

13,378,853

Confirmed cases in more than 200 countries, territories or areas¹

580,045

Deaths

75,525

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

1,355

IOM movements cancelled

\$182M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²



Mobile Brigade on COVID-19 prevention in Bandua site in Buzi District, Mozambique. © William Baang/IOM 2020



New funds: \$134 M; Reprogrammed funds: \$48 M.

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the disease known as 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 17 July, about 13.4 million confirmed cases and over 580,000 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.

Global mobility continues to remain significantly impacted because of the COVID-19 related travel restrictions and measures. As governments and authorities continue to grapple with the myriad effects of the pandemic, changes in travel restrictions engender a dynamic mobility context. As of 16 July 2020, a total of 219 countries, territories or areas have issued 72,525 travel restrictions, indicating an increase of one per cent from 71,589 restrictions recorded on 9 July. There has been an increase of 18 per cent in other limitations such as new documents required for travel as well as an increase of nine per cent in medical restrictions. However, there has also been a simultaneous decrease of 27 per cent in restrictions on visas and a five per

cent decrease in restrictions on passengers arriving from specific countries, territories or areas. In parallel to existing travel restrictions, a total of 176 countries, territories or areas have issued 636 exceptions enabling mobility despite blanket travel restrictions. Between 9 - 16 July, 12 countries, territories or areas issued 19 new exceptions whilst 17 countries, territories or areas removed 35 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.

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

²Funding received excludes the [USD 25 million CERF contribution](#) which is towards NGOs rather than IOM's appeal. See [Global Crisis Response Platform](#) for more information.

SNAPSHOT OF IOM RESPONSE

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 Director General António Vitorino joined the [Center for Strategic and International Studies](#), a DC-based think tank, to discuss how IOM is adapting and responding to the COVID-19 pandemic. He emphasized the socioeconomic impact that the crisis is having on migrants in a global context. Underscoring the positive effects of donor countries in meeting priorities, the DG also expressed concern for the next year as governments balance domestic affairs alongside international humanitarian assistance, and stressed the need for migrants to be included in the health-care and economic recovery plans of member states. The recording is available [here](#).
- [IOM Argentina](#) has partnered with the leading NGO on social entrepreneurship, Ashoka, to conduct a mapping of social innovations and to launch the campaign "[Hola Argentina](#)", aimed at identifying and fostering multi-sector solutions to address the challenges of migration and the integration of migrants in the country.
- In [Brazil](#), IOM is implementing activities to guide and support Venezuelans to register to receive emergency cash aid from the federal government in the cities of Pacaraima, Boa Vista, and Manaus, benefiting more than 1,500 people. In addition, IOM's income transfer programme implemented in Paraná with Caritas and financing from the Central Emergency Response Fund (CERF) has reached the milestone of 1,000 beneficiaries. The programme aims to support vulnerable Venezuelan families who have been strongly impacted by the pandemic and participated in the federal government's internalization strategy.
- Also in [Brazil](#), IOM continues to work with [Cáritas Brasileira](#) in Brasília, Florianópolis, Porto Velho and São Paulo to host Venezuelan and other migrants impacted by COVID-19, having lost their jobs, income or housing. So far, 257 people have been provided with shelter. Moreover, in partnership with the São Paulo Municipal Department of Education and UNICEF, IOM supported the production of schoolbooks in French, English and Spanish. The distribution of materials started in mid-June in São Paulo to almost 4,000 refugee and migrant children, aged under 8 years who do not speak Portuguese as their first language.
- In partnership with the municipality of Santiago, [IOM Chile](#) has been providing rental subsidies to account for the loss of income that many migrant households

are facing as a consequence of COVID-19. The subsidies are full or partial payments for two months based on the criteria of vulnerability.

- [IOM Colombia](#) has been addressing the socioeconomic impacts of the pandemic in the sector of Montes de María in the Departments of Bolívar and Sucre. IOM has been strengthening the *Mesa de Garantías* for leaders and defenders through the delivery of food aid to 120 women and their families and the delivery of 72 sewing machines for the manufacture of masks as an economic reactivation mechanism that will benefit 225 families in the production process.

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 Rakhine State, [Myanmar](#), IOM organizes the Buthidaung Township Health Working Group meetings to coordinate COVID-19 response activities between implementing partners, with oversight from the Township Medical Officer.
- A UN [Nepal](#) team led by IOM's Chief of Mission conducted a COVID-19 response and recovery field monitoring visit in Province 1, and meetings with ministers as well as other provincial and municipal authorities. During the visit, IOM donated 20,000 surgical masks and 250 litres of hand sanitizer. Site observation visits were also organized to nine migrant holding centres in Kathmandu, Lalitpur and Bhaktapur districts managed by the COVID-19 Crisis Management Committee.
- In [South America](#), IOM has provided information to governments in the region on how COVID-19 has affected human mobility at national and regional levels. IOM has also disseminated information on measures that governments have put in place to reduce these impacts.
- [IOM Djibouti](#) has deployed an expert to the Ministry of Health to help build coordination among the various partners involved in responding to the pandemic in country.

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 9 July, IOM has assessed 3,528 PoEs (including 758 airports, 2,157 land border crossing points and 613 blue border crossing points) in 169 countries, territories and areas and 1,406 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 139 countries, territories and areas. Of the total number of locations of internal mobility assessed, 381 were internal transit points, and 1,043 comprised 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.

- IOM is monitoring cross-border movements across four flow monitoring points (FMPs) at the **Ugandan** border with **South Sudan**. During the month of May, a total of 7,738 movements were observed representing a 46 per cent increase in terms of average daily movements compared with April figures. However, the movements tracked in May 2020 represent a decrease of 77 per cent as compared to the same period in 2019. In addition, 47 per cent of the population tracked at FMPs self-declared as Ugandan while 23 per cent were South Sudanese, and 20 per cent were Kenyan. Since March 2020, a drop in the number of migrants has been observed due to mobility restrictions set by the government as a measure to control the spread of COVID-19.
- In **Somalia**, during the month of June, a total of 15,066 movements (70 per cent incoming and 30 per cent outgoing) were observed across seven FMPs. This represents a 41 per cent decrease in comparison with June 2019 figures. Since March 2020, IOM has included COVID-19-related indicators such as awareness of COVID-19 and the prevalence of chronic diseases in its Flow Monitoring Registry.

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

- In **Cameroon**, IOM released a dashboard presenting information on the displacement situation in the Far North Region of Cameroon. Between 25 May and 10 June, IOM conducted assessments across 964 locations including 33 new villages or sites with an

estimated 494,144 individuals (78,386 households). Information was collected on shelter type, available services, priority needs, and mitigation and sensitization measures taken in assessed localities in an effort to prevent and limit the spread of COVID-19.

- In **Mauritania**, IOM is monitoring transhumance movements through its transhumance tracking tool in collaboration with the National Grouping of Pastoral Associations (GNAP). Between 12 April and 23 June, IOM conducted interviews to analyse the level of understanding and awareness of COVID-19. Data was collected from 1,308 individuals in 22 localities, notably in the regions of Gorgol, Brakna, Assaba, Guidimagha, Hodh El-Chargui and Hodh El-Gharbi. Sensitization sessions on the disease and information on the means to limit contamination were also provided to participants.

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

Risk Communication and Community Engagement (RCCE)

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

- **IOM Libya's** medical teams led two focus group discussions for migrants on COVID-19 and its impacts on migrant communities, covering mental health and infection prevention.
- In **Colombia**, IOM is providing support to health authorities and the hospital network in the development of health information and education activities, through face-to-face and virtual meetings. These actions have benefitted 65,052 people so far, including officials from municipal/departmental health secretariats, hospitals/health posts and coordination committees, as well as host communities and the refugee and migrant populations in shelters across the country.
- In **Chile**, a health information session was coordinated in Antofagasta City for community leaders and public officials, with the aim of contributing, from a community perspective, to COVID-19 prevention and response in the region.
- In **Sudan**, IOM's Rapid Response Fund (RRF), through its partner, Concern Worldwide, trained 32 community volunteers (16 females and 16 males) on community hygiene promotion and COVID-19 prevention awareness in 10 gathering sites in El Geneina, West Darfur. The community volunteers used a megaphones to share information about basic sanitation and COVID-19. To date, at least 27

of these sessions have been conducted reaching at least 2,350 persons (1,222 females and 1,128 males). As latrines and shelter blocks are being constructed, the community volunteers have also ensured that sanitation awareness and latrine maintenance sessions are included.

- **IOM in Egypt** organized a week-long collaboration with migrants and community leaders as part of the “1,000 Kits for 1,000 Families” campaign. IOM contributed 1,000 colouring books on nutrition and hygiene, and 3,000 flyers on COVID-19 and mental health and stress management during the pandemic. Migrants in Cairo from Sudan, Yemen, Ethiopia, and Eritrea participated. In parallel, IOM Egypt also conducted COVID-19 health awareness session for Sudanese, Syrian and Yemeni community leaders.
- In **Indonesia**, as part of the coordinated emergency response with government and civil society responders, IOM organized RCCE sessions on COVID-19 with 99 Rohingya women, men and children who disembarked in Aceh on 25 June after a purported four months at sea.
- **IOM Marshall Islands** continues to lead on private sector coordination for COVID-19 preparedness training, and has developed and implemented a ‘Why wear a mask’ campaign to prepare communities in Majuro.
- In **Chuuk, Micronesia**, IOM and government partners participated in COVID-19 outreach to 15 communities, including 12 elementary schools. In Yap, IOM continues to support RCCE with the development of surveys and the procurement of necessary equipment to conduct community surveys.
- The **Nepal** RCCE team launched an awareness campaign on stigma, discrimination and fear against returnee migrants, health workers and COVID-19-infected persons. IOM leads the development of anti-stigma messages, particularly for migrants, and has mobilized civil society organizations sheltering vulnerable women returnee migrants to promote the campaign.
- **IOMPapua New Guinea** has supported and participated in a number of COVID-19 RCCE initiatives, including by facilitating transportation and public announcement systems, and distributing materials developed by the National Department of Health, reaching 6,806 people (3,792 males and 3,014 females).
- **IOM Viet Nam** has been assisting IOM UK to translate COVID-19 information targeting Vietnamese migrants abroad. IOM is working closely with the government and partners on the development and dissemination of risk communication materials to encourage mask wearing, adapt health assistance seeking behaviours, and address stigma and discrimination against people with COVID-19 symptoms.

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

- In **Zimbabwe**, IOM has participated in the facilitation of a Training of Trainers (ToT) conducted by the Government and WHO in the management of quarantine facilities to reinforce coordination, IPC, and the dissemination of the SOPs that will be cascaded to provincial teams in the 10 provinces of the country where there are 47 quarantine facilities serving returnees.
- **IOM Burundi** is providing training on COVID-19 prevention to 90 staff stationed at PoEs on the borders with the Democratic Republic of Congo, the United Republic of Tanzania, and Rwanda, in coordination with the Ministry of Health.
- In **Sudan**, on 23 June, IOM began providing support to the arrival by road of Sudanese returnees from Egypt. The returnees are tested for COVID-19 at a quarantine centre located in Khartoum. Between the 22 and 24 June, 1,325 returnees arrived. IOM conducted an assessment in the quarantine centre regarding the facility and its capacity, testing methodology and conditions, and site sterilization practices conducted by the Civilian Defence Force. IOM also liaised with the Ministry of Health to prepare medical staff to conduct COVID-19 tests for 435 returnees on 23 June.
- At the regional level in **South America**, IOM’s primary interface on PoE matters remains the Iber-American Network of Migration Authorities (RIAM) where IOM is the Technical Secretariat and provides expert advice, facilitates best practice exchange and resource access. IOM is currently supporting the RIAM Presidency Pro-Tempore (Panama) in developing the COVID-19 workplan for the remainder of 2020.
- In **Argentina**, PoEs at Tancredo Neves and Aguas Blancas-Bermejo have been strengthened through the provision of sanitary modules that allow for temperature checks and referrals to the nearest hospital. In addition, protection, prevention and detection items for COVID-19 were delivered to the National Directorate of Migration of Argentina to strengthen response capacities in the Triple Border and Aguas Blancas.
- With the support of **IOM Paraguay**, the General Directorate of Migration has completed the adaptation of spaces in its central office to respond to migrants’ needs and enhancing PoE interventions.
- **IOM Haiti**, in collaboration with the Ministry of Health, WHO and local partners, inaugurated quarantine centres at border crossings in Belladere and in Malpasse for health monitoring. IOM has also started the rehabilitation of the quarantine centre in Anse a Pitres.
- **IOM Zimbabwe** as the co-lead of the PoE pillar has created a PoE Working Group with UN partners and INGOs to improve the coordination of the response to COVID-19, jointly fill the existing gaps and respond to identified challenges.

Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at

National Laboratory Systems

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM continues to support the enhancement of national capacity for detection of COVID-19.

- Testing booths supported by **IOM Myanmar** have played a crucial role in collecting swabs in Kachin State and have allowed an increase in testing of suspected COVID-19 patients. IOM Myanmar is also supporting the Maungdaw Township Health Department with real-time surveillance information sharing in Northern Rakhine State. Contact tracing teams in Buthidaung Township are supported through the provision of personal protection equipment (PPE) and boat rentals.

Infection Prevention and Control (IPC)

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

- **IOM Libya** carried out several site sterilization fumigation and cleaning campaigns. Targeted locations were several disembarkation points, including the Tripoli Com Port, the Mena Al Tijari disembarkation point and the Abusliem detention centre, in which 135 migrants also received non-food items.
- **IOM Indonesia** procured PPEs to support the Government of Indonesia in various cities, as well as IOM health facilities.
- In **Myanmar**, IOM provided Maungdaw Township Health Department with 1,000 boot covers, 1,000 surgical masks, 3,400 cloth masks and 3,400 face shields.
- In **Iraq**, IOM set up COVID-19 screening and triage areas at IOM-supported health clinics in camps in Kirkuk, Ninawa, Dohuk, Anbar and Erbil. Furthermore, IOM conducted a three-day ToT course for nine Migrant Health Unit (MHU) staff members from 30 June to 2 July. The training covered IPC, the proper use of PPEs, and other related topics.

Case Management and Continuity of Essential Services

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

- **IOM Libya** continues to support four primary health-care centres (Alawaineya, 17 February centre,

Shouhada Abduljalel and Alsiraj) with medicines, medical consumables, and risk communication materials on COVID-19. During the reporting period, a total of 367 internally displaced persons were provided with primary care medical consultations.

- In **Brazil**, IOM has hired an ambulance to support the transport of patients between health units and the field hospital in Boa Vista. IOM's mobile health units are also continuing to provide care, one anchored in the basic health unit operating next to a field hospital, and the other moving between various locations.
- In **Mozambique's** Sofala province, IOM is continuing its support to the District Health Services to deliver outreach services to resettlement sites with particular attention to people living with chronic conditions such as tuberculosis, HIV, hypertension and other co-morbidities; since the beginning of June, six resettlement sites in Sofala province have been reached. From the medical consultations, 384 people have been assisted, including 52 patients with chronic conditions (mainly hypertension, diabetes and HIV) who have benefited from a health check and received either medication or counselling according to their health status.
- **IOM in Morocco** is promoting the continuity of care for migrants, especially for cases where migrants also have chronic health conditions, as well as for maternal and child health. A total of 867 migrants have been assessed through health referral and follow-up, including cases of sexual and gender-based violence and unaccompanied and separated children.
- In **Yemen**, IOM is providing support to 32 health facilities and nine mobile health teams across Abyan, Al Jawf, Aden, Al Baydah, Al Dhale'e, Amanat Al Asimah, Lahj, Marib, Sa'ada, Shabwah and Taizz governorates. Through these health facilities, 31,658 people, including 1,801 migrants, have thus far received health services. This support ensures that primary health care, cholera treatment, mental health and psychosocial support (MHPSS) as well as minor and major surgeries are accessible to affected populations during the COVID-19 outbreak.

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**, some 43,100 persons were reached during the reporting period through an MHPSS awareness raising campaign across different camps including in Ukhiya and Teknaf Upazila, Cox's Bazar shadar and Ramu Upazila. Various methods were used including Tomtom messaging, bicycle

messaging, and face-to-face sessions, with the host and refugee target groups. In addition, the MHPSS team and the medical team conducted three training sessions on "mental health, well-being and prevention of COVID-19" with 16 community leaders and/or teachers.

- **IOM Peru** has supported the drafting and implementation of pandemic-specific referral pathways for refugees and migrants from Venezuela who have been victims of trafficking in persons (TiP) or who could be potential victims. These referral pathways are now an integral part of the institutional and operational capacities of the Peruvian state. To

complement this initiative, over 100 public officials have been trained to detect potential victims.

- **IOM Ecuador** has produced an analysis on the situation of LGBTI+ migrants and refugees to identify their differentiated needs, capacities and protection gaps in the COVID-10 context. This will facilitate coordination and strengthen alliances with local partners working on the topic. Additionally, IOM has been working to assist victims of trafficking in coordination with NGOs and state institutions and has produced a handbook for journalists on how to report on cases of TiP, and a guide for police operations on trafficking.

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 10 July, 31 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 (50 per cent as of 10 July).
- **IOM's Resettlement and Movement Management (RMM)** operations have been severely impacted by the current crisis, although some limited resettlement movements have resumed. Of departures scheduled for between 11 February and 31 July, 1,355 movements have been cancelled, affecting 11,492 individuals, the majority of whom are resettlement cases.
- **IOM's immigration and visa processing programmes** have reduced activities, in adherence with health and local government directives. As of 15 July, there are no centres operating and assisting migrants at regular capacity, with 31 per cent having temporarily reduced operations and 69 per cent having temporarily closed.

New Programmatic Approaches

- IOM is supporting the wider UN system's ability to stay and deliver by making its network of clinics, laboratories and health workers available to UN staff, in particular those based in low-income duty stations where access to health services can be challenging. The Memorandum of Understanding for the project "**First Line of Defense**", was signed by IOM and the United Nations during the reporting period, covering health needs directly related to COVID-19, such as testing.
- 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 10 July, 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 have been 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.

- The **Site Management Support (SMS) Working Group**, the Shelter Cluster and the WASH Cluster have developed a multisectoral plan for COVID-19 risk mitigation and response targeting 25 IDP sites. The plan will work to upgrade living conditions and improve access to services through RCCE activities, site improvement works, decongestion and emergency shelter support, NFI provision, and improved access to water and sanitation facilities.

Information Sharing and Communications

- Since May, IOM has carried out at least seven health-related **research** efforts (in Nepal, the West and Central Africa region, Armenia, Burundi, Micronesia, Egypt and Sudan) on a variety of topics including: mobility mapping, the psychological effects of the pandemic on migrants, migrants' ability to access information, and the level of understanding and knowledge on COVID-19 among communities.
- **IOM's African Capacity Building Centre (ACBC)** in Moshi, Tanzania held its fifth internal webinar "COVID-19: Migrant Regularization and other Measures to Address Irregularity". The latest webinar provided an update on the impact of COVID-19 on the activities of regularization in the pan-African context and the registration of irregular migrants in Tanzania.



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