



COVID-19 RESPONSE

IOM Regional Office for Middle East and North Africa
Situation Report 23 (30 April – 27 May 2021)



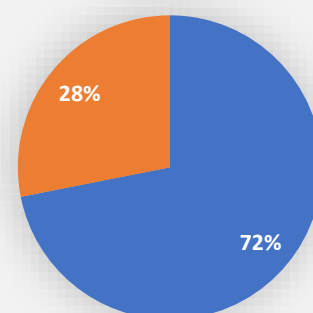
Ongoing COVID-19 vaccination campaign at an IOM supported clinic in Aden ©IOM Yemen

Key Regional Updates

- As of 27 May 2021, a total of **5,842,219 COVID-19 cases** have been confirmed in the Middle East and North Africa (MENA) region, out of which **95,473 fatalities** have been reported.
- Following the launch of 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 funded by the European Union Trust Fund (EUTF) on 20 April, IOM Country Offices initiated interventions, including **support to the quarantine of international students in Tunisia, training of migrant community leaders on mental health and psychosocial support needs of migrant communities in Egypt.**
- At the **MENA Regional COVAX Working Group**, IOM presented on migrant's access to vaccination in the MENA region. The presentation informed that many migrants, especially those in irregular status, have multiple barriers to access vaccines, and proposed action points to **safeguard migrants and equitable vaccine distribution to both migrants and host community** including two way communication mechanism in migrants' languages for building trust, and removing administrative barriers for registration.
- As a part of IOM's effort to address the socio-economic impacts of COVID-19, IOM, **the International Organization of Employers (IOE), and the Business Advisory Group on Migration and Business Africa** in preparation for the Africa Regional Review for the Global Compact for Safe, Orderly and Regular Migration (GCM) and the International Migration Review Forum (IMRF) organized a **Consultation looking at Business Perspectives on migration with focus on Africa** on 27 May 2021. The event brought together over 40 representatives of national business groups and human resources experts from across Africa with the objective to identify key recommendations of African employers on the business priorities in light of **GCM objectives 5, 6, and 18** as these recommendations will set the scene to draft an African Employers' Declaration.

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.



■ 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

Behind the Jordanian COVID-19 National Response Plan

Amman, Jordan - Nurse Raja Abu Trabeh had 30 years of work experience with the Infection Prevention and Control in Jordan. In the beginning of COVID-19 outbreak, she, together with nurse Sultan, were seconded by IOM to the Jordanian Ministry of Health (MoH) to join their teams and support in developing a COVID-19 National Response Plan. They were among the first responders to the pandemic in Jordan.

“Where one can begin, when you have to find the solution to a global pandemic that you didn’t had much information about?” Raja asked herself. “Information was crucial! So, we started by researching about the virus, consulting with our partners and assessing the existing capacities of our health facilities in order to design a plan that will help reduce the spread of the virus.” Raja explained. “You have to understand that it was a learning process that required time. Lockdowns were the most logical way to start with. They minimized the spread of the virus while we were simultaneously learning more about it and increasing our capacities to respond to the challenges.”



IOM seconded nurse Raja Abu Trabeh to Ministry of Health at the beginning of the pandemic ©IOM Jordan

Mrs. Abu Trabeh continued: “UN agencies played an important role in providing the latest information regarding the virus, but also the much-needed logistic support when the demands increased”. IOM’s logistical support to MoH, included distribution of Personal Protective Equipment (PPE), donation of laptops and tablets for data collection of infected patients as well as a system for conducting rapid tests among other equipment.

The Deputy Secretary General for Primary Health Care at MoH Dr. Ghazi Sharkas said: “The immediate action that one country should undertake to prevent the virus from entering is to close all the Points of Entry (PoE) and build the capacity to respond to the virus. In that case, IOM played an important role in supporting us with the assessment of all

PoEs, contributing to the enhancement of the border capacities and taking subsequent actions to keep the borders under control,” including upgrading the infrastructure.

With the vaccination rollout, the government decided to include everyone who are residing in the country, making Jordan the first country to provide vaccines to refugees, migrants and other foreign nationals along with the Jordanians.

Dr. Sharkas continued: “Now, one of the main challenges we face is time, as in, getting the vaccines on time and distribute them on time. Our systems are under pressure to procure the vaccines and make them available to everyone in the country, including refugees and migrants. We welcome the efforts of the international community in supporting Jordan



Distribution of medication to vulnerable groups affected by COVID-19 ©IOM Jordan

to facilitate the distribution of vaccines.”

IOM made available to MoH several cars, which have been and are currently used for COVID-19 vaccination. The IOM medical team distributed essential medicines to Syrian refugees and Jordanians who are residing in remote areas. They kept regular monitoring of TB patients to make sure they continued with their treatment despite the lockdowns and movement restrictions.

Nurse Raja hopes that a “big number of people will be receiving their vaccines and inshallah by the end of the year the situation will get back as close as possible to normal,” but still emphasizing on the importance to adhering to the preventive measures. “Over the past year we have witnessed a rapid change in people’s behavior, where keeping the distance, washing hands and wearing masks became the norm, and it is important to keep it up.”

Even with the introduction of the COVID-19 vaccination, the COVID-19 pandemic continues to evolve, even as new challenges emerge from the new variants of concern and the resurgence of cases in territories thought to have previously controlled the outbreak. As of the last week of May, the MENA region had reported a total of **5,842,219** cases of COVID-19 out of which **95,473** succumbed to COVID-19 with **5,432,374** cases recovering. The case fatality ratio has stabilized at 1.6%. The top three (3) countries based on the cumulative number of cases include: Iraq, Jordan and UAE which together accounts for **41.9%** of the regional total, while the top countries based on fatalities include: Iraq, Egypt, Tunisia, Jordan, and Morocco which together accounts for **60%** of the total deaths in the region. Despite a slight drop in the number of cases during the previous month, in the month of May, the number of new cases increased with Iraq, Bahrain, UAE, Egypt, Tunisia, Saudi Arabia and Kuwait accounting for most of the cases. The increase in the number of new cases is attributable to the waves of the outbreak in the countries as some are now experiencing the third wave while others are approaching the fourth wave. In terms of fatality, a significant increase has also been noted with most of the new deaths reported from Tunisia, Egypt, Iraq, and Jordan. With the active transmission of COVID-19 variants of concern in the region, and the introduction of the Indian variant coupled with some countries easing public health and restrictive measures, more cases are likely to be recorded in the coming month with most countries in the projected approach their peaks for the third and fourth waves.

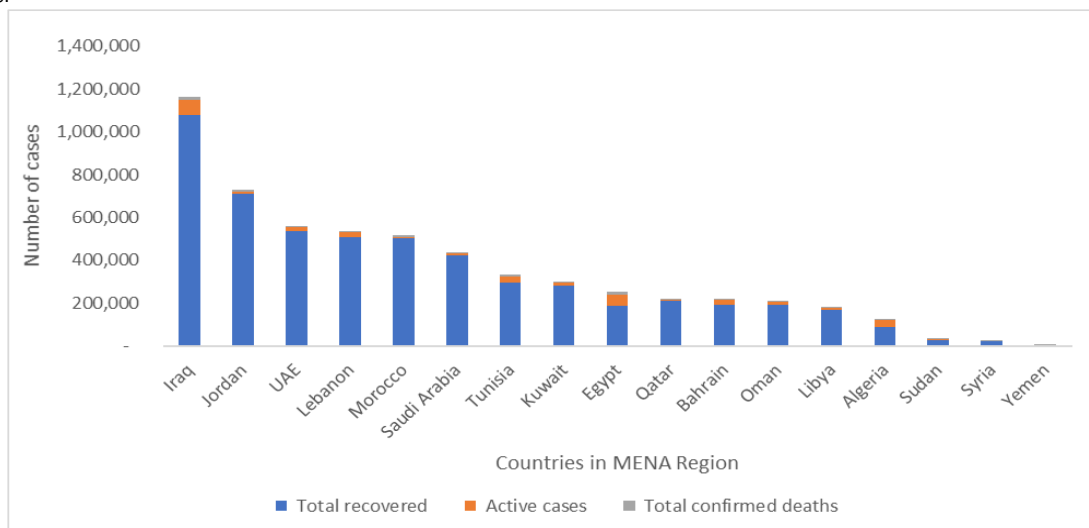


Figure 1: COVID-19 situation in MENA Countries as of 27 May 2021 ©WHO Situational Reports

The COVID-19 pandemic continues to significantly impact regional mobility in the form of various travel bans and mobility restrictions. No significant 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**, twenty (20) per cent are partially operational and 19 per cent remain fully closed. Around **28 per cent of the 106 monitored land border crossing points remain fully closed** and 12 per cent are partially operational, while there are **57 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 **twenty-one (21) blue border crossing points are now fully operational for passengers**.¹

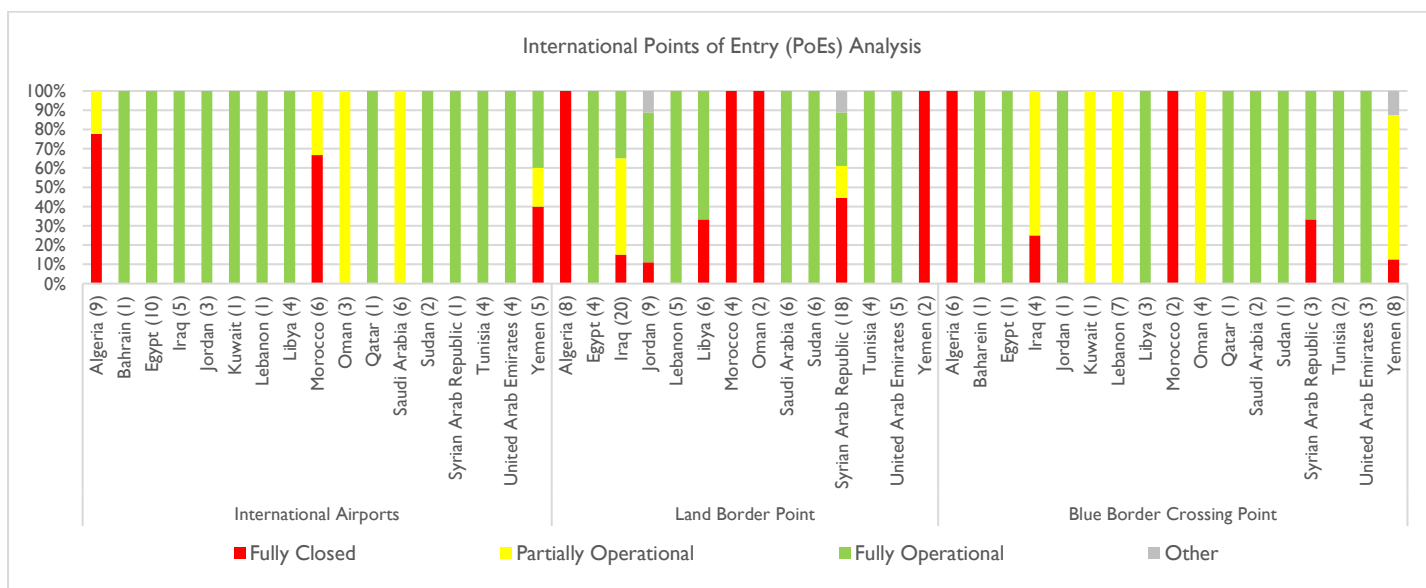


Figure 2: Operational Status of PoEs as of 20 May 2021 across the MENA Region ©IOM Tracking Mobility Impacts

¹ Unknown status category for PoEs includes three (3) per cent for land borders and one (1) for blue borders

Response

COORDINATION AND PARTNERSHIPS

In **Iraq**, IOM is co-leading the Health Cluster Taskforce for health partners and working closely with WHO, Ministry of Health (MoH), and Camp Coordination and Camp Management (CCCM) partners for the COVID-19 related activities for the IDPs, migrants and host communities including for the preparedness and response plans COVID-19 activities.

IOM **Morocco** is supporting the national response to COVID-19 as well as regional training tools through the participation at various coordination platforms with UN agencies, CSOs and governmental counterparts. IOM contributed to the incorporation of epidemic preparedness and response components into national health plans targeting migrants (e.g. the National Strategic Plan on Migration Health) and contributed to the update of the training manual on Migration Health (co-developed with the National School of Public Health) by integrating epidemic preparedness and response. This training manual on Migration Health will be used to train health professionals in Morocco as well as Tunisia, Libya, Egypt, Yemen and Sudan.



IOM Tunisia team coordinating with the Ministry of Health to build health capacity of Tataouine regional district ©IOM Tunisia

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. The upcoming report covering March, April, and May will be published in June.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Libya**, the IOM medical team conducted 260 outreach campaigns and awareness raising sessions in Sabha, Ubari, Tripoli, Zwara, Bani Walid and Benghazi. A total of 10,387 migrants improved their awareness and knowledge of the COVID-19 precautionary measures and the responsible

behavior they need to abide-by when suspecting infection. Additionally, the MHPSS team, as part of the IOM medical mobile clinics organized several PSS awareness sessions on coping with stress during COVID 19 and distributed MHPSS flyers to migrants of different nationalities in several urban



IOM team in Iraq conducting health activity in Jadaa 5 Camp, Ninewa ©IOM Iraq

locations in Tripoli.

IOM in **Iraq** conducted 529 COVID-19 sensitization and awareness-raising sessions, reaching 3,475 people in Erbil, Dohuk, Ninewa, Kirkuk, Anbar, and Baghdad governorates. These activities were organized jointly in collaboration with local non-governmental organizations (NGOs), civil society organizations (CSOs), the Department of Education (DoE), community leaders, community police, and travel agencies. Information, education and communication (IEC) materials were also distributed across all six (6) governorates to adults and children in internally displaced persons (IDP) camps, informal settlements, schools, healthcare centers, and through door-to-door and household visits.

In **Yemen**, IOM reached 13,000 people through RCCE activities in IOM supported displacement sites and health facilities across the south and Marib. In Sana'a, teams provided trainings to 36 health workers in preparedness for COVID-19 vaccination. In Ma'rib, the teams provided nine (9) COVID-19 awareness sessions to displaced people in Al Jufainah Camp and five (5) focus group discussions were held with the participation of 30 displaced individuals in two (2) IDP hosting sites, followed by a wide mask distribution. A total of 379 migrants also attended ten sessions about COVID-19 protective measures in Aden.

In **Morocco**, IOM has supported the Ministry of Health with the development of videos and flyers on COVID-19 vaccination, and COVID-19 prevention more broadly. These tools have been produced in Arabic and are currently being translated into English, French as well as Wolof, Lingala and other Subsaharan languages. This IEC material is going to be used during the sensitization campaign on COVID-19 vaccination targeting migrants, scheduled in June, July and August 2021.

DISEASE SURVEILLANCE

In **Iraq**, IOM's Community-Based Surveillance (CBS) teams conducted CBS activities in four (4) supported IDP camps

(AAF, Sheikan, Debaga and Jadah 5). During active case finding efforts, 120 IDPs were identified, of which 91 were referred to camp health facilities. 80 individuals (88%) referred by the CBS team visited the clinics, where in depth assessments by clinicians indicated 31 were either probable or suspect COVID-19 cases.

POINTS OF ENTRY (POE)

In **Iraq** IOM RCCE team provided roll up posters to inform arriving passengers of the COVID-19 testing process at the Erbil International Airport. In order to build the capacity of the airport, data and lab equipment has been handed over and initiated and overseeing of the testing protocol.

IOM **Libya** medical teams supported the National Centre for Disease Control (NCDC) staff at Misrata Airport, Ras Jedir and Wazin PoEs by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan.

NATIONAL LABORATORY SYSTEMS

IOM in **Yemen** provided one (1) testing machine to the humanitarian hub for COVID-19 testing, assisting the Ma'rib Central Lab with PCR testing.

INFECTION PREVENTION CONTROL (IPC)

In **Iraq**, IOM continues to provide support to the Directorate of Health through the provision of PPE, IPC materials, technical guidance and supervision. Additionally, screening and triage processes continued at IDP camp and community facilities prior to patient consultations. From April 26 to May 23, 75,770 people were screened in IOM supported facilities across Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates.



IOM Yemen provided hygiene materials to stranded Ethiopian migrant in Ma'rib, Yemen © IOM Yemen

IOM in **Libya** conducted fumigation, disinfection, and thorough cleaning interventions in six detention centers, ten disembarkation points, eight migrants and IDP shelters, three (3) public hospitals, and one (1) gathering and return facility as part of the campaign to combat the COVID-19 outbreak and other infectious diseases. Additionally, the team delivered sets of COVID-19 protective items (face masks, gloves and hand sanitizers) as well as lifesaving equipment to the General Authority of Coastal Security (GACS) as well as to the Libyan Coastal Guard (LCG). Briefing on the specification of the equipment and how it may benefit them during search and rescue missions have been provided.

IOM **Morocco** IOM Morocco provided masks and sanitizers to migrant community-based organizations (around 100 migrants were reached). These distributions were combined with two (2) sensitization campaigns on COVID-19, including the information on COVID-19 vaccination. These campaigns enabled to provide accurate and evidence-based information on COVID-19 vaccination and address some of the common misbeliefs. the rollout of the COVID-19 vaccination.

CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

In **Iraq**, the CCCM Baghdad team distributed 93 kits (face masks and sanitizer) to the IDPs in Zayona informal site. CCCM Ninewa teams in Tal Abta (8 sites), Baaj (8 sites) and Sinjar (12 sites) distributed 1,475 kits that include hand sanitizers and face masks to all the families residing in our areas of interventions in order to limit the spread of COVID-19. The team in Sinjar assisted the NFI team in coordinating the distribution of COVID-19 Prevention kits to the families residing on top of the mountain. The kits included wrapped soap bar for personal hygiene, sanitary towels: disposable pack of 10, as well as 1 KG of laundry detergent.

IOM in **Yemen** continues to provide CCCM support in 65 IDP hosting sites, carrying out site improvements, coordination of service delivery, and conducting community mobilization and committee empowerment activities to mitigate the impact of COVID-19.

CASE MANAGEMENT AND CONTINUATION OF SERVICES

In **Iraq**, IOM continues to support health facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. Support included: human resources support, capacity building, supplies and equipment, and technical support.

As a pilot initiative outside of camp settings, the IOM team in Dohuk launched home-based monitoring of mild cases in home-isolation, in collaboration with the Directorate of Health (DoH), to follow continuity of care for patients at the Malta PHCC. Health facility staff involved were trained on the home isolation SOP, data collection tools, patient consent strategies, and more. To date, the initiative has been positively received by patients in home isolation.

In **Yemen**, IOM teams provided over 30,000 people with access to health services, by supporting mobile and static facilities in the south and Marib. The team also participated in a meeting organized by the local authorities in Al Makha to discuss gaps in the provision of health care services amid increasing needs. In Sana'a city, IOM provided three public health facilities with medicines and medical supplies.

IOM **Tunisia** has donated medical and IT equipment, aiming at strengthening the health capacities of local health authorities in the region of Tataouine: Tataouine regional district, the Tataouine regional hospital and the Ramada constituency hospital. This donation consists of medical transportation equipment (three (3) ambulances), medical equipment (refrigerators, hospital beds, ultrasounds scanners), and videoconference.

PROTECTION

In **Algeria**, the IOM team provided safe shelters to 11 migrants in situations of vulnerability (4 women, 2 men, 1 girl, 4 boys). Additionally, nine (9) migrants (5 women, 2

men, 2 boys) were provided with legal assistance, and 24 migrants (5 women, 11 men, 7 boys, 1 girl) were provided with psychosocial support.

In **Yemen**, IOM continues to advocate for migrants' rights in Yemen and provide emergency assistance to those transiting through and stranded in the country through its Migrant Response Points (MRPs) and mobile protection teams. IOM registered 7,175 migrants for Voluntary Humanitarian Return (VHR) at the Aden Migrant Response Point since October 2020. So far, IOM has facilitated the voluntary return of 261 Ethiopian migrants to their country of origin since the resumption of IOM's VHR programme (paused in March 2020 due to COVID-19 restrictions). Thousands of migrants remain stranded in Yemen, including Ma'rib, where IOM hopes to extend its VHR programme to soon.

IOM **Egypt** collaborated with the International Federation of Medical Students' Associations - Egypt and UNAIDS, in organizing a three-day training workshop for 90 healthcare students and young doctors on "Health and Protection of Vulnerable Populations" in Cairo and Alexandria from 20 to 22 April 2021. The training sessions enhanced the capacity of healthcare workers in Egypt on the most effective means of providing medical services to the most vulnerable communities, both Egyptians and migrants.

In **Tunisia**, the IOM Sub-office in Zarzis mobilized to provide necessary humanitarian assistance to 113 rescued at sea migrants, following their shipwreck off the shores of Djerba. IOM's humanitarian response continued over the night of Monday, while IOM staff provided hygiene kits, food and NFIs to these vulnerable migrants. IOM also provided emergency shelter for these vulnerable migrants in its two shelters. In respect of the COVID-19 sanitary protocol, IOM has ensured PCR testing for all migrants.

On May 18th, 2021, the IOM sub-office in Sfax was mobilized to provide humanitarian and life-saving assistance to 26 rescued at sea migrants off the coast of Thyna, Sfax. This direct assistance action took place at Sfax support and social orientation center in partnership with local authorities. Hygiene kits and food has been provided to survivors. In

respect of the COVID-19 sanitary protocol, IOM has ensured PCR testing for all migrants.

ADDRESSING SOCIO-ECONOMIC NEEDS

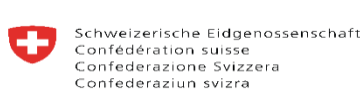
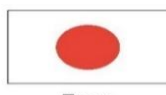
IOM in **Iraq** provided grants to 17 new Small and Medium Enterprises (SMEs) in Sulaymaniyah, Najaf, Basrah, Kirkuk, Erbil, Salah al-Din, and Baghdad through its Enterprise Development Fund (EDF). The grant provision was following verification of application and investment committee visits. The committee selected SMEs based on their business plan viability to expand their businesses and create new jobs.

IOM Iraq also provided individual livelihood assistance (ILA) to 45 beneficiaries (27 BSP and 18 VT-A/Farmers Training) in Dohuk and Ninewa governorates between 26 April to 23 May 2021. IOM also provided Cash for Work (CFW) to 113 beneficiaries in Ninewa and Anbar between the same period.

IOM in **Libya** published the "Assessment of the Socio-Economic Impact of COVID-19 on Migrants and IDPs in Libya," which takes into consideration both the economic and the social impacts of the pandemic on migrants and IDPs and focuses on the Libyan government's economic response and its consequences. The report can be downloaded from this [link](#).

In **Yemen**, IOM provided multi-purpose cash assistance (MPCA) as part of the Rapid Response Mechanism (RRM) to vulnerable newly displaced families with extremely limited economic resources to help them meet their basic needs and reduce their reliance on negative coping mechanisms, especially amid the COVID-19 pandemic. MPCA is considered as a robust response mechanism for its recognized effective and harmonized coordination structure. IOM is co-lead of the Rapid Response Mechanism in Yemen. In April, IOM completed MPCA transfers to 481 displaced households in Ma'rib. The cash transfers were conducted by an established financial service provider identified and contracted by IOM, and the transfers value changed to YER141,000 per family in the south and YER122,000 per family in the north of Yemen.

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