



COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa

Situation Report 20 (28 January – 25 February 2021)



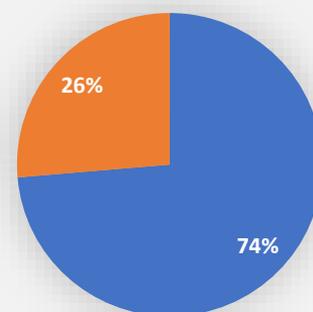
Displaced children practice handwashing at a displacement camp in Ta'iz Governorate, Yemen ©IOM Yemen

Key Regional Updates

- As of 25 February 2021, a total of **3,965,322 COVID-19 cases** have been confirmed in the Middle East and North Africa (MENA) region, out of which **68,982 fatalities** have been reported.
- On 23 February 2021, IOM, the United Nations Economic and Social Commission for West Asia (UNESCWA), in coordination with the members of the Regional UN Network on Migration and with the support of the UN Network Secretariat, organized the **Multi-Stakeholder Consultation prior to the GCM Regional Review in the Arab Region**. The Consultation was followed by a discussion between various stakeholders regarding implementation and good practices but also challenges in the implementation of the GCM, notably during the COVID-19 pandemic.
- Organized by IOM, UNESCWA and the League of Arab States (LAS), in coordination with members of the Regional UN Network on Migration and with the support of the UN Network Secretariat, the **GCM Regional Review Conference for the Arab States** occurred between 24 and 25 February 2021. The Conference was opened by IOM Director General, the Executive Secretary of ESCWA, the Secretary General of the League of Arab States, and Ministers of countries in the region. **Member States presented their GCM Voluntary National Reports and highlighted good practices**. Interventions were heard from participants, in the spirit of the GCM, from a whole-of-government and whole-of-society approach. The Conference Key Messages were presented by the Iraq Deputy Minister of the Ministry of Migration and Displacement as the newest GCM Champion Country, and the second GCM Champion Country in the region.
- IOM in Egypt, in collaboration with the Middle East and North Africa Regional Office (RO) and IOM's Africa Capacity Building Centre (ACBC), conducted **health, border, and mobility management capacity building activities for a total of 90 national and international counterparts** between 31 January and 04 February 2021. The discussions provided a **space to exchange experiences in responding to the COVID-19 pandemic from a mobility perspective**, including sessions on international and IOM-specific frameworks, communicable diseases, gender and COVID-19, and six (6) national response plans from other countries and national stakeholders.

IOM's appeal for the MENA region for 2020
91,360,418 USD

Funding contributions to COVID-19 at close of 2020:
67,289,754
including **6.3 million USD** reprogrammed funding.



■ Funding Received
■ Funding Gap

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

Stories from the Field

How Sewing Face Masks is Helping Displaced Women in Yemen

Six years of conflict, disease outbreaks and extreme weather conditions have crippled Yemen's economy. Most people in the country are now struggling to meet their daily needs. Among those suffering the fallout of the economic decline are displaced populations, millions of whom are in dire need of all forms of critical humanitarian assistance.

"My younger brother has a genetic red blood cell disorder called haemolytic anaemia and my family cannot afford his medicine. So, I am always looking for ways to help them financially," said Asmaa Mohammed.

The 20-year-old was originally from Jabal Sabar in Yemen's Taizz Governorate and is now displaced. "I live with my elderly parents, my 14-year-old brother (he's the one who is sick) and my little sister in Al Waqeer displacement site in Ibb Governorate. We have no source of income except whatever humanitarian organizations provide us with," Asmaa explained.

After COVID-19 broke out, job opportunities—particularly casual labour—began disappearing. To survive, families have often resorted to sharing responsibility among members to meet basic household needs, with collective responsibility across all members to provide for the household.

Seeking to support displaced women's ability to earn an income, IOM launched a facemask-making project in 37 displacement sites across Ibb and Marib Governorates.

"We received a lot of requests from displaced women asking for support to start small projects," explained Sabah Al Qubati, IOM Camp Coordination and Camp Management (CCCM) team member in Marib Governorate. "IOM responded to the call and taught them how to make masks, helping them to earn an income while preventing the spread of COVID-19."

Around 45 women in Ibb and 165 women in Marib took part in this initiative. The women received training, as well as the tools and materials needed to make the masks and generate income.

IOM camp coordinators asked each woman to make as many masks as she could. So far, the total across the two governorates is more than 150,760. Upon completion of the masks, IOM provided the women with financial incentives for participating.

Asmaa really wanted to help her sick brother, Osama, who is not able to study because of his illness and, who sadly, but not uncommon for Yemen, works as well.

"I spent nearly eight full days making masks and I was able to produce 150. When I finished, I received an incentive from IOM and bought some goods for my brother so that he can sell them in his kiosk and earn money for his medicine," added Asmaa.

After receiving the masks from the women, IOM distributed them to displaced families who are at greater risk of being infected with COVID-19 due to their living conditions and limited access to services.

During the distributions, IOM teams conducted COVID-19 awareness sessions to share important information with displaced communities on protection and infection prevention and control measures, and on how to properly wear the masks.

Asmaa is just one of the women who participated in this project. All of them wish to have a sustained and stable source of income to continue to provide for their families.

This activity comes in addition to another mask making project that IOM worked on in Marib and Hadramaut Governorates, through which, more than 50,000 masks were produced, bringing the total number of masks made with both projects' support to over 200,750.



Asmaa, a young internally displaced woman, participating in the IOM-supported mask making project in Ibb Governorate, Yemen © IOM Yemen

Even with the evolving scope in public health response to the COVID-19 pandemic, **the impact of the disease continues to be felt both globally and regionally.** In the MENA region, a total of **3,965,322 cases** of COVID-19 have been reported, out of which **68,982 have proven fatal** while **3,137,485 cases have recovered.** This represents an increase of **11 per cent** and **1.2 per cent** in the number of cases and deaths reported respectively over the last month. The **regional case fatality ratio (CFR) has reduced marginally from 1.8 to 1.7 per cent** from 28 January until 25 February 2021, while the recovery rate stands at **90.3 per cent.** **Iraq (680,288), Morocco (482,128) and the United Arab Emirates (378,637) account for 38.9 per cent of the regional morbidity burden.** Concurrently, Iraq (13,324), Egypt (10,496), Morocco (8,592), Tunisia (7,896) and Saudi Arabia (6,475) account for **47.2 per cent of all COVID-19-related mortalities in the region.** **Countries affected by conflict continue to be disproportionately affected by higher-than-average CFR with Yemen (28.1 per cent), Sudan (6.7 per cent), Syria (6.6 per cent) having the highest rates regionally.**

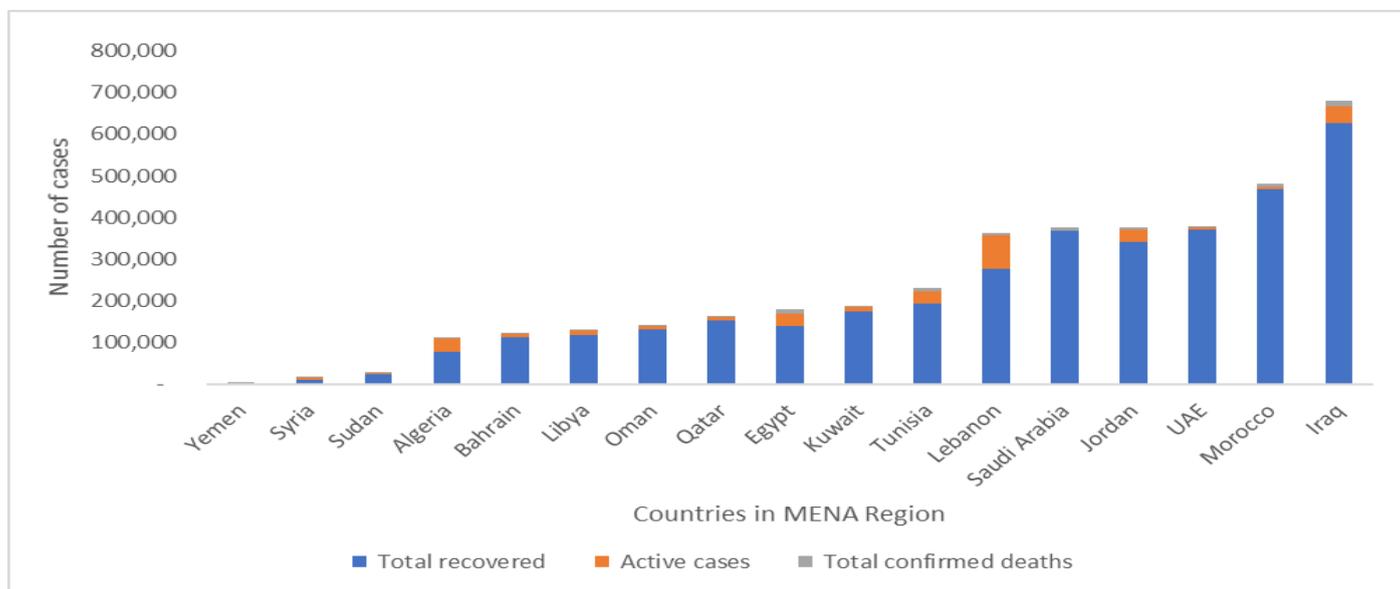


Figure 1: COVID-19 situation in MENA Countries as of 27th October 2020 ©WHO Situational Reports

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel bans and mobility restrictions, much like throughout 2020. Relevant changes have been recorded in the operational status of international Points of Entry (PoEs) - in particular at sea ports - in the MENA region during the reporting period. To date, according to IOM's Tracking Mobility Impact, around **57 per cent of monitored international airports in the region are fully operational**, sixteen (16) per cent are partially operational and 26 per cent remain fully closed. Around **27 per cent of the 106 monitored land border crossing points remain fully closed** and 18 per cent are partially operational, while there are **51 land border crossing points that are now classified as fully operational.** Out of 50 monitored **blue border crossing points in the region, 11 of them are fully closed and 14 are partially operational, while twenty-four (24) blue border crossing points are now fully operational for passengers** marking a wide reopening process during the first months of the year¹.

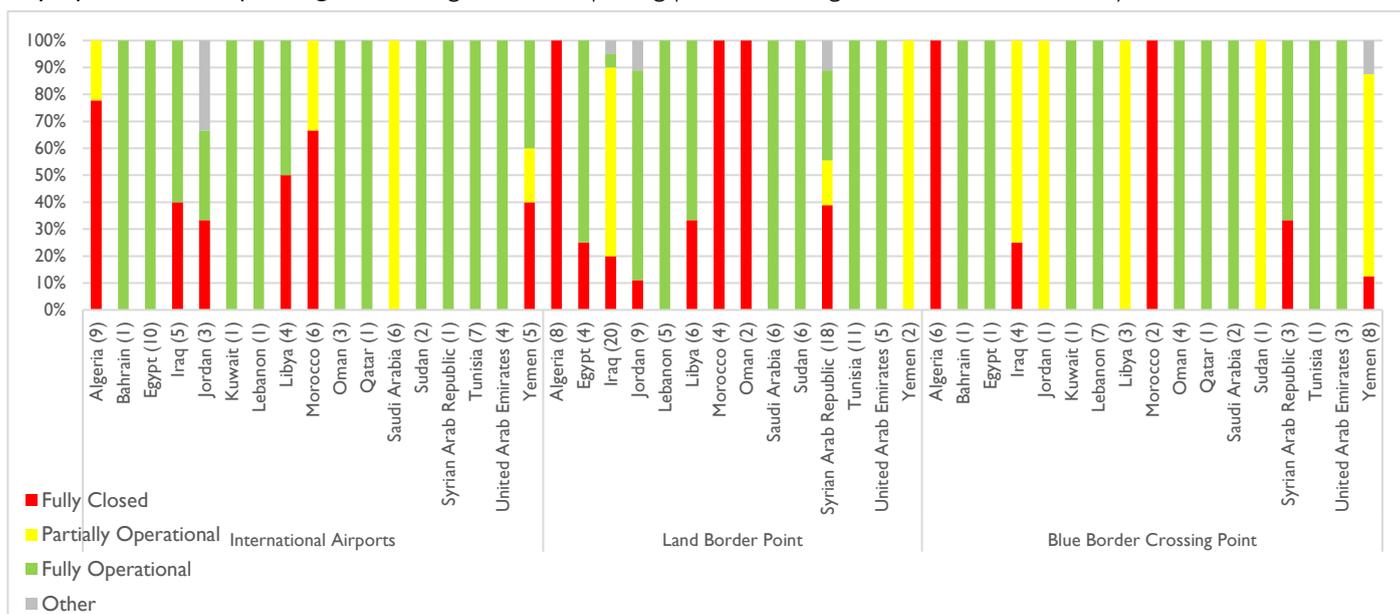


Figure 2: Operational Status of PoEs across the MENA Region ©IOM Tracking Mobility Impacts

¹ Unknown status category for PoEs for this reporting period include six (6) per cent for airports four (4) per cent for land borders and one (1) per cent for blue borders.

Response

COORDINATION AND PARTNERSHIPS

In **Lebanon**, IOM is participating in the World Bank's independent monitoring commission of vaccine roll-out in-country to advocate for inclusion of vulnerable groups into the national vaccination rollout and deployment.

In **Algeria**, IOM held a range of meetings with local partners to foster coordination around COVID-19 response and enhance access to essential services for migrants. IOM participated in the United Nations Country Team (UNCT) Task Force meeting on the COVID-19 response, focusing on vaccination efforts in the country. A separate meeting was organized with the World Health Organization (WHO) on cooperation at Points of Entry (PoEs). This included discussions on the development and/or adaptation of standard operating procedures (SOPs) and Health Emergency Plans at PoEs, and on joint advocacy with the Ministry of Health for the inclusion of migrants in the national vaccination plan. Coordination is ongoing with the United Nations High Commissioner for Refugees (UNHCR) to finalize SOPs for mutual referrals whereby both agencies refer beneficiaries to one another for specialized services. Several meetings were also held with civil society organization (CSOs) to discuss possible cooperation for the provision of shelter to migrants in situations of vulnerability.

In **Kuwait**, IOM led the UN Network on Migration in Kuwait in hosting its second multi-stakeholder dialogue on the Global Compact for Migration (GCM) on 17 February 2021. This was a follow-up to an earlier consultation in December 2020. It aimed to consolidate a set of key thematic priorities and outline areas of cooperation with key local actors. The dialogue created space for stakeholders to engage in discussions around approaches to address challenges that continue to arise, due to the impact of COVID-19.

TRACKING MOBILITY IMPACT

In **Iraq**, IOM, through its Displacement Tracking Matrix (DTM), collected information on mobility restrictions within Iraq, as well as at Points of Entry (PoEs). The data on restrictions included limitations on mobility across governorates as well as on commercial and trade activity, curfews, government and residency office operating hours, and legal regulations. It assessed 32 locations including PoEs along land borders and maritime boundaries. From those assessed, six (6) were reported as closed, 12 partially open, three (3) fully open, and 11 open only for commercial traffic.



IOM loading COVID-19 kits to be distributed to vulnerable populations in Anbar Governorate ©IOM Iraq



IOM delivered emergency and core relief items to nearly 1,000 migrants in detention in collaboration with UNHCR and IRC in Tripoli ©IOM Libya

From the data collected, IOM's DTM produced one [Iraq Mobility Restriction Reports](#) during the reporting period.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM in **Libya** conducted 178 outreach campaigns and awareness raising sessions in Sabha, Ubari, Tripoli and Benghazi areas. The activities reached 5,999 migrants, who were able to improve their awareness and knowledge of COVID-19 precautionary measures and responsible behavior to abide by when suspecting infection. In Tripoli and Benghazi, IOM launched routine RCCE activities at detention centres (DCs). IOM also conducted hygiene promotion and COVID-19 awareness sessions at Alqubba DC, Alkufra DC and Tobruq DC for 82 migrants and 37 DC staff members. More than 130 personal protective equipment (PPEs) kits as well as COVID-19 awareness leaflets were distributed to migrants and DC staff as well, while 60 wall posters were mounted at strategic locations inside the DCs.

In **Iraq**, IOM conducted 522 awareness raising sessions, reaching 5,100 people across Kirkuk, Anbar, Baghdad, Ninewa, Dohuk, Erbil governorates. Information Education and Communication (IEC) materials were also distributed in Hawija District, Kirkuk Governorate. Materials were designed to increase awareness on methods to protect individuals and their communities from COVID-19. IOM also distributed 5,369 winterization kits with additional COVID-19 materials for children, which included COVID-

19 activity books, in Tal Abta, Baaj and Amriyat Al Fallujha (AAF) camps. In addition, IOM conducted one (1) training on communicating with communities (CwC), accountability to affected populations (AAP), and COVID-19 in Erbil attended by six (6) participants, and eight (8) trainings on CwC, AAP, and COVID-19 for IOM staff in Tikrit, Ramadi, Baquba, and Baghdad governorates, attended by 33 participants.

In **Algeria**, IOM continues to implement the Facebook campaign, "COVID-19: Qu'est-ce qu'il faut savoir?". The campaign aims to raise awareness among migrants on COVID-19 general prevention measures and specific containment measures adopted in Algeria. COVID-19 prevention messages have also been included as part of the pre-departure training provided to migrants hosted at the transit centers DARV before they are provided with Assisted Voluntary Return support.

In **Sudan**, IOM, through its Migrant Resource Centre (MRC) Gedaref, provided emergency food support to 53 Ethiopian migrants in Shashina Village, Gedaref State. COVID-19 prevention messages were also conveyed to the migrants during the distribution of food assistance. Through the EU-IOM Joint initiative for Migrant Protection and Reintegration (EU-IOM Joint initiative), IOM also targeted 52 households with food distribution. IOM, also through the EU-IOM Joint Initiative, donated PPE materials to the Sudanese Red Crescent Society.

DISEASE SURVEILLANCE

In **Iraq**, IOM completed the technical training of 58 recruited community-based surveillance health promoters across four (4) internally displaced person (IDP) camps in Anbar, Dohuk, Erbil, and Ninewa governorates. This aims to further support the surveillance of, and response to, COVID-19 in camp settings. Community mapping and knowledge, attitude, and practice (KAP) surveys were completed in the targeted IDP camps in Anbar Governorate, through 670 household visits, and Dohuk Governorate, through 566 household visits. They remain ongoing in Ninewa



IOM loading COVID-19 kits to be distributed to vulnerable populations in Anbar Governorate ©IOM Iraq



IOM provides direct assistance to IDPs through Non-Food Item (NFI) distribution in Tripoli Jeel Althawra School, joint with DRC ©IOM Libya

Governorate, with 995 visits to date. Community-based surveillance teams have distributed COVID-19 education materials in all targeted camps. Separately, comprehensive analyses of screening data on COVID-19 transmission in targeted governorates is ongoing. This aims to improve health data quality and the Department of Health's (DoH) capacity to use more efficient online reporting systems.

POINTS OF ENTRY (POE)

In **Iraq**, IOM coordinated with Baghdad International Airport officials to conduct two (2) training sessions for airport health teams. Modules included an overview of COVID-19, introduction to public health response and international health regulations (IHR), management and referral of sick travellers, risk communication and more. Health officials at PoEs provided positive feedback on the training content. IOM continued to support the Erbil International Airport to establish a COVID-19 testing laboratory, which will be the first at a PoE in Iraq. IOM has drafted guidelines and SOPs for COVID-19 testing at the airport and worked with iMMAP to design a data management system for all arriving travellers. Using a QR code and barcode technology, travellers will be able to track their samples and see their results as soon as they are finalized. The laboratory and testing procedures will be launched officially in the coming weeks.

IOM in **Libya** continues to support the National Centre for Disease Control (NCDC) staff at Ras Jedir and Wazin PoEs by providing medical check-ups to passengers returning to Libya. A total of 67,767 cross-border travellers were screened through temperature measurements and general medical assessments.

NATIONAL LABORATORY SYSTEMS

In **Jordan**, IOM supported the transportation and delivery of Xpert SARS-CoV-2 tests, donated by Cepheid through the Global Drug Facility. The test is a rapid molecular diagnostic test for the qualitative detection of SARS-CoV-2. To date, 1,260 tests were provided to the Jordanian Central Public Health Laboratory of the Ministry of Health (MoH).

INFECTION PREVENTION CONTROL (IPC)

IOM in **Tunisia** donated PPE kits, including thermometers, overalls, and disinfectant gel to the National Maritime Guards of Kerkenah, Sfax Region. This donation is part of IOM's capacity building work with local authorities, which aims to prevent the spread and impact of COVID-19 on migrants and host communities.



IOM staff inspecting installed latrines for displaced people in Ta'iz, Yemen ©IOM Yemen

IOM in **Libya** fumigated, disinfected, and conducted thorough cleaning interventions at three (3) DCs and three (3) disembarkation points (DPs) to combat the spread of COVID-19. IOM's medical team conducted three (3) capacity building trainings in Tripoli and one (1) in Benghazi. In Tripoli, 11 psychiatrists from Alrazi Hospital as well as 22 DC guards from Triq Alsikka DC were trained on IPC measures and COVID-19 case management, while in Benghazi, 11 newly recruited IOM health care workers operating in DCs in the east benefitted from the same training. To increase availability of safe and clean water, IOM handed over the newly rehabilitated Al-Hani, Hay Alkarama Altayouri, Al-Tayouri and Qasir Masoud water wells to the General Water and Wastewater Management Company (GWWC) in Sabha area. IOM also delivered a 66-Kilowatt power generator and a water desalination system to Zilten DC as part of the light rehabilitation work necessary to ensure basic lifesaving services are provided to migrants, including access to clean and safe water.

IOM in **Iraq** provided coaching and supervision to supported health facilities and Department of Health (DOH) staff, building capacity to monitor screening processes, adhere to IPC standards, and respond to overall needs. Screening and triage processes continued at supported IDP health clinics and community health facilities prior to patient consultations. During the reporting period, a total of 97,978 beneficiaries were screened at supported facilities across 26 sites in Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Ninewa governorates, where screening is conducted using KOBO. IOM continued to support DOH with the provision of PPE, IPC materials, and essential supplies. Assessments are ongoing to determine how to meet ongoing PPE and IPC gaps, in partnership with DOH.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

In **Syria**, as beneficiaries face challenges such as floods and freezing temperatures, IOM's cross-border programme in north-west Syria is integrating COVID-19 mitigation measures throughout its response. IOM is conducting disinfection activities in reception centres and planned camps, providing clean water to informal camps via water trucking and distributing sanitation supplies to accompany cash distribution programming.

In **Iraq**, IOM installed handsfree handwashing stations and provided awareness raising sessions on COVID-19 in Sinjar, Ninewa Governorate. IOM also conducted awareness

sessions with children through the distribution of colouring books and exercise books that had instruction on hand washing practices and protection from winter season illnesses, while maintaining personal hygiene. In Salah al Din Governorate, IOM distributed COVID-19 prevention kits and hygiene kits to 200 families in Baiji and 500 families in Touz. In Anbar Governorate, IOM implemented COVID-19 awareness raising sessions and distributed materials for children including flyers, colouring books, hygiene kits, soaps, stationary, and materials for adults, including flyers, in AAF camp.

CASE MANAGEMENT AND CONTINUATION OF SERVICES

In **Libya**, IOM delivered and installed medical equipment, computers, chairs, desks, and air conditioners (ACs) to Alfwehat Polyclinic in Benghazi City. IOM also trained medical staff on how to use the equipment. Alfwehat Polyclinic is the only public health facility located in west of Alfwehat area. In 2019, it provided services to 144,000 individuals, among whom 13 per cent were migrants. IOM also conducted a training on mental health and psychosocial support (MHPSS) in response to the COVID-19 pandemic in Tripoli City, targeting health workers and frontline workers. A total of 19 participants benefitted from the training that focused on key MHPSS approaches and responses related to COVID-19, provision of psychological first aid adapted to COVID-19, anti-stigmatization and self-care.

IOM in **Yemen** is providing medical supplies and human resource support to 17 health facilities across Al Jawf, Aden, Sada'a, Al Baydah, Amanat Al Asimah, Lahj, Marib, and Shabwah governorates. Through six (6) mobile health teams, IOM is also providing access to emergency health assistance in displacement sites and along migratory routes in Aden, Lahj and Marib governorates. During the reporting period, 20,621 people received access to health services.

IOM in **Iraq** continued to support health facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. Support included human resources, capacity building, supplies and equipment, and technical support. In Kirkuk, IOM continued providing operational and technical support to six (6) COVID-19 response teams responsible for monitoring contacts in self-quarantine and suspected/confirmed cases in home isolation. The teams are attached to health facilities that are being supported by IOM. IOM is exploring expansion of this intervention with DOH counterparts in other governorates.

PROTECTION

In **Libya**, IOM's MHPSS helpline received 17 calls from Tripoli and Zwara, where migrants from Chad, Eritrea, Senegal, Sudan, Mali, Egypt, Eritrea, Liberia, and Nigeria were provided with remote counselling and psychosocial support services.

In **Yemen**, IOM, provided 5,009 migrants and IDPs in Aden, Marib and Sana'a governorates with aid and hygiene items through its Migrant and Community Response Points and mobile teams. IOM also provided emergency food assistance. In Aden Governorate, 3,800 migrants were registered for IOM's voluntary humanitarian returns (VHR), with 1,200 of the registered individuals participating in cash for work (CfW) activities. Around 1,100 registered migrants have received travel documents to participate in VHR. Efforts to organize flights and quarantine arrangements in line with COVID-19 protocols are ongoing.

In **Iraq**, IOM's protection and MHPSS teams continued to provide case management to victims of trafficking (VoT) and individual services to critical and urgent cases, including people with known suicide risk, people experiencing the psychological consequences of domestic violence, and people with severe or chronic pre-existing mental health disorders. Assistance was delivered through field visits when possible, and otherwise by phone. IOM's protection teams have continued to provide protection information services on rights and services through protection help desks located in IOM safe spaces and helped people to access services through referrals where appropriate. More than 490 beneficiaries were reached through IOM's protection help desk and 194 beneficiaries reached through referrals during the reporting period. Transit protection monitoring was undertaken with more than 200 households after the announced closure of Jeddah 5 Camp, to understand their needs and coordinate with national protection partners².

ADDRESSING SOCIO-ECONOMIC NEEDS

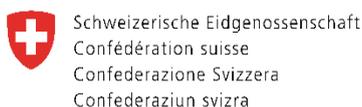
IOM in **Libya**, through its Displacement Tracking Matrix (DTM), published the Libya Migrant Report Round 34 (November-December 2020) that identified 571,464 migrants from more than 41 nationalities. The number of migrants in Libya remained stable (571,464 compared to 574,146 in Sep-Oct 2020) after a substantial decrease in

previous rounds following the start of the COVID-19 pandemic in March 2020. Overall, IOM estimates that more than 80,000 migrants left Libya since the start of the pandemic, mainly to neighboring countries. The unemployment rate (23 per cent), which remains slightly above pre-pandemic levels (17 per cent) but lower than in June 2020 (29 per cent), and the ease of some of the mobility restrictions are among the factors that may be contributing to only a marginal decrease of the migrant population stocks in Libya compared to previous rounds. IOM's DTM in Libya also published the Libya IDP and Returnee Report Round 34 (November-December 2020). The number of returnees identified increased from 567,802 returnees identified in round 33 to 604,965 returnees in round 34, a net increase of 37,163 individuals. Correspondingly, the number of internally displaced persons (IDPs) identified in Libya decreased from 316,415 individuals reported in round 33 to 278,177 IDPs by the end of December 2020. Most of the new returnees were recorded in the Tripoli Region. The current economic situation in Libya amidst the COVID-19 pandemic poses severe challenges for returnees trying to rebuild their livelihoods. Although the economic slowdown affects Libyans across the country to varying degrees, those returning to their communities, which often suffered extensive damage during the war, find themselves in a particularly challenging situation.

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² The closure of Jeddah 5 Camp has since been halted.