


IOM SOUTH AMERICA

REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

February - December 2020



Funding requirement

 **USD 21.2 million**

Target countries

 **10**

1. SITUATION OVERVIEW

As of 21 May 2020, 4.8 million confirmed cases of Coronavirus disease 2019 (COVID-19) have been reported globally. In South America, COVID-19 was first detected on 26 February 2020, when Brazil confirmed a case in São Paulo. By 3 April 2020, all countries and territories in South America had recorded at least one case. As of 21 May 2020, the total number of confirmed cases in South America is 491,499 of which 191,070 have already recovered. The total number of confirmed death cases is 25,504.

The International Organization for Migration (IOM) works with governments and partners to ensure that migrants, whether in regular or irregular situations, returnees and displaced persons are included in efforts to mitigate and combat the pandemic's impact. In view of COVID-19, IOM's regional response for South America focuses on reaching the vulnerable and building operational capacities to address the mobility dimensions of this pandemic.

Although migrants face the same health threats from COVID-19 as host populations, these are often compounded by additional vulnerabilities such as the precarious conditions they endure on their journey and the poor living and working conditions they face in host countries. Migrants are more likely to live in overcrowded households or employed in short-term, informal, or precarious work with limited provision for sick leave. Furthermore, migrants are often overrepresented in sectors considered essential during the pandemic and thus must continue working in spite of quarantines, lock downs or other measures of social distancing, such as agriculture, retail, and sanitation. Some migrants, with both regular and irregular status, may have limited access to public health services or fear accessing such services. They may also be excluded from public health information programming or, when informed, lack the financial means to manage periods of self-isolation or quarantine.

Furthermore, new displaced populations in 2019 like in Colombia Brazil and Bolivia are already highly vulnerable to contracting infectious disease, in conditions where a virus can more easily spread. Others living in areas affected by violence, may be ill-equipped to protect themselves against infection and difficult to reach and monitor.

2. REGIONAL CONTEXT

There are about 10 million migrants living in South America from different countries of the region and the world. Of them, 80 per cent are intra-regional migrants,¹ with migration from Venezuela being the most important in quantitative terms. The remaining 20 per cent is composed of extra-regional migrants. Additionally, there has been an overall increase in new displacement in 2019 in South America, triggered by conflict and natural disaster, with 139,000 new displacements in Colombia only, which has a total of 5,576,000 IDPs as of December 2019.²

In some cases, migrants in South America, especially those in an irregular situation and other vulnerable conditions, might encounter obstacles in accessing health services, such as language and cultural barriers, a lack of inclusive health policies in some countries, and fear of arrest or deportation. In addition to the direct health risks of COVID-19, migrants are facing significant and exacerbated socio-economic and protection challenges because of the pandemic. With the economic slowdown, migrants will remain among the most vulnerable communities and at risk of stigmatization and exclusion.

As COVID-19 spreads worldwide, South American governments took restrictive human mobility measures to reduce the impact of the pandemic.³ Lockdowns, curfews, business closures, travel restrictions and border closures in the region have caused migrants to lose their jobs, with negative impacts on incomes and remittances, often resulting in the loss of their regular migratory status, blocking their possibility of return, and therefore, substantially increasing their vulnerability.

Many migrants are now stranded and find themselves in irregular situations as a result of the travel restrictions imposed to slow the spread of the virus. The closure of borders due to the public health emergency, has caused a pressing situation for hundreds of stranded individuals, in some cases unable to meet their most basic needs (food, accommodation, health care, among others). Additionally, migrants who have managed to return home may be subject to stigma and discrimination and may face similar challenges in accessing services, as well as interruptions to their reintegration assistance. Moreover, despite formal restrictive measures, irregular entries continue through unauthorized crossings or irregular routes, where health controls do not exist for the prevention of COVID-19.

Protection mechanism and referral pathways – such as those for survivors of domestic violence, victims of trafficking, and vulnerable children – are likely to face disruptions. These in turn lead to interruptions in case identification, referral, and protection processes resulting in protection gaps for migrants, especially if vulnerable, who go unidentified and/or unassisted, and longer-term weakening of referral pathways and protection systems.

1 https://robuenosaires.iom.int/sites/default/files/Informes/Migration_Trends.pdf

2 IDMC's 2020 Global Report on Internal Displacement.

3 https://robuenosaires.iom.int/sites/default/files/Informes/Implicaciones_para_la_Movilidad_Regional_15_Abril_2020.pdf



Specific regional factors exacerbate the vulnerability of migrants in the context of COVID-19, including high rates of urbanization and densely populated cities, which often lead to crowded living and working conditions for migrants. South America has very populous cities such as Sao Paulo, Buenos Aires, Rio de Janeiro, Bogota, and Lima. Overall, the conditions of urban spaces in South America are fragile due to problems such as the deficit in public transport and healthcare services, and also the concentration of informal settlements. Despite these issues, cities are hosting the vast majority of migrants, as they offer greater employment opportunities and access to basic services.

A new pattern of internal migration has emerged from this crisis, with a significant number of internal migrants moving from the big urban centers to the small cities and rural towns located in the provinces, due to the job loss or interruption of continuity of the work in the informal sector. Along this line, more than 10,000 Peruvian nationals have already returned to their origin communities, with the support of the Peruvian Government. However, there is still a significant number of migrants still waiting and willing to return to their communities in various cities of Bolivia, Ecuador, and Peru. This has been an additional challenge for the regional and local authorities that are managing the situation and must now address their urgent humanitarian needs. In some countries, the existing reception and transit centers for migrants are insufficient to host those who lost their houses due to the inability to pay their rent, and some others do not even meet the minimum humanitarian standards.⁴

Finally, the labor market is severely affected by COVID-19. The crisis is causing an unprecedented reduction in economic activity and working time. The International Labour Organization (ILO) estimates that the Americas will experience the greatest loss in working hours (12.4 per cent)⁵, and in South America the low rate of decent work is an aggravating factor. Among the most vulnerable in the labour market, informal economy workers are significantly impacted by lockdown measures and unequal access to social protection and other measures that governments put in place in order to mitigate the problem (unemployment insurance, tax exemption, affordable credits and loans, among others).⁶ In various countries of the region, discrimination, xenophobia, and stigmatization are rising and exacerbated by the greater demand for public assistance such as health, financial help, labor protection and housing solutions.

4 IOM DTM report No 2 in Peru of 7th May 2020: <https://dtm.iom.int/peru>

5 https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743146.pdf

6 *Ibidem*

3. IOM REGIONAL CAPACITY TO RESPOND TO COVID-19

In South America, IOM has 10 Country Offices in Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela, as well as 28 sub-offices, with a total of 864 national and international staff. IOM is assisting Member States (MS) and partners to prepare for and respond to COVID-19, with operational and technical support. IOM has a demonstrated capacity to respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programs to mitigate and address the longer-term socio-economic impact of COVID-19.

IOM Staff and Offices - May 2020

IOM in South America

- Regional Office
- Country Offices
- Sub-Offices: 28

- Colombia: 14
(Apartado, Cali, Cucuta, Florencia, Medellin, Mocoa, Pasto, Puerto Lleras, Chaparral, Florida, Planadas, Atacos, Rio Blanco, Pradera)
- Brazil: 9
(Boa Vista, Pacaraima, Manaus, Belém, Rio de Janeiro, São Paulo, Curitiba, Florianópolis, Porto Alegre)
- Ecuador: 3
(Esmeraldas, Tulcan, Lago Agrio, Ibarra)
- Peru: 1
(Tumbes)
- Bolivarian Republic of Venezuela: 1
(San Cristobal)



IOM STAFF	
General Service	739
National Officers	86
Professionals	39
Total	864



IOM is a member of various coordination working groups in countries of South America, such as protection, gender, and recovery/livelihood, some of them part of the Venezuelan regional response, that facilitate the coordinated humanitarian response during and after crises. In addition, IOM promotes technical dialogue within regional consultative processes in order to encourage governments and other stakeholders to support regional information-sharing on migration policy issues. In this framework, IOM is assisting countries to share knowledge and good practices on recent COVID-19 measures and is fostering the dialogue on key related challenges. IOM also has frameworks, guidelines, and tools to provide holistic and inclusive humanitarian assistance and protection to the affected populations from COVID-19.

IOM country offices in South America lead a diverse array of projects in the areas of migration health, migration protection and assistance, emergency preparedness and response, immigration and border management, transition and recovery, labor mobility and human development, and migration environment and climate change. IOM's Regional Office in Buenos Aires has experts in these areas to guide the region's COVID-19 response with best practices and vast experience in this geographic region.

Furthermore, IOM, as the UN lead agency on migration, is part of the UN Country Teams and Humanitarian Teams that are coordinating the COVID-19 response. Also, the R4V Response for Venezuelans – Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela, is co-led by IOM and UNHCR, with a range of different agencies and organizations leading various sectors to respond to COVID-19 among Venezuelans in South America.

4. IOM'S REGIONAL APPROACH AND OPERATIONAL STRATEGY

This Strategic Preparedness and Response Plan (SPRP) for the region of South America is a comprehensive, coordinated response that addresses immediate and long-term health concerns with regards to current COVID-19 pandemic. It is contributing to the overall objectives of the IOM's revised global Strategic Preparedness and Response Plan and is designed to best fit to the regional context, considering the specific population mobility and cross-border dynamics and needs of migrants, including stranded migrants, travelers, displaced populations and host communities. It also aims to counter misinformation that can lead to anti-migrant sentiment, stigma and xenophobia.

All interventions proposed in this regional SPRP are designed based on the inputs and identified needs by each IOM country office in the region, and they cover the period February-December 2020. They are built on and contribute to IOM's global SPRP as well as the Global Humanitarian Response Plan (GHRP) and in support of WHO's Global Strategic response and Preparedness Plan and, where available, national COVID-19 preparedness and response plans.

To address the COVID-19 pandemic, IOM follows its Health, Border & Mobility Management (HBMM) framework, which is a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and its Spaces of Vulnerability (SOVs), where migrants and mobile populations (MMPs) interact with stationary, local communities. With a particular focus on border areas, HBMM unifies border management with health security and ultimately supports the implementation of the International Health Regulations (IHR 2005).

IOM's response additionally reflects the priorities set out in the UN Sustainable Development Group COVID-19 framework titled "Shared Responsibility, Global Solidarity". The latter aims to address the immediate emergency, mitigate the social and economic impact of the pandemic and aid countries to "recover better," all with a focus on ensuring vulnerable populations – migrants and displaced in particular – are not left behind.

In line with IOM's revised SPRP, the regional plan for South America focuses on the following four Strategic Priorities at the community, national and regional levels.

Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.

COORDINATION AND PARTNERSHIPS

In response to COVID-19 IOM, country offices in South America are participating in existing coordination mechanisms to support national and cross-border coordination. Furthermore, IOM continuously advocates for migrants, internally displaced populations and other vulnerable groups of interest, to be included in the country preparedness and response plans in close coordination with relevant governmental bodies and representatives at local, national and regional level as well as UN Country Teams and Humanitarian Teams to develop harmonized and coordinated response.

In South America, IOM is providing technical assistance to local health and border officials, including the coordination with the private sector and the International Air Transport Association (IATA), in the context of current mobility restrictions. IOM is also coordinating with key MERCOSUR institutions such as the Public Policies and Human Rights Institute to provide information on the impact of COVID-19 as relates to the human rights of migrants. Moreover, at UN Sustainable Development Group - Latin America and the Caribbean (UNSDG-LAC) level, IOM is collaborating with the interagency groups such as the Gender Interagency Group, in initiatives aimed to attend the specific needs of the most vulnerable migrants, especially women and children, as a consequence of COVID-19. Additionally, IOM is a member of the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC), and participate in various sectorial working groups. Finally, IOM is also engaging with some Ministries of Foreign Affairs in the region to assist in the repatriation of stranded migrants, such as in the case of Brazil that is assisting a group of nationals stranded in Mexico.

Additional interventions in the region include:

- Strengthening cross-border coordination to support pandemic response with relevant actors at the community, national and regional levels and enhancing regional and national disease surveillance, information sharing and reporting.
- Engaging and supporting inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes, including for countries with risk for increased displaced populations.
- Advocating for government responses to be inclusive of migrant needs, facilitate access to emergency health care, including identifying temporary legal solutions and measures, development of operational guidance and assistance to ensure migrant protection and dignity and actively work to counter stigma and discrimination.
- Support governments to explore efficient and scalable mechanisms for health and other relevant professionals within the diaspora to contribute to COVID-19 response and recovery efforts, including the social and economic impacts.



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TRACKING MOBILITY IMPACTS

IOM country offices in South America and in coordination with the governmental partners and other relevant actors, collect and analyze the information on population mobility and flow monitoring as well as cross-border movements related to COVID-19. IOM country offices are tracking mobility (Flow Monitoring Survey) and elaborating assessments through IOM's Displacement Tracking Matrix (DTM), helping stakeholders with timely and comprehensive understanding of the effect of COVID-19 on mobility at country, cross-border and regional level.

Brazil, Colombia, Ecuador, and Peru, among others, are adjusting Standard Operating Procedures (SOPs) for applying DTM Flow Monitoring Survey in the COVID context. In Peru, IOM monitored remotely 25 collective centers that hosted migrants from different nationalities, internal migrants and vulnerable nationals living in the streets in five departments of Peru. The monitoring included information on conditions and service provisions in these collective centers (DTM Site Assessment).

At regional and national level, IOM is compiling information for the IOM COVID-19 Mobility Impacts Portal, which includes primary and secondary data about Points of Entry (PoE) such as operational status, types of restrictions, duration of restrictions, population categories affected and public health measures. The Regional Office in Buenos Aires is also producing COVID-19 infosheets that are designed to capture the latest information about COVID-19 migration-related impacts on South American countries.

Additional interventions in the region include:

- Track presence of migrants, including stranded migrants, and vulnerable populations in border areas and locations in country.
- Enhancing country-level primary data collection for points of entry mapping and monitoring



to report more in-depth and up-to-date information on the different points assessed. This information includes operational status, types of restrictions, duration of restrictions, population categories affected, and public health measures amongst others.

- Mapping, monitoring, and analyzing the impact of COVID-19 on migrants and other populations of concern whose situation have been affected by the pandemic, ensuring that their needs are taken into account in the overall response.
- Tracking, monitoring, and analyzing the impact of COVID-19 on Internally Displaced Persons (IDPs) and migrants.
- Strengthen network of key informants at community level to report on issues arising as a result of COVID-19.
- System development and strengthening of remote data collection making use of global network of DTM key informants.

Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

IOM country offices and the Regional Office in Buenos Aires have implemented communication strategies including communication campaigns as well as risk communications and community engagement initiatives. IOM in South America produced and disseminated media content to debunk myths and misconceptions about migrants in the context of COVID-19 as well as to prevent the spread of the disease. Recent content produced by IOM in the region as part of the COVID-19 response, has reached nearly 650,000 people in social media.

In **Colombia**, IOM has developed and disseminated awareness communication materials in line with the guidelines from the WHO and the National Ministry of Health. This includes the printing and distribution of 36,000 posters about hygiene and health-related messages. The information material was placed in strategic localities hosting migrants. Furthermore, information to prevent xenophobia and discrimination has been disseminated through local health networks. In **Uruguay**, IOM has supported the National Government by informing migrants about preventing measures, how to access to health facilities and quarantine requirements. The office has developed simple core messages to share with all beneficiaries via WhatsApp and SMS. IOM is also working with UNICEF to provide child specific COVID-19 support to migrant families with children. In **Peru**, IOM developed a digital campaign to prevent trafficking in persons in the current COVID-19 situation. The campaign has three informative parts regarding sexual, labor and child exploitation. In Peru, IOM has also created, through the campaign #Tucausaesmicausa, a roster of Venezuelan migrants that have skills they can share virtually such as playing the Peruvian box (cajon peruano) or teaching yoga that they can offer to other residents during the quarantine period. Finally, in **Chile**, IOM is sharing guidance material to employers on how to protect migrant workers during the COVID-19 pandemic.

Additional interventions in the region include:

- Developing and disseminating fit-for-purpose information, education communication (IEC) materials and risk communication messages that are culturally and linguistically tailored to the needs of migrants, IDPs and related communities on good hygiene practices and evidence-based COVID-19 preventive measures.
- Engaging with migration authorities in RCCE activities at border points and support cross border community-level awareness raising in close coordination with municipality authorities in border communities, as well as training of municipality officials and community members on prevention and preparedness measures, using appropriate medical and physical precautions.
- Promoting risk communication and community engagement activities through communication with communities and feedback along mobility corridors and POEs and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters.

- Promoting social cohesion messaging and activities for community engagement for prevention and recovery of violence, discrimination and xenophobia, marginalization and xenophobia.
- Consulting communities and community associations (women-led association, organizations of persons with disabilities (OPD), children, students or Youth networks, amongst others) and strengthen existing Community Engagement and Outreach mechanisms to ensure their participation throughout the response and enhance accountability to affected populations.
- Building the capacity of health care workers and other actors on psychological first aid adapted for pandemics using previous models developed for outbreaks such as Ebola Virus Disease (EVD) and ensure inclusion of informal education on self and peer support among RCCE messages as well as informal education measures.



DISEASE SURVEILLANCE

IOM in South America has initiated programs to enhance existing national level disease surveillance systems and to link them with population mobility, especially in border communities. With this, IOM is working on provision of continuity of healthcare services and multi-country coordination and strengthening community capacity to prevent outbreaks and other health conditions among migrants and host communities.

In **Colombia**, IOM in cooperation with the Center for Disease Control and Prevention (CDC) has established a program that improves the health response, public health surveillance systems and cross-border coordination in target areas of Colombia and Panama. By identifying and treating communicable diseases and mental health needs as well strengthening community surveillance network to properly identify and report on public health events, IOM contributes to improve the response of Colombian and Panamanian health systems to the challenges of access to health services posed by the mixed migration flows from Venezuela on receiving communities, returnees and migrants themselves. Moreover, in order to support Colombian health authorities in their prevention and response efforts to the COVID-19 outbreak, IOM has implemented another project and facilitated the medical evaluation of over 6,900 patients with respiratory symptoms identified within local urban and rural communities, including migrants and host communities. Out of those, 168 cases (2%) were referred for further medical investigations.

Additional interventions in the region include:

- Strengthening community event-based surveillance by linking mobility information to disease surveillance data, particularly among border communities, points of entry, and migrant dense areas. This includes training of national government and migrant communities on surveillance techniques, community event-based surveillance and contact tracing.
- Engaging with national authorities and local communities in strengthened data collection and conducting participatory mapping exercises to identify high-risk transmission mobility corridors and areas, to inform regional and national preparedness and response plans.



LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

IOM Country Offices in South America will continue to support the logistics, procurement, and supply chain with existing IOM operational capacities.

In **Argentina**, IOM is responding to the request made by the National Directorate of Migration for the provision of supplies (gel, face masks, gloves) for migration agents, plus the provision of Personal Protective Equipment (PPE), infrared thermometers, thermic chambers and sanitary tents to measure fever on passengers arriving to the country. In **Colombia**, IOM supported the national and local authorities with the immediate purchasing and distribution of relevant PPE equipment, including but not limited to 200,000 protective masks, 5000 mono-glasses, 5000 bio-security suits, 68 tents for Respiratory triage as well as thermometers, disinfectant and other protective material. In **Peru**, IOM is working closely with the National Government Institutions to provide logistic support in the distribution/transportation of key medical and infrastructure supplies to hospitals assisting COVID19 cases as well as delivering basic food and NFI kits.

Additional interventions in the region include:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies for COVID-19 response including Non-Food Items (NFI).
- Procuring and distributing PPE for frontline health workers engaged in COVID-19 response, with a focus on those treating migrants, IDPs and people on the move.



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The IOM regional office and country offices have been actively supporting front line point of entry within national response mechanisms. In **Chile** and **Paraguay**, IOM in collaboration with immigration departments, has provided support to upgrade PoE protocols and systems for detection, referral and follow-up of migrant confirmed cases with COVID-19 at ports of entry with a focus on nationals returning via land and air. The country office in Paraguay also provided concept software for possible integration of temperature screening equipment into the border management system. In **Colombia**, in coordination with the Ministry of Foreign Affairs, over 1 - 1.15 million COVID-19 Preventive Control Forms were developed and distributed at main land borders and airports, prior to the Government's closure of border points measure to close border areas. This form had to be filled out by people entering through official border crossing points reporting travels in at risk areas. In **Peru**, IOM is working in coordination with Migration Authority at CEBAF Desaguadero to strengthen preventive control materials and distributing prevention supplies.

Furthermore, in the northern region of **Chile**, IOM assessed the situation of stranded migrants in the border communities to design and facilitate the immediate response. IOM supported the regional and local authorities in the management of eight shelters including collective centers and camps for more than 2,000 stranded migrants. In **Bolivia**, IOM is supporting the Vice-Ministry of Civil Defense (VIDECI) in the management of the camp for returned migrants in Pisiga, with a capacity of 450 persons. IOM also trained VIDECI staff on CCCM guidelines to continue the assistance in the camp. As of 30 April 2020, over 1,100 migrants were assisted in the camp, and after the completion of the quarantine period, they returned to their community of origin or residence.

Additional interventions in the region include:

- Supporting health screening, surveillance and monitoring, communicable disease identification, notification, and management of ill travelers at PoE.
- Providing technical development support and operationalization of SOPs for border personnel on infection prevention and control (IPC), management of ill travelers, and building capacity of front-line border officials in response to COVID-19 outbreak.
- Providing border and health officials with necessary equipment and supplies for health screening, including PPE and other supplies.

Improving points of entry infrastructure, including physical distancing and crowd control measures, water, sanitation and health facilities, constructing and improving isolation and quarantine centers and the upgrading of hygiene infrastructure.



NATIONAL LABORATORY SYSTEMS

Some of the IOM country offices in the South America will provide support to enhance the national laboratory capacity for detection of COVID-19 that remains a core component of any public health strategy.

IOM Colombia continues providing logistic support to the National Institute of Health, particularly in the shipment of COVID-19 tests from local to central level for analysis. Additionally, IOM is supporting the Department Health Secretaries with the setting up of 10 Emergency Response Rooms in the municipalities of Medellín, Riohacha, Cartagena, Barranquilla, Pasto, Bucaramanga, Valledupar, Arauca, Cúcuta y Soacha. These rooms will serve for strengthening the coordination and response to the COVID-19 health emergency and will be equipped for the receipt, analysis of tests, data processing and coordination of the response.

Proposed interventions in the region include:

- Providing trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation.



INFECTION PREVENTION AND CONTROL

IOM country offices in South America will continue to support improved access to Water, Sanitation and Hygiene (WASH) services as an important infection prevention and control measure to prevent or limit transmission of the disease among migrants, IDPs local communities and IOM staff. In



coordination with partners from the governments, UN agencies, NGOs, civil sector and other relevant actors, IOM will continue monitoring existing and potential quarantine and isolation spaces for the returning migrants, refugees and asylum seekers.

In **Venezuela**, IOM is supporting the so-called “Puestos de Asistencia Social Integral (PASI)”, which are temporary accommodation centres located in different border municipalities (public schools, hotels, sports centers), with the adequate provision of WASH services, training on hygiene practices to staff in the centres, and the distribution of 400 hygiene kits for households in the States of Apure, Zulia and Táchira. In **Brazil**, close to 4,000 personal hygiene kits have been delivered to migrants in Roraima who are not living in shelters and 10,000 brochures with critical prevention information have been distributed in key locations such as shelters, the central bus station, and informal settlements in Boa Vista and Pacaraima. Information sessions have also been carried out, including in indigenous communities in Pacaraima and nearby regions.

Additional interventions in the region include:

- Supporting the adequate provision of WASH services in health care facilities and Points of Entry, and temporary and transit centres and informal settlements, including handwashing stations, hygiene practices and distribution of hygiene items.
- Supporting the development of protocols for handwashing and waste disposal that are fit for purpose for the needs of migrants and related communities.
- Strengthening the capacities of health workers, border authorities, education stakeholders and community members on infection prevention and control practices and hygiene management.



Strategic Priority 3: Ensure access of affected people to basic services and commodities, especially to those in most vulnerable conditions, including health care, and protection and social services.



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM teams in South America provide technical and operational support for case management and continuity of essential services in particular in countries suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases, to reduce morbidity and mortality rates.

IOM **Colombia** continues strengthening the institutional and community efforts in line with the National Health Response Plan for Venezuelan migrants and refugees as well as host communities. The latter is done through technical assistance provided to national and local health authorities as well as through the provision of direct primary health and life-saving assistance to vulnerable migrants and communities. The provision of primary health care assistance is carried out in close cooperation with local health authorities in 24 municipalities within 13 departments of Colombia through extra-mural health days, which methodology is being rigorously adapted in line with the COVID-19 health emergency and respective protocols. In **Brazil**, IOM doctors work in mobile offices during the COVID-19 pandemic. IOM medical teams working in Medical Mobile Units assist Brazilians, migrants and refugees in strategic points of Boa Vista, the capital of Roraima. Medical teams provide primary health care and their activities are aligned and executed with the Unified Health System and different spheres of government. In **Ecuador**, IOM has assisted 31,390 Venezuelan migrants with emergency health kits, in coordination with government agencies, local authorities, and NGOs. In addition, 198 Venezuelan migrants have received mental health and psychosocial support (MHPSS) by IOM.

Additional interventions in the region include:

- Providing life-saving primary health care and procurement of critical medicines and medical supplies, support to infrastructure, especially in humanitarian settings.
- Continuing to provide technical and operational support for case management and continuity of essential services, in particular in countries suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases, to reduce morbidity and mortality rates.



CAMP COORDINATION AND CAMP MANAGEMENT

As the global co-lead on Camp Coordination and Camp Management (CCCM), IOM is actively engaged in addressing the COVID-19 pandemic needs to secure site safety, hygiene and ensure livelihoods for migrants are sustained.

Additional interventions in the region include:

- Continuing to support the national sectorial working groups led by national and local authorities in the coordination and management of the collective centers.



PROTECTION

IOM has adapted current programming to continue supporting Member States and other key counterparts during the COVID-19 pandemic in provision of assistance to vulnerable migrants and strengthening local capacities to do so. Also, IOM has adapted the mechanisms to assist victims of trafficking by supporting government and civil society counterparts in providing shelter, food, translation services, medical supplies, psychological assistance and other services.

In **Paraguay, Uruguay and Bolivia**, IOM is implementing virtual trainings with stakeholders in charge of repatriation and reintegration assistance to promote reintegration policies to support returning stranded migrants affected by the COVID-19 in host countries. In **Ecuador**, a group of IOM- trained staff is assessing the needs of most vulnerable migrants and refugees via telephone, while providing psychosocial first aid to migrants who fear being infected by COVID-19 and are anxious about the pandemic's impacts on their livelihoods. In **Colombia**, IOM is strengthening the Government efforts in prosecution of human trafficking through organizing virtual moot courts training sessions for over 130 public defenders. IOM is currently carrying out a brief counter-trafficking assessment to characterize trafficking cases identified by both government and civil society representatives - routes, profile of victims, type of exploitation, among other variables.

Additional interventions in the region include:

- Ensuring assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and to information, as well as an updated analysis on the impact of the COVID pandemic and response on the protection situation within the communities. For example, increased incidents of gender-based violence (GBV) (including sexual exploitation and abuse (SEA) or intimate partner violence (IPV)); family separation; persons in need of specific care and protection left behind, e.g. persons with disabilities (PWD), children, older persons.
- Assisting stranded migrants to access services such as housing alternatives, food packages, hygiene kits, medicines and psychosocial support.
- Creating MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams linguistically and culturally able to serve those populations.
- Strengthening existing protection mechanisms and social services, including cross-borders, to identify and support persons in need of care or protection and refer them to appropriate services; e.g. alternative care, emergency support or assistance, social services.
- Establishing centralized fund to review and respond to requests for support for vulnerable migrants using IOM's established procedures for migrant screening, case budgeting and planning and service delivery.

Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.



ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS

IOM country offices and the Regional Office in Buenos Aires are actively engaged with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socio-economic support to prevent human suffering during the crisis and provide for a durable recovery in the post-crisis environment.

In South America, IOM is building partnerships and promoting dialogue with actors linked with municipalities such as FINDEL to ensure the inclusion of migrants in the local development strategies to deal with the impact of COVID-19, particularly in border area communities. Across South America, IOM has engaged with partners to provide skills training and language course online rather than in person so as to allow migrants to continue strengthening their abilities and employability in spite of mobility restrictions. IOM is reaching out to diaspora groups, especially those from Venezuela, in order to promote cooperation and exchange regarding best practices in responding to the pandemic and its socio-economic impacts.

In **Argentina**, IOM is collaborating with private institutions such as Banco Ciudad to migrate presential entrepreneurship trainings to online platforms. Furthermore, IOM Argentina is liaising with Ashoka to carry out a study on social innovations in collaboration with governmental institutions, private sector, civil society organizations and migrants. The innovations that will be identified relate to migration and integration challenges with special focus on COVID-19, and on how to boost these innovations in the short and medium term. In **Brazil**, IOM provided food assistance through Cash-Based Intervention (CBI) to 500 the most vulnerable Venezuelan migrants in 12 municipalities of Brazilian State of Paraná, one of the main destinations for Venezuelan nationals under the national voluntary relocation program (“interiorização”). IOM in **Brazil**, through partnership with Caritas Brasileira, addresses socio-economic impacts of the crisis and provides assistance to approximately 300 refugees and migrants, most of them Venezuelans, who have lost their jobs, income and housing. Each person is supported for up to two months with housing, food and access to assistance in Houses of Rights that offer legal guidance, psychosocial support, assistance to access public education, health and employment. If after the two months, the beneficiaries will not be able integrate autonomously, they will receive rental and food assistance for an additional period. This project is implemented in four Brazilian cities: Brasília, Florianópolis, Porto Velho and São Paulo.

Additional interventions will include:

- Supporting the migrants to overcome the immediate impact on their livelihood strategies of the pandemic and the mitigation measures put in place with provision of multi-functional CBI so they can meet their basic needs until the host economies open up again.

- Supporting the referral mechanisms for job placement and business set up to guide the migrants post arrival to their communities.
- Actively identifying and matching diaspora professionals with needs in countries of origin in response to the pandemic through telehealth during the crisis and through temporary return assignments during early recovery stage.
- Organizing virtual intergroup contact activities to promote social cohesion and mutual understanding in spite of lock downs and quarantines in the region and globally.
- Establishing technology hubs where migrants and marginalize host communities would have access to computers and/or tablets so that they can access online learning courses r skills enhancement as well as remote working opportunities such as translation, language coaching, and coding and programming.
- Partnering with key actors in the digital remittances ecosystem in order to expand access to digital transfer services as a mitigation measure for the projected reduction in remittance transfers due to the COVID-19 pandemic and the mobility restriction put in place by governments.
- Developing contextualized region specific modular skills training for migrants in the area of entrepreneurship and business management which could be deployed throughout the region.



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5. IOM'S REGIONAL FUNDING REQUIREMENTS

Funding requirements for South America cover interventions in 10 countries in the region to implement preparedness and response interventions for COVID-19. Considering the continuously evolving nature of the pandemic, IOM will periodically review each country's needs. The estimated amounts have been coordinated at all levels and are based on IOM's expertise in public health and other humanitarian emergencies, as well as the capacity of each Member State, the emerging needs and mobility dynamics in the country. Moreover, all country offices in the region are making efforts to use existing and reprogram existing funds to address the consequences of the pandemic.

Funding requirement per country (USD)

Country	Funding Requirement
Argentina	1,374,000
Bolivia	606,500
Brazil	4,090,000
Chile	764,000
Colombia	4,080,000
Ecuador	3,200,000
Paraguay	500,000
Peru	3,200,000
Uruguay	500,500
Bolivarian Republic of Venezuela	2,440,000
Regional Office	500,000
TOTAL	21,255,000

ANNEX I. Funding requirement per intervention area (USD)

Country	Strategic Priority 1		Strategic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
South America Sub-Total	1,459,250	961,600	2,353,900	700,000	2,070,900	450,000	1,927,950	930,200	988,750	3,884,350	2,110,150	3,417,950	21,255,000
Regional Office	500,000	-	-	-	-	-	-	-	-	-	-	-	500,000
Argentina	100,000	40,000	45,000	-	489,000	-	-	-	-	200,000	350,000	150,000	1,374,000
Bolivia	81,000	-	55,250	-	214,250	-	-	-	62,000	100,000	54,000	40,000	606,500
Brazil	10,000	20,000	140,000	10,000	-	-	810,000	-	20,000	2,000,000	80,000	1,000,000	4,090,000
Chile	-	10,000	25,000	30,000	-	-	24,000	150,000	-	-	25,000	500,000	764,000
Colombia	190,000	265,000	725,000	400,000	280,000	400,000	100,000	300,000	-	850,000	220,000	350,000	4,080,000
Ecuador	233,250	96,600	338,150	-	361,650	-	253,950	280,200	256,750	284,350	667,150	427,950	3,200,000
Paraguay	20,000	20,000	20,000	60,000.00	80,000	50,000	120,000	-	-	50,000	80,000	-	500,000
Peru	100,000	150,000	650,000	-	330,000	-	270,000	200,000	250,000	250,000	300,000	700,000	3,200,000
Uruguay	75,000	-	55,500	-	16,000	-	-	-	-	150,000	154,000	50,000	500,500
Bolivarian Republic of Venezuela	150,000	360,000	300,000	200,000	300,000	-	350,000	-	400,000	-	180,000	200,000	2,440,000



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