

**IOM REGIONAL STRATEGIC
PREPAREDNESS AND
RESPONSE PLAN FOR
THE MIDDLE EAST AND
NORTH AFRICA COVID-19**



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Mobile populations and vulnerable groups,
including migrants and displaced populations

Area: 15 countries in the in Middle East and North Africa

Total funding: 72,898,000 USD

Time: February – December 2020



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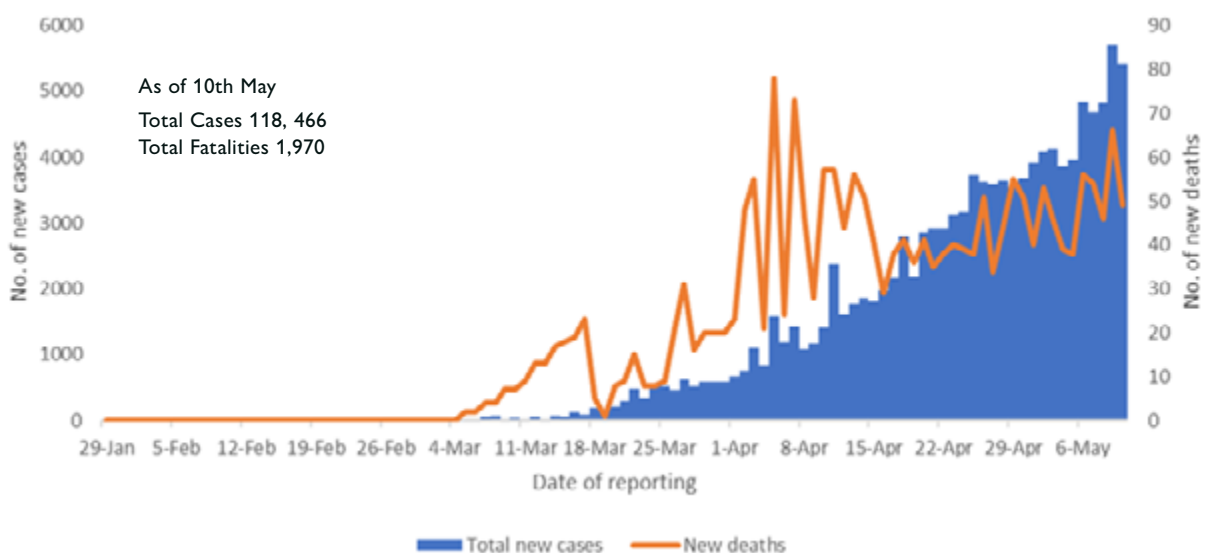
1. Regional situation overview

On 11 March 2020, WHO declared the novel Coronavirus Disease 2019 (COVID-19) a pandemic. Fifteen weeks after the first case of COVID-19 was reported in the Middle East and North Africa (MENA) region, 113,053 cases have been confirmed, resulting in 1,922 fatalities (as per 9th of May 2020). There is nowhere in the region that remains unaffected, with registered infections in all 17 countries and new cases reported daily. While the full effects of COVID-19 remain unknown, the pandemic continues to profoundly impact regional migration and mobility dynamics, with deep health, social and economic consequences for the most vulnerable, including migrants, displaced populations and their host communities, and returnees.

As the pandemic unfolds, multiple countries simultaneously contend with complex and often protracted crises.

The MENA region is uniquely vulnerable to the devastating impacts of COVID-19. As the pandemic unfolds, multiple countries simultaneously contend with complex and often protracted crises. In these settings, the fragility of health systems, combined with limited disease surveillance capabilities, has created environments conducive to rapid COVID-19 transmission and higher mortality rates. Infection prevention and control capacities are also insufficient, with limited availability of in-country laboratory testing for COVID-19. Furthermore, rapid and largely unmanaged urbanization, has generated suboptimal conditions for disease containment. This is acute in camp and

Chart 1 – Total Number of COVID-19 cases and fatalities in the MENA Region as of 5 May (Source WHO) 2020



camp-like settings, and informal settings, where migrants and displaced persons often reside. Communities in these locations are exposed to high density living conditions with limited services, inadequate sanitation facilities and a lack of livelihoods, heightening pre-existing health, social and economic vulnerabilities.

The region's complex health dynamics are expected to worsen the impacts of COVID-19. High levels of chronic and non-communicable illness, such as cardiovascular disease, cancer and diabetes as well as communicable diseases in emergency settings contribute to higher comorbidity and mortality rates in areas with COVID-19 outbreaks. Against this context, migrants and displacement-affected communities are some of the most vulnerable populations, with cultural, linguistic and legal barriers impeding access to health promotion programming, disease prevention, treatment and continuum of care.

Beyond the public health threats posed by COVID-19, mobility restrictions are also devastating the social and economic lives of millions, with the daily movement of people, goods and services coming to a near complete stop. Disruption in global value and supply chains combined with an abrupt fall in commodity prices are also amplifying pre-existing vulnerabilities. Migrants and displaced communities are disproportionately affected by this economic downturn. For migrant workers employed in short-term or informal occupations, this translates into loss of jobs and income, payment delays, and food and clean water shortages. For displaced communities, many of whom work in day-wage employment, this results in rising poverty and heightened economic vulnerability. Movement restrictions are also increasing the difficulties faced in sending remittances, spreading economic and social vulnerabilities beyond borders. This context of financial insecurity opens space for labour exploitation, including human trafficking.

Migrants and displaced communities are disproportionately affected by this economic downturn.

The region is also one of the most crisis-stricken parts of the world. Protracted conflicts and climate-related disasters have driven large waves of displacement alongside the physical destruction of property and critical infrastructure. Crisis-affected locations in the region are characterized by deep recessions, worsened fiscal positions and fragile institutions, all of which continue to cause unprecedented levels of displacement. It is estimated that 14.2 million people live in internal displacement as a result of conflict, violence and disasters across the region.¹

The region is also one of the most crisis-stricken parts of the world. Protracted conflicts and climate-related disasters have driven large waves of displacement alongside the physical destruction of property and critical infrastructure.

Those caught up in conflict may be some of the hardest populations to reach and monitor, yet simultaneously the most ill-equipped to protect themselves against COVID-19 infection. They experience substantial limitations on access to water, sanitation, health care, food and adequate housing, increasing their exposure to COVID-19 contamination risks while reducing immunity and resilience. Displaced populations in camps, or camp-like settings, are highly vulnerable to contracting infectious disease, frequently living in overcrowded conditions where infections can easily spread. The health and economic consequences of COVID-19 are also liable to strain relations between governments and citizens. This could have a devastating impact in fragile and conflict-affected settings, where the lack of capacity to deliver basic services can impact the preservation of public order.

The Middle East and North Africa has:

409 million people

39,7 million international migrants

25,7 million of the world's international migrants in 2019 originated from the region

14,2 million Internally displaced persons

Migrants and displaced individuals are also experiencing increased stigmatization, discrimination and xenophobia.

The enforcement of movement restrictions to reduce transmission has also exposed migrant workers and displaced individuals to a greater risk of violence. Many migrant domestic workers are experiencing heightened work pressure and longer working hours as their employers spend more time at home. In congested living spaces, such as camp and camp-like settings, cases of violence, including gender-based violence (GBV) are also likely to increase. In this context, women, youth and other persons in need of specific care and protection, including migrant children, may be unable to access services, including information support networks,

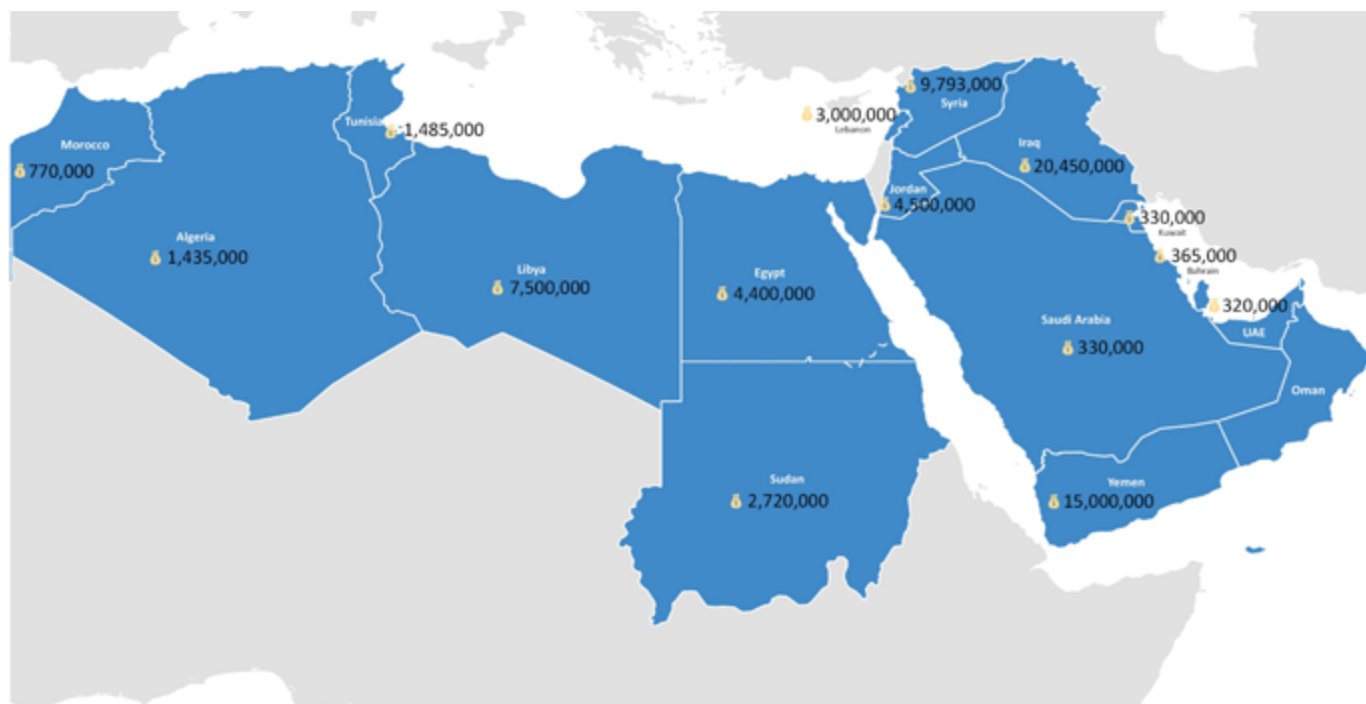
with scaled back support due to movement restrictions and lack of social safety nets reducing their resilience to the physical and psychosocial effects.

Together as many communities fearing COVID-19 transmission, migrants and displaced individuals are also experiencing increased stigmatization, discrimination and xenophobia. This can result in exclusion from public health information programmes, testing, contact tracing and treatment, increasing the risks posed by COVID-19 and creating fertile ground for the rapid transmission of the disease. Even when effectively engaged, these communities may also lack the financial means or space needed to manage periods of self-isolation or quarantine. The negative consequences of this are significant, with fear of reprisal and discrimination impeding access to various health and other basic services, something that can have devastating results for those with underlying medical conditions. Irregular migrants may be even more reluctant to access such services for fear of arrest, detention and deportation.

In this rapidly evolving context, data must also be leveraged to comprehensively understand the effect of the pandemic on mobility. This will ensure that responses are targeted and that vulnerable communities are not left behind in ongoing scenario planning and programme implementation. As COVID-19 is not discriminatory, it is important to use robust data to understand its transmission patterns, inform responses and generate a “whole of society approach.”

Women, youth and other persons in need of specific care and protection, including migrant children, may be unable to access services, including information support networks, with scaled back support due to movement restrictions.

2. Funding requirements



"This map is for illustration purpose only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM."

Total funding: 72,898,00 USD
Time: February – December 2020

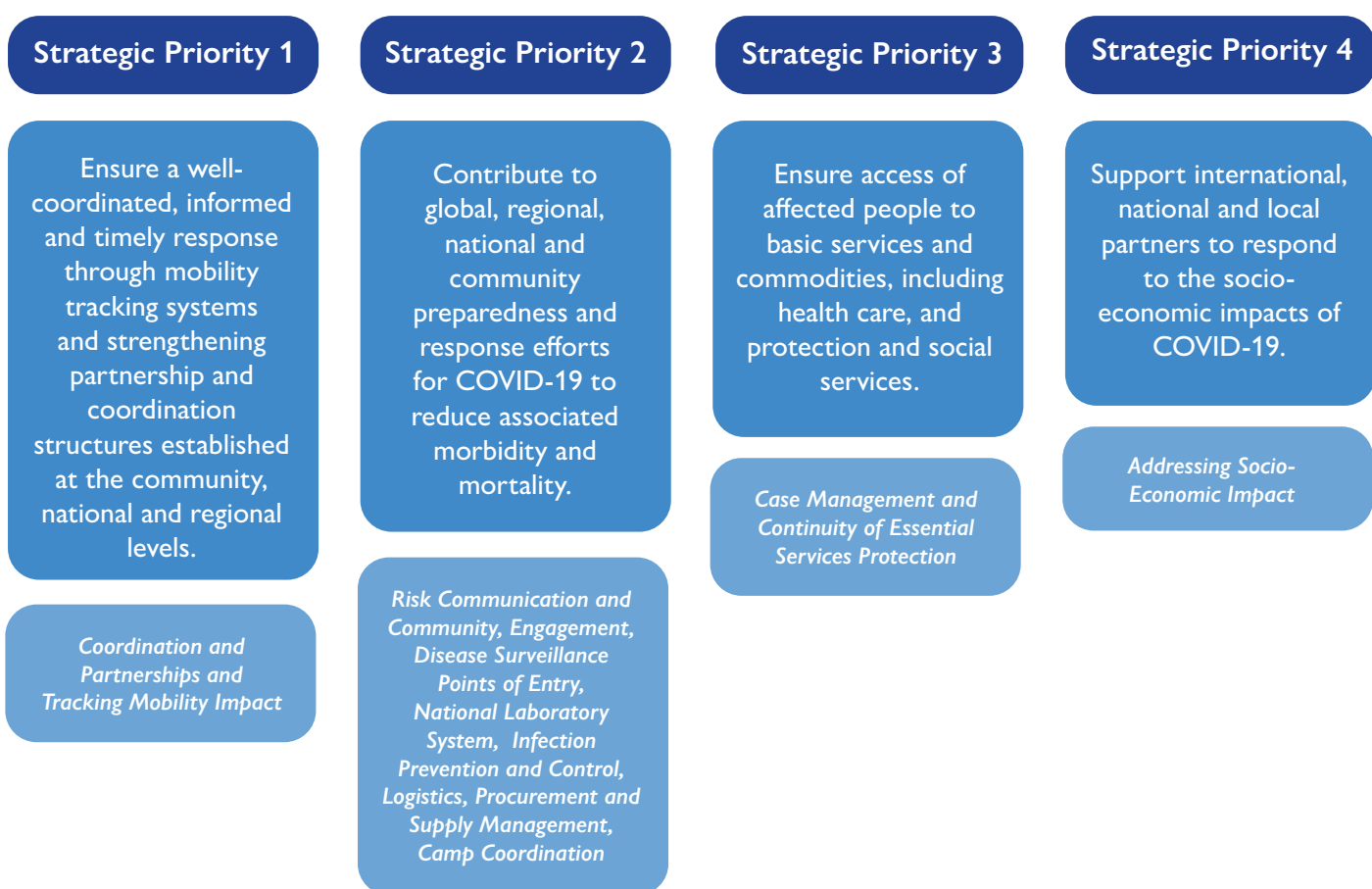
FUNDING REQUESTS PER SUB-REGION

PILLARS	North Africa	Middle East	GCC	RO	TOTAL
(1) Coordination and Partnerships	545,000	620,000	255,000	500,000	1,920,000
(2) Tracking Mobility Impact	750,000	1,068,500	300,000	-	2,118,500
(3) Risk Communication and Community Engagement	1,185,000	1,433,200	1,170,000	-	3,788,200
(4) Disease Surveillance	1,100,000	1,084,100	1,500,000	-	3,684,100
(5) Points of Entry	2,750,000	2,917,400	1,150,000	-	6,817,400
(6) National Laboratory System	1,220,000	1,322,500	-	-	2,542,500
(7) Infection Prevention and Control	2,000,000	5,348,500	1,060,000	-	8,408,500
(8) Logistics, Procurement and Supply Management	390,000	5,139,600	20,000	-	5,549,600
(9) Camp Coordination and Camp Management	-	2,068,500	1,500,000	-	3,568,500
(10) Case Management and Continuity of Essential Services	2,280,000	6,976,200	2,000,000	-	11,256,200
(11) Protection	2,840,000	2,758,500	860,000	-	6,458,500
(12) Addressing Socio-Economic Impact	3,250,000	7,006,000	6,530,000	-	16,786,000
TOTAL	18,310,000	37,743,000	16,345,000	500,000	72,898,000

3. Strategic Approach

As per IOM's global [Strategic Preparedness and Response Plan](#) (SPRP), IOM in the Middle East and North Africa (MENA) region is working to implement a well-coordinated, comprehensive, equitable and timely response to halt COVID-19 transmission, limit the humanitarian and socio-economic effects of the pandemic, and prepare communities for longer term-recovery. IOM's approach to disease outbreaks is anchored in **IOM's Health, Border and Mobility Management Framework**. The framework links population mobility with disease surveillance and creates a platform to enhance country-specific and multi-country interventions. It emphasizes the importance strengthening health systems along mobility corridors in line with the 2005 International Health Regulations (IHR).

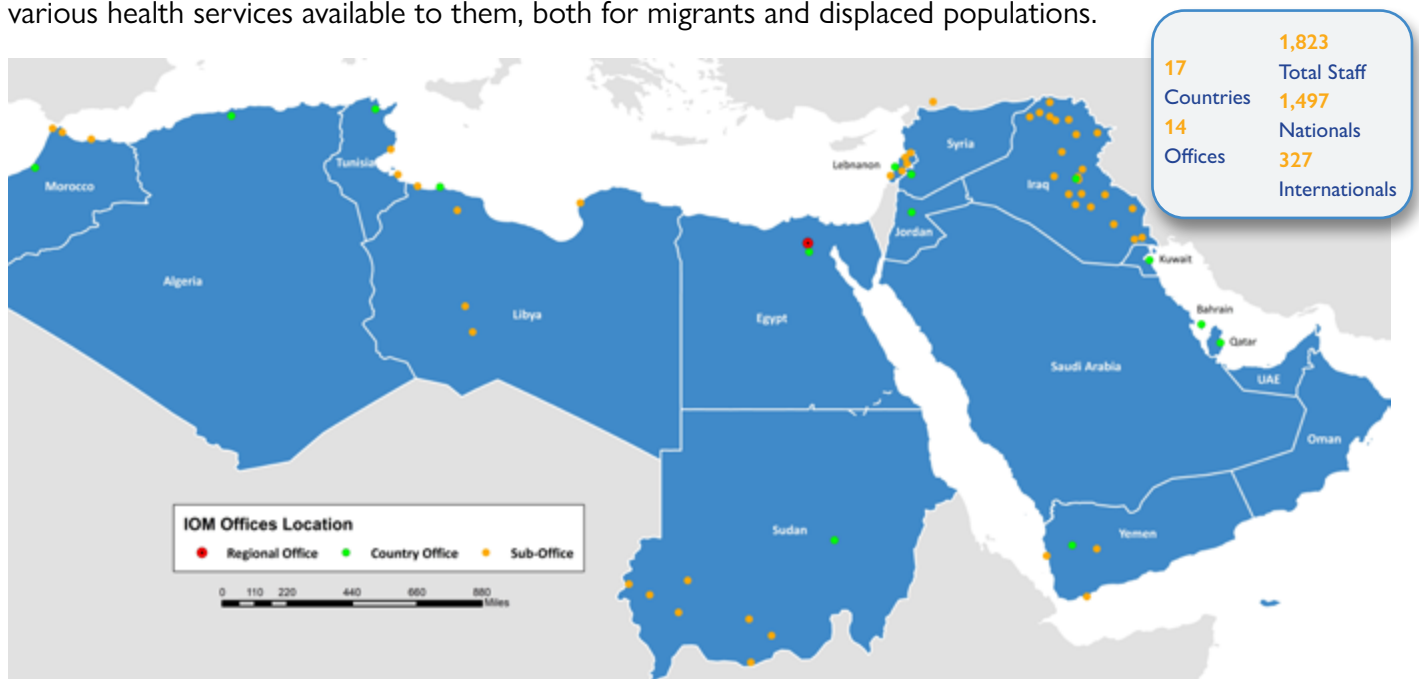
IOM's regional Strategic Preparedness and Response Plan is aligned with the UN Global Humanitarian Response Plan (GHRP) for COVID-19. It is also harmonized with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision; the UN framework for the immediate socio-economic response to COVID-19² ; and country-level Preparedness and Response Plans (PRP). Coupled with this SPRP, IOM intends to focus on four strategic priorities at the community, national and regional levels:



4. IOM Capacity to Respond

IOM, as part of the Inter-Agency Standing Committee (IASC), and in partnership with WHO, United Nations organizations and coordination groups as well as non-UN stakeholders, is assisting Member States (MS) and partners in the region to prepare for and respond to COVID-19, with operational, technical and policy support. Reflecting the global reach of the Organization, IOM's Regional Plan includes actions in more than 15 affected countries, including programming in both humanitarian and development settings, depending on the unique needs of affected communities. IOM is experienced in supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, and advocates for inclusive approaches for both migrants and displaced populations to minimize stigma and discrimination.

In the region, IOM has assisted migrants, displaced populations and host communities to improve health status by providing essential health-care services, including mental health and psychosocial support (MHPSS). IOM also works with governments and other partners, such as WHO to strengthen national health systems and achieve universal health coverage by ensuring inclusion of migrants in national health policies as well as equity in their access to health care. However, many migrants and displaced populations still lack access to health promotion, disease prevention, treatment and continuum of care, due to various barriers including linguistic/cultural barriers and legal status. In many places, COVID-19 burdens already weak health systems and poses unique challenges, such as infodemic and xenophobia leading to exclusion of migrants and displaced populations for testing, contact tracing and treatment. This increases vulnerability, especially for those with underlying medical conditions and/or living in overcrowded conditions, and who are afraid of coming forward to access to various health services available to them, both for migrants and displaced populations.



In each country where it is operational, IOM participates in the UN Country Team or the UN Humanitarian Team and coordinates with key humanitarian and development actors. IOM also serves as global co-lead on camp coordination and camp management and as coordinator of the UN Network on Migration. Such roles have prepared IOM to coordination responsibilities for migration and COVID-19 and help develop a comprehensive response planning across health, humanitarian and development domains. Furthermore, both at regional and country level, and in collaboration with Global Migration Data Analysis Center (GMDAC), the IOM Regional Office continues supporting MSs to develop national capacities to collect reliable and comparable migration statistics, aligning its work to the 2063 African Union (AU) Plan of Action and its Strategy for the Harmonization of Statistics in Africa (SHSA) in support of the AU STATAFRIC.

IOM in the MENA region has 14 offices in 17 countries and 1,800 staff across the region – including those working specifically on health and protection, humanitarian programming, community engagement and supporting points of entry – and a strong network of partners. IOM is uniquely placed to respond to this public health crisis and address the associated socio-economic challenges.

5. IOM Areas of Intervention in MENA Region

Below activities are in line with IOMs global Strategic Preparedness and Response Plan (SPRP):

Pillar 1 Coordination and Partnerships ————— **\$1,92 Million**

Strengthening, reinforcing and supporting national, regional and cross-border coordination in regards information sharing and preparedness and response planning, alongside ensuring continuation of services for populations in need; and advocating that all migrants can access services, without fear of stigma or discrimination.

Pillar 2 Tracking Mobility Impact ————— **\$2,12 Million**

Provision of a comprehensive understanding of the effect of COVID-19 on mobility through mapping global travel restrictions and visa changes, monitoring and mapping of Points of Entry (POE) and status of flows, tracking the presence of stranded migrants and vulnerable populations in border areas and other locations, and strengthening networks of key informants for remote data collection.

Pillar 3 Risk Communication and Community Engagement (RCCE) ————— **\$3,79 Million**

Ensuring, mobility is considered in public health messaging, and that migrants and displaced populations have access to timely, contextually specific and correct information.

Pillar 4 Disease Surveillance ————— **\$3,68 Million**

Supporting governments in strengthening disease surveillance, such as among border communities and at POE. This includes community-events based surveillance (CEBS), data collection and population mobility mapping exercises for high-risk areas to better understand mobility trends, and inform regional and national preparedness and response plans - whilst ensuring information is integrated into national surveillance and reporting mechanisms.

Pillar 5 Point of Entry (PoE) ————— **\$6,82 Million**

Supporting governments at priority POE, including airports, land and blue border crossing points. This includes: active surveillance, technical and operational support such as development of guidance/standard operating procedures, training of national authorities and stakeholders, improvement of infrastructure (e.g. construction of isolation facilities), as well as provision of WASH facilities at POE.

Pillar 6 National Laboratory System ————— **\$2,54 Million**

Supporting enhanced national capacity for detection of COVID-19, such as through the provision of trainings, and operational support for packaging and transfer of laboratory samples, including both national and cross-border support.

Pillar 7 Infection Prevention Control (IPC) ————— **\$8,40 Million**

Strengthening the provision of critical WASH facilities and services in health care facilities, camps, POE and displacement settings. IPC also involves the development of e.g. protocols, and guidance on handwashing, waste disposal, and site planning (including e.g. contingency spaces, and quarantine areas), and training.

Pillar 8 Logistics, Procurement and Supply Management ————— **\$5,55 Million**

Engaging with relevant stakeholders to support supply management efforts, through the procurement, storage and distribution of critical supplies through enhanced operational and logistics support, stockpiling and coordination.

Pillar 9 Camp Coordination and Camp Management ————— **\$3,57 Million**

Supporting national and local authorities to develop contingency and response planning for ensuring continuation of services in existing displacement sites at risk, as well as preparedness for increased displaced populations, including the improvement of displacement sites to ensure site safety, hygiene and livelihoods are sustained.

Pillar 10 Case Management and Continuation of Services ————— **\$11,26 Million**

Provision of technical and operational support to governments, as well as provision of life-saving primary health care, continuation of essential health services, procurement of critical medicines, personnel, diagnostics, medical supplies and infrastructure support.

Pillar 11 Protection ————— **\$6,46 Million**

Enhancing national capacities to ensure the protection and access to services of all migrants, displaced populations and local communities. This includes strengthening existing protection mechanisms and social services, community engagement and outreach mechanisms to ensure participation and enhance accountability to affected populations.

Pillar 12 Addressing Socio-economic impact ————— **\$16,79 Million**

Assessing the impact of disruption of the ongoing crisis on migrant, displaced populations and host communities in terms of their financial and socioeconomic well-being and development, as well as facilitating the development of policies and mechanisms that improve remittance services to migrants.

COUNTRY ANNEXES

1. North Africa

	Algeria	Egypt	Libya	Morocco	Sudan	Tunisia	TOTAL
(1) Coordination and Partnerships	10,000	200,000	300,000	20,000		15,000	545,000
(2) Tracking Mobility Impact			550,000		200,000		750,000
(3) Risk Communication and Community Engagement	25,000	350,000	550,000	100,000	120,000	40,000	1,185,000
(4) Disease Surveillance		350,000	650,000			100,000	1,100,000
(5) Points of Entry	150,000	500,000	1,500,000		500,000	100,000	2,750,000
(6) National Laboratory System		750,000	450,000	20,000			1,220,000
(7) Infection Prevention and Control	50,000	500,000	1,000,000		400,000	50,000	2,000,000
(8) Logistics, Procurement and Supply Management	40,000	350,000					390,000
(10) Case Management and Continuity of Essential Services	500,000	300,000	750,000	30,000		700,000	2,280,000
(11) Protection	60,000	800,000	1,250,000	500,000	200,000	30,000	2,840,000
(12) Addressing Socio-Economic Impact	600,000	300,000	500,000	100,000	1,300,000	450,000	3,250,000
TOTAL	1,435,000	4,400,000	7,500,000	770,000	2,720,000	1,485,000	18,310,000



People's Democratic Republic of Algeria

Staff Capacity: 37 staff

Office and sub office: Algiers (main)

Contact details: Elena Imberti, eimberti@iom.int

Appeal: 1,435,000 USD

COUNTRY OVERVIEW:

To respond to the pandemic, the Government of Algeria has taken significant measures, including cancellation of international and domestic flights, restrictions on international and in-country movements, suspension of public transportation, closure of restaurants and public spaces, and partial quarantine and curfews. The restriction of international and in-country movements resulted in a growing number of migrants becoming stranded in Algeria, facing mounting obstacles in access to livelihood opportunities and services. The pandemic is exacerbating the already dire living and working conditions of migrant communities. Given the difficult scenario, without jobs and with the majority of services disrupted, in addition to reduced provision of assistance from civil society organizations (CSOs) and international organizations, migrants may find themselves forced to accept work under exploitative conditions and are increasingly vulnerable to abuse, violence and exploitation.

IOM has been coordinating with the Government of Algeria on the national COVID-19 response and continues to advocate for assistance to migrants and host populations in need, to facilitate access to health services and for their socio-economic support. For example, IOM is hosting 18 migrants at the migrant transit centres in Algiers and providing them with food and the necessary non-food items (NFIs), including the provision of essential medicines. All migrant transit centres as well as the IOM office are equipped with handwashing stations, alcohol-based hand rubs and information material in order to prevent the spread of COVID-19. Awareness-raising sessions for migrants on COVID-19 have been held by IOM counsellors, and through an agreement with the Algerian Association of Psychologists (SARP), IOM has been providing virtual psychosocial support sessions for migrants hosted at the transit centres.

Mission's key planned response:

- Advocate with the Government to: i) facilitate access to emergency health care for irregular and/or undocumented migrants in compliance with national legislation; and ii) include migrants in the Government's National Response Plan, to prevent stigma and discrimination.
- Provide technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored so that migrants are included in national outreach campaigns.

- Promote RCCE activities, transmitting culturally appropriate, accurate, timely and user-friendly information on the health facilities available for COVID-19 testing, care and treatment for refugees and migrants. This will be through the local COVID-19 hotline, setup of complementary communication structures and outreach to communities via social media. Activities will also focus on prevention of violence and discrimination through social cohesion messaging and activities.
- Engage with national authorities and UN partners to support the procurement, storage and distribution of critical supplies, including PPE.
- Support active surveillance including through provision of health screening equipment and isolation facilities at POE, in coordination with the Ministry of Health.
- Train immigration and border/port health staff on SOPs to manage ill travelers, and on infection prevention and control, including intercultural communication and considerations.
- Support to upgrade connectivity between POE and central authorities, including adequate provision of WASH services at POE.
- Ensure the scale-up of WASH services in migrant transit centres and migrant communities and their alignment with relevant infection prevention and control measures.
- Create MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine. Deploy psychosocial mobile teams linguistically and culturally able to serve migrants and mobile populations without any barriers, including provision of MPHSS services to stranded migrants through e-counseling in collaboration with specialized service providers.
- Set up a technological solution allowing for comprehensive data collection, case management and the provision of essential services, during and following the pandemic.
- Assist stranded migrants by screening for vulnerabilities and facilitating referral to specialized services. Enhance support for the inclusion of all migrants, without discrimination, in ongoing preparedness and response plans to avoid stigmatization, including through virtual counselling.
- Distribute food and NFIs, and provide shelter to vulnerable migrants and local community households in proportion to needs as impacted by COVID-19.
- Provide basic needs assistance through multipurpose cash grants to support migrants and host community households in distress and not currently covered under other basic needs programmes.
- In the medium-term, implement a cash for work initiative to encourage the transition from informal to formal employment for migrants, mobile populations and host communities in situation of vulnerability and thus promote safe and regular labour opportunities, as well as promote social cohesion.



Arab Republic of Egypt

Staff Capacity: 143 staff

Office and sub office: Cairo (main)

Contact details: Shirley de Leon, shdeleon@iom.int

Appeal: 4,400,000 USD

COUNTRY OVERVIEW:

Egypt's large, dense and urban-centric population of close to 100 million, with more than 6 million migrants, makes it uniquely vulnerable to the threats of the virus. Added to this, Egypt spends less than 5 per cent of its GDP on health, and its health-care services are limited with 1.6 beds per 1,000 population. There is also a shortage of specialized doctors and para-medical staff due to relocation of high-quality doctors to the Gulf and western countries. The health-care system thus faces the burden of providing health-care services without enough resources for both Egyptians and migrants.

IOM estimates that there are around 900,000 to 1 million migrants and refugees in vulnerable conditions in Egypt. Among them, although official statistics are not available, the percentage of those who are over 65 years old is estimated to be between 10 and 12 per cent of the total³, or 90,000 to 108,000 migrants. Added to this, the percentage of migrant population with underlying medical conditions, such as hypertension and diabetes is quite high. Based on IOM health assistance provided to migrants aged between 18 to 79 years for the past 24 months, there is a high prevalence of hypertension (32%) and diabetes (20.3%). These two elements combined or separated put migrants and refugees at a higher risk of severe infection with COVID-19.

Beyond the health-related impacts, the COVID-19 outbreak will have more longer-term socio-economic consequences: The UN Country Team in Egypt expects this pandemic could bring about economic impacts and employment disruption, in particular in key sectors such as tourism, construction, Micro, Small and Medium-Sized Enterprises (MSME's), trade and supply chains, manufacture, agriculture, and food and nutrition security⁴. While the civil society organizations in cooperation with the private sector started parallel campaigns to support those mostly affected, no initiatives have been specifically targeting refugees, asylum seekers and migrants residing in Egypt and their host communities. The need to present immediate and urgent actions to address this increased demand of supporting every-day life of this vulnerable group is necessary.

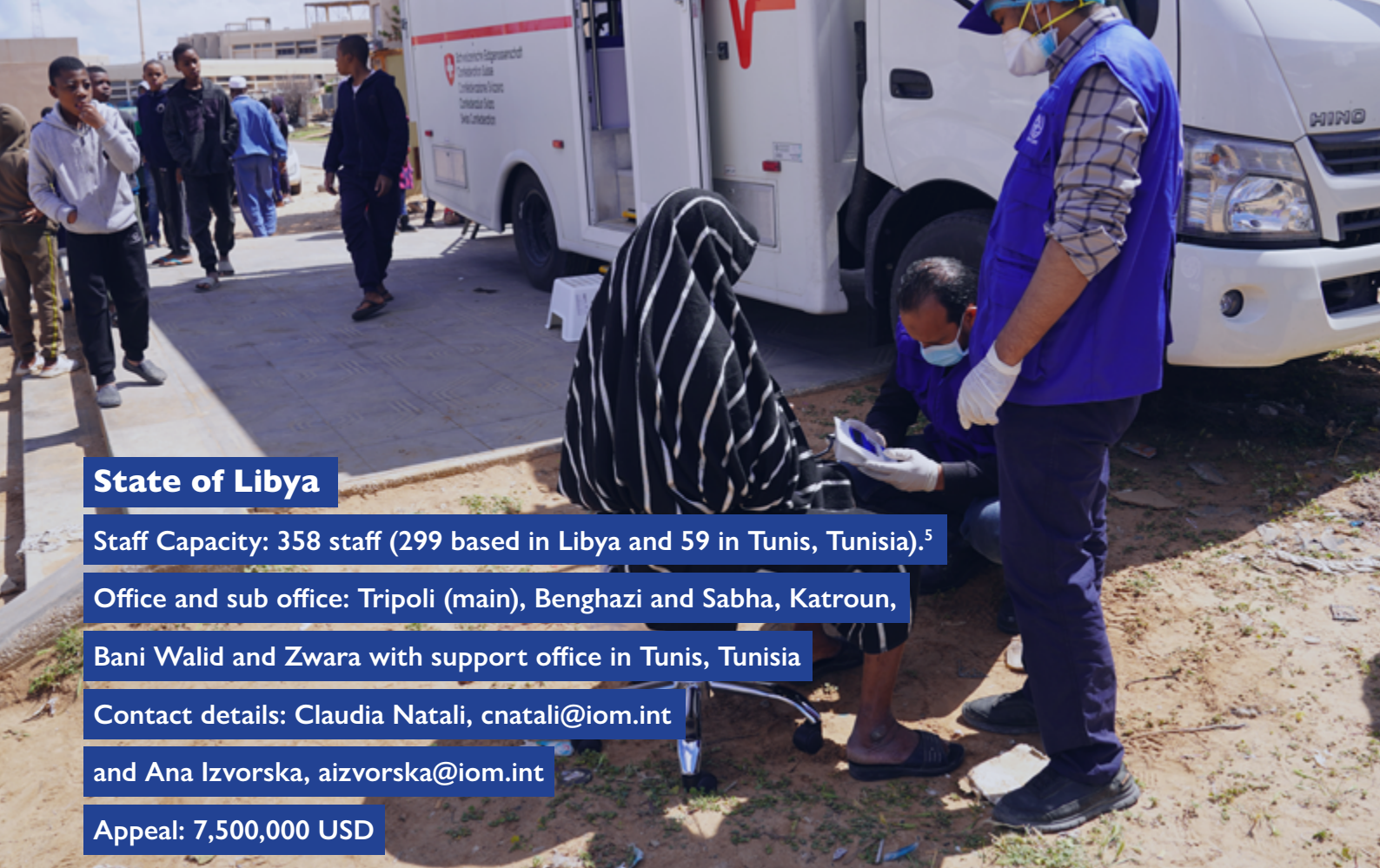
Mission's key planned response:

- Assess needs and build the Ministry of Health and Population (MoHP) capacity on preparedness and response to COVID-19 through targeted trainings to strengthen its risk communication unit and provision of required equipment.
- Create information surveillance corridors in collaboration with migrant community leaders through IOM's existing Migrant Community Council to identify at-risk migrant groups, refer to hospitals and medical centers when needed health assigned centers and monitor cases within the migrant community.

³ Based on the assumption that the age distribution among vulnerable international migrants in Egypt follows the distribution of international migrants worldwide: according to IOM 2020 Migration report, the share of international migrants above 65% ranges from 10 to 12%.

⁴ UN Country Team Egypt, Leaving no one behind in the time of COVID-19, forthcoming, 2020

- Activate consular focal points with embassies from main migrant communities to share information about services to migrants and refugees and maintain circular communication streams.
- Support national authorities in strengthening disease surveillance among border communities and at POE.
- Supporting the enhancement of cross-border cooperation on health surveillance at POE.
- Train health workers (clinicians, laboratorians, surveillance officers) in detection, monitoring and evaluation of events and cases, with clear guidance for follow up disseminated at national and intermediate levels; document that health workers have received training.
- Utilize the data collected at IOM's Migration Health Assessment Centre during resettlement and other-related medical screenings to identify new trends in disease patterns in refugee and migrant communities.
- Procure and disseminate required medical devices and rapid screening kits and PCR kits for COVID-19 testing to the central laboratories of the Ministry of Health, POE and medical quarantine locations to increase capacity in the diagnosis of COVID-19.
- Support the assessment, enhancement and implementation of POE-specific standard operating procedures for detection, notification, isolation, management and referral. This includes enhancing the capacity for front-line border officials (including non-health staff) on health security and on implementing SOPs, including preparedness and contingency planning relating to large and mixed flows.
- Support enhanced national capacity for detection of COVID-19 through trainings and operational support for packaging and transfer of laboratory samples and cross-border support.
- Improve access to basic WASH and health services to vulnerable migrants and host communities in Upper Egypt, and interventions designed to improve hygiene practices.
- Provide support to government by enhancing primary health care attributes for both refugee and migrant populations to decrease the burden on MOH health facilities.
- Provide direct medical assistance to migrants at risk of COVID-19 and other life-threatening conditions, including administration of general health-care screenings, medical treatment, interventions and operations, including the provision of food, NFIs and hygiene products to support migrants in coordination with the Egyptian Red Crescent.
- Strengthen existing protection mechanisms and social services such as housing, legal aid and socioeconomic support to identify and support highly vulnerable migrants in need of care or protection and refer them to appropriate services.
- Assess the socioeconomic impact of the COVID-19 crisis on migrant and host communities in terms of their financial and socioeconomic well-being and human development, including the facilitation and development of policies and mechanisms that improve remittance services to migrants.



State of Libya

Staff Capacity: 358 staff (299 based in Libya and 59 in Tunis, Tunisia).⁵

Office and sub office: Tripoli (main), Benghazi and Sabha, Katroun,

Bani Walid and Zwara with support office in Tunis, Tunisia

Contact details: Claudia Natali, cnatali@iom.int

and Ana Izvorska, aizvorska@iom.int

Appeal: 7,500,000 USD

For more information on Libya Appeal, click [here](#)

COUNTRY OVERVIEW:

To prevent transmission in Libya, the Libyan Government of National Accord (GNA) declared the state of emergency in March 2020. The Prime Minister announced that all border crossing points (BCPs) would close from 16 March 2020. As of 24 March 2020, the Libyan GNA also announced a curfew and from 17 April 2020 Libya was put under total lockdown. Although Libya has limited reported cases of COVID-19, it is likely that this is due to low reporting levels because of the health system's limited surveillance capacities. The shortage of test kits (so far only 1,181 samples have been tested) and weak surveillance systems means that the real rate of infection is not really known and cannot yet be predicted.

IOM in Libya operates in close coordination with relevant government entities and partners including the Ministry of Health, National Centre for Disease Control (NCDC), the WHO and the Health Sector. The UN community in Libya is coordinating the response within the framework of the COVID-19 Operational Group, chaired by OCHA. The Health Sector has immediately assessed the situation and indicated the needs and gaps that humanitarian community needs to fill. IOM is a member of all coordination platforms and is leading the coordination of response when it comes to POE.

Mission's key planned response:

- Facilitate national and regional inter-sectoral coordination through support to the Ministry of Health, national actors involved in border management, municipalities and other local authorities, consular staff and organization of a coordination platform involving all stakeholders.
- Assist relevant national agencies active Border Crossing Points in enhancing inter-agency coordination on COVID-19 preparedness and response in the cross-border context, including referrals and support to voluntary returns/repatriation, and emergency consular assistance.
- Conduct rapid health surveillance among mobile vulnerable populations such as IDPs, returnees and migrants to facilitate safe provision of ongoing humanitarian activities.

⁵ This number includes Third Party Contractors.

- Use DTM to monitor mobility in the context of restrictions on internal movement put in place due to the health crisis, to facilitate the provision of information on internal mobility trends that may impact disease spread.
- Mobility mapping to support immigration and border authorities in enhancing their capacities to trace travelers both inside and outside the country, contributing to public health responses with relevant data and information (contact tracing based on travel history).
- Strengthen community event-based surveillance by linking mobility information to surveillance data, particularly among border communities, POE, and migrant dense areas, as well as supporting expanded community-based disease surveillance and assist Early Warning, Alert and Response System (EWARS).
- Strengthen the District Health Information System (DHIS-2) to better manage patients and referrals through technical support to health facilities to be able to record and provide real time data.
- Support establishment of temporary isolation spaces at the prioritized POE.
- Provide lab supplies/reagents/diagnostic equipment, including testing kits for detection of COVID-19, and provide PPE for laboratory personnel.
- Provide training and necessary PPE, equipment and medical consumables to prevent disease spread in Detention Centres (DCs) to increase the safety of detainees and facility staff.
- Support the establishment and equipment of prefabricated isolation spaces for migrants in case of outbreak of COVID-19 within the space of DC compounds, as well as implement WASH rehabilitation interventions in DCs.
- Provide primary health-care services through IOM mobile teams, incorporating COVID-19 testing and identification, support health facilities with necessary supplies and equipment, and support the establishment of isolation spaces in the designated hospital.
- Implement community hosting programme to provide care and accommodation in host families to vulnerable migrants affected by the pandemic including unaccompanied and separated children, emergency cash assistance for rent and other basic needs to migrants at risk of eviction or unable to meet basic needs due to limited access to income and employment, and other forms of direct assistance for migrants with increased need of care and protection, including persons with disabilities, survivors of GBV and Victims of Trafficking.
- Distribute family hygiene and sanitation kits to IDPs who have limited access to income and employment opportunities, and provide food packages to extremely vulnerable migrants and IDPs who have lost income as a result of COVID-19.
- Establish a multi-purpose cash transfer system to respond to the loss of income many migrants and IDPs will face due to COVID-19. In the medium to longer term, this will also include supporting the authorities to develop sustainable social protections schemes for people employed in the informal economy.



Kingdom of Morocco

Staff Capacity: 81 staff

Office and sub office: Rabat (main), Tanger, Tetouan and Alhoucemas with staff

also located in Casablanca and Oujda

Contact details: Teresa Botella, tbotella@iom.int

Appeal: 770,000 USD

COUNTRY OVERVIEW:

To contain and avoid further spread of COVID-19, the Government of Morocco has implemented measures including closure of Border Crossing Points, schools, mosques, restaurants, cafés and any non-necessary shops, and strict guidelines to ensure physical distancing. In March 2020, Morocco declared an early curfew, as well as the obligation to wear masks when in public. Consequently, many vulnerable migrants and host communities that used to work in the informal sector or engage in begging are facing socio-economic difficulties.

As an immediate response to the crisis, IOM has worked with national and local authorities as well as with its partners in the field to identify the needs among vulnerable populations, specially migrants, and to deliver assistance to them, especially food, hygiene and housing, as well as information and sensitization about COVID-19 and prevention measures. Psychosocial assistance has also been reinforced. IOM ensures the coordination among UN agencies for migration-related issues through the National Working Group on Migration created in 2016 and chaired by IOM in cooperation with the UNHCR and nine (9) other agencies. IOM also works with the UN Country Team to support the government in a coordinated manner through three task forces: communication and community engagement, health and socio-economic impact, following the COVID-19 Global Strategic Preparedness and Response Plan (GSPRP).

IOM in Morocco has strong operational and staff capacity and experience in addressing protection actions towards migrants in the country. In 2019, IOM assisted more than 8,000 migrants through food items, Non Food Items (NFI), housing, health and psychosocial assistance.

Mission's key planned response:

- Ensure that community engagement is tailored to migrants
- Support case management and referral system at local level to ensure that cases are reported to relevant authorities and referrals are made for treatment in coordination with partners, peer educators and social workers.
- In coordination with the Ministry of Health, design, develop and disseminate information to migrant communities for proper hygiene practices to prevent COVID 19, including provision and distribution of hygiene kits.
- Ensure continuity of care for communicable and non-communicable diseases as well as mother and child health as per the health system plan despite the curfew situation
- Monitor and analyze the specific needs of migrants in seven (7) regions in country with high number of migrants and offer assistance, including food baskets, hygiene kits and support to housing or shelter in coordination with local authorities and partners.
- Analyze health and socio-economic impact of COVID-19 on migrant workers in Morocco and ensure that relevant technical support is provided to key stakeholders such as the elaboration of reports, post-COVID strategy, etc.



Sudan

Staff Capacity: 221 staff

Office and sub office: Khartoum (main), El-Genina/West Darfur,

El-Fasher/North Darfur, Nyala/South Darfur, Zalingei/Central Darfur,

El-Fula/ West Kordfan, Kadugli/South Kordofan, and Abyei

Contact details: Lina Koussa, SudanPSU@iom.int

Appeal: 2,720,000 USD

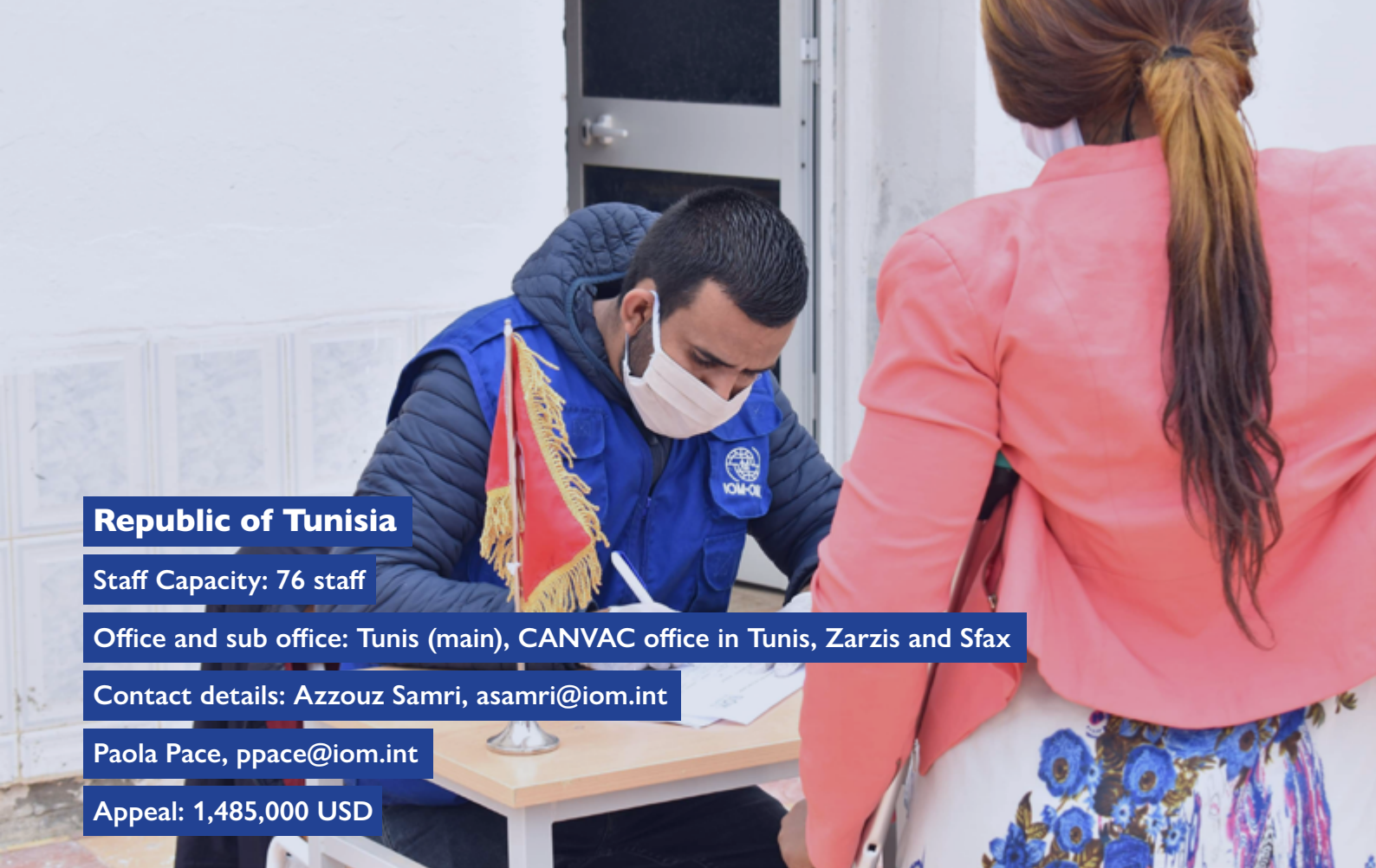
COUNTRY OVERVIEW:

Sudan confirmed its first case of COVID-19 on 13 March 2020. The risk of COVID-19 spreading is high, due to the country's weak health system, low water supply coverage, poor hygiene and sanitation services, as well as the challenge of meeting maintaining key humanitarian needs of vulnerable populations. Migrants and displaced populations are exposed to a high risk, especially with the lack of the basic services and the crowded living conditions they often face. IDPs in camps and camp-like settings are faced with specific challenges and vulnerabilities that heighten risks. The government has taken several measures to strengthen the country's ability to prevent COVID-19 transmissions, including the temporary closure of border crossing points, except for cargo flights, humanitarian assistance, and the evacuation of foreign nationals granted by a state decision. Currently, the government has implemented a complete shut-down in Khartoum for three weeks and applied curfews in other states. Despite these measures, the number of COVID-19 cases continues to rise dramatically. IOM is an active partner in the COVID-19 Sudan Preparedness and Response Plan. The eight-pillar plan is a UN joint initiative to support the government's efforts in preparing and responding to the pandemic. Lastly, IOM is co-lead for the POE pillar in Sudan, and is part of the pillars on Risk Communication and Community Engagement, Infection Prevention and Control and Case Management, ensuring the needs of migrants, displaced populations and host communities are adequately addressed.

Mission's key planned response:

- Collect and compile information regarding mobility restrictions, such as restrictions to travel due to closure of airports, blue and land border crossing points, as well as internal transit points restrictions.
- Tracking, monitoring, and analysing the impact of COVID-19 on IDPs living in camps and camp-like settings.
- Disseminate IPC guidance for home and community care providers and disseminate messages and materials in local languages and adapted to relevant communication channels.
- Engage with existing community-based networks, media, local NGOs, schools, local governments and other sectors including the education sector and business using a consistent mechanism of communication to share COVID-19 prevention and related messages using consistent mechanism of communication.

- Conduct outreach campaigns to migrants, IDPs, returnees and the host communities in high-risk areas with local messages through a participatory process.
- Conduct training on COVID-19 prevention, preparedness, response and referrals for community-based networks including migrants, IDPs and returnees' networks.
- Support POE by providing needed equipment and adequate infrastructure and WASH facilities, establishing screening location and isolation rooms, providing PPE and IPC supplies at POE, and training POE staff on surveillance and case definition/referral protocols.
- Support access to WASH services in public places, displacement sites and community spaces most at risk, including handwashing facilities in high risk spaces focusing on isolation and treatment centres.
- Provide and/or rehabilitate WASH facilities in health facilities and isolation centres including waste management.
- Provide information on IDP sites and map services provided to understand gaps and duplication. This will support efforts to ensure referral pathways for health and WASH, GBV and other services are updated and available.
- Provide direct assistance to vulnerable migrants including primary health care, MHPSS, food, NFIs and PPE.
- Provide training schemes for the most vulnerable families to be better placed to find new job opportunities, income generating activities for women and youth, and support small businesses restarting their economic activity.



Republic of Tunisia

Staff Capacity: 76 staff

Office and sub office: Tunis (main), CANVAC office in Tunis, Zarzis and Sfax

Contact details: Azzouz Samri, asamri@iom.int

Paola Pace, ppace@iom.int

Appeal: 1,485,000 USD

COUNTRY OVERVIEW:

Since 3 March 2020, when the first COVID-19 case was detected in Tunisia, the Tunisian Government has been adopting progressive preventive and containment measures to avoid the spread of the virus. This includes the closure of blue border crossing points, restaurants, cafes and public spaces on 13 March, the closure of land border crossing points, restrictions to international and in-country movements, closure of airports on 16 March, as well as suspension of public transportation and restrictions to daily life on 20 March. Measures are particularly harsh on individuals whose livelihoods are affected. For Victims of Trafficking, the risk of re-trafficking is a concern. For migrants living on daily earnings, the loss of income can lead to eviction from home and difficulties in providing food for themselves and their dependents.

Since March 2020, IOM in Tunisia has continued to receive requests for support from stakeholders (central and local authorities, civil society institutions) as well as communities and individual migrants. As a short-term measure, IOM continues to identify possibilities to respond to the needs within existing programmes, while also looking for further resources for a more comprehensive response to the various challenges posed by the public health crisis. Under ongoing programming, IOM identified possibilities to support Tunisian authorities, civil society organizations as well as individual migrants to address challenges posed by COVID-19 and mitigate spread. IOM's response includes distribution of immediate assistance in the form of vouchers to be used in supermarkets or in-kind, in the form of food, hygiene and household items. During the month of April alone, over 4,000 vulnerable migrants benefited from this assistance. In partnership with the Tunisian Ministry of Health (MoH), IOM has also provided support in the form of PPE to national authorities, including the Ministry of Interior, as well as local and regional authorities and institutions.

Mission's key planned response:

- Ensure coordination with Tunisian Government and UN partners regarding the inclusion of migrants in the health system's response to COVID-19, as well as the inclusion of migrants in food and financial aid.
- Disseminate information and prevention message through phone calls and SMS to all IOM beneficiaries, including the printing, translation and distribution of MoH information materials and videos and other outreach activities in coordination with migrant community leaders on COVID-19 prevention.
- Capacity building for MoH and other border offices officials at POE as well as Ministry of Interior.
- Improve infrastructure at key land border crossing points, including at the border between Tunisia and Libya. This would include provision of thermal cameras and PPE for all relevant partners working at POE.
- Provide capacity building to Ministry of Education officials, including rights-based SOPs for Business Continuity Plans and the interlinkages with the IHR, the development of a coordination mechanism led by MoH, and the development and implementation of a referral mechanism at POE.
- Ensure the provision of critical WASH facilities and services in health-care facilities.
- Provide dedicated assistance to stranded migrants, including high at-risk groups such as victims of trafficking and unaccompanied and separated migrant children who face destitution and are often at risk of eviction. This includes legal assistance, shelter, NFI and health care.
- Provide short-term basic needs assistance through multipurpose cash grants, in partnership with relevant national institutions and local authorities.

2. Middle East

	Iraq	Jordan	Lebanon	Syria	TOTAL
(1) Coordination and Partnerships	450,000		70,000	100,000	620,000
(2) Tracking Mobility Impact	1,000,000			68,500	1,068,000
(3) Risk Communication and Community Engagement	1,000,000	100,000	196,200	137,000	1,433,200
(4) Disease Surveillance	1,000,000		84,100		1,084,100
(5) Points of Entry	2,000,000	500,000	280,400	137,000	2,917,400
(6) National Laboratory System		1,000,000	322,500		1,322,500
(7) Infection Prevention and Control	3,000,000	300,000	336,500	1,712,000	5,348,500
(8) Logistics, Procurement and Supply Management		1,500,000	140,100	3,499,500	5,139,600
(9) Camp Coordination and Camp Management	1,000,000			1,068,500	2,068,500
(10) Case Management and Continuity of Essential Services	5,000,000	300,000	112,200	1,564,000	6,976,200
(11) Protection	1,500,000		1,121,500	137,000	2,758,500
(12) Addressing Socio-Economic Impact	4,500,000	800,000	336,500	1,369,500	7,006,000
TOTAL	20,450,000	4,500,000	3,000,000	9,793,000	37,743,000



Iraq

Staff Capacity: 1,400+ staff

Office and sub office: Baghdad (main), Erbil, Basra and Mosul and 16 Governorates

Contact details: IOM Iraq Program Support Unit, iraqpsu@iom.int

Appeal: 20,450,000 USD

See for more information on Iraq Appeal [here](#)

COUNTRY OVERVIEW:

The COVID-19 outbreak threatens to paralyze an already fragile health system and negatively impact the many communities who are still vulnerable and recovering from the Islamic State in Iraq and the Levant (ISIL) crisis.

The core national capacities for prevention, preparedness and response for public health events are limited and the health-care system has been weakened by years of conflict, sanctions and low investments in health. The lack of public services, including health care, were among the factors driving civil unrest throughout 2018 - 2020, particularly in the southern governorates, and contributed to political instability. There is a risk that security will deteriorate, as armed groups exploit the COVID-19 crisis to conduct attacks and capitalize on community grievances to scale up recruitment. The new crisis will impact the availability of employment opportunities.

Lengthy and porous borders compound the challenge of managing risks associated with human mobility and outbreaks. Iraq is a destination country for VoTs, many of whom are now in even more precarious conditions. Migrants and refugees in Iraq, including those in refugee camps who may have residency and financial status issues, are at heightened risk. The crisis also threatens to exacerbate existing humanitarian vulnerabilities among Iraq's 1.4 million IDPs, and the 4.6 million IDPs who have returned to their areas of origin, around half of whom are living in areas with severe or moderately severe living conditions. A recent assessment (April 2020) conducted by IOM's DTM team found that in 68 per cent of subdistricts, most people reported being currently unemployed or facing financial difficulties. Further, across 88 per cent of the assessed sub-districts, the most vulnerable groups were IDPs, daily labourers and the elderly.

Mission's key planned response:

- Strengthen the capacities of the government to coordinate and respond to infectious disease outbreaks or other crises, including through organizing multisectoral coordination platforms for partners and governmental authorities to organize COVID-19 response activities, and assisting in developing migration and border management procedures and policies, including those coordinating return migration and referrals of migrants at risk using a rights-based approach.
- Increase understanding of the effect of COVID-19 on mobility, through monitoring, mapping and assessments, and establishing or supporting Population Flow Monitoring Points at selected border crossing points and key transit points.
- Improve understanding of COVID-19 to counter misinformation and contain spread of the disease through organizing for example community dialogue and community-led sensitization sessions, in the field and virtually.
- Reinforce disease surveillance systems at sub-national and local levels through establishing points of control (PoC) in communities to limit transmission between affected and non-affected areas.
- Enhance the capacity of government entities and POE to detect and manage travelers suspected of having COVID-19 through development of SOPs for the screening, detection, reporting, management and referral of suspect COVID -19 cases, training border health teams to implement these SOPs and equipping / rehabilitating POE with equipment and supplies.
- Enhance national capacity on IPC through training health workers on standard precautions and transmission-based precautions and undertaking repairs, rehabilitation and maintenance of WASH and handwashing facilities including in informal settlements.
- Increase access to essential services through supporting health-care facilities to effectively identify and manage suspect cases through providing training on surveillance and reporting for COVID-19, case management and IPC, and training ambulance personnel on safe transport of suspect cases.
- Scale engagement with IDPs and host communities in assessing risks, monitoring and reporting mechanisms, planning and implementing mitigation measures, including capacity building of leaders and setting up and strengthening site-level platforms for inter and intra-CCCM coordination with service providers to ensure that up-to-date information on COVID-19 is shared.
- Ensure adequate triage and isolation capacities at supported health facilities within camps; intensify health education and disseminate messages focusing on COVID-19; and strengthen referral pathways to ensure camp residents have timely access to health services, including MHPSS.
- Enhance protection support and access to services of all migrants, travelers, displaced populations and local communities through provisions including supporting stranded migrants' access to health and other essential services, including through advocacy and the provision of emergency cash assistance, transportation, translation and accompaniment; and deploying MHPSS and protection teams to assist vulnerable groups where possible, as well as establishing MHPSS and protection hotlines and self-help tools to assist individuals during lockdown and in quarantine.
- Increase economic resilience for communities in situations of heightened vulnerability through provisions including supporting small and medium enterprises (SMEs) through IOM's Enterprise Development Fund (EDF) to support COVID-19 related needs, and for economic recovery.



Hashemite Kingdom of Jordan

Staff Capacity: 393 staff

Office and sub office: Amman

Contact details: Laila Tomeh, Ltomeh@iom.int

Appeal: 4,500,000 USD

COUNTRY OVERVIEW:

Since the COVID-19 outbreak began, the Jordanian government has implemented a series of measures to control the spread of the virus. The most influential of these began on 17 March 2020 after H.M. King Abdullah II issued a decree activating Defense Law No. 13, which gives the Prime Minister extra powers to enforce a set of measures related to COVID-19 efforts. Three days after the Defense Law was activated, the government announced an indefinite curfew across the Kingdom, which resulted in total or partial restrictions on the movement of people and goods both inside the country and across borders. This has negatively affected access to basic services for vulnerable populations, in particular migrants and refugees, as well as created enormous pressure and workload on the public health system and authorities at POE.

As an immediate response to the crisis, IOM, in coordination with UNCT, relevant government authorities and CSOs, has started providing urgent assistance to the government and directly to migrants and refugees by conducting relevant needs assessments; seconding some medical staff to Ministry of Health; procuring and donating PPE to the staff of the Ministry of Health (MoH), border authorities at the POE and the Jordanian Armed Forces; and procuring and distributing food and NFI packages to the most vulnerable migrant workers who lost their income. In addition, in October 2019, IOM and ILO established a National Migration Working Group (NMWG) to address issues related to the Global Compact for Safe, Orderly and Regular Migration (GCM) in Jordan. The group currently consists of representatives from UN agencies such as UNHCR, UNICEF, UNFPA, UNODC and the RCO Jordan. Moving forward, the NMWG could play a major part in informing and coordinating interventions aimed at supporting vulnerable migrants and host communities as well as supporting the government in developing migration-related governance. The COVID-19 pandemic has underlined the importance of the Leave No One Behind principle, as the situation of migrants, particularly irregular migrants, has become especially critical. The effects of the pandemic are becoming more and more clear, with devastating consequences both in regard to health as well as economic status of migrants. In order to address these issues, the NMWG constitutes a useful and efficient platform in advocating for the rights and needs of Migrants in Jordan.

Mission's key planned response:

- Provide technical support to ensure risk communication messages are delivered to migrants and that migrants are included in the national response plan.
- Provide PPE for health-care workers at different settings and laboratory consumables needed for prevention and diagnosis of COVID-19.
- Establish examination and isolation rooms at five BCPs to prevent the spread of COVID-19 as commercial convoys resume their crossing between Jordan and neighbouring countries.
- Support WASH activities including environmental hygiene and sanitization of hospitals which are supporting host community, migrants and refugees.
- Procure medicines and medical supplies, Gene Xpert machines and COVID-19 kits and support the government through renting building to be used for quarantine of mild cases in case of over saturation of existing facilities.
- Provide food and hygiene packages to the most vulnerable migrant workers who work under daily contracts and have lost their income due to the imposed curfew.
- Provide short-term basic needs assistance through multipurpose cash grants to support vulnerable refugees impacted by the disruption to labour markets and not currently covered under other basic needs programmes. Assistance is designed as a safety net package to contribute to household expenses for rent, water, utilities and food, targeting refugees who were living at or below the poverty line within existing livelihoods opportunities prior to COVID-19 restrictions and are now at risk of incurring high levels of debt to meet basic needs due to loss of income.



Lebanon

Staff Capacity: 147 staff

Office and sub office: Beirut (main), Bekaa x 2, Tripoli, Qobayat and Sarafand

Contact details: Jimmy Goff, jdavisgoff@iom.int

Appeal: 3,000,000 USD

COUNTRY OVERVIEW:

As of 29 April 2020, there were 688 reported confirmed cases of COVID-19 in Lebanon, including 22 deaths. However, due to limited testing capacity, the real number of cases is estimated to be far higher. Given the limitations in Lebanon's public health system, a decision was made on 16 March to put the country into a state of lockdown. All non-essential businesses and POE were closed. Strict curfews and internal travel restrictions were put in place to limit the movement of people around the country. These measures may have been successful in mitigating the spread of the COVID-19; however, they have brought with them a heavy economic toll, augmenting the already difficult economic situation in Lebanon.

As a member of the National Border Control Committee, IOM has been working closely with the General Directorate of General Security and the Ministry of Public Health (MoPH) to provide technical information and direct support to the government's response to the crisis. This has included the donation of much needed PPE items and disinfectant at key POE, and offering guidance on how the government might safely facilitate the return of expatriates to Lebanon. At the request of the government, IOM is also working closely with UNHCR, WFP and other key partners to find ways to support the estimated 250,000 migrant workers in Lebanon, many of whom have been made unemployed by the crisis and have no access to public services nor a means return to their countries of origin.

Mission's key planned response:

- Provide training and capacity building initiatives for key national stakeholders (e.g. national NGOs and local government authorities) on COVID-19 response for vulnerable refugees and host communities. Topics covered would include protection, COVID-19 testing and isolation practices.
- Develop and disseminate information, education and communication (IEC) materials in different languages to the most vulnerable populations, including migrant workers, in close coordination with WHO and national authorities.
- Deploy community volunteers for contact screening and home isolation follow up.
- Support MoPH, municipalities, refugee settlement and Informal Tented Settlement (ITS) isolation sites with the necessary disease surveillance equipment.

- Support creation of isolation units and other key medical facilities through procurement of necessary equipment.
- Support MoPH through strengthening human resources capacity (including secondments and training) and the provision of necessary PPE and detection equipment
- Support and/or establish Rafik Hariri University Hospital Laboratory and other laboratories as needed.
- Procure testing machinery (Xpert), train laboratory technician(s) for governorates to help ensure adequate Polymerase Chain Reaction (PCR) testing.
- Support health facilities at the airport and key border crossing points with equipment and capacity building, particularly for the Lebanese Ministry of Public Health.
- Establish and/or support the development of a mobile health team for COVID-19 and assignment of health staff for isolation centres in close coordination with MoPH and municipalities.
- Provide (emergency/temporary) shelter to vulnerable migrant workers and refugees. Especially, the large number of migrants in Lebanon who have become unemployed and are unable to travel home due to the crisis.
- Provide basic assistance packages (e.g. NFI and hygiene kits) to migrant workers, refugees and vulnerable host community members.



Syrian Arab Republic

Staff Capacity: 160 staff

Office and sub office: Damascus, IOM Gaziantep hub for

North West Syria operations

Contact details: Geraldine Ansart, gansart@iom.int

Appeal: 9,793,000 USD

COUNTRY OVERVIEW:

Although confirmed COVID-19 infection rates are low in Syria compared to neighbouring countries, risks associated with the pandemic remain high in a country impacted by 10 years of war, where 6.7 million people are internally displaced and only 47 per cent of health centres are functioning. The Government of Syria and parties in control of the northeast and the northwest of the country have taken several measures to strengthen the country's ability to prevent COVID-19 transmissions, including travel restrictions within the country and at land border crossing points as well as preventive quarantine measures. Curfews and suspension of education and other activities have also been put in place.

IOM is working closely with other UN agencies and partners, and response activities are underway across most IOM's appeal pillars, with a prioritization in the next three months on IPC, logistics, procurement and supply management, RCCE, case management, CCCM and mobility tracking.

Mission's key planned response:

- Support to inter-agency cross-border coordination and engagement with local authorities and the Ministry of Health.
- Technical support to NGOs providing Transit Points Monitoring and other COVID-19 rapid assessments.
- Support to implementing partners (IPs) to provide sensitization and enhance feedback mechanisms.
- Provision of PPE and other COVID-19 essential equipment to IPs, technicians and local authorities.
- Increased WASH activities, provision of hygiene kits, additional water, IEC and hygiene promotion.
- Support for establishment of Triage Stations, Community-Based Isolation (CBI) Units and health centres.
- Provision of tents and WASH services via implementing partners in reception centres, camps and other sites.
- Strengthening existing protection mechanisms and social services, community engagement and outreach mechanisms to ensure participation and enhance accountability to affected populations in Syria.
- Support to vulnerable communities to mitigate impact and disruption of financial and socio-economic well-being and development.

3. Gulf Cooperation Council (GCC)

	Bahrain	Kuwait	Saudi Arabia	United Arab Emirates	Yemen	TOTAL
(1) Coordination and Partnerships	60,000		120,000	75,000		255,000
(2) Tracking Mobility Impact					300,000	300,000
(3) Risk Communication and Community Engagement	80,000	50,000	20,000	20,000	1,100,000	1,170,000
(4) Disease Surveillance					1,500,000	1,500,000
(5) Points of Entry	50,000		50,000	50,000	1,000,000	1,150,000
(7) Infection Prevention and Control	20,000		20,000	20,000	1,000,000	1,060,000
(8) Logistics, Procurement and Supply Management		20,000				20,000
9) Camp Coordination and Camp Management					1,500,000	1,500,000
(10) Case Management and Continuity of Essential Services					2,000,000	2,000,000
(11) Protection	120,000	200,000	120,000	120,000	300,000	860,000
(12) Addressing Socio-Economic Impact	35,000	60,000		35,000	6,400,000	6,530,000
TOTAL	365,000	330,000	330,000	320,000	15,000,000	16,345,000

Kingdom of Bahrain

Staff Capacity: 12 staff

Office and sub office: Manama

Contact details: Mohamed El Zarkani, melzarkani@iom.int

Appeal: 365,000 USD

COUNTRY OVERVIEW:

In February 2020, the Government of Bahrain created a preparatory framework to respond to COVID-19. Measures included travel restrictions, disease surveillance and SOPs at POE. Migrant workers make up approximately 80 per cent of Bahrain's workforce. They are adversely impacted by the decreased demand for products and services due to mobility restrictions, which has resulted in unemployment, underemployment and reduced wages. To address these socio-economic impacts and limit the spread of COVID-19, the government introduced a nine-month amnesty enabling undocumented migrant workers to either legalize their stay or leave the country, cancelling any previous violations related to work or residency. Temporary accommodation facilities have also been established to decongest crowded living areas, particularly in the capital. Measures were also put in place for employees, suspending the requirement to pay monthly fees for foreign workers for three months.

As an immediate response to the crisis, IOM in Bahrain supported the government with the development of protocol to enhance medical checks in existing return processes. In response to the government's intention to facilitate the rapid establishment of temporary accommodation facilities for stranded foreign workers, IOM developed protocols in coordination with other UN partners to minimize contagion risk in congested areas.

Mission's key planned response:

- Rapidly assess COVID-19 impacts on the financial and socio-economic well-being and development of migrant workers and host communities in partnership with UN and private sector partners.
- Support the government, in coordination with WHO, to facilitate access to emergency health care for migrant workers in an irregular situation, including identifying legal solutions for access to health care, including provision of technical assistance and development of relevant SOPs.
- Tailor government-developed IEC materials for use with private sector and government employers, prioritizing anti-stigma messaging; IEC materials would highlight health advice and legal information relating to national measures put in place to support migrant workers such as regularization policies and amnesty periods.
- Advise, in coordination with WHO and other relevant partners, on safe and effective strategies to manage the relaxation of travel restrictions and support the government through this transition, through disease surveillance and cross-border cooperation.

- Assess labour accommodation facilities, both in urban and remote areas. These employer-owned accommodation blocks for foreign employees are typically quite congested and are key sites of rapid contagion of COVID-19. IOM could develop and operationalize relevant COVID-19 SOPs, advising on steps to take to decongest facilities, ensure access to WASH stations and proper measures for preventing and responding to outbreaks.
- Assist, in coordination with UNODC, relevant embassies and the government with the continued release of detainees for immigration violations, ensuring that those released have proper access to health care and accommodation and are not exposed to exploitation risks.
- Support the government to embark on a programme of Assisted Voluntary Return (AVR) for migrants who are unable and/or unwilling to stay and express wish to return as a result of the changing economic landscape. With increasing unemployment due to the significant lack of demand of products and services as a result of COVID-19, many migrant workers wish to return to their home countries and may require support in this process.
- Guide relevant partners in the establishment and maintenance of a direct assistance fund for the most vulnerable, for use for emergency accommodation, food items and essential non-food items, including hygiene products and return travel if desired.
- Capacitate frontline workers on psychological first aid and the impact of COVID-19 on determinants of vulnerability of international migrant workers, in order to ensure the most vulnerable are identified and referred for further assistance.

Kingdom of Saudi Arabia

Staff Capacity: IOM has a non-resident agency status with the UNCT in KSA and 2 staff and 1 consultant based in country

Office and sub office: None

Contact details: Mohamed El Zarkani, melzarkani@iom.int

Appeal: 330,000 USD

COUNTRY OVERVIEW:

The Kingdom of Saudi Arabia is home to over 13 million international migrants, the majority of whom are migrant workers employed in the construction and industrial sectors. Particularly vulnerable groups include lower-income migrant workers, those who live in crowded conditions and/or labour accommodation facilities and workers in irregular situations. The economic impacts of this pandemic are disproportionately impacting migrant workers, particularly in relation to job loss, reduced wages, underemployment and a dramatic decrease of remittances sent to countries of origin. As a result, more migrant workers are being pushed into situations of irregularity.

In response to the COVID-19 crisis, the Government of Saudi Arabia introduced strict curfews and travel restrictions, while designating 25 hospitals for treatment. The government has also implemented policies to mitigate economic damage and support businesses, including an economic stimulus package of more than 70 billion Saudi Riyal and the temporary easing of restrictions on migrant worker mobility between employers to minimize worker layoffs and maximize the movement of workers between private companies without conditions. The government is providing free COVID-19 testing and treatment to all migrant workers, regardless of their legal status, and are making efforts to decongest detention centres through the release of migrant workers with immigration violations.

In response to the government's intention to facilitate the rapid establishment of temporary accommodation facilities to house stranded foreign workers, IOM developed protocols in coordination with other UN partners to help minimize transmission risk in congested areas. IOM also developed a document that encouraged increase in safeguards in return management in response to the potential release and possible return of migrants in detention in Saudi Arabia.

Mission's key planned response:

- Carry out tailored analysis of the consequences of COVID-19 on migrant workers and host communities, particularly focusing on immediate, short-term and medium-term socio-economic ramifications and impacts. This would be done in partnership with the UN and relevant private sector entities.
- Support the government, in coordination with WHO, to facilitate access to emergency health care for migrant workers in an irregular situation, including identifying legal solutions for access to health care, and provision of technical assistance and development of relevant SOPs.
- Further develop IEC material produced by the government, for private sector and government employers, amplifying anti-stigma messaging. Health advice will be included, along with information relating to legal solutions such as regularization policies and how to access amnesty programmes. This will support the decision-making process of migrant workers as they contemplate remaining during the crisis, or returning to Saudi Arabia during the recovery period to work.
- Provide technical assistance to the government through the process of managing the relaxation of travel restrictions, advising on measures to do this safely and effectively, through disease surveillance and cross-border cooperation. This would be done in partnership with WHO and other relevant counterparts.
- Evaluate employer-owned labour accommodation facilities for migrant workers, particularly in the country's rural and border areas. As these facilities tend to be quite congested, they are key sites for rapid COVID-19 contagion. IOM could develop and operationalize relevant COVID-19 SOPs for employers, advising on steps to take to decongest facilities, establish effective WASH stations and put in place proper measures for preventing and responding to outbreaks.
- Support the government and relevant Embassies, in partnership with UNODC, with the continued release of detainees for immigration violations, ensuring that those released have proper access to health care and accommodation and are not exposed to exploitation risks.
- Provide assistance to the government to establish a programme of Assisted Voluntary Return (AVR), designed to support migrant workers who are unable and/or unwilling to stay in the country and express a wish to return home. This support would primarily benefit those who have been adversely impacted by COVID-19, in the form of sustained unemployment and/or underemployment.
- Support relevant entities in the establishment of a direct assistance fund for the most vulnerable migrants. This can then support access to emergency accommodation, food items and urgent non-food items, including hygiene products and return travel assistance if required.
- Train relevant frontline workers on psychological first aid and the impact of COVID-19 on determinants of vulnerability of migrant workers, in order to ensure the most vulnerable are identified and referred for further assistance.



State of Kuwait

Staff Capacity: 9 staff

Office and sub office: Kuwait City

Contact details: Iman Ereiqtat, lereiqat@iom.int

and Mayada Serageldin, Mserageldin@iom.int

Appeal: 330,000 USD

COUNTRY OVERVIEW:

The Government of Kuwait has taken several measures to strengthen the country's ability to prevent COVID-19 transmission, including the temporary closure of commercial air traffic and the partial closure of land border crossing points, except for goods, cargo and returning Kuwaiti citizens. Currently, POE are open to facilitate the repatriation of Kuwaiti nationals, with quarantine measures enforced for all returnees. Mobility restrictions have left many Temporary Contractual Workers (TCW) unable to renew their residencies, with a portion within that having had irregular status for some time. The Ministry of Interior is operating a humanitarian/assisted return to countries of origin, provided TCW avail themselves and apply for amnesty. Those who do not are subject to arbitrary arrests and deportation.

IOM in Kuwait continues to provide technical support and assistance to the Ministry of Interior and the Public Authority for Manpower on the amnesty protocol workflow and humanitarian measures, starting with surveying and assessing field hospitals, reception centres and amnesty shelters. IOM is also heavily involved in coordinating and liaising with civil society and non-governmental organizations working with migrant communities on the ground. IOM also works with other UN partners to tailor technical recommendations to guide the government's COVID-19 response as well as raise awareness among employers and employees. As Chair of the UN Communication Group of Kuwait, in collaboration with partners, IOM leads on publicizing awareness raising material to guide employers and employees, especially in the domestic work sector, on mitigating the daily interaction and maintaining the rights and obligations of each party.

Mission's key planned response:

- Provide COVID-19 inclusive technical support to the government related to the assisted return of TCWs.
- Develop and roll out awareness raising materials and messages to employers and employees of domestic work across Kuwait in collaboration with partners and the government.
- Facilitate the production of PPE by CSO partners who also have access to vulnerable migrants' communities around Kuwait that continue to perform their daily functions without access to PPE. It is reported that significant numbers of TCWs in SMEs and the construction sector continue to perform their daily tasks and in most cases they do without proper prevention equipment. CSOs on the ground with access to different communities will produce PPE and disseminate them to categories at-risk.

- Provided assisted voluntary return and repatriation (AVRR) from Kuwait, Qatar and Oman, pending the resumption of commercial flights to proceed with their dignified and humanitarian return to countries of origin. AVRR operations in the GCC came to an abrupt halt in March on account of flight suspensions and lockdowns put in place to combat the spread of COVID-19. Until commercial flights resume and allow for AVRR movements, IOM staff continue to screen and identify vulnerable migrants and align with other missions.
- Prepare technical guidance for small/medium enterprises on mitigating the economic damage of lockdown on temporary contractual workers in coordination with partner organizations. This will build upon the government's confirmed stimulus packages in support of SMEs during lockdown.

United Arab Emirates (UAE)

Staff Capacity: IOM has a non-resident agency status with the UNCT in UAE and 1 staff based in country

Office and sub office: None

Contact details: Mohamed El Zarkani, melzarkani@iom.int

Appeal: 320,000 USD

COUNTRY OVERVIEW:

International migrants comprise 87.9 per cent of the total population in the UAE, numbering 8.6 million individuals, of which 26.3 percent are female. Contributions of migrant workers in critical sectors of the economy are essential in the context of the COVID-19 pandemic. The direct health impacts of COVID-19 and the associated measures taken to reduce its transmission have significant social and economic impacts on migrant workers. This includes temporary or permanent unemployment resulting in income reduction alongside increased levels of isolation. The secondary effects of these impacts include an inability to purchase critical necessities and support families in countries of origin through remittances. The Government of the UAE has taken multiple measures to curb the spread of COVID-19 and lessen its health impact. These include strict border and curfew controls to minimize transmission; establishment of a central committee and operation centre to coordinate taskforces examining the various impact of COVID-19; and implementation of nationwide sterilization and disinfection campaigns. The government has also provided subsidies to businesses to mitigate the economic impacts of the virus; closed schools; temporarily renewed residency permits for foreigners; and is covering diagnostics and treatment costs related to COVID-19.

As an immediate response to the crisis, IOM in the UAE has supported the coordination and development of several key preparedness and response documents to mitigate the COVID-19 impact. In response to the government's intention to release (and possibly return) migrants in detention in the UAE, IOM also prepared a document to encourage increase in safeguards in return management considering the pandemic.

Mission's key planned response:

- Evaluate, in partnership with the UN and private sector counterparts, how COVID-19 impacts migrant workers and host communities in the country, particularly relating to their financial and socio-economic wellbeing.
- Support the government, in coordination with WHO, to facilitate access to emergency health care for migrant workers in an irregular situation, including identifying legal solutions for access to medical care, and provision of technical assistance and development of relevant SOPs.

- Enhance government-developed IEC materials designed for employers in the private sector and government, highlighting anti-stigma messaging and health advice. Clear information on legal solutions available to migrant workers will also be included, such as accessing amnesty programmes and regularization policies. This will support the decision-making process of migrant workers as they contemplate remaining during the crisis or possibly returning to the UAE during the recovery period for work returning to the UAE during the recovery period, to work.
- Provide guidance to the government, in coordination with WHO and other partners, on effective and safe strategies and measures to manage the relaxation of travel restrictions, through disease surveillance and cross-border cooperation.
- Conduct an assessment of employer-owned labour accommodation facilities, considered key sites of contagion of COVID-19 among migrant populations due to congested conditions. IOM could develop and operationalize relevant COVID-19 SOPs, advising on steps to take to decongest facilities, ensure access to WASH station and proper measures for preventing and responding to outbreaks.
- Assist, with cooperation with UNODC, relevant embassies and the government, with the continued release of detainees for immigration violations. IOM can advise on strategies to ensure those released have proper access to health care, accommodation and are not exposed to exploitation risks.
- Support the government in establishing and maintaining a programme of Assisted Voluntary Return (AVR) for migrant workers who are unable and/or unwilling to stay and wish to return to their home countries. The significant lack of demand of products and services are leading to significant job losses of migrant workers who would benefit from support in their return.
- Assist the government and other partners for effectively establishing and managing a direct assistance fund for the most vulnerable, helping migrant workers with emergency accommodation, food items and essential non-food items such as hygiene products and return travel if desired.
- Capacitate frontline workers on psychological first aid and the impact of COVID-19 on determinants of vulnerability of international migrant workers, in order to ensure the most vulnerable are identified and referred for further assistance.



Yemen

Staff Capacity: 612 (Yemen: 580 and out of Yemen: 32)

Office and sub office: Sana'a and Sub offices in Al Hudaydah, Marib, Aden and a satellite presence in all 22 governorates

Contact details: IOM Yemen PSU Management Team, iomyemenpsumt@iom.int

Appeal: 15,000,000 USD

COUNTRY OVERVIEW:

The ongoing conflict has rendered Yemen one of the most fragile countries in the world, and the impact of a COVID-19 outbreak will very likely further devastate a country in which food insecurity, malnutrition, low functioning health capacities, and other communicable diseases including cholera remain widespread. Experts warn that the virus is likely to spread faster, more widely and with deadlier consequences than in most other countries. Even with mitigation measures, it is estimated that 55 per cent of the population in Yemen will be infected, with 300,000 requiring hospitalization and approximately 42,000 deaths⁶ – numbers that would completely overwhelm the existing, and already weakened, health-care facilities in the country. The authorities in Yemen have instituted several mitigation measures to prevent COVID-19 transmission, including closing of air, land and blue border crossing points and declaring curfews at the governorate level.

The UN COVID-19 response in Yemen is focusing on five key priorities: suppressing the transmission of the virus; identifying and treating cases; risk communication and community engagement; protecting the existing health-care system; and maintaining humanitarian operations. IOM is contributing to the coordinated effort to mitigate the impact of COVID-19 by ensuring continuity of essential and critical services to mobile populations, and is adapting its multisectoral response to the challenges of COVID-19. In coordination with authorities and other humanitarian actors, IOM successfully advocated for the country-level plan to be inclusive of migrants and displaced populations in an effort to mitigate discrimination, forced displacement and detention.

IOM will continue to ensure uninterrupted humanitarian services and integrate COVID-19 measures within all existing humanitarian activities. A key pillar of the national COVID-19 plan recognizes that without access to critical health care, WASH, food support and overall disease prevention, Yemen could witness greater mortality and impact of COVID-19. IOM Yemen's strategy will integrate COVID-19 prevention and response interventions into existing programming with a focus on displaced and migrant populations. The mission has set out three key priorities under this strategy that align with the national COVID-19 plan: bolster the health-care system; ensure access to adequate WASH services; and rapidly respond to emergency protection, health, shelter and non-food item needs of IDPs and migrants.

Mission's key planned response:

- Track the presence of stranded migrants and vulnerable populations at various locations and points of entry around the country, including IOM Flow Monitoring Points (FMPs), and strengthen its network of key informants to report on risk mitigation measures and location-level issues arising due to COVID-19, such as internal movement restrictions.
- Conduct risk RCCE activities and awareness campaigns in displacement sites and in communities hosting large displaced populations. Hygiene promotion activities will continue with addition of COVID-19 specific messaging and IOM will distribute PPE in at-risk communities, especially those hosting large displaced populations such as Marib city.
- Contribute to the national disease surveillance systems by supporting the Ministry of Public Health and Population (MoPHP) and its Rapid Response Teams on surveillance and testing with human resources, training and equipment.
- Through training of MoPHP staff on IPC at points of entry, IOM Yemen will support the Ministry with health screenings, referrals and data collection at POE. IOM will ensure adequate provision of safe water for handwashing and drinking, as well as sanitation facilities and waste management systems at POE.
- Train health-care workers on COVID-19 IPC measures and ensure all essential medical stocks are available at IOM-supported facilities. In addition, tools and guidance on minimum standards of quarantine and isolation in line with global WHO guidelines will be provided to local and national authorities. Adequate WASH services will be established in health centres and hospitals, displacement sites and communities hosting large displaced populations. IOM will develop protocols for hand washing and waste management that consider the needs of migrants and displaced populations, while also updating referral mechanisms to include COVID-19 related services.
- Provide lifesaving primary and secondary health care, medicines and medical supplies through support to health facilities throughout the country, including mobile medical teams targeting migrants and displaced populations. IOM has offered technical and operational support to the MoPHP in the form of short and medium-term secondments.
- Develop and disseminate key messages regarding service delivery in displacement sites, set up and maintain site-level platforms for inter and intra CCCM coordination mechanisms with service providers.
- The CCCM teams will also carry out site improvements to adhere to IPC minimum standards and expand COVID-19 related services (isolation areas, hospital expansion, burial sites, etc.).
- Provide assistance, services and case management to stranded migrants and displaced persons, as well as advocate for inclusion of migrants and other mobile populations in ongoing preparedness and response plans to avoid stigmatization and xenophobia.
- The Organization will strengthen existing protection mechanisms to identify and support persons in need and provide relevant referrals as necessary.
- Provide multi-purpose cash assistance (MPCA) to affected families to ensure they are able to access goods and services. Provision of grants to small businesses will enable production of essential supplies and PPE in line with global standards from local resources and sustain income generation for business owners and employees affected by a pandemic-induced economic downturn.