As of 30 June 2021, a total of **6,426,518 COVID-19 cases** have been confirmed in the Middle East and North Africa (MENA) region, out of which **103,624 fatalities** have been reported.

On 15 June 2021, the IOM Regional Office for the Middle East and North Africa (RO MENA) organized a Regional Partners’ Briefing to launch IOM MENA Regional COVID-19 Strategic Response and Recovery Plan for 2021 (SRRP). Building on its achievements in 2020, IOM’s SRRP for 2021 - with a **142 million USD funding requirement** targeting 16 countries across the region - encompasses life-saving assistance and response to humanitarian needs, initiatives to mitigate the impact of COVID-19 on migrants and societies, as well as support to sustainably recover and build resilience. The briefing was opened by IOM MENA Senior Regional Liaison and Policy Officer, followed by a presentation of the Regional SRRP launch alongside an overview of achievements and responses during 2020 from IOM offices in Yemen and Tunisia. These discussions were followed with a presentation that explored the impact of COVID-19 on the socio-economic outcomes of migrants and displaced populations in the MENA region. The SRRP is available in **Arabic** and English, while the IOM’s MENA Regional Achievement and Innovation Report for 2020 can also be found in Arabic and English.

On 08 and 09 June 2021, the IOM MENA Regional Director and the Regional Labour Mobility and Human Development (LHD) Specialist participated in a Tri-Regional Policy Dialogue on International Mobility of Health Professionals: New Challenges, Shared Solutions, organized by the World Health Organization (WHO). The dialogue aimed to strengthen cooperation across Member States of the three (3) WHO regions during the COVID-19 context, covering all phases of the migration cycle from safe, orderly and regular labour migration for health professionals, to integration, and diaspora engagement. The tri-regional policy dialogue ensured that health workforce issues and concerns remain on the policy agenda by giving a floor to those who could share good practice as well as those who do research or policy around mobility of health professionals.

IOM’s appeal for the MENA region for 2021 **142,181,250 USD**

Funding contributions to COVID-19 for 2021: **5,108,352** in funding including **4.5 million** in COVID-19-specific projects and **603,330** in mixed projects.

IOM National Response Plans related to COVID-19 can also be found at IOM’s Crisis Response Site.
Stranded in Yemen but Thinking of the Future: Abdulrahman & Naima’s Stories

This was not Abdulrahman’s first time travelling through Yemen, hoping to make it to the Kingdom of Saudi Arabia (KSA). He managed to reach the Gulf country once before. He lived there for two years until he was found working while undocumented and forcibly returned by the authorities. But with few employment options at home, he decided to attempt the journey again.

“The situation in Ethiopia is so full of poverty and hardship, which makes me determined to find work and earn enough money in order to change my life,” said 20-year-old Abdulrahman.

Raised by a single mother struggling to provide for her family, he could not complete his schooling as a child, forcing him into a cycle of subsistence farming.

“I have three brothers and one sister back in Ethiopia. My mother and father are separated. We have a small farm from which we don’t make that much of an income. I only studied until fourth class because my mother had no money or ability to help me to continue my studies,” he added.

Apart from his family, one shining light for Abdulrahman in Ethiopia was the woman with whom he fell in love. Although he did not want to leave her behind, she remains at the back of his mind while he migrates. His ambition to one day become her husband is what keeps him going on this treacherous journey.

“I proposed to marry her, but her father refused, saying that he will not let his daughter marry a poor man like me. That made me sad but it’s also what made me decide to leave the country, search for work and earn money to be able to get married,” he said.

Yemen is a major transit point on the route between the Horn of Africa and KSA, with the majority of migrants originating from Ethiopia. Around 138,000 migrants made the journey to Yemen in 2019, but the COVID-19 pandemic led to a drastic reduction last year, with only around 37,500 arrivals.

This year, the numbers travelling are still low but an estimated 32,000 migrants are stranded throughout Yemen. Abdulrahman is one of the 5,000 people stranded in Ma’rib, near an active frontline. Despite trying three times, he could not make it across into KSA due to enhanced border controls. Now, like his fellow stranded migrants, he is living in a makeshift shelter and struggles to find enough food and water to survive. The threat of COVID-19 is also always looming given the unsanitary, crowded living conditions, and is of particular concern for a population group without formal access to health care.

“After leaving the country [Ethiopia], we were starved on the journey and we were exposed to a lot of risks on the road. We had to keep asking people for food along the way and sometimes they would give it to us but other times, we had nothing to eat. And now life here in this settlement [in Ma’rib] is just as hard,” Abdulrahman said.

Through support from the European Union’s (EU) humanitarian aid body, the International Organization for Migration (IOM) responds to the emergency needs of migrants in Yemen. In Ma’rib, along with other assistance, IOM provided migrants with more than 7,000 food baskets in the first quarter of 2021.

“This help is very important to us and is what keeps us alive,” explained Abdulrahman after receiving a food basket.

Naima is also 20 years old and living in the same migrant settlement as Abdulrahman. Heavily pregnant when she left Ethiopia, she gave birth to a girl on her first day in Yemen after two days of travelling. She named her first daughter Sina, which means treasure.

“I have a baby so it is very difficult for me to stay in a tent with other people,” she explained.

“We need our own shelter, we need clothes and other help. It is also difficult for me to work in the homes of the local community, as I have a baby, and no one will accept me,” added Naima, describing her need for support and struggle to find work as a domestic labourer, a common job for women in the migrant community in Yemen.

In addition to the regular distribution of food baskets and hygiene kits, IOM provided new mothers like Naima with kits to support their early childcare needs and cash assistance.

“We lived off that assistance for the past two months,” she said, explaining the value of such support to her and her baby’s life.

“Small things can make a huge difference and ease hardship and difficulties for people who have very little,” Iman Qaid from the IOM protection team in Ma’rib, which works with other IOM teams like health to support stranded and newly arrived migrants.

“I want to be able to send my daughter Sina back to my family in Ethiopia so that I will be able to go and work in Saudi. I will miss her and long to have her by my side, but all of this is to ensure that she has a safer future,” Naima said, when asked if she still planned to continue onto KSA.

Also hoping to make it to KSA, Abdulrahman is thinking of his children too, even though they are still a future goal of his.

“If I am able to work in Saudi Arabia and improve my situation, I want to return to my country, gather my family together, get married and have children. I want to catch up with my friends who are already living their lives,” he added.
Even with the introduction of the COVID-19 vaccination, the COVID-19 pandemic continues to evolve with challenges emerging in the form of new variants of concern, alongside the resurgence of cases in territories thought to have previously controlled the outbreak. As of 30 June 2021, a total of 6,426,518 cases of COVID-19 have been reported in the MENA region, out of which 103,624 have proven fatal and 5,994,549 cases have been confirmed as recovered. During the reporting period, 584,299 new infections, 8,151 new fatalities and 562,175 new recoveries were reported. The number of cases and fatalities increased by 10 per cent and 10.3 per cent respectively. The case fatality ratio (CFR) has remained constant at 1.6 per cent.

The top three (3) countries in the region in terms of COVID-19 caseloads include: Iraq (1,321,232), Jordan (749,319), and the United Arab Emirates (624,814). Combined, these countries account for 41.9 per cent of the regional COVID-19 case load.

The top five (5) countries in the region in terms of COVID-19 fatalities include Iraq (17,061), Egypt (16,062), Tunisia (14,579), Jordan (9,718), and Morocco (9,273), which accounts for 64.4 per cent of all the COVID-19-related deaths reported. The surge in the number of new cases reported in May and June 2021 is attributable to the easing of public health and social distancing measures against COVID-19 and the spread of new variants of concern in the region.

Although the COVID-19 pandemic continues to significantly impact regional mobility, an extensive reopening process has been recorded in the operational status of international airports in the MENA region during the reporting period. A stable trend has been recorded for the other Points of Entry (PoEs) including land border and sea border crossing points. To date, according to IOM's Tracking Mobility Impact, around 81 per cent of monitored international airports are fully operational, six (6) per cent are partially operational and 13 per cent remain fully closed. Around 28 per cent of the 106 monitored land border crossing points remain fully closed and 15 per cent are partially operational, while 54 per cent of the land border crossing points are now classified as fully operational. Out of 50 monitored blue border crossing points in the region, 11 of them are fully closed and 17 are partially operational, while twenty-one (21) blue border crossing points are now fully operational for passengers.

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1 Unknown status category for PoEs include one (1) per cent for airports, three (3) per cent for land borders and one (1) for blue borders.
**Response**

**COORDINATION AND PARTNERSHIPS**

IOM in Kuwait, in cooperation with the Public Authority for Manpower (PAM), provided essential non-food items (NFI) to residents of the Kuwait Government shelter for female foreign workers. This activity is implemented through an IOM agreement with Ooredoo concerning the ‘MyOoredoo’ application, which allows customers and members of the ‘Nojoom’ programme to donate their points to IOM to support community cohesion activities and migrant workers.

In Lebanon, IOM is coordinating with Lebanon’s General Security to provide immediate humanitarian assistance to irregular migrants found at sea. IOM first responders have coordinated with the General Security to be present at the Port of Beirut to meet newly arrived boats, provide food, conduct basic medical checks and provide COVID-19 PCR testing. IOM is working with the United Nations Humanitarian Country Team (HCT) to prepare a new humanitarian response plan for Lebanon. The mission is currently in consultations with a wide range of actors to develop the draft of the response plan.

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**

In Egypt, IOM conducted community awareness raising sessions for 60 migrants from different communities. The sessions included an overview of services provided by the migration health division, COVID-19 updates, vaccination awareness, and mental health.

**TRACKING MOBILITY IMPACT**

IOM in Iraq, through its Displacement Tracking Matrix (DTM), collected information on mobility restrictions within Iraq as well as at Points of Entry (PoEs), these restrictions include limitations on mobility across governorates, as well as on commercial and trade activity, curfews, government and residency office operating hours, and legal regulations. IOM assessed a total of 31 locations, including PoEs along land borders and maritime boundaries. Five (5) were reported as closed, ten partially open, four (4) fully open, and 12 open for commercial traffic only. IOM’s DTM in Iraq also produced one (1) mobility restriction report during the reporting period, presenting an overview of mobility restrictions for the monitored PoEs, as well as for Iraq in general. The report is available here.

In Lebanon, IOM is working closely with the Ministry of Public Health, Ministry of Labor, United Nations Children’s Emergency Fund (UNICEF) and other partners, as well as embassies and consulates, to increase access to the national COVID-19 vaccination system for vulnerable populations, especially migrants. An awareness, registration and vaccination day was completed in the consulate of Ethiopia for Ethiopian nationals. Other similar activities are planned with the embassies of Bangladesh, the Philippines, the Sudan and other countries that have a large number of nationals in Lebanon. In parallel, IOM is mobilizing communities through outreach volunteers and assisting groups of migrants following requests for vaccination.

IOM in Iraq conducted 457 COVID-19 sensitization and awareness-raising sessions, reaching 3,363 people in Erbil, Dohuk, Ninewa, Kirkuk, Anbar, and Baghdad governorates.
These activities were organized in collaboration with respective directorates of health, local non-governmental organizations (NGOs), community-based organizations (CBOs), and community and religious leaders. Reusable fabric facemasks were handed out to all participants during these activities. Information, education, and communication (IEC) materials on COVID-19 and community feedback mechanism, including leaflets (2,297), posters (325), contact/calling cards with a hotline number (700), and colouring books, board and card games (200), were distributed across the six (6) governorates to children, adults, and the elderly in internally displaced persons (IDP) camps, informal settlements, host communities, schools, healthcare centers and their catchment areas, markets, and through door-to-door and household visits. Ten community mobilizers and volunteers were also trained on RCCE. In Debaga IDP camp, Erbil Governorate, IOM supported partners and camp management in the roll-out of two successful vaccination campaigns, which saw 2,547 IDPs fully vaccinated. In Al-Mateen (AAF) IDP camp, Anbar Governorate, IOM supported 164 returnees with health screenings, distribution of hygiene kits, and health information briefings to address questions and concerns before travel to areas of origin. IOM’s communication with community (CwC) teams distributed 200 general COVID-19 precaution leaflets during NFI distributions in Salah Al-Din Governorate, while IOM’s shelter team also distributed 6,600 COVID-19 general precautions leaflets in Dyala, Baghdad, Salah al-Din, and Kirkuk governorates. The CwC team also conducted a training session with staff in Duhok and Anbar governorates on CwC and accountability to affected populations, which included information on how to conduct COVID-19 awareness sessions for children.

**Disease Surveillance**

In Libya, IOM collaborated with the Ministry of Health (MoH) to strengthen the data collection and reporting capacities related to the COVID-19 pandemic, by conducted a three (3)-day training session for 27 participants on the national health information system (known as DHIS-2). The training session aimed to expand the usage of DHIS-2 to COVID-19 isolation centres and public health facilities in Alkufra, Tazirbu, Tobruk, Ejdabiya, Derna, Brega, Shahhat, Alsidra, Sirt and Almarj areas.

In Iraq, IOM’s community-based surveillance (CBS) teams continued to conduct CBS activities in AAF, Sheikan, Debaga and Jeddah Five (5) IDP camps. During active case location efforts, 174 IDPs were identified as potential COVID-19 positive cases, of which 145 were referred to camp health facilities for follow-up. In total, 137 individuals (94 per cent) referred by the CBS team visited the clinics, where in depth assessments by clinicians indicated 107 were either probable or suspect COVID-19 cases.

**Points of Entry (POE)**

In Libya, IOM’s medical teams supported the National Center for Disease Control (NCDC) staff at Misrata Airport and Ras Jedir PoE by providing medical check up to all passengers returning to Libya. A total of 232,543 cross-border travellers were screened by checking temperature and general conditions.

**National Laboratory Systems**

In Libya, IOM conducted a five (5)-day training on ”Strengthening Laboratory Capacity in Detecting COVID-19” for a total of 14 laboratory technicians (eight (8) females and six (6) males). Participants were from NCDC branches and hub-hospitals / COVID-19 isolation centres in Tripoli and Benghazi areas.

**Infection Prevention Control (IPC)**

In Libya, IOM conducted fumigation, disinfection, and thorough cleaning interventions across 12 detention centres (DC), nine (9) disembarkation points (DPs), five (5) primary healthcare centres, and two isolation centres. IOM also delivered COVID-19 protective items to
frontline Libyan authorities conducting search and rescue at sea. IOM facilitated the replacement and installation of a previously damaged water pump with a submersible water pump, providing migrants in Azzwaya Abu Issa DC with clean water.

In Iraq, IOM continued with screening and triage processes at 11 facilities, including five (5) IDP camps and six (6) community facilities prior to patient consultations. A total of 37,341 people were screened in IOM-supported facilities across Anbar, Erbil, Dohuk, Kirkuk, Nineawa, and Baghdad governorates from 24 April to 30 June 2021.

### Camp Coordination and Camp Management (CCCM)

In Yemen, IOM’s CCCM team distributed 980 hand-made masks in Al-Duhrah site. These masks were produced during the “Mask Weaving Project” implemented in Al-Duhrah and Mahatat Algaz sites, and Al-Nasr school in Ash Shamaytayn, Taiz Governorate.

In Syria, IOM continues to implement COVID-19 mitigation measures throughout project activities. IOM supported two (2) reception centres (RCs) and eleven planned camps with isolation tents for suspected cases and partitioned rub hails in RCs as an supplementary risk mitigation measure. Additionally, IOM continues to support both formal and informal camps with awareness raising sessions, access to safe water, and hygiene kits, as well as an additional 10-15 litres of water per-day per person in an effort to minimize the spread of COVID-19.

### Case Management and Continuation of Services

In Egypt, IOM donated medical equipment to Giza Governorate including ten (10) intensive care unit (ICU) beds alongside other critical medical and infection prevention and control (IPC) items. IOM also conducted training on basic counselling skills for 10 migrant community leaders.

In Libya, IOM conducted two (2), six (6)-day training sessions on “Intensive Care of Patients with COVID-19” for a total of 28 doctors (4 women and 24 males) working in COVID-19 isolation centres and public health facilities in Derna, Tobruk, Shahhat, Jufra, Tripoli, Misrata, Gharyan, Sebha, Alzintan, Brak, Azzwaya and Tripoli areas.

In Algeria, IOM conducted medical exams for migrants entering the DARV transit centre while awaiting assisted voluntary return and reintegration. IOM conducts weekly visits to DARV to provide medical check-ups for accommodated beneficiaries (17 men, 5 women). IOM staff provided one (1) beneficiary with a specialized physiotherapy consultation, delivered medication to one (1) beneficiary and visited a hospitalized minor to check their health progress and take samples for laboratory tests.

In Yemen, IOM provided more than 40,000 health consultations in eight (8) healthcare facilities and two (2) mobile medical clinics across four Aden, Lahj, Taiz and Shabwah governorates. IOM also provided operational support, medicines and medical supplies, referral services and capacity building and incentives to healthcare workers.

### Protection

In Iraq, IOM provided case management to 42 victims of trafficking (VoT), 86 general protection cases, and 180 survivors of gender-based violence (GBV) across Iraq, including in Dohuk, Hassan Sham, Sinjar, Shirqat, and West Mosul governorates. This included individual services for critical and urgent cases, including people with known suicide risk, those experiencing psychological consequences of domestic violence, and people with severe or chronic pre-existing mental health conditions. Care management support was delivered through protection safe spaces and home visits, and more support was provided remotely by phone. IOM continued providing support to vulnerable protection cases in Jeddah camps. In coordination with the National Protection Cluster and InterSOS, IOM provided prevention of sexual exploitation and abuse (PSEA) training to humanitarian actors operating in Jeddah five (5) camp. IOM teams in Shirqat, Salah al Din governorate, conducted post-returns protection monitoring with nine (9) households who had voluntarily returned from Jeddah five (5) to their areas of origin. The IOM MHPPS team, in coordination with the Iraqi Ministry of Health (MoH), presented a draft strategy on suicide prevention in Baghdad City and in Erbil. IOM continues to support and train the National Protection Cluster, the Government of Iraq, local Ninewa authorities, and the World Health Organization (WHO) to understand MHPPS needs across the country, placing special emphasis on trainings in Jeddah camps, where there are significant MHPPS needs. Similarly, IOM provided a package of technical guidance to primary health care centers and DoH partners in Iraq that focus on COVID-19 screening and triage. IOM reached 609 people (323 women, 177 men, 50 girls, and 50 boys) through MHPPS services, including individual counselling, psychological first aid (PFA).
and specialized mental health support. IOM often cooperated with health professionals in the local DoH to deliver these services. IOM delivered MPSS services in Amirah, Jameat, and Ur primary healthcare centres (PHCCs) and in coordination with the Al Yarmouk Hospital mental health unit in Baghdad Governorate; in Ekhaa, Albu Alwan, and Garma PHCCs and Fallujah General Hospital’s mental health unit in Anbar Governorate; at the Mala Fandi PHCC in Erbil Governorate; at the Maita PHCC, Aqre Hospital and in Kabarto one (1), Khanke, Qadiya, and Shariya in Dohuk Governorate; and at Hassan Sham and Shekhan camps in Ninewa Governorate.

In Algeria, IOM provided assistance to several migrants in situations of vulnerability. This included 12 (nine (9) women, two (2) men, one (1) boy) migrants assisted with non-food items (NFIs), including dignity and hygiene kits. An additional 11 (four (4) women, two (2) men, four (4) boys, one (1) girl) migrants were assisted with shelter and food assistance, while 25 (six (6) women, nine (9) males, five (5) boys and three (3) girls) were provided with psychosocial support (PSS).

In Morocco, IOM continues to provide direct assistance to migrants through its implementing partners, especially through the provision of emergency shelter, food assistance, hygiene kits as well as medical and psychological consultations. IOM also continues to assist migrants through assisted voluntary return and reintegration (AVRR), support for Moroccan returnees, support for unaccompanied and separated children, as well as the health programming.

Addressing Socio-Economic Needs

In Libya, IOM, in collaboration with IOM offices in Chad and Niger, published the joint study, “Libya — Mobility in the Chad-Libya-Niger Triangle (August 2019 — September 2020)”. The report explores the context, scale and nature of migration dynamics among these countries, highlighting the vulnerabilities and humanitarian needs of migrants on the move in the triangle and the impact of the COVID-19 pandemic on cross-border mobility. IOM’s DTM also published the “COVID-19 Impact in Libya Dashboard (April - May 2021)”. The dashboard showed 65 per cent of the key informants that were interviewed reported that migrants were the most vulnerable group affected by the socio-economic impact of the COVID-19 pandemic, followed by daily laborers (59 per cent), IDPs (43 per cent), and the elderly (32 per cent). Loss of livelihoods or other financial means, and increased health risks figure as the main consequence of COVID-19 (54 per cent and 35 per cent respectively).

IOM in Iraq approved 69 small and medium-sized enterprises (SMEs) to receive Enterprise Development Fund (EDF) grants. SMEs were selected from Ninewa, Erbil, Basra, Sulaymaniya, Salah al-Din, Dohuk, Baghdad, and Diyala governorates. The selection of businesses was made based on their business plan viability to expand their businesses and create new jobs in targeted locations. IOM continues to select SMEs that applied to various EDF calls launched this year, including EDF-Women, EDF-Agriculture and EDF-Renewable Energy. IOM Iraq provided individual livelihood assistance (ILA) to 26 beneficiaries in the form of on-the-job training in Dohuk and Ninewa governorates between 24 May to 30 June 2021. IOM also provided Cash for Work (CfW) to 166 beneficiaries in Ninewa, Duhok and Anbar governorates. Six (6) additional projects in the health and water, sanitation and hygiene (WASH) sectors have been identified in Sulaymaniyah, Erbil, Ninewa, and Anbar governorates, which brings the total number of projects to 31, covering ten governorates in Iraq. They will contribute to strengthen basic services in the health and WASH sectors in the midst of COVID-19 pandemic.

In Yemen, IOM continues to make progress on the rehabilitation of various community infrastructures across Aden, Lahj, and Ma’rib governorates. Rehabilitation works for the Mohammed Al Jazar School in Ma’rib City and the Al Hosoon Hospital in Al-Wadi district were completed during the reporting period. Additionally, ten sites were handed over to contractors in Aden and Lahj governorates, including water networks and schools.

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