



IOM Libya's health-care provider offers important information on COVID-19 during the primary health care to a displaced woman in Janzour, west of Tripoli. ©IOM Libya 2020

KEY REGIONAL UPDATES

- As of April 15, there were **26,264 confirmed cases** in the region with all countries in Middle East and North Africa (MENA) region directly impacted.
- To date, according to IOM's Displacement Tracking Matrix (DTM), **67 percent of land, sea and air border points have been closed for entry and exit**, with a further 18 percent partially closed, illustrating near complete cross border mobility standstill.
- Of particular concern are COVID-19 **related mass migrant movements** between the Horn of Africa and the Gulf Countries. Such migration movements may have the unintended effect of driving transmission of the virus and further impacting weak health facilities and economies in countries of origin.
- **Severe mobility restrictions continue to generate secondary socio-economic impacts** with the daily movement of people, goods and services coming to a near stop as governments seek to limit the spread of the virus. These repercussions heighten the pre-existing vulnerabilities of affected persons.
- On 15th April, IOM has revised its initial **COVID-19 Global Strategic Preparedness and Response Plan** to \$499,393,000, of which **\$72,898,000** is for the region.

IOM ACTIVE RESPONSE PER PILLAR PER COUNTRY

Algeria	1	3	11						
Egypt	1	3	6	7	9	11	12		
Iraq	3	2							
Jordan	1	2	3	6	8	9	10	12	
Kuwait	1	3	4	12					
Lebanon	1	6	8	11					
Libya	1	2	3	4	6	8			
Morocco	1	3	4	8	9	11	12		
Jordan	1	2	3	6	8	9	10	12	
Tunisia	1	2	3	10	11	12			
Sudan	3	6	7	8	9				
Syria	3	2	5	6	8	9	10		
Yemen	1	2	3	5	8	9	11	10	

1 – Coordination and Partnerships, 2 – Tracking Mobility Impact, 3- Risk Communication and Community Engagement 4 – Disease Surveillance, 5 – Logistics, Procurement and Supply Management, 6 - Point of Entry, 7 – National Laboratory System, 8 – Infection Prevention Control, 9 – Case Management and Continuity of Essential Services, 10 – Camp Coordination and Camp Management, 11 – Protection and 12 – Addressing Socio-Economic Impact

Regional Situation Overview

The COVID-19 pandemic continues to have a significant impact on migration and mobility dynamics in the Middle East and North Africa (MENA) region. As of April 15, 2020, **the total number of confirmed cases in the MENA region is 26,264** with all countries in the region directly impacted. The varying severity of the COVID-19 pandemic and distinct government responses has resulted in diverse consequences for migrants and displaced communities throughout the region. To date, according to IOM's DTM, **67 percent of land, sea and air border points have been closed for entry and exit**, with a further 18 percent partially closed, illustrating near complete cross border mobility standstill.

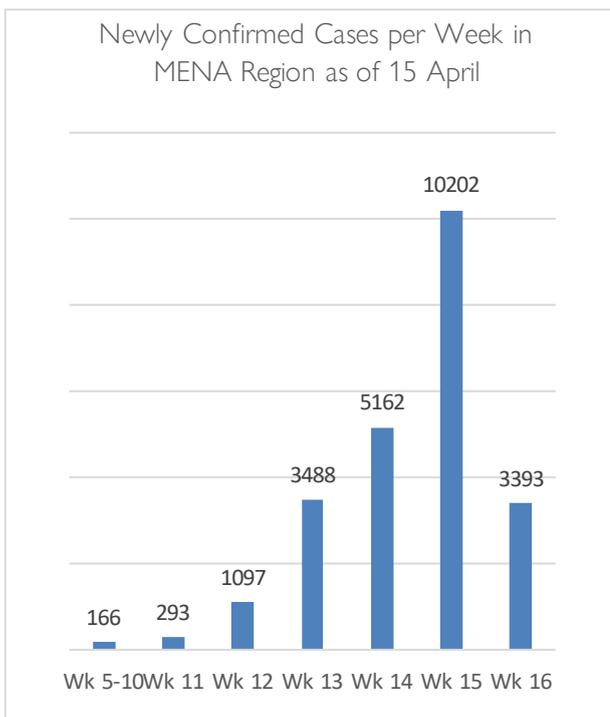
While the full impact of the unfolding COVID-19 pandemic remains unclear, it is certain that it will have deep health, social and economic consequences for migrants, displaced populations and returnees in the region. **Severe mobility restrictions continue to generate secondary socio-economic impacts** with the daily movement of people, goods and services coming to a near stop as governments seek to limit the spread of the virus. These repercussions heighten the pre-existing vulnerabilities of affected persons.

Migrants and displaced communities may be disproportionately vulnerable to both COVID-19 transmission or the secondary effects of the measures taken to curb the virus' transmission. These groups are likely to experience heightened risk due to limited access to health and sanitation facilities or meaningful prevention. Additionally, **they often reside in overcrowded and high-density locations including camp and camp-like settings** increasing exposure and reducing the capacity to implement mitigation measures such as social distancing. In many areas, they are subject to stigmatization and discrimination which can lead to marginalization of men and women from social and economic activities or relief packages. The implication of COVID-19 will likely be more acute in conflict-affected and fragile settings where displaced populations face particular risks due to insecurity and weak or overstretched health systems.

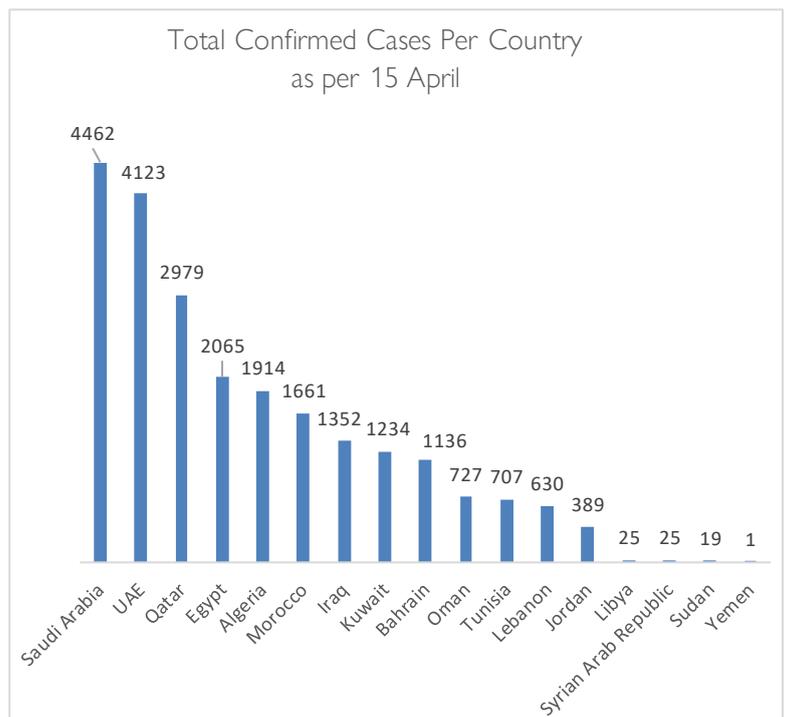
As the situation evolves, IOM at the regional level, continues to **advocate for universal health coverage for migrants** to be fully included in the national COVID-19 response regardless of their legal status, counter xenophobia and "infodemic" to discriminate and stigmatize migrants as well to continue advocate **for continuation of humanitarian access** to ensure life-saving and critical assistance continue to be delivered to populations affected by crisis in the region.



IOM Lebanon's donation of PPEs to Rafic Hariri University Hospital in Lebanon ©IOM Lebanon 2020



Source: WHO



Source: WHO

IOM Response

COORDINATION AND PARTNERSHIPS

In all countries in the region, IOM is supporting its Member States and works in close coordination with WHO (World Health Organization) and other relevant partners at the country and regional levels to strengthen the national response capacity as well as ensure that migrants are not left behind in the response. For example, in **Tunisia**, IOM has successfully advocated that all migrants can access COVID-19 related services without fear.

In **Libya**, IOM is designated as the lead UN Agency on the Point of Entry (POE) technical group to better enhance response capacity at prioritized POE. Similarly, in **Sudan**, IOM is the co-lead with WHO on POE and are currently, in the coordination stage with the Ministry of Interior (Mol), Ministry of Health (MOH) and other stockholders.

Upon request from the Government of **Kuwait** (GoK), IOM inspected the Government-led facilities which were specifically prepared for expatriates who returned to Kuwait after February 27, and reviewed the public health measurements and procedures, to ensure migrant access to health screening services. IOM also visited the shelters designated for housing the irregular Temporary Contractual Workers (TCWs) (with expired residence permits) as well as the Receiving Centres (which process and complete all required papers of the TCW's) by identifying gaps and making recommendations.

While only one case has been officially reported in **Yemen** (as of 15 April, 2020), IOM is already supporting inter-agency efforts in close coordination with WHO to develop national response plans and advocating to ensure that migrants and displaced populations are well represented in the national planning.

TRACKING MOBILITY IMPACTS

DTM continues to monitor restrictions on movement, external and internal border closure and specific measures implemented at the POE with live online updates. Last week DTM launched the second version of the system, which includes data on border management and migration health information on top of the movement restrictions and POE measures. All information can be accessed online at the [global dashboard](#) and [regional geoportal](#).

Some country examples are how in **Tunisia**, DTM network of Key Informants is used to collect [information](#) on the situation of about 3,800 migrants in Tunis, Zarzis and Sfax, whose priority needs are food distribution or vouchers, rental subsidies, milk and diapers for infants, medicines. While in **Yemen**, flow monitoring activities continue across six flow monitoring points, to track the movement/flows of migrants into the country and feed into regional analyses of migration trends. The team is also working to feed into the global mobility impact assessment, to ascertain the impact of COVID-19 on human mobility at the regional, global and country level.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In all countries in the region, IOM is working closely with its Member States and WHO to ensure, among others, that all tools are adapted to the different needs of migrants and displacement populations. This is through ensuring translations in relevant languages, as well as working with community-based and migrant networks, local media, Non-Governmental Organizations (NGOs), schools, local governments and other sectors using a consistent mechanism of communication. For example, in **Egypt**, IOM has activated its 'communication corridors' with migrant community leaders to ensure 24/7 circular exchanges. IOM also joined forces with local start-up companies aiming at creating a nation-wide campaign using Egyptian influencers on several topics related to COVID-19 preparedness and response.

In **Iraq**, IOM has translated WHO awareness material on COVID-19 into Kurdish Sorani and Kurdish Badini and provided amendments of visual illustrations. Furthermore, 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 **Libya**, IOM ensured information on prevention of COVID-19 to be provided in Detention Centres (DCs) for migrants, management and staff as well as the Libyan Coast Guards at the disembarkation points (DPs). Migrants were also provided with hygiene kits and pamphlets with COVID-19 information.

DISEASE SURVEILLANCE

IOM in **Libya** collaborated with the Disease Surveillance Directorate of the National Centre for Disease Control (NCDC) in training the Rapid Response Teams (RRTs) for active case finding and contact tracing. A total of 49 RRT team members were trained. The NCDC was also provided with personal protective equipment (PPE) including polyvinyl chloride suits, goggles, face shields and N95 masks.

LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

In **Yemen**, IOM distributed 1,000 NFI kits to meet the critical needs of Yemeni returnees stranded at informal quarantine points in Al Bayda. IOM manages the nation-wide Shelter-Non-Food Items (S-NFI) pipeline and is ready to release stocks for partner use at the request of sub-national cluster teams.

POINTS OF ENTRY (POE)

IOM is actively supporting POE COVID-19 response in seven countries in the region.

In response to the **Lebanese** Government's decision to support the return of its citizens from abroad, IOM's Migration Health Division (MHD) dispatched its health-care providers to the airport and conducted rapid assessments on the designated isolation sites and

passenger pathways, together with the doctors and nurses from the Ministry of Public Health (MoPH) and the airport security. IOM also identified urgently required PPE, medical supplies and equipment to support the proper screening of returning Lebanese. The assessments resulted in donation to the MoPH clinic and airport security which included N95 masks, surgical masks, protective eyeglasses, gloves, hand sanitizers, and contactless thermometers.

In **Libya**, IOM supported through hygiene promotion and COVID-19 awareness sessions, 12 POEs, including DPs and DCs. Equipment and supplies were also provided to NCDC to establish health posts at two POEs.

INFECTION PREVENTION CONTROL (IPC)

In **Lebanon**, IOM supported the MoPH by providing much needed equipment to the country's main COVID-19 referral public health hospital, Rafic Hariri University Hospital (RHUH). Equipment consisted of 220 Tyvek 1422A protection gears.

In **Libya**, IOM has provided 300 PPE kits, including N95 masks and protective isolation suits, to the Libyan NCDC and Emergency Directorate of the Ministry of Health. Furthermore, 24 sets of medical equipment and supplies were provided to the NCDC to strengthen IPC at the POEs including Libya's borders with Tunisia and Egypt where migrants pass by. IOM also completed training of health-care providers on IPC including fumigation, disinfection, cleaning and sterilization at four DCs and three DPs.

In **Morocco**, IOM works closely with its partners in disseminating the information developed by the Ministry of Health to migrant communities for handwashing and hygiene practices to prevent COVID-19. IOM also facilitated the provision of hygiene kits while delivering food baskets.

In **Sudan**, IOM provided IPC guidance and messages for home and community care providers in local languages and used relevant communication channels in Khartoum, Gadaref, North Darfur, West Kordofan, and Abyei. Beneficiaries were migrant communities (mainly Ethiopian, Nigerian and Somali), migrants at community safe houses, and migrants in administrative detention. In addition, IOM supported access to Water, Sanitation and Hygiene (WASH) services in public places and community spaces most at risk.

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 two 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 communication on infection prevention and controls.

CASE MANAGEMENT AND CONTINUATION OF SERVICES

In Jabra Hospital in **Sudan**, IOM provided 20 ACs with 24



IOM volunteers in Khartoum teaching children on how to wash hands ©IOM Sudan 2020

capacity unit installed to improve the ventilation in hospital. IOM also provided High Efficiency Particulate Air Filter where the intensive care unit (ICU), critical care unit (CCU) and high dependency unit (HDU) are not for the all hospital. In **Syria**, IOM is working closely with WHO to provide tents to set up triage centers in North West.

In **Yemen**, IOM is working with WHO on ensuring public health response to migrants by equipping and supporting migrant clinics and mobile medical teams through all phases of a potential COVID-19 pandemic. Overall, migrant response activities in southern governorates (Lahj, Aden, Shabwah) are being maintained through IOM mobile teams, who are meeting basic needs (NFls – including hygiene items, food, water), and providing health assistance and referrals, including a hotline number to call for emergencies.

CAMP COORDINATION AND CAMP MANAGEMENT

In **Yemen**, IOM is coordinating Communication with Communities (CWC), conducting trainings for IDP site focal points and community committees in the sites on COVID-19 preparedness, ensuring distributions are being carried out in line with COVID-19 prevention guidelines (including social distancing and crowd control).

PROTECTION

IOM in **Algeria**, in cooperation with the Algerian Association of Psychologists (SARP), organized virtual group psychosocial support sessions to break the feeling of psychological isolation and counter the negative psychological effects of quarantine, for migrants hosted at the two Migrant Transit Centers managed by IOM.

In **Egypt**, through its partnership with the Egyptian Red Crescent (ERC), IOM distributed food and hygiene boxes for more than 1,000 families in Cairo and Alexandria. To avoid a concentration of beneficiaries during the distribution, ERC is distributing the boxed door to door in coordination with migrant community leaders.

In support to Victims of Trafficking in **Lebanon**, IOM teams distributed personal hygiene kit and offered cash assistance to 52 migrants from Nigeria to ensure immediate needs were met. In coordination with the Government of Lebanon and Nigeria and NGO partners, IOM will continue its efforts to ensure comprehensive assistance to those victims.

In **Libya**, IOM works closely with World Food Programme (WFP) to supply one month Ready-To-Eat (RTE) food kits for distribution through the IOM Migrant Resource and Response Mechanism (MRRM). To respond to the challenges and the serious conditions which many migrants find themselves in because of COVID-19 and related curfew disruption of economic activities, IOM has been distributing food to migrants. Currently, 3,500 RTE kits are being distributed for migrants in 7 locations (Tripoli, Bani Waleed, Sabha, Qatroun, Zwara, Misrata and Benghazi), with more to be distributed in the future. One migrant receives one RTE kit, which lasts for a month.

In **Morocco**, although migrants are included in the national preparedness and response plans, the curfew situation has worsened the situation of many vulnerable

migrants, not able to work nor beg, and therefore not being able to eat and in some cases to pay for their housing. Therefore, IOM works closely with its partners to analyse needs and to offer assistance in seven regions in the country with high number of migrants. Most of the assistance is focused on food baskets, hygiene kits (or coupons) and support to housing or shelter. IOM coordinates closely its actions with local authorities.

In **Yemen**, monitoring mechanisms are in place among protection and health teams, to identify, mitigate and respond to protection risks and violations of human rights perpetrated within the context of COVID-19. IOM is also continuing basic humanitarian assistance in Sana'a to ensure a minimum level of humanitarian conditions and is ensuring 24/7 health presence. Return options for migrants are currently on hold due to travel restrictions in Yemen and Ethiopia.

Other Updates

NEW AND INNOVATIVE APPROACHES

Several missions in the region have adopted new and innovative approaches to ensure that the most critical assistance will continue to be delivered to IOM beneficiaries. For example, in **Algeria** IOM is setting up virtual counselling and direct assistance for stranded migrants, while in **Egypt**, IOM has opted for the door to door distribution of NFIs to avoid the concentration of people in one place; engaging community leaders to open communication corridors.

In **Iraq**, as part of support to the private sector, IOM is identifying businesses that may be supported with grant funding to scale-up activities related to medical equipment and supplies, online delivery and other essential activities during lockdown. At the same time, IOM is looking towards scale-up of economic recovery activities post-COVID-19, especially through its ground-breaking **Enterprise Development Funds (EDF)**. IOM's EDF has a database of 9,000 Small and Medium Enterprises (SMEs), which will be used as a basis for a survey to better understand the economic impact on the sector. To continue to support durable solutions in Iraq, the Community Resource Centres (CRCs) are performing outreach activities and online activities especially to returnees and out of camp IDPs.

At regional level, IOM is developing a digital talk show to shed light on positive initiatives led by the 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**.



The IOM mobile clinic continues to reach hundreds of vulnerable people every week, in Janzour, west of Tripoli ©IOM Libya 2020

FUNDING AND RESOURCE MOBILIZATION

In coordination and partnership with relevant actors at global, regional and national levels, IOM is contributing to the overall objective of the **COVID-19 Global Strategic Preparedness and Response Plan** to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including its social and economic impacts. On 15th of April, IOM has revised its initial Appeal to \$499,393,000, of which **\$72,898,000** is for the MENA region.



Contact

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