco and United Arab Emirates** showed an upward trend in the number of new COVID-19 cases reported, while **six (6) countries including Iraq, Qatar, Kuwait, Bahrain, Jordan and Syria** have shown a downward trend in the number of confirmed cases. **Iraq still has the highest number of reported cases of COVID-19 in the region** followed by Saudi Arabia and Morocco. Combined, these three countries account for **50.8 per cent of the total burden of COVID-19 in the region**.

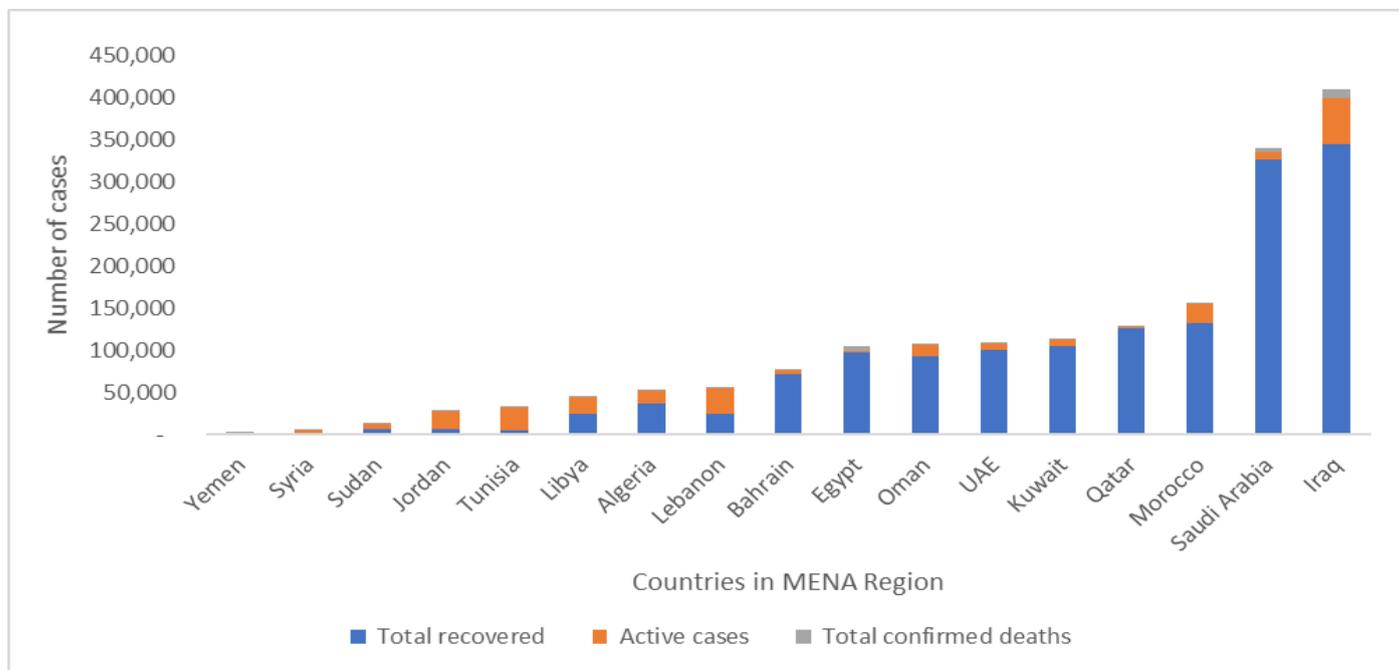


Figure 1: COVID-19 situation in MENA Countries as of 14 October 2020 ©WHO Sit-Rep

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel bans and mobility restrictions. After a significant reopening process was recorded in the previous reporting period, **no relevant change has been recorded in the operational status of international Points of Entry (PoEs) in the region during the reporting period**. To date, according to IOM’s Tracking Mobility Impact, around **48 per cent of monitored international airports are fully operational**, eleven (11) per cent are partially operational and 35 per cent are fully closed. Around **39 per cent of the 98 monitored land border crossing points remain fully closed** and 36 per cent are partially operational while there are 20 land border crossing points that are now classified as fully operational. **Out of 42 monitored blue border crossing points in the region, 23 of them are fully closed** and 15 are partially operational, while only three (3) blue border crossing points are fully operational for passengers.¹

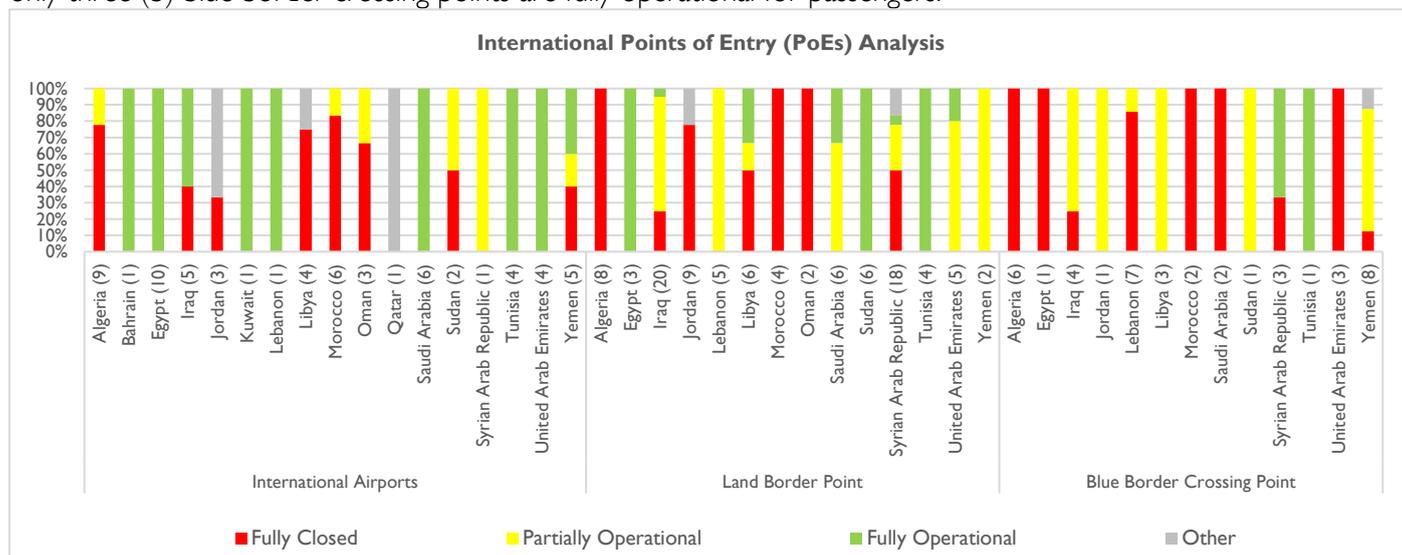


Figure 2: Operational Status of PoEs across the MENA region ©IOM Tracking Mobility Impacts

¹ Unknown status category for PoEs include six (6) per cent for airports five (5) per cent for land borders and one (1) for blue borders.

Response

COORDINATION AND PARTNERSHIPS

IOM in **Kuwait** is planning to distribute personal protective equipment (PPE) to more than four thousand foreign workers, covering all six governorates in the country. Planned beneficiaries include residents at the Public Authority for Manpower's (PAM) government-run shelter for female foreign workers. This initiative was funded by private sector partners and will support government efforts to contain the COVID-19 pandemic. Beneficiaries include vulnerable foreign workers who perform daily tasks without protective equipment. The planned distribution of PPE will be in partnership with the Social Work Society (SVS), and in cooperation with community volunteers.

TRACKING MOBILITY IMPACTS

In **Lebanon**, IOM's Displacement Tracking Matrix (DTM) continues to support the Lebanese Red Cross's Multi-Sector Needs Assessment (MSNA). IOM recently published the second report for the [Foreign Nationals MSNA Analysis](#). The report provides an update based on data from 06 August to 08 September 2020, from a total of 17,092 household assessments. DTM is also in the process of initiating the pilot roll out of Round 1 of a Migrant Presence Monitoring (MPM) assessment. The MPM aims to understand demographic movements between different neighbourhoods of Lebanese and foreign nationals.

In **Yemen**, IOM's Displacement Tracking Matrix (DTM) recorded 685 household displacements from 20 September to 03 October 2020. In total, more than 10,000 COVID-19-related movements have been recorded to date, with one new internally displaced household citing COVID-19 as a reason for displacement during the reporting period. Conflict continues to be the primary driver of displacement from Marib, Taizz, Al Hudaydah, Al Dhale'e governorates. Many displaced individuals face heightened risks of COVID-19 transmission. IOM is supporting the humanitarian community to develop a scenario planning document focused on response capacity and needs in the case of maximum displacement in Marib City. The scenario document will highlight the size of the populations at-risk of displacement should the conflict in Marib governorate continue. IOM also continues to highlight the [challenges and needs in Marib](#) in relation to overcrowding, access to basic services, and access to displacement sites.



IOM staff in Libya brief government officials on the new findings of IOM's country-wide labour market assessment ©IOM Libya

In **Libya**, IOM's DTM published the eighth (8) Mobility Restrictions Dashboard for September 2020. The dashboard shows that mobility restrictions continue to impact the lives of migrants, and local hosting communities. For example, in 86 per cent of the assessed locations, migrants who rely on daily labour were reported to have been negatively affected due to a slowdown in economic activities largely driven by the COVID-19 pandemic.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Yemen**, IOM's RCCE activities reached a total of 35,418 people in Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Ibb, Lahj, Marib, Shabwah, Hadramout and Taizz governorates. Additionally, 27,891 soaps were distributed in Marib Governorate, while IOM's Community Hygiene Volunteers (CHVs) continued with house-to-house hygiene promotion visits in Taizz and Abyan governorates, reaching 3,094 beneficiaries in nine IDP hosting sites.

In **Iraq**, IOM organized approximately 35 awareness raising and sensitization activities on COVID-19, reaching more than 250 individuals in camp and non-camp settings in Anbar, Basra, Diyala, Dohuk, Kirkuk, Najaf, Ninewa, and Salah al-Din governorates. In addition, IOM distributed 1,200 COVID-19 card games, board games, colouring books and how to wear a mask guidance per governorate in Najaf, Dyala, Salah Al-Din, and Anbar governorates. IOM also distributed 2,289 COVID-19 board games and 2,300 card games and 5,550 colouring books in Sinjar and Ninewa governorates. IOM provided 200 COVID-19 fliers and card games during the distribution of non-food item (NFI) in Erbil governorate. IOM designed new COVID-19 precaution leaflet and completed a COVID-19 bulk messages assessment during the reporting period.

IOM in **Libya** conducted 30 outreach campaigns and awareness raising sessions on COVID-19 in Sabha, Tripoli, Gatoun, Bani Waleed and Benghazi districts. The sessions reached a total of 1,384 migrants, improving their knowledge of COVID-19 precautions and behavior to adopt when confronted with suspected cases. Additionally, in Tripoli and Zwara districts, IOM conducted psychosocial awareness raising sessions on coping with stress during COVID-19 and distributed mental health and psychosocial (MHPSS) COVID-19 flyers and children booklets to 82 migrants of various nationalities.



IOM beneficiary with hearing disabilities manufacture aluminum in Sayoun, Yemen as part of a livelihood activity ©IOM Yemen

DISEASE SURVEILLANCE

In **Yemen**, IOM shared eleven disease surveillance reports with the Ministry of Public Health and Population (MoPHP) during the reporting period. This feeds into community-level COVID-19 surveillance and the establishment of an electronic disease early warning system. From these reports, nine suspected and two confirmed COVID-19 case were referred for additional support.

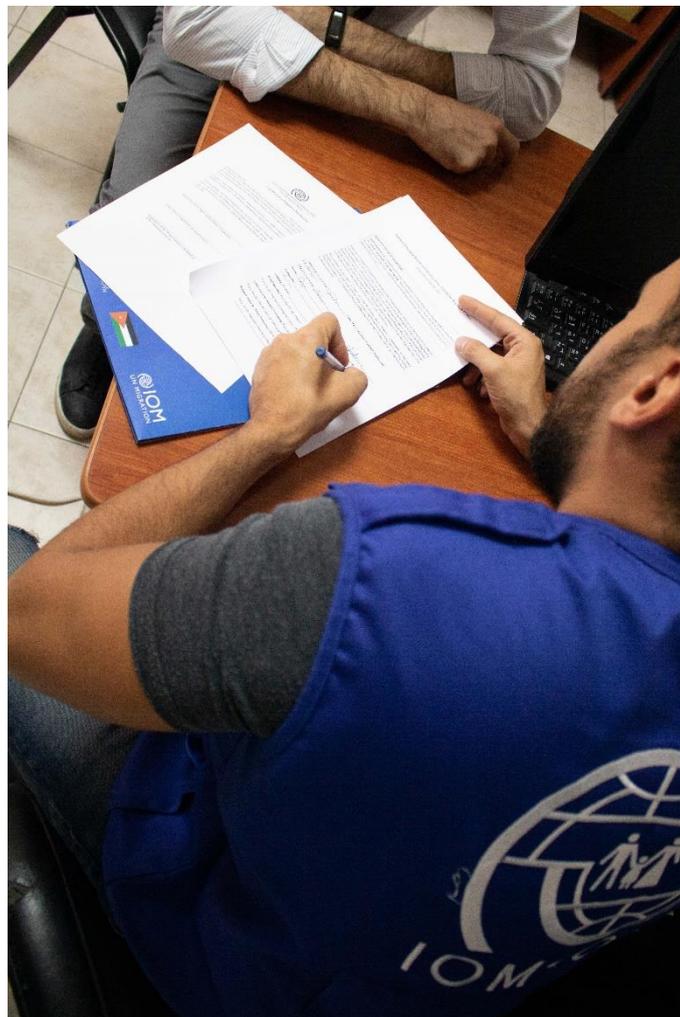
In **Morocco**, IOM continues to map disease surveillance activities in collaboration with its implementing partner the Association Marocaine de Planning Familial (AMPF). A community-based surveillance unit within the migrant community in Marrakech City has organized sensitization sessions on COVID-19 and the mapping of suspect COVID-19 infections. Additionally, a total of ten (10) community leaders have also been trained on ways to identify COVID-19 cases, report suspect cases and provided with sensitization tools. More information can be found [here](#).

In **Libya**, IOM rolled out syndromic and event-based health surveillance in areas around PoEs in collaboration with the National Centre for Disease Control (NCDC). A total of 5,655 migrants were surveyed as of 05 October 2020.

POINTS OF ENTRY (POE)

In **Libya**, IOM continued to support NCDC staff at the Ras Jdir and Wazen Points of Entry (PoEs) by providing medical check-ups to all travellers returning to Libya. A total of 383 travellers had their temperatures checked and overall condition monitored, while samples for PCR tests were also collected. All travellers were provided with health awareness raising sessions at the airport. In addition, IOM also conducted a two-day training for ten (10) health workers and staff at PoE on COVID-19 prevention, infection control and management in Benghazi.

In **Sudan**, IOM's Migration Management and Development Unit (MMDU) conducted two assessment visits during the reporting period. The first was to a PoE in West Darfur boarding with Chad. During the visit, an assessment was conducted on water, health and sanitation (WASH) needs. Separately, PPE has been procured and is in the process of being delivered to West Darfur. The second assessment visit was to three (3) PoEs in the Northern State, bordering



IOM staff in Jordan providing Assisted Voluntary Return support to a beneficiary ©IOM Jordan

Egypt. To date, hygiene kits are being procured for the Northern State overland arrivals.

In **Jordan**, IOM, with the Ministry of Health (MoH) drafted COVID-19 PoE Standard Operating Procedures (SOPs). IOM also supported a MoH supervisory visits to Jordan's southern borders to assess the quality of border labs and adherence to previously set-up SOPs.

INFECTION PREVENTION CONTROL (IPC)

IOM in **Iraq** conducted IPC trainings in Arabic for clinical and non-clinical staff at supported clinics in four (4) governorates. A total of 68 participants were trained on IPC-related topics, including screening and triage, transmission prevention and appropriate use of PPE. Trainings were completed in Kirkuk, Ninewa, Anbar, and Dohuk governorates during the reporting period. Screening and triage continued within IDP camp health clinics in Ninawa (Jadaa and Shekhan camps), Erbil (Debaga Camp), Kirkuk (Yahyawa Camp) and Anbar (Al Mateen Camp) governorates.

IOM in **Syria** continues to integrate COVID-19 awareness campaigns into all activities, including standard distancing measures into all distributions, and regular disinfection of all IOM-managed facilities. IOM has modified the layout of Reception Centres to increase social distancing, ensure hygienic conditions, and decrease transmission risks. IOM also provided essential PPE kits for the staff of twelve (12) implementing partners working in North-West Syria. This totals 2,500 PPE kits designed to cover needs for a three



Training on the provision of quality primary health care services in the context of COVID-19 in Ninewa governorate, Iraq ©IOM Iraq

month period. In addition, IOM has distributed COVID-19 adapted hygiene kits to support 55,000 individuals and increased the quantities of water regularly provided in IDP camps.

In **Libya**, IOM conducted a fumigation, disinfection, and cleaning intervention in four (4) disembarkation points (DPs) and three (3) detention centres (DCs). IOM also delivered PPE to Libyan authorities to support efforts to mitigate the challenges posed by the spread of COVID-19 and help protect migrants' health. The delivered PPE included protective suits, surgical masks and gloves, hand sanitizers and contactless containers for biohazard garbage. In Tripoli City, IOM organized two training courses on IPC and case management for 25 healthcare workers operating in DCs. IOM also conducted a two-day training course on COVID-19 IPC and case management for 13 health workers in Benghazi.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

In **Yemen**, IOM's CCCM team distributed shielding kits to 767 households (HH) across 21 sites in Marib governorate. Within the kits, 7,670 reusable cloth masks, produced by women IDPs, were also distributed. IOM's WASH team also joined the distributions to provide messaging on the use of masks and outline additional shielding measures.

In **Sudan**, IOM, in collaboration with UNHCR, continued to conduct data collection exercises in IDP settlements with a plan to cover more sites in the coming month. Furthermore, data previously collected for COVID-19 needs and services in IDP camps is now on the final stage of review and will be shared with relevant partners in the coming period.

IOM in **Syria** has established a Community Treatment Centre in an IOM-supported camp to ensure preparedness and response capacity to cater for the 4,000 residence. IOM has also identified and trained COVID-19 focal points in IOM-supported camps and in informal sites to support referrals to local health actors.

IOM in **Iraq** has coordinated with the Department of Health (DoH) to conduct sterilization activities in Zayona Camp, Baghdad governorate, after the confirmation of four (4) new COVID-19 cases. IOM continues to implement COVID-19 awareness sessions with flyer and poster distributions in Salah Al-Din, Mosul, Tal Abta, Ninewa, and Anbar governorates, as well as the use of the IOM created card games, colouring books and board games to raise awareness on COVID-19 among children and families. In Anbar governorate, IOM coordinated with its WASH partner, Mercy Corps, to provide COVID-19 prevention hygiene kits to two displacement sites. IOM is also continuing the installation of handwashing stations in Ninewa, Anbar, and Salah Al-Din governorates, while coordinating with partners to establish the quarantine area in AAF Camp, Anbar Governorate.

CASE MANAGEMENT AND CONTINUATION OF SERVICES

IOM in **Yemen** is providing support to 22 health facilities and eight (8) mobile health teams across Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Lahj, Marib, Shabwah and Taizz governorates. During the reporting period, 7,626 people, including 3,407 migrants, received health services, ensuring that primary and secondary health care, cholera treatment and MHPSS continue to be accessible to affected populations.



IOM partner, Humanity and Inclusion, provides medical assistance to migrants ©IOM Morocco

In **Sudan**, IOM, through its Rapid Response Fund (RRF), partnered with CARE International to provide comprehensive case management services in Kassala and Aroma localities of Kassala State. CARE, with funding from the RRF, is supporting three existing Primary Health Centres (PHC) and one isolation centre. CARE is undertaking a variety of activities within the pillars of case management, IPC, RCCE and surveillance within the health facilities and among the communities at-large. Additionally, through RRF funding, the American Refugee Committee (ARC) also aims to implement COVID-19 response activities. The project will support comprehensive case management services in Kassala, Rural Kassala, and Girba localities of Kassala State.

In **Iraq**, IOM continues to support six (6) COVID-19 DoH response teams in Kirkuk Governorate. The teams are responsible for monitoring individuals in self-quarantine and suspected/confirmed COVID-19 cases in home isolation.

In **Lebanon**, IOM's medical team conducted 62 health assessments, 40 pre-departure medical screenings for refugees with identified medical conditions, and 251 pre-embarkation check during the reporting period.

PROTECTION

IOM in **Jordan**, as part of its Assisted Voluntary Return (AVR) programme, assisted eight (8) Indian migrant workers to return from Jordan to India. Assistance and services included pre-departure cash, support at airports from departure until arrival, and COVID-19 testing prior to departure from Jordan. Additionally, IOM, in cooperation with the International Labour Organization (ILO) and MedLabs Laboratories, assisted a further 81 migrant workers who are voluntarily returning to their home country by providing pre-departure COVID-19 testing.

In **Iraq**, IOM continued to provide case management to

victims of trafficking (VoT) and individual services to critical and urgent cases, including people with known suicide risk, people experiencing the psychological consequences of domestic violence, and people with severe or chronic pre-existing mental health conditions. Assistance was delivered through field visits, when possible, or by phone. As part of efforts to better understand MHPSS needs across the country, IOM has completed an MHPSS survey in target areas and an assessment on livelihoods and MHPSS integration in IDP locations including Dohuk, Hassan Sham, and Wahed Huzeiran. IOM is currently analysing the results, with the final product expected in late October 2020. IOM is also in the final stages of developing a leaflet to support bereaving families who have lost loved ones to suicide. Additionally, IOM has continued to provide information on rights and services through protection help desks located in IOM safe spaces helping people to access services through referrals, when appropriate. Protection teams are also continuing to conduct community outreach through door-to-door information sessions. Information sessions are being conducted in Sharya, Khanke, and Hassan Sham camps in Mosul and in Sardashti informal settlement. In the reporting period, IOM has conducted 90 KILs for protection monitoring.

IOM in **Algeria** assisted seven (7) women, eight (8) men and five (5) children with psychosocial support, in cooperation with the Algerian Association of Psychologists. A virtual psychosocial counselling session was held for two (2) female VoTs, in coordination with IOM in Ethiopia and the Embassy of Ethiopia. On 08 October 2020, IOM also conducted an outreach session following a request from a Guinean migrant community leader. During the outreach session, IOM provided information, counselling and pre-registration for assisted voluntary return and reintegration (AVRR) for more than 30 migrants. IOM also provided awareness-raising on the risks of trafficking.

IOM in **Tunisia** provided medical assistance to 48 beneficiaries to ensure the continuity of psychosocial and medical assistance to vulnerable migrants. This assistance included coverage of medical costs for 20 beneficiaries, psychosocial support for five (5) migrants and in-kind donation of 72 baby/infant supplies. Additionally, IOM continued providing humanitarian assistance to 68 migrants rescued at sea through the provision of shelter and different

types of assistance, including food vouchers, hygiene kits, and medical and psychosocial support.

IOM in **Egypt** provided 81 food and hygiene boxes to the Yemeni community in Cairo Governorate. IOM also provided 29 MHPSS sessions to the Filipino community in Alexandria Governorate as part of the efforts to reduce the psychological impacts of the pandemic.

In **Lebanon**, the IOM-funded Marsat Community Centre in Tripoli provided information sessions on the centre's activities for caregivers in the surrounding community, as well as COVID-19 awareness and hygiene sessions remotely. Marsat's team continued to reach out to beneficiaries with different nationalities with the objective to reduce the spread of COVID-19 throughout the local community.

ADDRESSING SOCIO-ECONOMIC NEEDS

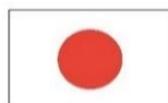
In **Iraq**, IOM implemented several COVID-19-related Cash for Work (CfW) activities. In coordination with the DoH, IOM provided 30 CfW volunteers with employment for 40 days to clean Al Salam Hospital in Ninewa Governorate. IOM also supported the Governor of Ninewa with 15 volunteers to set-up of a quarantine location outside Mosul City. The volunteers were requested to provide cleaning and cooking services to the patients. In addition, IOM engaged a group of ten (10) women in sewing face masks to be provided to patients and surrounding communities in Salah Al-Din Governorate. Similar projects will be shortly initiated across the country.

IOM in **Algeria** provided direct assistance to migrants to help them respond to their immediate needs. In particular, six (6) migrants were provided with cash assistance, nine (9) migrants with non-food items and hygiene kits, one (1) migrant with a food basket and four (4) migrants with phone credit.

In **Lebanon**, IOM assisted 100 vulnerable Lebanese citizens with "one-off" emergency cash grants. IOM has identified a further 15 vulnerable cases in need of assistance.

IOM in **Syria** is piloting livelihood activities to enable small businesses to produce locally made face masks, soap, and other hygiene items.

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