

## 9,296,202

Confirmed cases in more than 200 countries, territories or areas<sup>1</sup>

## 479,133

Deaths

## 68,721

Restrictions on mobility have been adopted by 219 countries, territories or areas

## 1,331

IOM movements cancelled

## \$186M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019<sup>2</sup>



IOM provides health education to migrants in Cambodia. © IOM 2020

\$	Received: 186M	Gap: \$313 M (Requested: \$499 M)
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New funds: \$138.5 M; Reprogrammed funds: \$47.4 M.

### 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 26 June, over 9.3 million confirmed cases and some 480,000 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.

The COVID-19 impact on global mobility continues to vary depending on the different measures issued by governments and authorities. As of 25 June, a total of 219 countries, territories or areas have issued 68,721 travel restrictions, indicating an increase of three per cent from 66,610 restrictions recorded on 18 June. Additionally, there has been an increase of 13 per cent in medical restrictions and an increase of 12 per cent in other requirements such as new documents for travel. In parallel to existing travel restrictions, a total of 169 countries, territories or areas have issued 647 exceptions enabling mobility despite blanket travel restrictions. Between 18 and 25 June, eight countries, territories or areas have issued 21 new exceptions whilst 24 countries, territories or areas have removed 84 exceptions.

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.



[www.iom.int/donate/](http://www.iom.int/donate/)



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

<sup>2</sup>See [Global Crisis Response Platform](#) for more information.

## SNAPSHOT OF IOM RESPONSE

### 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.

- In **Zimbabwe**, IOM has created a point of entry (PoE) working group with UN partners and INGOs to improve the coordination of the COVID-19 response and to help address the significant influx of returnees arriving from neighbouring countries which is further stretching the already weak health and socioeconomic capacity of the country.
- **IOM Nigeria**, in partnership with key mental health and psychosocial support (MHPSS) humanitarian partners and WHO, is working on the activation of a toll-free number for tele-counselling in response to the COVID-19 situation.
- **IOM in Egypt** joined WHO and the Ministry of Health to conduct a survey among migrants to assess their knowledge, attitudes, and practices related to COVID-19. This will ensure that national responses will be better tailored to the new and emerging needs of migrants in Egypt.

### 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 18 June, IOM has assessed 3,523 PoEs (including 762 airports, 2,149 land border crossing points and 612 blue border crossing points) in 169 countries, territories and areas and 1,364 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 136 countries, territories and areas. Of the total number of locations of internal mobility assessed, 373 were internal transit points, and 991 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 **Burundi**, IOM is conducting flow monitoring at both the United Republic of Tanzania and the Democratic Republic of the Congo borders for COVID-19 surveillance.
- In **Ethiopia**, a total of 3,049 movements were observed across IOM's five flow monitoring points (FMPs) in the month of May. This represents a 53 per cent decrease in daily average movement in comparison with April 2020 when an average of 209 movements per day were observed. The average daily movements have been impacted by measures taken to contain the spread of COVID-19 in the region.
- In the **West and Central African region**, IOM has been working to analyse flow monitoring data collected at key transit points to better understand the ways and the extent to which the COVID-19 crisis is impacting mobility in the region. A recent report focuses on data collected between January and May 2020 (using 2018 and 2019 data as barometers of comparison) at FMPs in Cameroon, Mali, Niger and Nigeria. The report notes that the volume of travellers has decreased by 39 per cent in comparison with 2019, with a weekly analysis of registered movements showing a striking acceleration in the decrease of flows over the second half of the month of March. This coincides with the period during which countries in the region started imposing travel bans and enacting border closure measures. Cross-border movements and internal movements observed have been heavily affected by the COVID-19 related mobility restriction measures. Data collection in April and May 2020 show a rapid resurgence in internal flows, while cross-border movements increased only slightly over the same period possibly due to the fact that international borders remained shut in May, while restrictions to internal mobility were progressively lifted.

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

- In **Afghanistan**, while conducting nationwide mobility and needs assessments in over 11,670 settlements hosting returnees and IDPs, IOM is engaging communities and mobilizing community leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and the stigma surrounding COVID-19 in each assessed community. As of 16 June, IOM has reached 8,216 villages.

- In [Mozambique](#), between 2 and 5 June, IOM, in collaboration with the Government's National Disaster Management Agency (INGC) conducted an assessment in the provinces of Sofala, Manica, Zambezia and Tete covering 72 resettlement sites which shelter over 95,000 individuals to inform the government and humanitarian partners on the precautionary measures currently available in resettlement sites hosting displaced populations since Cyclone Idai. Information was gathered with the aim of supporting decision-makers in their planning of interventions and to recommend health and site preparation measures for outbreak prevention and containment in the resettlement sites in the central region. Nine sites reported that in the past month, 39 migrant workers from South Africa and Zimbabwe settled in the sites. Ninety per cent of the sites reported a noticeable change in people's behaviours and habits to better prevent COVID-19.

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.

- Together with the RCCE Working Group in [Malaysia](#), IOM produced a toolkit with recommendations for the media to support COVID-19 response efforts and contribute to reducing the risks and stigma faced by migrant workers and other vulnerable populations. IOM is also producing a solidarity video, [#WeAreInThisTogether](#), featuring the heads of UN agencies in Malaysia with a message to tackle issues related to stigma and xenophobia.
- [IOM Nepal](#) released an animated video and a radio programme focusing on the stigmatization of migrants. The radio programme invited two returnee migrants to share their experiences, as well as officials from Ministry of Health and Population and Ministry of Labour, Employment and Social Security to explain measures being put in place by the government to address the situation. IOM has also developed an information website on COVID-19 for migrants, which includes updated information on international flights, border movement, visas, work permits for foreign employment and awareness raising materials.
- [IOM Djibouti](#) is conducting awareness-raising activities in rest areas, sensitizing 727 truck drivers in the Ali Sabieh region, in Amharic, Oromo and Tigray

languages on risk and prevention of COVID-19. IOM also installed handwashing stations in the rest areas and hygiene agents disinfected restaurants, hotels, reception houses and trucks.

- In [Côte D'Ivoire](#), video content in French was produced to raise awareness about COVID-19 prevention for specific audiences, including a [video in sign language](#) and a [video to teach children about physical distancing](#).
- In [The Gambia](#), IOM mentored community health volunteers in 136 border communities, identifying RCCE best practices and challenges. Messages on COVID-19 stigma and discrimination ran for two months on 27 television and radio stations. Thirty journalists participated in a virtual training on migration reporting and its relationship with COVID-19. [Gambian Returnee Migrants Tackling COVID-19 Head-On](#) provides a look at how returnees in the Gambia are supporting IOM's response, including the [#StayHomeChallenge](#).
- In [Liberia](#), IOM supported returnees to conduct [outreach](#) in various communities to share information on COVID-19, and published [educational comics](#).
- In [Niger](#), IOM organised a [photography training](#) in three transit centres in Niamey, enabling migrants to express the impact of the pandemic on their lives, while 34 community mobilizers conducted awareness raising sessions in transit centres in Agadez, Arlit and Dirkou, reaching 1,708 migrants.
- In [Nigeria](#), information on COVID-19 was disseminated through four radio stations in Edo State and Delta State, as part of the IOM-supported [Abroad Mata](#) programme, potentially reaching over 1 million listeners. IOM project volunteers [participated in radio shows](#) to share prevention messages, and disseminated peer-to-peer messaging online, including [Handwashing by Chylian](#), [Mask Wearing by Brown](#) and [Stay Home Challenge](#).
- Also in [Nigeria](#), as part of mitigating the spread of COVID-19 in the community, 15 volunteer messengers in June were involved in a market sensitization that reached over 2,600 traders and customers with messages on key COVID-19 preventive measures including how to attend to customers while maintaining physical distance, handwashing and coughing technique as per WHO guidelines.
- In [Guinea](#), IOM is supporting a community campaign along main urban roads using street art to raise awareness on the use of barrier measures including regular disinfection and mask wearing among travellers, and motorbike taxi and inter-city bus drivers.
- In [Iraq](#), IOM organized 102 awareness/sensitization sessions on COVID-19, reaching more than 1,300 individuals in camps and non-camp settings in over eight governorates. Moreover, IOM developed and



printed materials to mainstream RCCE into IOM programmes and activities.

- In **Yemen**, IOM organized 802 hygiene promotion sessions in Aden, Taiz and Shabwah. An IOM produced video highlighting key COVID-19 transmission prevention measures was promoted on Facebook, reaching more than 350,000 Yemenis across the country. Additionally, the audio message from the video will continue to play three times a day for 15 days on 34 radio stations, 28 of which cover the entire country.

### 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.

- In **Haiti**, IOM is following-up with migrants who have returned to the country, as part of the overall contact tracing activities and disease surveillance efforts led by the Ministry of Public Health and Population and WHO.
- In **Zimbabwe**, IOM helped facilitate a training of trainers, led by the Government and WHO, on the management of quarantine facilities, to reinforce coordination, IPC and the implementation of SOPs in 10 provinces of the country where there are 47 quarantine facilities serving migrant returnees.
- To support contact tracing activities for COVID-19 surveillance in the refugee camps, **IOM Bangladesh** is coordinating a team of contact tracing supervisors, volunteers and medical support teams in 13 camps. During the reporting week, 33 volunteers from Camps 9, 10, and 13 were trained on contact tracing and follow-up procedures.
- **IOM Ethiopia** continued to support the coordination of quarantine facilities for migrant returnees in Addis Ababa and the regions, and to provide direct support to them, including the registration of 1,391 new returnees.

### 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, through mobilizing its broad range of expertise in migration management and emergency operations.

- IOM's regional office in San José, **Costa Rica**, participated in a capacity-building webinar for 160 border officials in the Eastern Caribbean, to discuss various aspects of management of confirmed and suspected COVID-19 cases detected at PoEs.
- **IOM Marshall Islands** participated in pre-arrival coordination and departure health support for the monthly flight from the country to the United States, supporting 35 travellers and their families.

- **IOM Nepal** is supporting the Government in managing quarantine and holding centres at POEs, with a specific focus on vulnerable populations. The team is also providing returning migrants with essential non-food items and a travel allowance to cover the cost of travel from holding/quarantine centres to their respective villages.
- In **South Sudan**, IOM continued its active screening and IPC/WASH support in five PoEs (Yei airstrip, Kaya, Nimule PoE, Wau and Juba International airport). Arrival and departure screenings for COVID-19 were conducted, reaching a total of 3,807 travellers in one week. IOM South Sudan also continues to participate in a weekly cross-border meeting held between South Sudan, Uganda, Kenya, Rwanda, and Burundi. On 11 June, the IOM Regional Office for the East and Horn of Africa made a presentation on, "Harmonized Surveillance for Points of Entry (PoEs), Laboratory Testing, and Transnational Response to COVID-19." The objective was to harmonize surveillance, laboratory testing, and transnational management of COVID-19 across borders, specifically at PoEs. The meeting also included a package of IPC interventions and harmonization of this package within PoEs for truck drivers.
- **IOM Bangladesh** presented findings from the needs and capacity assessment of eight PoEs to the Communicable Disease Control (CDC) Unit of the Directorate of General Health Services. Since March 2020, IOM has completed rapid needs and capacity assessments of PoEs at Dhaka, Chattogram, Sylhet, Benapole, Akhaura, and Darshana.
- **IOM Philippines** provided eight buses to the Overseas Worker Welfare Administration (OWWA) to support onward transportation for approximately 200 returning Filipinos, as well as 15 vans to the Philippines Coast Guard (PCG) to transport COVID-19 testing teams to visit quarantine facilities. Furthermore, IOM augmented the data collection and management capacity at PoEs by providing 10 laptops to OWWA and 22 laptops to PCG for their operations.
- **IOM Thailand** has initiated a rapid assessment in collaboration with the Thai Immigration Bureau to assess the key needs and challenges at PoEs in preparation for the resumption of border operations and traveller processing including for migrant workers.
- **IOM Rwanda** provided capacity-building sessions to health workers at PoEs. In particular, an additional 29 frontline workers responsible for screenings at PoEs for EVD and COVID-19 have been supported by IOM. To date, IOM has supported 351 frontline screeners in total.
- In **Burundi**, a needs assessment was conducted to identify 10 key PoEs in need of basic equipment (e.g., masks, gloves, soap, hand sanitizer), as well as three key PoEs to rehabilitate and install safe, temporary

- ‘pre-quarantine’ waiting areas for up to 24 travellers at a time per site, with access to temporary latrines, collective facilities and basic hygiene and non-food items.
- In **Guinea Bissau**, IOM and government partners carried out several trainings targeting 80 health professionals and authorities at points of entry in the Cacheu, Biombo, Bissau and Gabú regions.
- IOM Senegal** trained 491 agents (community leaders and law enforcement officials) on detection, notification and preventive measures on COVID-19, provided equipment for health screenings, and assessed the public health capacities and needs at 22 land PoEs. Finally, IOM Senegal supported the broadcasting of radio programmes on COVID-19 in two regions of the country.
- IOM’s Regional Office for the Middle East and North Africa**, together with country offices in **Iraq**, **Yemen** and **Lebanon**, translated into Arabic the IOM ‘Standard Operating Procedures for Front-line Border Officials at PoEs in Response to COVID-19 Outbreak’. This document provides quick guidance to border officials on the prevention of disease transmission and contamination, as well as how to effectively manage suspected COVID-19 cases. It includes general guidance, risk assessment, and recommended practices, but also measures to ensure protection and human rights in COVID-19 responses. This tool is used by IOM to ensure the highest standard of services at PoEs in response to the COVID-19 and is shared with government counterparts throughout the region.
- IOM Myanmar** provided community quarantine centres with surgical masks and infrared thermometers in Rakhine State; 7,500 surgical masks, 200 bottles of hand sanitizer and 1,750 cloth masks for volunteers were distributed in Buthidaung, Maungdaw and Pauktaw Townships, Rakhine State.
- In **South Sudan**, IOM built an additional 16 handwashing devices bringing the total number of handwashing devices it now maintains on a weekly basis to 539.
- In **Tanzania**, 90 handwashing buckets were donated to both Kasulu District Council and Town Council and distributed to schools, colleges, government institutions, health facilities, markets and 15 ward offices.

### 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.

- In **Brazil**, IOM is introducing remote health assistance for indigenous populations in remote areas in selected states of the country.
- In **Mozambique**, in Sofala province, IOM continues to deliver outreach services to resettlement sites, paying particular attention to people living with chronic conditions such as tuberculosis, HIV, hypertension and other diseases. In the past week, in three resettlement sites in Sofala province, 137 patients benefited from medical consultations, including 25 patients with chronic conditions.
- IOM-supported health facilities in **Cox’s Bazar, Bangladesh**, received essential items and medicines, including 30,000 coveralls, 25,100 face shields and eight oxygen concentrators. To mitigate hospital-acquired transmissions of COVID-19, 16 camp staff assigned to Camp 2W isolation and treatment centre (ITC) were trained on IPC, patient flow, and ITC layout.
- IOM Myanmar** is providing logistical support for patients at a 24-bed isolation facility in Buthidaung Township. IOM also supported the preparation and renovation of isolation rooms at Buthidaung Hospital and Maungdaw Hospital (20 beds) for COVID-19 positive patients.
- In **Kenya**, IOM continues to provide direct assistance to stranded migrants in Nairobi, including medical review, provision of essential medications, COVID-19 briefings and health monitoring, and psychosocial support.

### 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.

- In **DR Congo**, IOM donated WASH and protective equipment to the Provincial Division of Health in North Kivu to support COVID-19 prevention in Goma. The equipment included: 10,000 surgical masks and 40,000 gloves for frontline workers; two water tanks (3,000 litre and 1,000 litre capacity), chloride, 960 water tests, 240 litres of disinfecting gel, 240 litres of soap, 20 digital thermometers, and 20 megaphones for risk communication and community engagement.
- IOM Micronesia** in Chuuk completed WASH engineering assessments of three community health centres to support the decentralization of clinical care in Weno and increase water storage capacity of health facilities to ensure WASH requirements are met in case of increased patient load.

- In [Nigeria](#), 351 beneficiaries benefited from health sensitization activities by MHPSS teams bringing the total number of individuals reached to 2,020 since the beginning of June in the areas of Adamawa, Borno and Yobe States in June.

### 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 regional Sectorial CCCM Working Group was activated under the umbrella of Latin American and Caribbean Network of Environmental Funds (REDLAC). The Working Group (WG) is led by IOM and co-led by UNHCR with biweekly meetings to exchange information and provide technical support to the national working groups supporting emergency shelter and quarantine centre management. Under this regional CCCM WG, four webinars on management of emergency shelters and quarantine centres in the context of COVID-19 have been conducted thus far with over 600 individuals participating from 20 LAC countries.
- In displacement sites in [South Sudan](#), awareness raising on COVID-19 continues through household and distribution sensitization, mass messaging campaigns, radio shows, and distributions of information and hygiene education materials. In Bentiu's protection of civilians site, the camp management team has facilitated four Focus Group Discussions (FGD) with youth, the Women's Forum, and male members of the Community Disabled Committee to understand their perceptions and concerns about COVID-19.
- In [Iraq](#), health awareness and hygiene promotion have been conducted in informal sites and camps, while surveillance of suspected cases in Al Ahel camp, Baghdad took place through isolation measures and coordination of provision of services for the camp. IOM has also expanded its Primary Health Care Centres in AAF camps with the provision of tents and support to help identify and coordinate the future set up of isolation/quarantine areas.

### 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 centre of its COVID-19 response.

- In [Cox's Bazar, Bangladesh](#), 63 people were provided with psychosocial support through home visits and phone counselling. One-one-one support was

provided to 19 persons to cope with COVID-19 related stress and anxiety. IOM led a five-day training workshop for 17 community volunteers who will be providing MHPSS to beneficiaries in isolation or quarantine in Ukhiya and Teknaf.

- [IOM missions in West and Central Africa](#) have supported the establishment of four humanitarian corridors to facilitate the return of 234 migrants stranded from Niger to Mali, Burkina Faso and Benin. An additional 1,400 migrant workers stranded in Burkina Faso received direct assistance and support to return to Niger.
- [IOM in Sudan](#) through the Migrant Resource and Response Centre in Khartoum reached 167 migrants of mixed nationalities with COVID-19 awareness SMS messages during the reporting period. An additional 190 migrants from two safe houses with a community of 800 migrants (Nigerien, Eritrean, Ethiopian, Nigerian, Somali and Filipino) were supported with food bags through food distribution. IOM is also undertaking protection activities, such as phone-based medical and psychosocial counselling to mitigate the impact of COVID-19 on vulnerable migrants.
- [IOM in Yemen](#) provided aid items to 1,247 migrants in Aden, Marib and Sana'a through IOM Migrant Response Points, mobile teams, and foster families. Eight community shielding areas have been established for migrants in Marib, to allow for COVID-19 cases to be isolated. Migrant response activities and advocacy on migrant rights and inclusion are being coordinated through the Refugee and Migrant Multi-Sector, which IOM co-leads.
- [IOM's MHPSS team](#) moderated an online discussion on MHPSS for migrants, refugees and asylum seekers in a COVID-19 webinar series organized by United for Global Mental Health, the Lancet Psychiatry, Mental Health Innovation and [MHPSS.net](#).

### 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.

- [IOM Fiji](#) is conducting a rapid assessment on the socioeconomic impacts of COVID-19 on labour mobility as part of the United Nations Joint Socioeconomic Impact Assessment in the Pacific region. Specifically, the assessment aims to support Pacific Governments to harness the gains of labour mobility schemes in their efforts to address socio-economic impacts of COVID-19 and to ensure that the needs of migrants and their families are incorporated into relevant government programmes and policies. Five focus countries (Fiji, Marshall Islands, Tonga, Tuvalu,

- Vanuatu) and three major destinations for Pacific migrants (Australia, New Zealand, United States) are included.
- **IOM Marshall Islands** is supporting the implementation of the Household Rapid Vulnerability Assessment in Ebeye Island, in coordination with the National Emergency Operations Centre. Additionally, the Majuro Preliminary Rapid Vulnerability Assessment Report has been approved by the National Disaster Committee.
  - **IOM Thailand** and its partners provided livelihood support to migrants in Ranong Province by creating two community-based pooled funds for interest-free loans, initiating vocational training for producing crabbing nets, procuring boat parts for migrant fishermen and distributing 85 hygiene kits to migrant households.
  - **IOM Lesotho** is collaborating with the Government of Lesotho's Ministry of Social Development, to extend support to 257 migrants in need of food assistance. A rapid assessment of returnees in Lesotho started on 15 June to identify the needs and challenges of returnees, mainly from South Africa, and to provide opportunities for a reintegration programme.
  - On 16 June, **IOM Nepal** organized a webinar on "The Impact of COVID-19 on Remittance and Livelihoods" to commemorate International Day of Family Remittances, featuring speakers from the Non-Resident Nepali Association, the Central Bank of Nepal, and researchers and academics.
  - Through recently received funding from the United Nations' COVID-19 Response and Recovery Multi-Partner Trust Fund, IOM will start new programming in **Armenia, Cambodia, Federated States of Micronesia (FSM), Guatemala, Guinea-Bissau, Kosovo (SC 1244), Lao PDR, Mauritania, Moldova, Nepal, Papua New Guinea, Tuvalu, and Uzbekistan**. IOM's project activities will include interventions on public health, remittances and economic recovery, support to migrants and protection of at-risk groups, and access to water, sanitation and hygiene (WASH). These interventions have an average duration of 7 months and an average budget of \$234,000. IOM will be working in cooperation with other UN entities in these 13 projects, including UNICEF, UNDP, UNFPA, WHO/PAHO, UN-Women, UNODC, UN-Habitat, UNESCO, ILO and FAO.

## OPERATIONAL UPDATES

### Operational Challenges

Due to local epidemiological realities and ongoing mobility restrictions, IOM has had to scale back its pre-migration health activities temporarily to guarantee the safety of migrants as well as staff. As of 19 June, 37 per cent of IOM's migration health assessment sites remain temporarily closed, though 19 per cent of MHACs are offering essential services to migrants and refugees with significant medical conditions. In addition, as some travel restrictions are being lifted, more are gradually reopening to deliver services (44 per cent as of 19 June).

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis, although limited movements are resuming in certain areas. Of departures scheduled for between 11 February and 30 June, 1,331 movements have been cancelled, affecting 11,373 individuals, the majority of whom are resettlement cases.

### New Programmatic Approaches

OCHA and IOM announced this week that IOM shall receive an allocation of **USD 25 million from the UN's Central Emergency Response Fund (CERF)** to be distributed directly to front-line non-governmental organizations' (NGOs) in Bangladesh, the Central African Republic, Haiti, Libya, South Sudan and Sudan to support their life-saving health and water and sanitation activities in response to COVID-19.

Migration health staff from IOM's **Health Assessment Programme (HAP)** have been called upon to contribute to national COVID-19 response activities in some locations. As of 19 June, 128 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 28 HAP sites are providing Member States with supplies and services to support local COVID-19 response initiatives, including, among others, screening for COVID-19 at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of personal protective equipment and supplies for COVID-19 response.

### Guidelines and Guidance Documents

- [IOM's final COVID-19 Guidance and Toolkit for Mental Health and Psychosocial Support \(MHPSS\) Teams](#) is now also [available in French](#).
- Further to the [UN Secretary General's Policy Brief on COVID-19 and People on the Move](#), IOM has issued a [Policy Paper on Cross-Border Human Mobility amid and after COVID-19](#). Based on a review of presently available evidence on migration, health and border management impacts of the COVID-19 pandemic, the paper encompasses the short- and medium-term challenges and selected solutions for human mobility, including possible and preferred scenarios for promoting coordinated and 'healthy' reopening of borders and lifting of travel restrictions, as well as longer term recommendations for the future of cross-border human mobility.



IOM ACTIVITIES ARE SUPPORTED BY

**United Nations CERF** Central Emergency Response Fund

**The Global Fund** To Fight AIDS, Tuberculosis and Malaria

**كيبكو KIPCO** شركة مشاريع الكويت (القابضة) Kuwait Projects Company (Holding)

**LIET Livelihoods and Food Security Fund**

**United Nations Peacebuilding Fund**

**UN COVID-19 Response and Recovery MPTF**

**United Nations Trust Fund for Human Security**

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**THE WORLD BANK** IBRD • IDA | WORLD BANK GROUP

**World Health Organization**

**IOM UN MIGRATION** Unearmarked funds (MIRAC) and internal funds

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