

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 Humanitarian Response Plan (HRP)



IOM's CCCM teams in Baidoa (Somalia) conduct COVID-19 awareness sessions for IDP community leaders. Baidoa is home to more than 250,000 displaced people. © IOM 2019

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. On 30 January 2020, 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), and on 11 March declared it a pandemic. **Since the outbreak began, as of 23 March, more than 332,000 cases and over 14,500 deaths have been reported globally.** Confirmed cases have been reported in 189 countries, territories and/or areas, with new cases and countries reporting on a daily basis.

The **unprecedented scope and severity of the mobility restrictions applied by governments and regions since the outbreak of the COVID-19 pandemic**, have had a complex and multifaceted impact on the global mobility context. A total of 174 countries, territories or areas that issued new or updated COVID-19 related travel restrictions as of 23 March. In the past few days, a total of 7,452 new travel restriction measures have been introduced, totaling at least 33,712 known COVID-19 related measures issued since the outbreak. While a preference for restrictions on all passengers alongside the closure of ports of entry may be observed through the measures issued over the past three days, countries, territories and areas continue to implement more diverse and simultaneous measures to restrict global mobility. Passenger restrictions based on arrival countries reported a 35 per cent increase over the past few days; there was a 23 per cent increase in medical restrictions; and 17 per cent increase in citizenship-based travel restrictions.

As cities and countries continue to impose lockdowns, **IOM is observing significant returns of people** including internal and cross-border migrants away from urban areas towards provincial areas or home countries. For example, after the announcement of lockdown measures in Bangkok in response to an increase in cases, thousands of internal migrants and migrants from neighboring countries left the city and returned to their home provinces or countries, including the Lao People's Democratic Republic, Cambodia and Myanmar. This may have the unintended effect of driving transmission in areas with less capacity to provide testing, isolation and treatment.

CONTACTS

IOM RESPONSE

HEALTH RESPONSE

The aim of IOM's COVID-19 health response is 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.

IOM is working to enhance existing national-level **disease surveillance systems** by linking mobility information to surveillance data, particularly among border communities and in migrant-dense areas. IOM is also conducting population mobility mapping in some locations (see more information below) to anticipate preparedness measures to be implemented in a strategic and prioritized manner. For example, IOM Mongolia has been assisting in tracking population flows for planning purposes and has updated existing research and data collection activities for assessing the socioeconomic impacts of COVID-19 and preparedness measures. In Burundi, IOM is conducting flow monitoring data collection for Ebola virus disease and is now utilizing flow monitoring data to inform the COVID-19 response.

IOM missions in some countries, including Bangladesh, Nepal and United Republic of Tanzania have been designated as lead/co-lead agency for **Points of Entry (POE)** within national response mechanisms. Globally, IOM continues to support national health authorities, both through support for ongoing triage (e.g. response to symptomatic undocumented Afghan returnees at the Pakistan-Afghanistan border), through the provision of critical equipment such as containers to allow for POE screening (e.g. along the Myanmar-China border), and through facilitating the establishment of triage centers at border points (e.g. between Haiti and the Dominican Republic). IOM is also enhancing its provision of Water, Sanitation and Hygiene (WASH) services at points of entry.

Additionally, where IOM's **pre-migration health activities and movement operations** continue, the organization has adopted precautionary measures including the development of COVID-19-specific Standard Operating Procedures (SOPs) on Infection, Prevention and Control (IPC) for IOM-run health facilities; refresher training for IOM staff on key issues including delivering COVID-19-related health education and counselling to the migrants; strengthening pre-embarkation checks focusing on respiratory infections; distribution of hand sanitizers and tissues to migrants before departure; and procurement of additional personal protective equipment for health workers. IOM's staff working in Health Assessment Programmes have also been called upon to contribute to national COVID-19 response activities in some locations.

IOM is engaging in procurement and supply of critical medical supplies to protect frontline health-care workers; for example, IOM has provided equipment, supplies and support for epidemiologists in Senegal and Guinea.

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, IOM is mapping and monitoring types of travel restrictions imposed by countries which can be viewed in the [Global Mobility Restriction Overview](#) website.

IOM has also developed an online tool to register transit points applying restrictions such as land border points, seaports, and airports. The aim of this **Country Level Restriction Mapping** is to provide a real time snapshot of the types of mobility restrictions at country level as well as capture the varied and complex forms of mobility restrictions at location-level in affected countries. Primary data collection was initiated on 13 March 2020 through country missions, with mapping and analysis conducted at the global level. As of 22 March, country baseline data has been collected for 73 countries with more countries expected in the coming days. Information collected includes the status of POE, and land and sea crossing points, and any COVID-19 related health measures that have been set-up. This information will feed into and enable a more comprehensive and real time global overview of restrictions to human mobility enabling IOM and partners to better respond.

IOM's border management teams are assisting in the data collection on mobility restrictions such as border closures, requirements for medical checks, changes in visa requirements, etc. IOM's global Immigration and Border Management team at headquarters will be working closely with its DTM team to further refine the data-collection tool based on its extensive experience working with border authorities.

Using DTM's historical Flow Monitoring data, IOM is engaging in **Inflow and Outflow Mapping**, with an emphasis on understanding movements to and from countries and regions with higher prevalence of COVID-19. While movement across borders continues to be affected by border closures, understanding population mobility trends within and between certain areas is critical to informing any public health preparedness or response strategy.

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

A dedicated landing page on the [DTM Flow Monitoring Portal](#) has been published to act as a central repository and means of dissemination of DTM-related reports, maps and other COVID-19 related outputs produced at country, regional and global level.

INTEGRATED IMMIGRATION AND BORDER MANAGEMENT (IBM)

In light of the cancellation of trainings and workshops, a key component of IOM's capacity development efforts in border management, IOM's IBM teams are **exploring innovative approaches to providing emergency technical assistance**, including virtual assessments and transition to e-learning.

OPERATIONAL UPDATES

OPERATIONAL CHALLENGES

IOM is **conducting internal surveys on the impact of COVID-19** on the organization's emergency operations. 49 missions have responded thus far, noting impacts in areas ranging from staffing and funding to supply chains and security. The programming most influenced thus far by COVID, according to responses from the field, are health, logistics, shelter-Non-Food Items (NFI), and protection.

Based on local epidemiological realities and imperatives, and government decisions, IOM has had **to continue scaling back or suspending some pre-migration health activities and movement operations** temporarily to guarantee the safety of the migrants as well as staff. As of 23 March 2020, 85 per cent of IOM's Migration Health Assessment Centre (MHAC) sites have either closed or reduced their health assessment services; only nine MHACs continue business as usual. The closure of MHACs means all appointments have been cancelled, though core staff continue to perform essential functions.

IOM's **Resettlement and Movement Management (RMM) operations have also been severely impacted** by the current crisis. Of departures scheduled between 11 February and 30 April, 866 movements have been cancelled, affecting 8,911 individuals, the majority of whom are resettlement cases. (Please see IOM's [joint statement](#) message with UNCHR, announcing the temporary suspension of resettlement travel for refugees.)

PARTNERSHIPS AND COORDINATION

Under the leadership of OCHA, IOM has worked closely with other Inter-Agency Standing Committee (IASC) agencies to produce the **COVID-19 Global Humanitarian Response Plan (HRP)** which will be officially launched on Wednesday, 25 March.

IOM continues actively participating in overall coordination mechanisms at national, regional and global levels, including through support to cross-border coordination mechanisms. Within all coordination fora, **IOM is advocating to ensure that migrants as a potentially vulnerable group are included in global, regional and national preparedness and public health planning.**

- In the Asia and Pacific region, IOM leads a Regional Thematic Working Group on Migrants and Refugees and COVID-19 along with UN and NGO partners and provides technical guidance to IOM missions at national level and for regional and global initiatives for migrant inclusion in COVID-19 response.
- In West and Central Africa, IOM is actively participating in the regional operational platform piloted by OCHA and WHO, and serves as the co-lead of the surveillance at POEs and cross-border coordination pillar. IOM also participates in the RCCE, Regional Response Teams (RRT) and logistics pillars.
- Around the world, IOM provides technical support to country-level, cross-border and regional coordination mechanisms. In Asia and Pacific, IOM missions in 10 countries support cross-border coordination through information sharing on hygiene and best practices, while in West Africa, IOM missions in Senegal, Burkina Faso, Guinea and Guinea Bissau support coordination at country level in the POE pillar, surveillance and cross-border coordination.
- IOM is closely engaged with the broader United Nations system on how to include migrants and a migration perspective in the COVID-19 response. For example, IOM contributed to the United Nations Network on Migration [statement](#), "COVID-19 does not discriminate; nor should our response."

GUIDELINES AND GUIDANCE FOR OPERATIONS

IOM continues to produce (and contribute to) guidance related to the COVID-19 response both internally for its staff and missions, and for the broader international community.

The [Camp Management Operations FAQs](#) (3rd edition, 20 March) have now been translated into Spanish while French and Arabic translations are in the process of being finalized. The guidance is already being adapted to the context of operations by various missions with camp management responses.

IOM has also been contributing to a variety of **inter-agency guidance documents related to COVID-19 and protection**. IOM has advocated for the mainstreaming of protection, including through the addition of specific points on the risks of Gender-Based Violence (GBV) and Child Protection in key COVID-19 response documents, and via discussions within the reference group on disability inclusion regarding common approaches and key messages on the inclusion of persons with disabilities in COVID-19 responses. IOM's protection team is also compiling COVID related guidance documents for IOM operations to guide a protection-sensitive response.

IOM has compiled and/or developed **immediate technical guidance for IOM's immigration border management programming** on the ground to assist with technical assistance to border authorities to support safe and orderly migration. These include:

- In close cooperation with IOM's Migration Health Department, providing guidance on personal protective equipment (PPE) needed, outlining standard operating procedures to be drafted in an expedited manner, and ensuring access to health at border crossing points and migrant reception centers.
- Sharing of expertise with the recent Extraordinary XXV Central American Commission of Migration Directors (OCAM) meeting and participating in border assessments to support in identifying recommended practices.

- Conducting webinars in English and French for IOM missions to best serve IOM's African Member States in the immediate immigration and border management response. These have been led by the IOM African Capacity Building Center.

INFORMATION SHARING AND COMMUNICATION

IOM works with **Risk Communication and Community Engagement (RCCE)** counterparts at global, regional and national levels to ensure that mobility is taken into account in public health messaging, and to ensure that information is communicated to migrants and mobile populations.

- In the Asia and Pacific region, IOM country offices in Afghanistan, Bangladesh, Cambodia, China, Lao PDR, Malaysia, Micronesia, Mongolia, Myanmar, Pakistan, Sri Lanka and Thailand are implementing RCCE activities, including outreach to migrants in schools and communities; development and translation of information, education and communication (IEC) materials in coordination with Ministries of Health; health education and hygiene promotion; contextualized messaging on COVID-19 prevention; and online messaging through existing social media sites.
- Regionally, in the Central America and the Caribbean, IOM provides communication and prevention messages through the MigApp, videos and so forth.

FURTHER RESOURCES

IOM's Global Strategic Preparedness and Response Plan for Coronavirus Disease was released on 19 March and can be found [here](#). The geographic prioritization of the appeal, which totals 116.1 million, is based on existing national and IOM capacities.



IOMs Camp Coordination and Camp Management (CCCM) teams in Baidoa, Somalia conduct COVID-19 awareness sessions for IDP community leaders. © IOM 2019