

IOM Appeal

| REGIONAL BREAKDOWN | TOTAL REQUESTED AMOUNT (USD) |
|--------------------------------|------------------------------|
| Asia and the Pacific | 24,550,000 |
| East, West and Southern Africa | 43,425,000 |
| Middle-East and North Africa | 17,050,000 |
| Europe and Central Asia | 9,975,000 |
| The Americas | 13,650,000 |
| Global and Regional levels | 7,450,000 |
| TOTAL | 116,100,000 |

All interventions proposed are in line with the WHO COVID-19 Global Strategic Preparedness and Response Plan (SRP) and will be aligned with OCHA-led Global COVID-19 HRP



DTM data collection at the Emeelt checkpoint in Ulaanbaatar, Mongolia on February 27, 2020. (Photo: IOM Mongolia)

CONTEXT

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People’s Republic of China; one month later, the World Health Organization’s (WHO) Emergency Committee declared the illness known as Coronavirus Disease 2019 (COVID-19) a Public Health Emergency of International Concern (PHEIC). COVID-19 was officially declared a pandemic on March 11, 2020.

As of 18 March 2020, more than 191,000 cases and over 7,800 deaths have been reported globally (WHO Sitrep 58; most recent figures can be found [here](#)), across 166 countries/territories. New cases and countries are emerging on a daily basis, and the situation is far from stabilizing. While some countries are in full-blown response mode, others remain in a state of preparedness.

Since the COVID-19 outbreak began, globally, IOM has been working with Member States and partners to prepare and respond to the outbreak, with operational and technical support in the areas of migration and health. The aim of IOM’s COVID -19 activities is to propose ways to support countries that may need additional resources – financial, technical or operational – for preparedness or response to help ensure further infections are prevented, and to assist health systems so they have the capacity to cope with COVID-19 from a mobility perspective. In coordination and partnership with relevant actors at global, regional and national levels, IOM will contribute to the overall objective of the WHO’s COVID-19 Global Strategic Preparedness and Response Plan (SRP) to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including the social impact.

The International Organization for Migration, UN Migration (IOM) has more than 65 years of experience – 430+ offices and 14,000+ staff worldwide, including thousands working specifically on health and community engagement – helping people on the move stay healthy.

CONTACTS

IOM RESPONSE

HEALTH RESPONSE

Building on [a first plan launched on 20 February](#), IOM launched a [revised Global Strategic Preparedness and Response Plan \(SRP\)](#) on 19 March that covers all of the regions of the world, and comprises a wide range of on-going and planned activities including, to name a few: emergence of humanitarian needs in new settings; cross-border coordination; capacity-building for government staff on disease surveillance; setting-up or enhancing hand-washing facilities at entry points; support with case management; monitoring and mapping of people's movements within and across borders; improvement of displacement sites to ensure site safety, hygiene and ensure that livelihoods are sustained; as well as the dissemination of information on how to stay healthy, specifically targeting migrants, refugees and displaced persons.

Since January, IOM has been working with dozens of governments to ensure that migrants and mobility are taken into consideration in COVID-19 planning and response, including in national preparedness and communication plans, among others. To that end, IOM has undertaken the following activities:

- **Cross-border coordination and capacity building for surveillance** efforts at points of entry (airports, seaports and land border crossings), utilizing [existing programming; in Afghanistan](#), for example, IOM staff were seconded to support cross-border surveillance;
- Coordinating with stakeholders to **fight against stigma and discrimination** and ensure migrants as a vulnerable group are included in national preparedness and public health planning, have access to health services, and are reached with communication and messaging regardless of their status;
- Leveraging community networks to **enhance risk communication and community engagement (RCCE) activities**, and ensuring information is communicated to migrants and mobile populations, for example in Afghanistan, Bangladesh and Yemen;
- Enhancing the provision of **water, sanitation and hygiene (WASH) services at points of entry** to support infection prevention control (IPC) efforts;
- [In-kind donations, for example, in Wuhan, China](#), of critical medical supplies to help protect frontline health-care workers. IOM is continuing to procure and supply critical medical supplies to protect frontline health workers; and

- **Population mobility mapping** to anticipate preparedness measures to be implemented in a strategic and prioritized manner (e.g. [Mongolia](#), Rwanda, Tanzania);

DISPLACEMENT TRACKING MATRIX (DTM)

In an effort to provide a global overview of the types of mobility restrictions as well as capture the multiple and complex forms of mobility restrictions, DTM has developed a database using information from IATA[1], WHO Situation Reports, and relevant media and official sources. The database and the two-page **Global Mobility Restriction Overview** that it produces, are used to provide daily reporting and analysis on mobility restrictions being enacted in response to COVID-19. The Overview is currently being used internally and shared with WHO, but is intended to be circulated more broadly at a later date. An Online Power BI Dashboard is now available externally for interactive analysis and mapping using the same data sources.

DTM has also developed an online tool to register transit points applying restrictions such as land border points, seaports, and airports that are applying restrictions locally. The aim of this **Country Level Restriction Mapping** is to provide a real time snapshot of the types of mobility restrictions being put in place at country level, as well as to capture the varied and complex forms of mobility restrictions that are being enacted at location-level in affected countries.

Primary data collection started on 13 March 2020 through DTM country missions, with mapping and analysis conducted at Global Level. As of 19 March, 46 countries had provided data on 746 points in total. Information collected includes main entry and exit points per country, main ground crossing points, types of transit point, locations, and any COVID-19 related health measures that have been set-up. The information collected feeds into the Global Mobility Restriction Overview and allows IOM country missions, regional offices and HQ to stay updated on the status of ports of entry/exit and crossing points, and how they might be affecting different types of movement.

Using DTMs historical Flow Monitoring data, DTM is engaging in **Inflow and Outflow Mobility Mapping** with an emphasis on understanding movements from and to countries and regions with higher prevalence of COVID-19. While movement across borders continues to be reduced due to border closures, understanding population mobility trends within and between certain areas is critically important to inform any public health preparedness or response strategy.

[1] <https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm>

Utilizing data from DTM's Central Data Warehouse (CDW) and IDMC, DTM will continue to monitor and map global presence of internally displaced persons into confirmed COVID-19 affected countries to support preparedness efforts and inform response.

A dedicated landing page on the [DTM Flow Monitoring Portal](#) has been rapidly developed to act as central page of repository and dissemination channel for DTM-related reports, maps and all outputs in relation to COVID-19 produced at country, regional, and global level.

OPERATIONAL UPDATES

OPERATIONAL CHALLENGES

Overall, IOM will continue to face **significant operational challenges** related to international movement of staff and beneficiaries, such as through lack of ability to support surge requirements, lack of ability to perform resettlement operations, additional complications with supply chains and so forth. IOM is working on firm countermeasures to ensure programming may continue (where possible and appropriate) with as few interruptions as possible, in order to serve our beneficiaries and contribute in the fight to combat COVID-19.

Based on local epidemiological realities and imperatives, and government decisions, IOM has had to **scale back or suspend some pre-migration health activities and movement operations** temporarily to guarantee the safety of the migrants as well as staff. As of 17 March, for example, IOM and UNHCR announced the **temporary suspension of resettlement travel for refugees**. This is a measure that will be in place only for as long as it remains essential. A number of health assessment centers have also been affected, with the closure of seven Migration Health Assessment Centres (MHACs) and the reduction of activities in 18 MHACs, with plans in place to reduce activities in another seven (as of 18 March).

The closure of MHACS means all appointments have been cancelled, though core staff continue to perform essential functions. At the same time, 22 MHACs are continuing business as usual. Where pre-migration health activities and movement operations continue, MHD has adopted several precautionary measures including, among others, the development of COVID-19-specific SOPs on IPC for IOM-run health facilities, and trainings.

Given the dramatic changes seen in global movement, IOM is working to collect information on **the impact that COVID-19 is having on supply chains** and the respective impact on IOM operations in terms of delays in procurement and potential gaps in assistance delivery. IOM is also actively participating in Pandemic Supply Chain Network (PSCN) discussions and in an inter-agency "self-assessment survey of COVID-19's impact on humanitarian logistics and supply chains."

Finally, with the number of travel restrictions that have been put in place, IOM's Standby Partners (SBPs) must also consider the risk of deploying their staff and roster members

who may not be able to return to their home countries. **SBPs are continuing to review and consider IOM's deployment requests**. But, before confirming support and a deployment, *location of deployment* and where experts are *deploying from* will need to be assessed. Guidance on SBP deployments is being updated in IOM's COVID-19 related Sharepoint files for access by staff. (more information on this below).

PARTNERSHIPS

IOM is closely engaged with the broader UN system on how to include migrants and migration in the COVID-19 response, such as with UNICEF on migrant children, with WHO and partners on migrants and refugees in camp and non-camp/humanitarian settings, as well as with the UN Migration Network Secretariat on promoting advocacy for non-discrimination and against stigma at Heads of Agencies level.

IOM has been working with external and internal partners and stakeholders at global, regional national and sub-national levels. For example, IOM is active at the global level in UN coordination forums, e.g. in its role as global co-lead for the CCCM Cluster, and sits on the SAG of the Global Health Cluster. In addition, IOM is an active partner in the Global Outbreak Alert and Response Network.

IOM is providing inputs into the Global Inter-Agency Appeal on COVID, which is being led by OCHA, and plans to contribute to the global humanitarian response plan initiated by the IASC Principals.

GUIDELINES AND GUIDANCE FOR OPERATIONS

IOM continues to produce (and contribute to) guidance both internally for its staff and missions, and for the broader international community.

IOM's [Camp Management Operational Guidance: Frequently Asked Questions](#) is now available.

The IASC's [Scaling-up covid-19 outbreak readiness and response operations in humanitarian situations - including camps and camp-like settings](#), which was developed jointly by IOM, IFRC, UNHCR and WHO, has just been finalized.

Other useful resources include:

- RCCE Working Group in the Asia Pacific: [COVID19 – how to include marginalized and vulnerable people in risk communication and community engagement](#).
- WASH Guidance: [WHO and UNICEF's Water, sanitation, hygiene and waste management for the COVID-19 virus](#).
- IASC Guidance: [Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak](#).

INFORMATION SHARING, COORDINATION AND COMMUNICATION

IOM continues to advocate for migrants' inclusion in risk communication planning. For example, in order to ensure that messages are migrant sensitive, IOM is an integral part of the interagency Risk Communication and Communication Engagement Working Group being led by WHO, UNICEF, and IFRC.

Additionally, in collaboration with the UN Network for Migration, IOM produced and disseminated a joint message on **stigma and discrimination**.

Internally, IOM has established a **coordination and communication workstream to support field operations**, with a heavy emphasis on preparedness; the workstream will inform strategies to be taken for the adaptation of IOM's response in different contexts. IOM HQ aims to provide answers and preparatory measures for field operations ahead of the spread of COVID 19, for the purposes of risk mitigation and effective response.

FURTHER RESOURCES

[IOM's Global Strategic Preparedness and Response Plan for Coronavirus Disease](#) was released on 19 March. The geographic prioritization of the appeal, which totals 116.1 million, is based on existing national and IOM capacities: over USD 43.4 million are to cover interventions in Eastern, Western, and Central Africa; more than USD 24.5 million are to be dedicated to the Asia-Pacific region; more than USD 17 million are for the Middle East and Northern Africa; over USD 13.6 million are for the Americas; and the remainder will support activities in Europe and Central Asia, as well as global interventions. This appeal will inform what IOM contributes towards the OCHA-led appeal that is currently in development.

- IOM HQ in coordination with its regional thematic specialists has **created a list of Focal Points (FP)** for COVID-19 related work.
- IOM has created a **COVID-19 dedicated Sharepoint** as a repository of guidance, recommendations, Information, Education and Communication (IEC) materials, and tools for use in operations
- Materials and documents both from IOM and other agencies, at global and field levels, are uploaded and filed regularly from HQ. Country offices are invited to upload relevant documents in the "Country Specific Guidance" and "Country Specific IEC" folders. All guidelines are treated as living documents and adapted as the situation evolves.
- IOM is working across all divisions of the organization, from the humanitarian and development divisions to the policy arm, to ensure that all efforts, requests, and information sent to the field offices are coordinated.

NEXT STEPS

IOM to draft an **Business Continuity Guidance for COs** to use as framework in determining:

- Which activities continue under a set of humanitarian criteria;
- If they continue, what appropriate measures should be taken under consideration;
- Criteria for continuation of non-humanitarian activities.

The IASC Principals agreed to develop a global humanitarian response plan for COVID-19. The approach would be to complement, not replace, WHO's Strategic Preparedness and Response Plan in a more consolidated and harmonized way.

IOM is in the process of identifying additional resources required to support these coordination and response efforts.