

7,273,958

Confirmed cases in more than 200 countries, territories or areas¹

413,372

Deaths

66,009

Restrictions on mobility have been adopted in 220 countries, territories or areas

1,315

IOM movements cancelled

\$135 M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus²

\$	Received: 135M	Gap: \$364 M (Requested: \$499 M)
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New funds: \$92 M; Reprogrammed funds: \$43 M.



Hand disinfection and PPE distribution to migrants at Lipa Camp, Bosnia Herzegovina. © IOM 2020

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the illness known as Coronavirus Disease 2019 (COVID-19) has spread rapidly across the globe, leading the World Health Organization (WHO) to declare it a pandemic on 11 March 2020. As of 12 June, close to 7.3 million confirmed cases and over 413,400 deaths have been reported globally since the outbreak began. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases and countries reporting daily.

While the health impacts of COVID-19 are improving in some parts of the world, the situation globally remains aggravated. This is reflected in the multiple and dissimilar responses that are seen with both stricter mitigation measures in some countries alongside easing and reopening in others. As of 11 June, a total of 220 countries, territories or areas have issued 66,009 travel restrictions, indicating a steady increase of two per cent from the 66,009 restrictions recorded on 4 June. More specifically, there has been an increase of 11 per cent in medical requirements for travel. In parallel to existing travel restrictions, a total of 176 countries, territories or areas have issued 701 exceptions enabling mobility despite blanket travel restrictions. Between 4 and 11 June, 16 countries, territories or areas have issued 22 new exceptions whilst six countries, territories or areas have removed 11 exceptions.

A key consequence of these mobility restrictions worldwide has been the stranding abroad of people formerly on the move. To assist these stranded travellers and migrants, governments and national authorities have increased their capacity to provide consular assistance to their stranded nationals. In other instances, migrants have sought to return through operations facilitated by IOM or spontaneously, through official border points or otherwise. However, in many regions, stigma and discrimination towards migrants at destination, transit and return locations due to fears around COVID-19 transmission have been reported. This can lead to further exclusion from or unwillingness to access health services and risk further exacerbation of the hardships created by the pandemic.

In migrant camps, camp-like settings, reception centres and dormitories, there are increasing reports of confirmed cases and a heightened risk of contracting and spreading COVID-19 due to overcrowding, inadequate sanitation, poor nutrition, and limited access to health services. These conditions greatly contribute to the risk of an infectious disease outbreak in locations that currently have no known cases and/or to increasing the risk of transmission if it is already present. To address these and other challenges, IOM missions around the world are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness and response efforts.

¹Source: WHO COVID-19 Situation Dashboard: <https://covid19.who.int/>.

²See [Global Crisis Response Platform](#) for more information.

SNAPSHOT OF IOM RESPONSE

Case Management and Continuity of Essential Services

IOM continues to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19 in order to reduce morbidity and mortality rates. In particular, IOM focuses on countries and regions suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases.

- **IOM South Africa** has been working closely with the Zimbabwean Consulate to coordinate the return of 45 Zimbabwean migrants from the Western Cape to Zimbabwe, with a tentative return date of 12 June. IOM has sought the assistance of the Port Health Authority who will assist with COVID-19 screening prior to departure. Each migrant will be provided with food and personal protective equipment (PPE) for their journey and will be screened and tested upon arrival in Zimbabwe.
- **IOM in Yemen** provided 25,493 people with access to health services through 32 IOM-supported health facilities and nine mobile health teams operating across Abyan, Al Jawf, Aden, Al Baydah, Al Dhale'e, Amanat Al Asimah, Lahj, Marib, Sa'ada, Shabwah and Taizz governorates.
- **IOM Sudan**, working closely with the private sector, secured a donation of 20 air conditioners with 24 capacity units and 11 HEPA filters, and donated two generators to be installed in Jabra hospital, designated to receive and isolate those infected with COVID-19, to improve the ventilation of the hospital. Before the start of the rehabilitation works, IOM's medical team carried out a training for seven workers and distributed PPEs to ensure the safety of the workers, medical teams and patients at Jabra hospital.
- At the IOM-supported primary health care facilities in **Cox's Bazar, Bangladesh**, people are being tested for COVID-19, thousands of consultations are being provided, and dozens of babies delivered on a weekly basis. When needed, patients are also provided with emergency referral support to secondary and tertiary care outside of the camps. Further to this, IOM is maintaining temporary isolation capacity for six patients in Camps 2W, 3 and 9, constructing a 100-bed isolation and treatment center (ITC) in camp 20E, setting up 93 shelters for contacts of confirmed cases, and upgrading the 16-bed treatment facility in Camp 24 to 100 beds. Finally, the construction of a 16-bed ITC in Camp 2W is complete and teams are now securing staff and supplies to open the facility to patients.

Camp Coordination and Camp Management

As co-lead of the global CCCM cluster, IOM works to support regional, national and local authorities to develop

contingency and response plans, and to ensure the continuation of services in existing displacement sites at risk.

- The CCCM Cluster hosted a webinar with the Gender-Based Violence (GBV) and Child Protection Area of Responsibility (CP AoR) titled, "Discussion with GBV and CP AoR on Service Adaptation and Collaboration with Camp Management during COVID-19 Response." IOM's CCCM Cluster Coordinator in South Sudan gave a presentation on the collaboration between camp management (CM) and protection partners inside Protection of Civilian sites. The webinar was attended by over 100 participants.
- In **South Sudan**, IOM's camp management team in Wau continues to work closely with women's groups to strengthen women's livelihoods and engage in COVID-19 risk communication, prevention, and response. IOM is providing eight sewing machines to support 36 women in the production of cloth masks.
- Also, In **South Sudan**, CM in Bentiu organized a Dead Body Management training in coordination with the World Health Organization (WHO) for the CM burial team to guide them on the process of carrying out COVID-19 related burials.
- In **Zimbabwe**, IOM CCCM teams are focusing on decongesting displacement sites, to avoid the spread of the virus and provide dignified living conditions to displaced populations in camps and host communities.
- In **Cox's Bazar, Bangladesh**, IOM CM teams are working to build access paths, fencing upgrades and site levelling work for new shelters for family members and contacts of people that have contracted COVID-19. Site Management teams are using remote management service monitoring, through which community mobilisers collect information and share it with staff on a daily basis. This mechanism ensures that IOM can receive up-to-date information on camp services and issues even with reduced or restricted access.
- IOM organized a call with ICRC's forensics department to support IOM camp management staff to understand better processes with management of the dead during COVID-19. ICRC answered questions from field colleagues and provided guidance on this subject.

Protection

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age and disability, but also nationality, status or ethnic origin. IOM is committed to ensuring the protection of migrants, displaced persons and other vulnerable

populations remains at the center of its COVID-19 response.

- In [Sudan](#), since the beginning of the response in March, 302 migrants have been reached through phone counselling, 132 have been supported with mental health and psychosocial support (MHPSS) counselling, 70 have been assisted with medical counselling and 19 provided with prescription support.
- Sixty-eight callers received basic emotional support and recommendations on how to cope with anxiety and stress during the COVID-19 outbreak through [IOM Bangladesh's](#) 24/7 IOM hotline, and 27 callers were referred to senior counsellors for additional in-depth psychological tele-counselling.
- In [The Gambia](#), IOM has designed a series of trainings to strengthen the capacity of health workers to deliver mental health and psychosocial support services during COVID-19 in all regions of the country. IOM has also conducted a psychosocial and socioeconomic assessment of returnees impacted by the recent market fire in Brikama, West Coast Region, with the aim of addressing vulnerabilities heightened due to COVID-19 restrictions.

Addressing Socio-Economic Impacts of the Crisis

Recognizing the importance of including migrants and other mobile population groups in UN development responses, IOM is actively engaging with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socio-economic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- In [Bangladesh](#), IOM provided 2,482 vulnerable households in host communities in Cox's Bazar district with financial assistance in the form of cash grants. This cash grant is intended to support families that are unable to practice their livelihoods due to government restrictions, or are unemployed due to the COVID-19 outbreak. A total of 5,500 households will receive cash-based support for three months.
- To measure the effects of the COVID 19 pandemic on the EU-IOM Joint Initiative for Migrant Protection and Reintegration beneficiaries, the Regional Office in [West Africa](#) launched a needs-based assessment survey. So far, a sample of more than 1,100 returnees who already received assistance have been surveyed in 11 countries (e.g. Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Guinea Bissau, Mali, Niger, Nigeria, Senegal and The Gambia). The assessment has shown that Joint Initiative reintegration beneficiaries are continuing to experience the economic pain of the COVID-19 crisis despite national governments recently loosening lockdowns and relaxing curfews. Overall, 81% of those surveyed said that their current economic situation is worse than before the COVID-19 outbreak. In response to the first round,

IOM is stepping up reintegration efforts with cash-based assistance in countries, such as [Côte d'Ivoire](#) and [Guinea Bissau](#).

- [IOM Sri Lanka](#) is supporting the Resident Coordinator's Office and UNDP in drafting the UN Advisory Paper on Socio-Economic Recovery from COVID-19, in-line with the report, "A UN framework for the immediate socio-economic response to COVID-19."
- [IOM Zimbabwe](#) has engaged with the Food and Agriculture Organization (FAO) to develop an intervention addressing livelihoods assistance for migrant returnees and vulnerable-receiving communities as a measure to avoid further socio-economic pressures owing to COVID-19 national modalities. The initiative will create immediate food sources as well as medium-to long-term income generating activities, in order to reintegrate returning migrants into their communities.

Coordination and Partnerships

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national, regional and global levels to support the global pandemic response, particularly in coordinating cross-border efforts.

- [IOM in Egypt](#) is collaborating with WFP to provide humanitarian cash assistance to approximately 3,000 migrants. IOM Egypt has also enhanced the referral mechanisms from international and local NGOs for urgent financial and housing assistance.
- In [The Gambia](#), IOM organized Inter-Agency Border Coordination Committee meetings in three border communities where representatives from immigration, health, police and agriculture services reviewed operational plans for infection prevention and control, border surveillance, information-sharing, protection of vulnerable migrants, and enforcement of emergency measures.
- In collaboration with Provincial Governors, Provincial Health Departments and commune officials in five provinces (Banteay Meanchey, Battambang, Siem Reap, Prey Veng and Kampong Thom), [IOM Cambodia's](#) Provincial Coordinators have facilitated the creation of a field implementation workplan in each province, including capacity building activities for both health and non-health workers on COVID-19 prevention, RCCE, surveillance, support for return migrants at quarantine centers, provision of food and hygiene kits to returning migrants, and support on setting up WASH facilities at Points of Entry (PoEs) and quarantine centers.

Tracking Mobility Impacts

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response.

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** being implemented around the world and is conducting **Mobility Restriction Mapping** for points and locations that have been impacted and are applying restrictions locally. IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions in place at PoEs and other key locations of internal mobility. As of 4 June 2020, IOM has assessed 3,498 PoEs (including 763 airports, 2,130 land border crossing points and 605 blue border crossing points) in 169 countries, territories and areas and 1,316 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 132 countries, territories and areas. Of the total number of locations of internal mobility assessed, 351 were internal transit points, and 965 were comprised of other areas and sites of interest. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, medical certificate requirements and other measures limiting mobility. These restrictions impact populations including regular travellers, nationals, irregular migrants, returnees, migrants, IDPs and refugees. IOM COVID-19 Impact on Points of Entry Weekly Analysis can be accessed [here](#) and IOM COVID-19 Impact on Key Locations of Internal Mobility Weekly Analysis can be accessed [here](#).

IOM tracks and monitors **in-country and cross border flows** in order to understand population mobility trends within and between certain areas, which in turns helps to inform public health preparedness and response strategies.

- In **Nigeria**, IOM in collaboration with the World Health Organization (WHO) and the state Ministry of Health has been conducting monitoring of individuals moving into Nigeria's conflict-affected north-eastern states of Adamawa and Borno. In May 2020, 444 movements were observed at 23 Points of Entry in Adamawa and Borno states. A range of data was collected during the assessment to better inform on migrants' nationalities, gender, reasons for moving, mode of transportation and timeline of movement.
- In **Somalia**, a total of 13,200 movements were observed at various Flow Monitoring Points (FMPs) across Somalia in May 2020. This represents a decrease of 45 per cent in comparison with May 2019 when 24,018 movements were observed. The Cabudwaaq FMP recorded the highest levels of incoming flows (31 per cent of all incoming flows), while Bosasso recorded the highest number of outgoing flows (39 per cent of all outgoing flows).

IOM is also tracking and monitoring the impact that COVID-19 is having on **IDPs and migrants**.

- In **Somalia**, IOM is monitoring the specific vulnerabilities related to COVID-19 among migrants. In a recently published Flow Monitoring dashboard from 790 instances of chronic disease were self-

reported. Migrants reported the highest levels of chronic diseases in Juba Hoose (25% of reported diseases), Togdheer (21%) and Gedo (18%). 37% of the groups interviewed were aware of the COVID-19 pandemic. Interviewees who reported not knowing about COVID-19 were offered awareness raising sessions by trained enumerators.

- In **Yemen**, between 31 May and 6 June, IOM's Rapid Displacement Tracking tool recorded newly displaced households in Al Maharah (408 HH), Shabwah (352 HH), and Hadramaut (181 HH). Most of these displacements were the result of natural disaster in Al Maharah (408 HH) and Shabwah (352 HH), and as a result of COVID-19 in Aden (187 HH).
- In **Djibouti**, following the border closure in Ethiopia and due to the stricter border management policies in Yemen, some migrants who were transiting through Djibouti on their way to the Arabian Peninsula found themselves stranded in the country. These migrants live in spontaneous sites located along the migration route. As of 7 June, IOM has identified 1,770 migrants across 23 sites.

A dedicated landing page on the [IOM Flow Monitoring Portal](#) has been developed to act as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs produced at country, regional and global level in relation to COVID-19.

Risk Communication and Community Engagement (RCCE)

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, and correct information.

- **IOM Iraq** organized 90 awareness raising and sensitization sessions on COVID-19, reaching more than 888 individuals in both camp and non-camp settings across Baghdad, Dohuk, Kirkuk, Najaf, Ninewa and Qādisiyyah.
- In **Sudan**, public health and prevention messaging on COVID-19 was translated in Amharic, Tigrinya, Oromo, Hausa, and Somali, covering main languages spoken by migrants in Sudan, and disseminated through SMS to 1,112 migrants. IOM conducted seven COVID-19 awareness raising sessions and provided personal protective equipment (masks, gloves, hand sanitizer, and disinfectant spray) to reach 410 persons in the Ethiopian and Eritrean community safehouses, Nigerian and Somali migrant communities, Aliens Unit and Counter Trafficking Unit of the Ministry of Interior, and the Omdurman quarantine facility. Mobile megaphones were used to reach 2,700 persons, and 1,347 COVID-19 information materials were distributed during the awareness sessions.

- **IOM Nepal** created a short, animated awareness video addressing fear, stigma, xenophobia, and discrimination towards migrants and their families amid the COVID-19 pandemic. The mission has also broadcasted two episodes of an educational radio program through 200 different local radio networks, as well as on social media, where it has reached more than 60,000 people.
- **IOM Lao PDR** handed out 500 COVID-19 information sheets as well as essential items (face masks, hand sanitizer, water bottles, soap, toothpaste, toothbrushes, and food items) to the I-Job recruitment agency. These packs will be distributed to returning migrants at border checkpoints or quarantine centres in Vientiane Capital.
- With the support of the EU and the IOM Development Fund, **IOM Belarus** and the State Border Committee (SBC) are rolling out a new information campaign to strengthen the COVID-19 response at the land and air points of entry. Every day, 1,500 foreigners and Belarusian citizens will receive up-to-date information on COVID-19 prevention measures when they enter the country.
- **IOM Ukraine** has developed advocacy messages on COVID-19 and Migration that were first shared with donors and the international community in Ukraine and then converted into a media campaign that will be conducted through June-August. The messages are encompassing different aspects of migration (such as seasonal migration, human trafficking and exploitation, rights of migrants and refugees), contextualized to Ukraine specific challenges and supported with true migrants' stories. The campaign will be amplified through [IOM Ukraine social media](#) complementing IOM's global effort to raise awareness about COVID-19 and people on the move.

Disease Surveillance

Migration and mobility are increasingly recognized as determinants of health and risk exposure; IOM plays a key role in linking an understanding of population mobility with disease surveillance.

- **IOM Cambodia** conducted a quarantine center (QC) Mapping exercise in five provinces to better understand the needs of migrants placed in QCs. As a result of this exercise, three types of quarantine options have been identified: level 1 QCs are primarily provincial hospitals where all returning migrants first come for specimen collection. Migrants with negative COVID-19 results would be referred to a level 2 QC, which are mostly schools being used for this purpose, for a 14-day quarantine. If level 2 QCs are not available in any province, the screened migrants will be sent home directly for 14 days of home quarantine (level 3).

Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry, with its broad range of expertise in migration management and emergency operations.

- In **South Sudan**, the PoE Technical Working Group conducted an inter-pillar assessment in Renk led by the Ministry of Health and IOM, and in partnership with the Ministry of Interior, local government authorities, WHO, WFP, UNCHR, and CARE International. Out of the 16 prioritized PoEs, the team conducted a rapid assessment in Renk County, covering Wunthou official border, Imtidad (25kms east of official border) and Renk River Port.
- **IOM Bangladesh** donated PPE to Hazrat Shahjalal International Airport (HSIA) in Dhaka, including goggles, coveralls, gloves, liquid soaps, hand sanitizer, and disinfectant. IOM also led a capacity building training workshop for PoE personnel at HSIA, together with the Communicable Disease Control Unit of the Directorate of General Health Services and the Institute of Epidemiology Disease Control and Research. The five-day training targeted frontline border officials and included modules focusing on health screening of ill passengers and proper use and disposal of PPEs.
- **IOM Cambodia** is providing immediate support together with health workers at Obeychoin (Banteay Meanchey), Osmach (Odormeanchey) and Chan Kiri (Battambang) PoEs to ensure returning migrants benefit from consistent COVID-19 screening and participate in health education sessions on COVID-19 prevention.
- In the **Democratic Republic of the Congo**, IOM is supporting 31 health screening points. The Organization has equipped frontline workers with PPE and health screening materials, supported contact tracing through the provision of tablets for data collection, and provided direct technical supervision for frontline workers. In May alone, a total of 2,761,035 travellers were screened at the screening points. From this, a total of 60 alerts were validated to be suspected cases. These cases have been followed up by the Ministry of Health for further investigation and appropriate care.

Infection Prevention and Control (IPC)

The provision of safe water, sanitation and hygiene (WASH) is an essential part of prevention efforts during infectious disease outbreaks, including COVID-19. Combined with improved access to WASH services, IOM continues to support national capacity to implement infection prevention and control measures as these are an effective way to prevent or limit the transmission of the disease.

- **IOM Haiti** recently completed a distribution of 10,500 hygiene kits to prisoners in Haiti. Kits additionally contained informational material on precautions to take for COVID-19, and a handwashing guide.
- In **Sudan**, since the beginning of the response in March, IOM established 40 portable handwashing facilities, including five in the Omdurman quarantine facility. In addition, some 4,900 bars of soap were distributed to IDPs, refugees and host communities.
- **IOM Cambodia** set up two mobile sinks with handwashing capabilities at the Poipet Transit Centre, as well as two water tanks with handwashing supplies at the Obeychoin POE for migrants to wash their hands before going in for screening.
- In **Indonesia**, in order to reduce the spread of COVID-19 among the refugee and asylum seeker

population, IOM initiated volunteer cloth mask production among refugees, asylum seekers and local communities, providing tools and materials to produce the masks. So far, 3,660 masks have been sewn and distributed among refugees, asylum seekers, and surrounding host communities in Medan, Pekanbaru, Tanjungpinang, Batam, Semarang, and Kupang.

- In **Chad**, IOM provided the WASH Cluster with 30 handwashing stations dispatched to displacement sites, supporting host and IDP communities. Furthermore, IOM has distributed 400 hygiene kits and is constructing 220 new shelters for displaced populations to support decongestion efforts.
- In **Mali**, over 2,200 protective masks were produced by IOM beneficiaries. In Mopti, over 1,500 PPE were distributed in eight sites.

OPERATIONAL UPDATES

Operational Challenges

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 8 June, 1,315 movements have been cancelled, affecting 11,328 individuals, the majority of whom are resettlement cases.

IOM recently completed a third round of its institutional survey on the impacts of COVID-19 on operations, with a 100% response rate from missions. In the survey, a significant number of missions reported an impact on staffing (84%) and supply chains (61%), as well as an increase in the number of people in need of assistance (63%). A smaller, but still significant (22%) number of missions report that security has been impacted.

New Programmatic Approaches

Due to fear of seeking support at health facilities, as well as movement restrictions imposed by local authorities, a lower number of beneficiaries have been visiting health facilities. As a result, IOM's mental health and psychosocial support (MHPSS) team has expanded alternative methods – such as door-to-door engagement, tele-counselling, and an MHPSS hotline – to provide services, including individual counselling, group counselling, psychological first aid, psycho-education, case management, follow-up sessions, awareness sessions and referrals at the facilities.

Information Sharing and Communications

[IOM's COVID-19 Analytical Snapshots](#) summarize the latest research, information and analysis covering migration and mobility related impacts of COVID-19 from around the

world. These 2-3 page research highlights are an accessible tool that enable readers to quickly grasp the implications of the pandemic. New snapshots include updates in: “migration research outputs”, “travel restrictions” and “cities and local authorities.” Snapshots are available in [English](#), [Spanish](#), [French](#) and [Arabic](#).



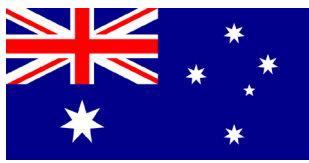
30 community health workers are trained in Kandahar Province, Afghanistan.
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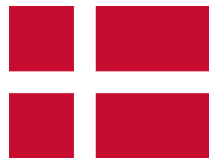
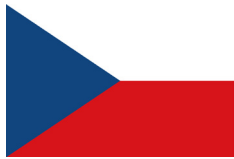
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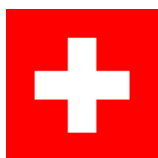
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