



## COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa  
Situation Report 22 (26 March – 29 April 2021)



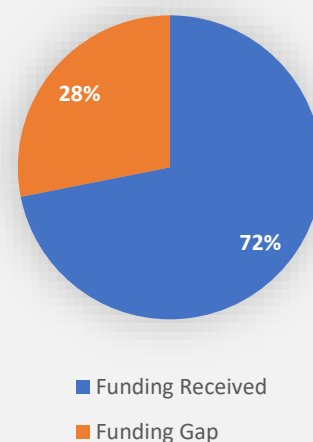
A community member participates in IOM's mental health and psycho-social support (MHPSS) training in response to COVID-19 ©IOM Libya

### Key Regional Updates

- As of 29 April 2021, a total of **5,439,392 COVID-19 cases** have been confirmed in the Middle East and North Africa (MENA) region, out of which **88,314 fatalities** have been reported.
- On 20 April 2021, IOM and the European Union (EU) launched the two (2)-year 'Regional Response to COVID-19 in North African Countries' programme to respond to the emergency needs of COVID-19 affected population in **Algeria, Egypt, Morocco and Tunisia** and prepare individuals and communities for longer term-recovery. The European Union Trust Fund (EUTF)-funded programme is focused on **addressing the needs of migrants and displaced persons**, including returnees and asylum seekers, as well as their host communities. It will seek to ensure protection and assistance to vulnerable population as well as to **address their emergent socio-economic needs**.
- On 15 April 2021, IOM's Middle East and North Africa (MENA) Regional Office (RO) **launched its [Regional Strategy for the MENA Region 2020-2024](#)**. The strategy was presented through an online event, opened by the IOM Director General (DG), Executive Secretary of ESCWA, Assistant Secretary General of the League of Arab States and IOM Regional Director for MENA. The opening remarks were followed by a presentation of the strategy by the IOM Senior Regional Advisor for MENA, and an interactive and rich discussion moderated by the Regional Director of UNDCO for the Arab States. The strategy, which is **shaped around three core pillars of resilience, mobility and governance**, acknowledges the **impact of the COVID-19 on the needs of, and risks faced by migrants and displaced populations**. It will be reviewed periodically to ensure the necessary response to the pandemic's emerging impacts.
- As communities around the globe mark World Health Day on 7 April 2021, IOM continues to **call for universal health coverage and the inclusion of migrants and displaced persons**. While COVID-19 has impacted all countries, the **health and socio-economic effects have been felt most by communities which were already vulnerable, including many migrants and displaced persons**. IOM continues to work with Member States and partners towards achieving a global community where everyone has access to the health care they need.

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

Funding contributions to COVID-19 at close of 2020:  
**65,679,000** including **5.7 million USD** reprogrammed funding.



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

## Stories from the Field

### Aliou, a Returnee and Business Owner Raising Awareness About the Risks of Irregular Migration in Senegal

Algiers, Algeria - Last year, Aliou, a 30-year-old Senegalese man, was assisted to voluntarily return home from Algeria to Senegal through IOM's Assisted Voluntary Return and Reintegration (AVRR) programme. Now, after benefiting from reintegration support, he has been able to set up a small farming business and is engaging in a range of activities to raise awareness about the risks of irregular migration.

Back in 2016, Aliou packed the few things he had and left his country looking for a better life in a place where he can work to support himself and his family. He was told by some of his Algiers-based friends that he could find a job in Algeria, so, he decided to give it a try.

"I left Senegal because I didn't have the means to survive. I had no job, no money, I simply had no choice, other than to hit the road," he said.

After walking for several days with a group of fellow migrants, Aliou arrived in the city of Gao in northern Mali – the last point before entering Algeria. "We were stopped in the middle of the desert. Criminals took everything of value that we had before allowing us to continue our journey," he said.

Arriving in Algeria with nothing, Aliou quickly found a job in a construction site with help from his friends. Even though he was not a mason and had no experience in construction, he learned the profession quickly, developing new skills. Soon, he became famous among his colleagues for his good work. "I was so good that they called me Bilal [a name of an Algerian man] the mason."

In 2020, following the outbreak of COVID-19, livelihood opportunities became scarce. Aliou lost his job. He heard of the IOM's AVRR programme through some friends and decided to sign up to return home.



Aliou has set up a small poultry farm as part of his reintegration project  
©IOM Algeria



Migrants at the check-in desk for a Dakar-bound flight on the day of Aliou's departure ©IOM Algeria

A few weeks later, Aliou was invited to a virtual counselling session to determine his eligibility for AVRR assistance. He was then provided with support to voluntarily return to Senegal in November 2020, through a special return organized thanks to the facilitation of the Algerian authorities, despite the travel restrictions in place since March 2020.

"The reintegration assistance that IOM offers to [eligible returning] migrants convinced me to go back to my country. Thanks to IOM's assistance, I was able to set-up a small farming business," he said.

Today, Aliou owns around five hundred chickens. He built a small farm and is currently looking to expand his poultry farming business. In addition to being a business owner, Aliou has become an activist, raising awareness among Senegalese youth on the dangers of irregular migration. He has participated in TV shows and wants to create an association that brings together returnees from Algeria.

"I'm looking for some support to develop the association. Most returnees who were not able to build sustainable projects will try to leave the country despite the dangers," he concluded.

Aliou is one of over 1,000 migrants that have been assisted by IOM to voluntarily and safely return to their countries of origin from Algeria since the onset of the COVID-19 pandemic. The safe and dignified return assistance was organized in the framework of the European Union (EU)-IOM Joint Initiative for Migrant Protection and Reintegration, with support from the Government of Algeria and the EU.

To ensure the sustainable reintegration of returnees into their communities of origin, eligible returnees like Aliou receive reintegration assistance, which may include economic, social and psycho-social support following the development of tailored reintegration assistance plans based on their needs.

Launched in December 2016, with support from the EU Emergency Trust Fund for Africa, the EU-IOM Joint Initiative for Migrant Protection and Reintegration brings together 26 African countries of the Sahel and Lake Chad region, the Horn of Africa, and North Africa, the EU and IOM around the shared goal of ensuring that migration is safer, more informed and better governed for both migrants and their communities.

Despite the evolving nature of the public health response to the COVID-19 pandemic, and the continued rollout of vaccination strategies, **the impact of the disease continues to be felt both globally and regionally.** In the MENA region, a total of **5,439,392 cases** of COVID-19 have been reported, out of which **88,314 have proven fatal** while **4,947,645 cases have recovered.** This represents an increase of **18 per cent in the total caseload** and **15 per cent in the number of cases and deaths reported respectively** during the preceding month. The **regional case fatality ratio (CFR) has reduced marginally from 1.7 to 1.6 per cent** from 25 March until 29 April 2021, while the recovery rate stands at 91 per cent. **Iraq (1,045,010), Jordan (706,355) and Lebanon (522,763) account for 41.8 per cent of the regional morbidity burden.** Concurrently, Iraq (15,348), Egypt (13,168), Tunisia (10,444), Morocco (9,005), and Jordan (8,707) account for 64.2 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 (19.4 per cent), Syria (7.0 per cent), Sudan (6.9 per cent) having the highest rates regionally.**

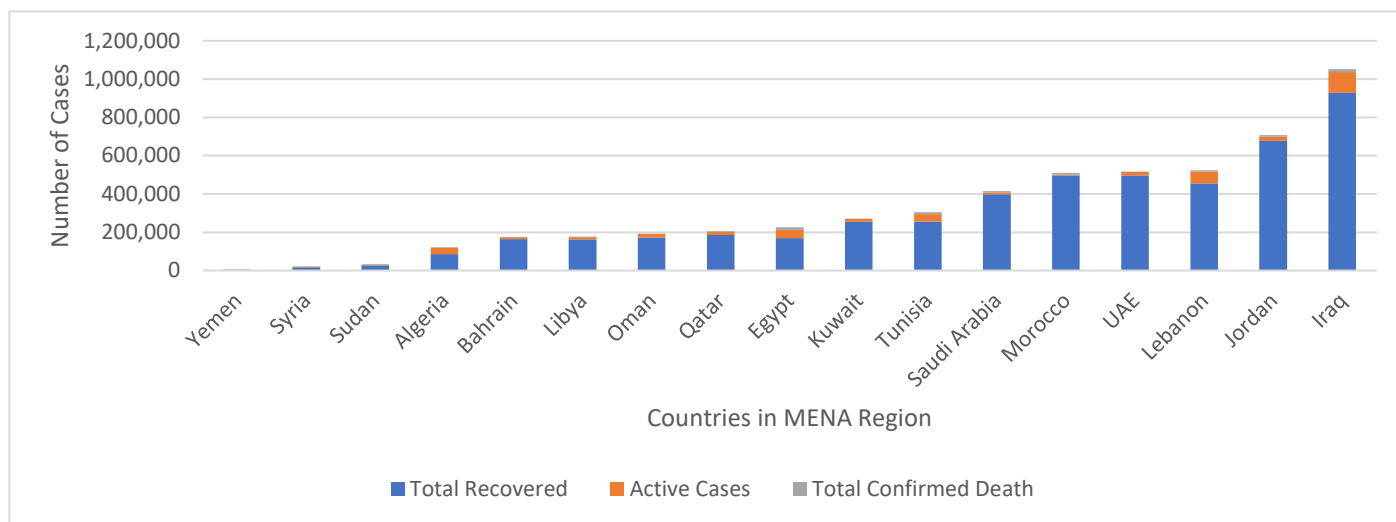


Figure 1: COVID-19 situation in MENA Countries as of 29 April 2021 ©WHO Situational Reports

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel bans and mobility restrictions. Some changes have been recorded in the operational status of international Points of Entry (PoEs) in the MENA region during the reporting period. To date, according to IOM’s Tracking Mobility Impact, **around 61 per cent of monitored international airports are fully operational**, 20 per cent are partially operational and 19 per cent remain closed. Around 27 per cent of the 106 monitored land border crossing points remain closed and 12 per cent are partially operational, while there are **58 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 17 are partially operational, while **21 blue border crossing points - four (4) less than the previous reporting period - are now fully operational for passengers.**<sup>1</sup>

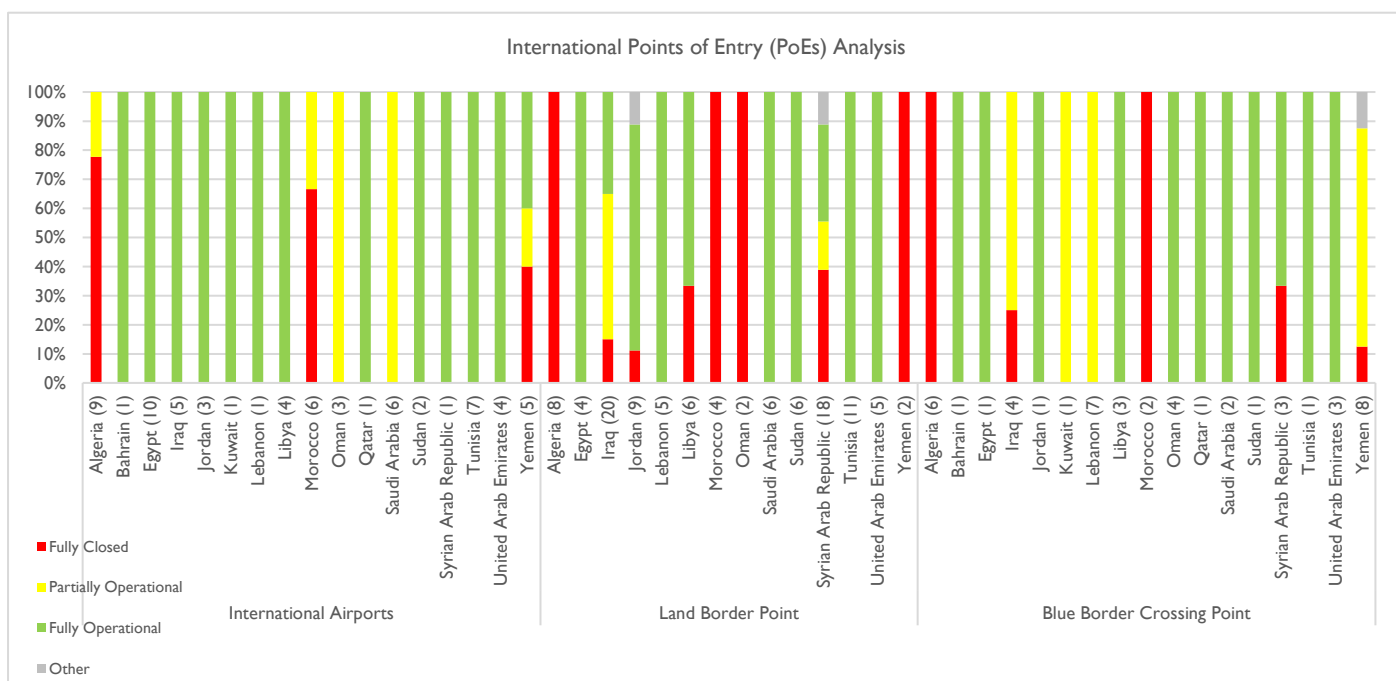


Figure 2: Operational Status of PoEs across the MENA Region ©IOM Tracking Mobility Impacts

<sup>1</sup> Unknown status category for PoEs include one three (3) per cent for land borders and one (1) for blue borders



## Response

### COORDINATION AND PARTNERSHIPS

In **Jordan**, the United Nations (UN) National Migration Working Group, co-chaired by IOM and the International Labour Organization (ILO), continues to advocate for the inclusion of migrants who are in an irregular situation in national vaccination plans for COVID-19, in coordination with the World Health Organization (WHO). Meetings with national counterparts are in the process of being arranged in the framework of the national response to COVID-19. IOM also continues to provide support to the Ministry of Health (MoH) National COVID-19 Committee through a staff seconded to contribute to discussions on national infection prevention and control (IPC) guidelines.

### TRACKING MOBILITY IMPACT

IOM in **Iraq**, through its Displacement Tracking Matrix (DTM) collected information on mobility restrictions within Iraq as well as at Points of Entry (PoEs). These restrictions include limitations on mobility across governorates, as well as on commercial and trading activity, curfews, government and residency office operating hours, and legal regulations. The DTM assessed 32 locations, including PoEs along land borders and maritime boundaries. DTM is finalizing the Iraq Mobility Restriction Report, which is published every two months.

### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Libya**, IOM conducted 267 outreach and awareness raising sessions in Sabha, Ubari, Tripoli, Zwara, Bani Walid and Benghazi areas. A total of 9,416 migrants were able to improve their awareness and knowledge of COVID-19 IPC measures when confronted with a suspected COVID-19 infection. IOM also conducted hygiene promotion and COVID-19 awareness raising sessions at Surbana Shelter, as well as at Abusalim, Ain Zara, and Batin Aljabel detention centres (DC) for 1,154 participants, including 1,120 migrants and 34 DC staff. During the campaign, personal protective equipment (PPE) and COVID-19 awareness leaflets were distributed to participants.

In **Iraq**, IOM conducted 714 COVID-19 sensitization and awareness raising sessions, reaching 5,178 people in Erbil, Dohuk, Ninewa, Kirkuk, Anbar, and Baghdad governorates. These activities were organized jointly in collaboration with local non-governmental organizations (NGOs) and civil society organizations (CSOs), the Department of Education (DoE), community leaders and community police.



Health worker testing samples on Genexpert device provided by IOM in an isolation centre in Al Makha ©IOM Yemen



IOM in Libya conducted a humanitarian coordination and protection training with UN OCHA ©IOM Libya

Information, education and communication (IEC) materials were also distributed across all six (6) governorates to adults and children in internally displaced persons (IDP) camps, schools, healthcare centers, and through door-to-door visits. These materials were produced to increase community awareness about COVID-19 protective measures, signs and symptoms, and health services provided at primary healthcare centers, camp clinics, and hospitals. A total of 14 community mobilizers were trained during the reporting period on RCCE. IOM conducted 12 communication with communities (CwC) and accountability to affected populations (AAP) trainings for camp management staff in Jeddah five (5) Camp, attended by 56 participants and eight (8) CwC/AAP trainings for RCCE mobilizer in Kirkuk, Baghdad, and Mosul governorates, attended by 36 participants. IOM designed COVID-19 rollups for testing at Erbil International Airport. IOM also held 342 sensitization and awareness raising sessions on COVID-19 general precaution measures and hygiene in Anbar, Baghdad, Basra, Dohuk, Erbil, Ninewa, and Salah Al-Din governorates, reaching 2,337 people. More specifically, IOM's community stabilization unit, and its CSO partner Dak, reached 142 people through 14 awareness sessions focused on COVID-19 prevention education in Shariya Camp in Dohuk Governorate, and Hamdaniyah and Tel Afar districts in Ninewa Governorate.

In **Algeria**, IOM opened its [Instagram](#) page on 7 April 2021. The page is updated with news on IOM activities in Algeria and will complement social media outreach successfully carried out so far through [Facebook](#). News and updates on COVID-19, including information to debunk common myths, vaccination campaigns and prevention measures are also featured..

### DISEASE SURVEILLANCE

IOM in **Morocco**, in partnership with local CSOs, continues to support its implementing partners (IPs) in community diseases surveillance. IOM is also in ongoing discussions with the Ministry of Health (MoH) around the inclusion of migration indicators in the national health information system (NHIS).

In **Iraq**, IOM's community-based surveillance (CBS) teams conducted active COVID-19 case detection, rumor tracking

and event-based surveillance in four (4) IDP camps in Ninewa and Erbil governorates. In total, 298 IDPs were identified during active case detection efforts, from which, 264 were referred to camp health facilities. In depth assessment of the referrals indicated there were 74 cases classified as probable or suspect COVID-19 cases. Eight (8) events were reported by community key informants and community members to the CBS teams. Investigation of these events revealed there was at least one person with COVID-19-like symptoms in the targeted households. IOM teams also recorded 691 rumors linked to COVID-19 and the vaccine. Analysis and responses of the rumors is ongoing in collaboration with RCCE staff and field teams.

### POINTS OF ENTRY (POE)

IOM in **Libya** provided furniture, medical equipment, supplies and personal protective equipment (PPE) to the National Centre for Disease Control (NCDC) health clinic at Mitiga Airport. The support aims to help the medical team at the airport to better manage suspected COVID-19 cases and to mitigate the risks of spreading the infection. IOM also supported the NCDC staff at Misrata Airport, alongside Ras Jedir and Wazin PoEs by providing medical check-ups to all passengers returning to Libya. A total of 73,844 cross-border travellers were screened by checking temperature and general conditions.

In **Jordan**, IOM and the Ministry of Health (MoH) are working on a public health education and research program (PHERP) and standard operating procedures (SOPs) for referral and detection of ill travellers at three (3) PoEs in Jordan.

### NATIONAL LABORATORY SYSTEMS

IOM in **Libya** conducted a five (5)-day training on strengthening laboratory capacity to detect COVID-19 for 15 laboratory technicians from NCDC laboratories across the country, namely from Tripoli, Yefren Wanzarik, Brak, Mizdah, Ghat, Jadu and Ubari areas.

In **Yemen**, IOM imported six (6) GeneXpert testing machines in January 2021 and liaised with the health cluster and relevant authorities to begin using the machines in areas located a long distance from laboratories. In Ta'iz Governorate, IOM provided one (1) GeneXpert machine to Al Makha COVID-19 Treatment Centre and trained ten (10) lab technicians on sample collection and processing. To date, the total number of tests conducted is 268, of which 129 were positive. IOM is also coordinating with the authorities to send two (2) GeneXpert testing machines to Aden, one (1) to Ma'rib and one (1) to Lahj governorates.

### INFECTION PREVENTION CONTROL (IPC)

In **Sudan**, IOM is implementing ongoing water, sanitation and hygiene (WASH) activities in Gedaref State, in response to the inflow of refugees from Tigray region of Ethiopia. IOM is constructing 250 latrines and 125 showers, alongside at least four (4) communal safe laundry and bathing spaces. IOM plans to cover the operation and maintenance costs for six (6) months for these activities, while conducting capacity building within communities. IOM is also planning to rehabilitate Doka Town water network, connecting it to the local hospital.

In **Libya**, IOM conducted fumigation, disinfection, and cleaning interventions in 12 detention centres (DC), one (1) isolation centre as well as in ten (10) disembarkation points (DP) as part of the campaign to combat the



*IOM in Sfax, Tunisia providing urgent humanitarian assistance to rescued at sea migrants. © IOM Tunisia*

outbreak of COVID-19 and other infectious diseases. IOM installed the last four (4) water well generators in Sabha City, concluding the project of drilling 13 wells and equipping them with generators across various sites in Sabha City to boost water capacity for the entire city of approximately 120,000 residents.

In **Jordan**, IOM was offered a position in the Ministry of Health (MoH) National Committee to discuss national COVID-19 IPC guidelines. IOM supported the MoH to review the national IPC guidelines in the context of COVID-19.

### LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

In Jordan, IOM delivered logistic support by providing two (2) cars to the Ministry of Health (MoH) to support with the rollout of the COVID-19 vaccination.

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

In **Iraq**, IOM's CCCM team conducted community mobilization activities for COVID-19 hygiene promotion sessions, attended by 140 individuals across five (5) informal sites in Salah Al-Din Governorate. IOM also distributed 532 hygiene kits in camps. The CCCM teams conducted seven (7) hygiene awareness sessions for 500 children in each of the seven (7) informal sites in Baghdad Governorate. In Sinjar Governorate, IOM mobile teams provided awareness raising sessions on personal hygiene, covering COVID-19 symptoms and prevention methods, while also highlighting the importance of both personal hygiene in everyday life and of educating children on good hygienic practices. IOM also distributed COVID-19 flyers to 623 secondary and primary school students in Ameriyat Al-Fallujah (AAF) Camp.

IOM in **Yemen** continues to support displaced women to make facemasks for their communities as part of efforts to combat the spread of COVID-19 in 63 IDP hosting sites across the country. More than 5,000 facemasks were distributed in IOM-supported IDP sites during the reporting period.

In **Tunisia**, IOM is continuing its awareness campaigns, hygiene promotion activities and direct socio-economic assistance to 232 migrants currently accommodated at two (2) IOM shelters in Medenine Governorate. IOM organized four (4) COVID-19 awareness sessions during the reporting period, distributing flyers and posters on preventive measures against COVID-19. IOM also distributed 232 food vouchers twice a week while providing medical consultations and health assessments to all migrants accommodated in the two (2) IOM shelters.



## CASE MANAGEMENT AND CONTINUATION OF SERVICES

In **Lebanon**, IOM finalized phase three (3) of the Middle East Response (MER) project, providing essential HIV and Tuberculosis (TB) services. The project involved national program counterparts, as well as technical partners, namely the World Health Organization (WHO) and UNAIDS both at the country-level and regionally. Lebanon's Centre for Disease Control and Prevention (CDC) has also approved a project to support increasing public health preparedness at key PoEs. Implementation is expected to start at the beginning of May 2021.

IOM in **Iraq** continued to support health facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. Assistance included the provision of human resources, capacity building, supplies and equipment, and technical support. As a pilot initiative outside of camp settings, IOM teams in Dohuk initiated home-based monitoring of mild COVID-19 cases in home-isolation, in collaboration with the Department of Health (DoH).

In **Yemen**, IOM conducted more than 40,000 health consultations through 21 health facilities in Aden, Shabwah, Sana'a, Lahj, Ma'rib and Ta'iz governorates during March 2021. IOM provides COVID-19 screening and referral at these facilities, with suspected cases referred to treatment facilities. In Shabwah Governorate, IOM trained 29 women community health volunteers in public facilities. The training focused on the provision of basic counselling and screening for children, pregnant and lactating women with acute malnutrition, antenatal and post-natal care, personal hygiene, prevention of communicable diseases and child growth monitoring. IOM has also scaled-up its presence in the west coast region. In March 2021, IOM provided medical supplies and PPE to four (4) public hospitals in Ta'iz Governorate. This support has enabled Al Aroos Hospital in Sabir Al Mawadim District to provide reproductive health services 24 hours a day.

IOM in **Egypt**, in collaboration with IFMSA Egypt, a local NGO, and UNAIDS, organized a three (3)-day training for young doctors and medical students on health and protection of vulnerable populations. The training was implemented in Cairo and Alexandria from 20 – 22 April

2021 and was supported by the Government of Japan. IOM also provided 66 medical assessments for migrants in Egypt, 100 medical follow-up assistance and 25 psycho-social support (PSS) sessions to migrants.

## PROTECTION

In **Morocco**, IOM and its partners continue distributing hygiene kits and food baskets for vulnerable persons. Urgent shelter has been secured for some beneficiaries in different facilities rented by IOM's local civil society partners. IOM also provided PSS for migrants through phone consultations and group therapy. Beneficiaries have been assisted in different regions, including Beni Mellal - Khenifra, Casablanca - Settat, Fes - Meknes, Oriental, Marrakech - Safi, Rabat -Salé - Kénitra, Souss – Massa, and Tanger - Tetouan – Alhoceima.

In **Iraq**, IOM continues to provide case management to 25 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. IOM has also continued to provide protection information on rights and services through protection help desks located in IOM safe spaces, reaching 283 people during the reporting period. IOM teams are providing information sessions in Sharya and Khanke camps in Dohuk Governorate, Hassan Sham Camp in Mosul Governorate, and Sardashti informal settlement in Ninewa Governorate. IOM reached 126 people through protection monitoring focus group discussions (FGD) in Erbil, Dohuk, and Kirkuk governorates. These FGDs took place at health facilities supported by IOM and focused on protection issues related to COVID-19, including access to healthcare and public attitudes towards COVID-19. The findings will inform protection and RCCE awareness sessions and health programming. IOM, in coordination with the Ministry of Health (MoH), the Karkh and Resafa Department of Health (DoH) in Baghdad, and the Anbar DoH, provided two (2) training sessions on remote-psychological first aid (PFA) for DoH staff in Baghdad and Anbar during April 2021. IOM also began conducting an assessment about the psychological impact of COVID-19 on medical staff working in primary healthcare clinics (PHCCs). IOM reached 362



IOM staff distributing dignity kits to migrants at migrant assembly points © IOM Libya

people through PSS services, including individual counselling, PFA, specialized mental health support. IOM often cooperates with health professionals from the local DoH to deliver these services.

In **Algeria**, IOM continues to assist migrants in situations of vulnerability, including VoTs and potential VoTs, unaccompanied migrant children, single-headed households and migrants with significant medical conditions. IOM assisted 20 migrants with dignity kits, 32 migrants with PSS, seven (7) migrants with legal assistance and 31 migrants with safe shelter during the reporting period. More than 330 Malian and Guinean migrants were also supported with Assisted Voluntary Return and Reintegration (AVRR) assistance in the reporting period. With these returns, more than 1,000 migrants have been assisted with AVRR from Algeria throughout the COVID-19 pandemic, thanks to support from the Government of Algeria and exceptional lifting of international border closure since March 2020. Media coverage of IOM's AVRR program in Algeria can be found [here](#).

IOM in **Tunisia**, as part of its Assisted Voluntary Return (AVR) programme, supported 80 migrants to their countries of origin. Assistance included pre-departure cash, support at airports from departure until arrival, and COVID-19 testing and medical check prior to departure from Tunisia. Additionally, for migrants that tested COVID-19 positive, IOM has covered the costs of their accommodation and food during their quarantine and ensured individual follow-up of their cases. IOM provided resettlement services to ten (10) cases. Assistance included case processing and health assessments and travel health assistance. IOM provided medical assistance to 100 beneficiaries to ensure the continuity of psycho-social and medical assistance to vulnerable migrants. IOM provided additional medical assistance to five (5) migrants in Sfax area. In collaboration with UNHCR, IOM also referred 24 refugees for protection assistance in Sfax. IOM supported local authorities and assisted 29 rescued-at-sea migrants with the provision of immediate assistance. This included the distribution of hygiene kits, clothes, and the provision of medical assistance, including counselling. It also included the provision of hot meals as well as the identification of migrants' needs and vulnerabilities while providing information about other assistance and services available. In addition, IOM provided telephone counselling to 40 migrants in Sfax. IOM continues

to offer a range of legal counselling and services to migrants in needs, considering the socio-economic repercussions of the COVID-19 pandemic that led to the loss of jobs and incomes of many migrants. For this reporting period, 40 legal consultations were provided to the most vulnerable beneficiaries, including women, through mediation with landlords to prevent expulsions, mediation with employee to recover unpaid salary and court procedures to issues official documents.

### ADDRESSING SOCIO-ECONOMIC NEEDS

IOM in **Libya** published a recent study, 'Labour Migration to Libya - Remittances Amidst Conflict and Pandemic', which presents key findings about remittances sent by migrants from Libya to their countries of origin. The study utilizes microdata collected from more than 41,000 migrant interviews conducted between 2019 and 2020. Throughout 2019 and 2020, the proportion of migrants sending remittances from Libya and the amounts remitted declined steadily, due to a mixture of armed conflict and the socio-economic impact of the COVID-19 pandemic. The study can be found [here](#).

IOM in **Iraq**, through its Enterprise Development Fund (EDF) provided grants to 58 Small and Medium Enterprises (SME) following the verification of application and the investment committee visits where the committee selected SMEs that had viable business plan to expand their businesses and create new jobs. IOM continues to select SMEs that applied to the various EDF calls launched at the start of the year, including EDF-Women and EDF-Renewable Energy. IOM provided individual livelihood assistance (ILA) to 57 beneficiaries in Sulimaniyah, Thi-Qar, Diyala, Najaf, and Kirkuk governorates. IOM also engaged 27 beneficiaries in a Cash for Work (CfW) activity in Anbar Governorate in a returnee community, allowing returnees to cover their immediate needs, which were often exacerbated by the socio-economic impact of COVID-19. IOM identified 24 infrastructure projects to be rehabilitated in the health and WASH sectors to strengthen basic services in the midst of COVID-19 pandemic.

IOM in **Tunisia** provided direct assistance through vouchers distribution to 79 migrants in vulnerable situations in Sfax. IOM also conducting awareness raising sessions with the beneficiaries focused on personal protective and preventative measures to mitigate the risk of COVID-19.

### With thanks to our current donors

