



**COVID-19
STRATEGIC
RESPONSE AND
RECOVERY
PLAN 2021**
for East & Horn of
Africa

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Cover Photo: Migrants returning from Djibouti receiving assistance upon arrival at the Assisted Voluntary Return and Reintegration Transit Centre in Ethiopia, Addis Ababa. Photo: Kennedy Njagi, IOM 2021



A migrant, part of the group who had returned from Djibouti receiving assistance at the Assisted Voluntary Return and Reintegration Transit Centre in Ethiopia, Addis Ababa. Photo: Msehli Safa @ IOM 2021



IOM COVID-19 STRATEGIC RESPONSE
AND RECOVERY PLAN 2021 FOR EAST
AND HORN OF AFRICA

TOTAL FUNDING
REQUIREMENT FOR THE EAST
& HORN OF AFRICA REGION | **USD 86,718,710**

COUNTRY	STRATEGIC OBJECTIVE 1: ENSURE CONTINUATION OF ESSENTIAL SERVICES, MITIGATE RISKS AND PROTECT DISPLACED PERSONS, MOBILE POPULATIONS AND HOST COMMUNITIES	STRATEGIC OBJECTIVE 2: SCALE-UP ESSENTIAL PUBLIC HEALTH MEASURES AND PROMOTE MOBILITY SENSITIVE HEALTH SYSTEMS	STRATEGIC OBJECTIVE 3: MITIGATE THE LONGER-TERM SOCIOECONOMIC IMPACTS OF COVID-19, CONTRIBUTE TO RESTARTING HUMAN MOBILITY AND EMPOWER SOCIETIES FOR SELF-RELIANCE.	STRATEGIC OBJECTIVE 4: INFORM RESPONSE AND RECOVERY EFFORTS BY TRACKING THE IMPACT OF COVID-19 ON HUMAN MOBILITY AND STRENGTHEN EVIDENCE- BASED DECISION- MAKING DATA	TOTAL PER COUNTRY (USD)
Burundi	1,335,160	1,500,000	1,000,000	695,000	4,530,160
Djibouti	1,050,000	1,160,000	300,000	500,000	3,010,000
Eritrea	-	250,000	250,000	-	500,000
Ethiopia	11,600,000	6,400,000	2,000,000	1,000,000	21,000,000
Kenya	960,000	2,850,000	940,000	840,550	5,590,550
Rwanda	700,000	850,000	1,400,000	700,000	3,650,000
Somalia	3,595,000	10,156,000	3,200,000	2,987,000	19,938,000
South Sudan	8,750,000	4,700,000	4,150,000	2,400,000	20,000,000
Uganda	400,000	1,750,000	1,975,000	175,000	4,300,000
United Republic of Tanzania	1,440,000	540,000	870,000	550,000	3,400,000
Regional	-	370,000	50,000	380,000	800,000
TOTAL PER OBJECTIVE (USD)	29,830,160	30,526,000	16,135,000	10,227,550	86,718,710

COVID-19 IN THE EAST AND HORN OF AFRICA

As of 20 April 2021, there has been a cumulative total of 502,771 confirmed cases in the IOM East and Horn of Africa region, with 119,761 active cases in the region. This represents 11.2 per cent of the total Africa COVID cases. Within the region, Ethiopia remains the country with the highest number of confirmed cases at 243,631 (48.5% of total case), followed by Kenya 151,894 (30.2%), followed by Uganda 41,477 (8.2%). Whilst the number of deaths continue to rise (currently at 7,508) the average case fatality rate is 1.5 per cent which remains below the global average of 2.1 per cent. However, these numbers are unlikely to represent the true scale of the pandemic in the region. Presence of COVID-19 variants in many countries in the region combined with insufficient genomic laboratory capacities make it difficult to properly confirm if the recent increment of new cases is linked to the presence of new variants.

I. CONTEXT – ONE YEAR ON SINCE THE BEGINNING OF THE PANDEMIC

The COVID-19 pandemic has had an untold impact on the lives of thousands of migrants, internally displaced persons (IDPs) and host communities throughout the East and Horn of Africa region, leaving many individuals, families, communities and economies vulnerable and in need of added support and protection. In the long run, it is also negatively impacting the region's prospects to attain the Sustainable Development Goals and the vision of the African Union's Agenda 2063.

Whilst the scale of the pandemic in the region has not been as great as in many other parts of the world, such as in Europe and in the Americas, the humanitarian and socioeconomic impact as well as the increased protection concerns exacerbated by COVID-19 related restrictions and containment measures has had an all the more devastating impact on the region. In particular, it has brought unprecedented protection needs, risks and vulnerabilities for migrants, displaced populations and host communities throughout the region.

Globally, restrictions led to sharp reductions in mobility, leaving millions of migrants jobless, whilst migrants in countries abroad were stranded, unable to send remittances home and risked finding themselves in an irregular situation further compounding their vulnerabilities. Likewise, pandemic-triggered movement restrictions and measures are directly impacting the daily lives and circumstances of IDPs, refugees and host communities. Livelihoods are being interrupted and access to healthcare, where available, remains limited. Many communities hosting internally displaced populations lack adequate investment into health, water and sanitation, in addition to issues of overcrowding, poor shelter, scarce resources and limited access to reliable information. The impact felt by these communities not only increases humanitarian need but also exacerbates the existing and already complex barriers for IDPs and refugees to seek solutions.

COVID-19 – IMPACT ON MOBILITY ALONG THE EASTERN ROUTE

The Eastern Route, which normally has the largest number of migrants each year, saw a drop of 66 per cent in movements (from nearly 470,000 in 2019 to 160,000 in 2020). This was further reflected in the reduction of new arrivals of migrants from the Horn of Africa on the shores of Yemen while trying to reach the Kingdom of Saudi Arabia and other countries on the Arab peninsula, which recorded a 73 per cent drop from nearly 140,000 new arrivals in 2019 to approximately 38,000 in 2020.

Even with this decrease in movements thousands of migrants were stranded in extremely vulnerable situations, unable to continue their journey or return home, with limited coping mechanisms, such as access to informal work or access to health care and other basic services.

By January 2021, it was estimated that at least 3,000 migrants were stranded across the region, with a further 32,700 migrants from the East and Horn of Africa in Yemen, and at least 20,000 in need of assistance in the Kingdom of Saudi Arabia.

As a result of hardship and movement restrictions in 2020, along the border between Yemen and KSA, there has been a new phenomenon of spontaneous returns from the Arab Peninsula back to the Horn of Africa. In particular, from Yemen (6,787 movements), back to Djibouti (5,902) and Somalia (885). This trend is continuing at an increased pace in 2021.

This fall in movements has also resulted in financial resources which are normally sent back to families through remittances plummeting, leaving families in countries of origin destitute.

In many countries in the region, the logistical constraints that went with the restriction in movement impacted on the availability of imported items and increased their costs and affected supply chains between countries. As a result, both the formal and informal economies were negatively affected, particularly in border areas, which rely heavily on cross-border trade, movement of people and goods, economic migration, etc.

The region is also host to multiple countries experiencing complex humanitarian crises and protracted conflict, with the COVID-19 pandemic compounding the vulnerability of IDPs, vulnerable migrants and refugees to multiple threats, including conflict, natural disasters, broken social networks, overcrowded camps with lack of adequate critical service delivery (especially shelter, Water, Sanitation and Hygiene (WASH), health and protection), and reduced livelihood opportunities, among others.

Moreover, the pandemic has required responders to redirect existing resources to address the pandemic, making it difficult to respond adequately to the many needs countries in the region are facing. Women and girls, in particular, continue to bear the brunt of protracted insecurity and other shocks related to natural disaster and disease, including elevated gender-based violence in confinement situations, their key role in the provision of healthcare and other services, as well as their dependence on informal and insecure sources of income that have become inaccessible due to mobility and physical distancing measures. This poses considerable challenges to the full realization of their rights and the rights of other vulnerable groups.

II. RISKS AND NEEDS OVERVIEW

The pandemic remains the core issue of many of governments in the region and experts believe the emergence of new coronavirus variants in Africa has contributed to an increase in both cases and deaths reported in many countries on the continent including East and Horn of Africa. In addition, there is insufficient laboratory capacity in the region to monitor the genetic sequences. The IOM laboratory in Nairobi is contributing in detecting the S-gene dropout in all specimens as proxy factor of presence of critical variants. As a matter of concern, some countries in the region are facing a third wave of the pandemic with sharp increase on new cases. Whilst the countries are currently responding, the full impact of COVID-19 on the region will not be fully realized for several years.

Vaccination will help countries to manage the pandemic and will mitigate severe cases, however if migrants are excluded from national vaccination plans, there is a heightened risk of re-emerging cases as the virus is forced under-ground. The inclusion of migrants within national vaccination programmes is unclear and inconsistent, particularly in relation to irregular migrants where, in practice, all countries in the region appear to exclude them from vaccination. Most countries in the region¹ have submitted the National Development Vaccination Plan (NDVP) for COVAX vaccine and these countries have all started Phase 1 of vaccination rollout. However, vaccination rollout is challenged by both the shortage of vaccines and the effectiveness of cold chain processes. While governments and Africa Centres for Disease Control and Prevention are working to address the shortage of vaccines, a sense of competitiveness between the general population and migrants in vaccine administration might further leave migrants behind and create tensions within communities.

¹. As of 21 April, the countries from the region that have submitted NDVPs are Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan and Uganda.

According to the readiness survey of WHO, cold chain gaps are reported by all countries in the region, particularly for remote areas, posing logistical challenges vaccine roll-out. IOM has established cold chain structures in many countries and is ready to assist to promote equal administration of vaccines in hard-to-reach areas to ensure no one is left behind.

Protection risks, needs and vulnerabilities for vulnerable populations, including migrants, IDPs and returnees, have been worsened by the pandemic. The heightened life-threatening challenges migrants, IDPs, refugees and host communities face with COVID-19, requires us to ensure the continuation of essential services, to mitigate risks and protect IDPs, refugees, host communities and migrants, becomes critical to prevent further suffering and mortality. With concerns over the emergence of more lethal variants, as well as vaccination delivery constraints, the potential of the pandemic to further infect these vulnerable populations is a real concern.

For displaced populations in countries such as Somalia, Ethiopia and South Sudan, the COVID-19 pandemic coincides with ongoing complex humanitarian crises and conflict that continue to trigger recurrent and new displacement, with the newly displaced moving to already overcrowded formal and informal settlements, or establishing new informal sites precariously settled on public or private land. Returnees to these crisis-affected communities return to severely damaged or makeshift shelters, often in crowded and unsanitary conditions, with WASH, health services either non-existent or inadequate to meet demands. Camp conditions are similarly overcrowded and service

delivery inefficient to respond to a health pandemic, including limited access to WASH and health services where available. Mobility restrictions (lockdowns, curfews, etc.) have resulted in reduced delivery of life-saving goods and services in camps, and have disrupted livelihood activities, worsening the ability of IDPs and refugees to meet daily needs for their households. Xenophobia, stigmatisation, discrimination and social exclusion of IDPs and refugees, is increasing, and there are growing concerns of risks faced by women and children. Restrictions have reduced community interaction and halted service delivery, resulting in an increased risk of gender-based violence (GBV), including domestic violence. For children, exploitation and abuse, and in some cases family separation, have increased with school closures, reduced purchasing power at the household level and growing concerns of acute food insecurity. In the United Republic of Tanzania, Kenya, Uganda and South Sudan, where some of the largest refugee camps are located, refugees living in crowded environments are also at high risk. Measures like physical distancing, masks and frequent handwashing are near to impossible to implement, making these groups highly susceptible to a rapid spread of the virus. For those requesting voluntary repatriation (VolRep) assistance, such as Burundians in the United Republic of Tanzania and Rwanda, COVID-19 protection measures (pre-departure/arrival testing, personal protection equipment (PPE) provision, additional transport and escorts for social distancing, etc.) have doubled and tripled program costs, resulting in fewer refugees receiving VolRep assistance.

IOM Nurse taking a COVID-19 sample from a truck driver at the Busia border point. Border between Kenya and Uganda. Photo: Kennedy Njagi © IOM 2020





The impact of COVID-19 on employment, livelihoods and other socioeconomic factors on displaced populations, migrants and their families, such as food security, nutrition, schooling, increased unpaid care and domestic burden on women, trade and tourism, remains of great concern to many countries in the region. This year, for the first time in recent history, the stock of international migrants is likely to decline as new migration has slowed and return migration has increased. Return migration has been reported in all parts of the world following the lifting of national lockdowns which left many migrant workers stranded in host countries. Rising unemployment in the face of tighter visa restrictions on migrants and refugees is likely to result in a further increase in return migration. Origin countries must find ways of supporting returning migrants in resettling, finding jobs or opening businesses. The surge in return migration is likely to prove burdensome for the countries and the communities (to which migrants return) as they must provide quarantine facilities in the immediate term and support housing, jobs, and reintegration efforts in the medium term including to provide jobs, which might create social tensions and fracture social cohesion and integration between the local labour force and the returning labour force.

Limited livelihood opportunities as well as overstretched national capacities in countries of origin, transit and destination has resulted in increased stigma, xenophobia, discrimination, and mistreatment of migrants and displaced populations as they compete with local communities for reduced resources and limited access to services.

The widespread xenophobic and discriminatory narrative that depicts migrants as carriers of COVID-19 continues to create tensions between communities and has led to an increase in the number of migrants expressing the desire to return to their countries of origin. Movement restrictions and tighter border controls as part of COVID-19 containment measures has resulted in thousands of migrants being stranded in difficult situations often without access to basic needs and services forcing them to adopt risky and exploitative coping mechanisms to survive. Equally, the stringent measures along known migratory routes reportedly made the already dangerous and difficult journeys even more perilous as smugglers and human traffickers use less known routes to avoid detection by authorities. COVID-19 has reportedly resulted in an increase in human rights violations against migrants with among others, increased reports of arbitrary arrest and detention, GBV (in particular sexual and domestic violence), human trafficking, denial of services and physical assault. Migrants who have reached the Gulf countries but are unable to sustain a living (due to, among other reasons, border closures as a consequence of COVID-19, instability, and human rights violations in countries *en route*, dire work and living conditions or the lack of economic opportunities), have increasingly been returning spontaneously or returned involuntarily to their countries of origin. Upon return, migrants face numerous challenges in reintegrating back to their communities including stigma and shame of their 'failed' migration and incur significant losses as they off-set the cost of their travel.

The pandemic, whilst a health issue, is having an unprecedented impact on human mobility from the individual level, including those displaced by conflict or disasters, to how borders and migration are managed. It is forcing an adaptation of existing mobility and trade patterns, specifically regional patterns as well as immigration and border management regimes. As States continue to adapt, there is a growing need to strengthen their capacity to manage the points of entry and other crossing points, including to facilitate the movement of goods and persons across borders.

Given the heightened life-threatening challenges migrants, IDPs, refugees and host communities face with COVID-19, the need to ensure the continuation of essential services, to mitigate risks and protect IDPs, refugees, host communities and migrants, becomes critical to prevent further suffering and mortality. With concerns over the emergence of more lethal variants, as well as vaccination delivery constraints, the potential of the pandemic to further infect these vulnerable populations is a real concern.

Meanwhile the development potential of migration remains, suggesting regional mobility and integration needs to be at the heart of the socioeconomic recovery of the region. At the continental level, the African Continental Free Trade Area agreement could potentially unleash economic benefits for millions of Africans. However, unless concerted efforts are mobilized to advance the mobility dimensions of sub-regional integration, as articulated in the Free Movement and Common Market Protocols, momentum for this critical force for socioeconomic recovery could be lost in the wake of the mobility restrictions emanating from the efforts to control the spread of COVID-19.

III. FROM RESPONSE TO RECOVERY

Building on its work in 2020 and recognising the need to both respond to humanitarian needs triggered by the pandemic as well as start to deliver durable solutions, in line of IOM's approach within the humanitarian–development–peace nexus (HDPN), IOM has prepared a comprehensive response and recovery plan that ensures it provides the most appropriate services and support to its Member States and people in need. In line with IOM's Global Strategic Response and Recovery Plan for 2021, IOM's 2021 Strategic Response and Recovery Plan for East and Horn of Africa will take the following four-pronged strategic approach, that considers both immediate, medium and longer-term needs

- Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities.
- Scale-up essential public health measures and promote mobility sensitive health systems.
- Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance.
- Inform response and recovery efforts by tracking the impact of COVID-19 on human mobility and strengthen evidence-based decision-making through data.



IOM team providing medical assistance for migrants arriving from Yemen in Obock region Photo: IOM Djibouti 2020

TOTAL FUNDING

REQUIREMENT FOR STRATEGIC OBJECTIVE 1 | **USD 29,830,160**

OBJECTIVE 1

STRATEGIC OBJECTIVE 1

ENSURE CONTINUATION OF ESSENTIAL SERVICES, MITIGATE RISKS AND PROTECT DISPLACED PERSONS, MOBILE POPULATIONS AND HOST COMMUNITIES

Crisis affected populations, including IDPs, vulnerable migrants and refugees remain the most vulnerable groups during the COVID-19 pandemic. The precarious conditions in which many already live leads them to be more vulnerable to COVID-19. The region is also experiencing major food insecurity and climate related crisis such as flooding, drought etc. Initiatives that ensure migrants and displaced populations protection and assistance including awareness raising on prevention measures of COVID-19 remain a priority and life-saving assistance remains time-critical especially to vulnerable groups. Ensuring inclusion of the vulnerable groups in the COVID-19 response leads to equity and better living conditions.

1a. Mitigate the impact of COVID-19 on crisis-affected populations

IOM in East and Horn of Africa will work with Member States and partners to mitigate the impact of COVID-19 on crisis affected populations. This will include reducing congestion of displacement sites, establishing and improving handwashing stations, hygiene promotion through messaging, improving living conditions of affected populations, reducing population density and therefore transmission of risk in migrant and transit centres and displacement sites.

At the country level IOM will:

- Reduce congestion at Protection of Civilian Sites (PoCs), Migrant Response Centres (MRCs), camps and camp-like settings, and other key sites such as quarantine centres through the implementation of COVID-19 related measures such as the construction or rehabilitation of shelters for physical distancing, provision of handwashing stations, and /or construction/rehabilitation of isolation units (including at border posts) (Djibouti, Ethiopia, Somalia, South Sudan, United Republic of Tanzania).

- Within key sites, (i.e. formal and informal IDP camps, refugee camps, host communities, migrant communities of return) undertake COVID-19 sensitive WASH interventions, such as inclusive of COVID-19 messaging on all preventive measures; infection prevention and control, rehabilitation and expansion of water supply systems to ensure sufficient water for domestic use and increased handwashing needs; rehabilitation and expansion of water supply systems, construction of communal sanitation facilities, including in health posts and schools, improvement and management of existing WASH facilities at entry and border points (*Burundi, Ethiopia, Kenya, Rwanda, Somalia South Sudan, Uganda, United Republic of Tanzania*).
- Provide COVID-19 related technical support to national and local government and civil society organizations to enhance preparedness on WASH, Shelter and NFI. (*Kenya*).
- Prepare for possible mass COVID-19 outbreaks in key sites including extension of burial sites, capacity building of burial teams (*South Sudan*).
- Coordination of COVID-19 response with partners in key sites to avoid duplication and strengthen synergies including establishment of COVID-19 contingency plan (taking into consideration a lockdown scenario) for 2021 in coordination with the site service providers, partners, and other s (*South Sudan, Rwanda, Ethiopia, Burundi*).
- Provide life-saving assistance, including registration, food, NFIs, WASH, and temporary shelter, to address the needs of transiting and stranded migrants in key sites including MRCs, protection centres, informal and formal settlements and quarantine sites (*Djibouti*).
- Provide, NFI kits² and emergency shelter assistance to all vulnerable populations, including IDPs in sites, migrants, and other vulnerable mobile populations on all migratory routes (*Ethiopia*).
- Provide community stabilization support including provision of small-scale livelihood and income generating assistance to newly returned but most vulnerable migrants affected by COVID-19 (*Kenya*).
- Support the capacity building and coaching of government representatives, in their humanitarian and durable solutions responses related to COVID-19 (*Kenya*).

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

IOM in East and Horn of Africa will support the continuum of critical protection mechanisms and responses for urgent protection services to vulnerable populations, including displaced populations, assistance to stranded migrants and migrant workers. This may include the provision of emergency consular assistance; countering discrimination and xenophobia; legal assistance, provision of Mental health and Psychosocial Support (MHPSS) and GBV prevention and response measures. In addition, IOM will work to support national and local governments to protect and promote the human rights of migrants, displaced populations and other vulnerable groups, regardless of their status.

Recognizing that many migrants are stranded in countries of destination or transit, IOM will promote coordinated and voluntary returns and advocate for both the temporary suspension of forced returns in the context of COVID-19, as well as alternatives to detention, the end to child detention and urge the temporary suspension of detention in the context of COVID-19. For displaced populations, IOM will address their protection needs in formal and informal camps and camp-like settings, including those of the most vulnerable (women, children, the elderly, people with disabilities, etc.).

1b. Secure life-saving assistance and access to critical services

IOM in East and Horn of Africa will work with national and local governments and partners to ensure the continuation of essential services to crisis affected populations, including shelter and non-food items, WASH services, food security, house, land and property, and livelihoods.

At the country level IOM will:

- Ensure COVID-19 adaptation and implementation of critical shelter/ NFIs and Camp Coordination and Camp Management (CCCM) to ensure social distancing, including during distributions etc. (*Burundi, South Sudan*).
- Advocate for and provide Emergency Shelter /non-food item (NFI) pipeline and WASH to guarantee meaningful COVID-19 sensitive, emergency response for internally displaced population, including hygiene needs (*Ethiopia, South Sudan*).

2. The NFI kits are designed to meet the immediate humanitarian needs of often involuntary returnees to Ethiopia including COVID-19 infection prevention and control and gender specific needs (menstrual hygiene management (MHM) kits included).

At the country level IOM will:

- Support onward transportation and voluntary return for migrants made vulnerable due to COVID-19 that are stranded or victims of human trafficking (VoT). This may include the provision of PCR testing before providing onward transportation; quarantine and referral to isolation of positive cases; MHPSS counselling for positive cases (*Burundi, Djibouti, Ethiopia, Kenya, Somalia, United Republic of Tanzania*).
- Ensure the provision of comprehensive, quality, timely and accessible direct assistance and specialized protection services (medical, legal, mental health and psycho-social support, safe shelter, family tracing and reunification, skills building as well as material assistance and site improvements) to displaced populations and vulnerable migrants including migrant victims of human rights violations such as GBV and human trafficking (*Burundi, Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Uganda*).
- Undertake protection monitoring assessments and safety audits in key displacement sites to ensure COVID-19 sensitivity and compliance (*Ethiopia, Somalia*).
- Provide both individual and groups psychosocial support related to COVID-19 and referral pathway where need-be (*Burundi, South Sudan, Ethiopia*).
- Provide COVID-19 sensitive capacity-building for government officials, social workers and other protection partners on key topics such as child protection (including case management), counter-trafficking and/or smuggling of migrants and of mental health and psycho-social support (*Djibouti, Ethiopia, Kenya, Rwanda, Somalia, Uganda*).
- Develop comprehensive protection focused information material in the context of COVID-19 for all stakeholders, as well as culturally and linguistically appropriate information material for refugees and vulnerable host communities on available assistance (*Rwanda*).
- Raise public awareness and educate vulnerable communities on COVID-19 prevention, preparedness and response (*Kenya, Rwanda, South Sudan, Uganda, Ethiopia*).



IOM team is providing assistance to migrants arriving from Yemen in Obock region. Photo: IOM Djibouti 2020

TOTAL FUNDING

REQUIREMENT FOR STRATEGIC | **USD 30,526,000**

OBJECTIVE 2

STRATEGIC OBJECTIVE 2

SCALE-UP ESSENTIAL PUBLIC HEALTH

MEASURES AND PROMOTE MOBILITY-

SENSITIVE HEALTH SYSTEMS

2a: Prevent, detect and respond to COVID 19 and other public health threats in communities and at borders

IOM in East and Horn of Africa will work with Member States and partners to strengthen public health and social measures to prevent, detect and respond to COVID-19 and other infectious diseases. This will be achieved through providing support to disease surveillance; engaging in Risk Communication and Community (RCCE) activities; strengthening capacity for continued delivery of essential health services, including for UN staff, Diplomatic corps and other international travellers as part of the First Line of Defence; strengthening infection prevention and control (IPC) interventions; expanding laboratory capacity, diagnostics and testing. In addition, IOM will work with Member States to strengthen International Health Regulation (IHR) core capacities creating expertise on the Health, Border, and Mobility Management (HBMM) framework, including its Participatory Mapping Exercises (PME). Within this framework IOM will continue working for the promotion of safe cross-border mobility at points of entry (POEs), enhancing capacity development for frontline, port health, immigration and others border officials and procuring necessary PPE. Engagement with communities along migratory and transport routes remains a critical intervention for successful impact in IOM health programming.

At the regional level IOM will:

- Provide technical expertise, backstopping and capacity building to country office to implement the HBMM framework to understanding the linkages between population mobility and disease surveillance. This includes providing training and Standard Operating Procedures (SOPs) for POEs to increase and enhance the border management response, IHR core capacities for surveillance, IPC, RCCE and COVID-19 testing.
- Strengthen the capacity of Member States to develop technical documents including for the migration-sensitive revision of current country and regional COVID-19 preparedness and responses plans to identify gaps for migrant's inclusion and provide recommendations for future outbreaks; and intra-thematic guidance on POEs to define essential package of services.

- Develop material and tools to enhance capacity on COVID-19 and other infectious diseases surveillance at borders and community-based-surveillance along the mobility continuum including cross-border communities.
- Develop COVID-19 RCCE material and guidance.
- Enhance MHPSS interventions including (in coordination with UNICEF) rolling out training on mental health and psychosocial skills for border officials according to guidance developed in 2021.
- Actively participate in the inter-agency technical working group for East and Southern Africa, led by WHO, to enhance strategic collaboration and synergies, including the continuation of the IOM-led sub-working group on POEs.
- Provide technical assistance to Regional Economic Communities (IGAD and EAC) on outbreak response and cross border regional coordination and expand partnerships.
- Facilitate, in conjunction with WHO, cross-border meetings, regional coordination forum and capacity building initiatives to strengthen IHR core capacity focusing on POE, surveillance and laboratory
- Work with countries of origin and countries of destination on migrant workers' health assessments to ensure safe, orderly and humane labour migration mobility.
- Collect data on COVID-19 trends among migrants in the region

At the country level IOM will:

- Procure test kits and perform COVID-19 testing for migrants, truck drivers and other mobile population including for UN staff and diplomatic corps and strengthening national COVID-19 testing capacity, through its Sub-Saharan network of laboratories (*Burundi, Ethiopia, Kenya, Rwanda, Uganda*).
- Reinforce disease surveillance as well as referral processes (partnerships, coordination, capacity building, provision of equipment) in key sites including POEs (*Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Uganda, United Republic of Tanzania, South Sudan, Somalia*).
- Undertake COVID-19 risk mitigation activities (RCCE, community outreach, IPC, scale up access to and continuity of essential health services, including MHPSS and provision of COVID-19 case management, provision of PPEs) in key sites

(*Burundi, Ethiopia, Kenya, Rwanda, Somalia, Uganda, South Sudan*).

- Provide guidance and SOPs to maintain health service delivery and health facilities including staffing, rehabilitation of facilities, strengthening referral systems, provision of basic medicines and medical supplies servicing migrants (*Burundi, Ethiopia, Kenya*).
- Ensure access of migrants to health services along migration corridors (*Djibouti*).
- In IDP sites establish triage as well as separate isolation/quarantine spaces, supporting establishment of screening system, provide WASH facilities and material (*Burundi*).
- Conduct detailed border management assessments (*Djibouti*).
- Rehabilitate and support POEs to make them COVID-19 responsive, including necessary WASH facilities incl. handwashing stations and material, e.g. soap, sanitizers etc. (*Djibouti, Ethiopia, South Sudan, Kenya, Uganda, Burundi, Rwanda, United Republic of Tanzania*).
- Provide essential primary health care (PHC) services to migrants and migration affected communities, including provision of capacity building, material and construction of or direct support to facilities (*Ethiopia, Somalia, South Sudan*).
- Train border officials and other key workers on (i) IHR; (ii) IPC, and (iii) COVID-19 responsive border management (*Ethiopia, Kenya, Uganda, Somalia*).
- Build the capacity of community health workers/volunteers in migration affected communities and strengthen linkages and referrals between the community and the health facilities (*Kenya, South Sudan, Uganda*).
- Support and strengthen cross-border coordination (*All EHoA countries*)
- Roll out IOM's HBMM framework to support evidence-based response (*Rwanda, Uganda, Kenya, United Republic of Tanzania*).
- Strengthen the Health Emergency Preparedness and Response capacity among migrants and border communities by establishing a system for generating daily or weekly counts of total mortality by age, sex, date of death, place of death, and place of usual residence (*Kenya*).

- Work with partners to ensure the provision of guidance and support, including developing regular updates on SOPs, including referral mechanisms, and developing capacities for IPC/WASH and risk communications at POEs and nearby Health Facilities (*South Sudan*).

2b. Promote equitable access to vaccines for vulnerable populations.

IOM in East and Horn of Africa will support regional coordination platforms and Inter-agency collaborative work to assist member States in vaccine deployment and readiness. It will continue to advocate and monitor for equitable access to vaccination for vulnerable populations, including but not restricted to migrants, displaced populations, and affected communities; this may include support for service delivery including vaccine awareness activities, supply chain, capacity building and training, vaccine administration through routine and mass vaccination campaigns, surveillance for adverse events and if feasible, facilitation of access for migrants to electronic records/certificates.

At the regional level IOM will:

- Continue actively participating in the WHO-GAVI regional task force to assist member States on national vaccine deployment plan.
- Coordinate and assist country vaccine operations with advocacy and activities to promote inclusion of migrants in vaccine roll out.
- Provide community mobilisation and vaccine demand creation materials, and accompanying guidelines in appropriate languages, to assist vaccine uptake and mitigate vaccine hesitancy among key populations.
- Facilitate regional sensitization events on vaccine uptake and preventive health measures.
- Monitor implementation of vaccine distribution among migrants and document experiences and lessons learnt.
- Coordinate and roll out regional training on critical areas for vaccine deployment and other COVID-related issues if required, in coordination with HQ.

At the country level IOM will:

- Raise awareness with various stakeholders on the rights of migrants, refugees and returnees, and advocate for their inclusion in

national plans, including COVID-19 response and vaccine roll out (*Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, South Sudan, Uganda*).

- Partner with Ministries of Health (MoH) and WHO to provide operational support through the transport of vaccination teams to targeted communities, to support vaccine supply chain management (*Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Uganda*).
- Undertake community mobilisation and vaccine demand creation activities and produce information material on vaccinations (*Djibouti, Eritrea, Ethiopia, Rwanda, Kenya, Somalia, Uganda*).
- Support MoH in vaccine roll out to targeted populations, including along borders through staffing and capacity building (*Kenya, Rwanda, Somalia, South Sudan*).
- Support mapping of health facilities, onward Transportation sites, settlements, camps, and way stations that can be used for vaccination roll out (*South Sudan*).
- Support quarterly review and coordination meetings (*South Sudan*).

2c. Strengthen health systems to promote access and inclusion

IOM in East and Horn of Africa will work with Member States and partners to support the recovery and strengthening of health systems to move from emergency preparedness and response to resilient health services, including mental health and psychosocial support. This includes policy and advocacy to advance the migration health agenda in the Member States towards the progressive inclusion of migrants into Universal Health Coverage (UHC); strengthening of information health system to disaggregate data on migration status; as well as supporting the delivery of health services in migration affected communities.

IOM will actively collaborate with Ministries of Health to coordinate health aspects of labour mobility, ensuring harmonization of protocols and access to care at pre-departure, during stay and upon return. In addition, IOM will support Member States on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

At the regional level IOM will:

- Facilitate a regional consultation to promote and discuss priorities concerning the health of migrants among Member States in the region, towards the inclusion of migrants in national health plans including preparedness and responses along with COVID-19 recovery plans.
- Enhance data and analytics on the health of migrants including analyses of routine survey such as Demographic Health Surveys to guide COVID-19 response in relation to human mobility.
- Analyse and collect examples of migration-sensitive health models for use.
- Analyse legislative regional and country frameworks and regulations as they relate to migrants' access to health services including social protection to create a baseline for recommendations to advance the progressive inclusion of migrants into Universal Health Care and safety nets which will be necessary to mitigate the current COVID-19 socioeconomic impact and protect against future health outbreaks.
- In collaboration with WHO, provide necessary technical assistance to incorporate health aspects into UN Network on Migration and Global Compact on Migration implementation including provision of technical guidance on health resilience during outbreaks.
- Through its health assessment programme provide high quality COVID-19 sensitive health assessment and health promotion at pre-departure and upon return.

At the country level IOM will:

- Build migration-sensitive health capacity of health workers and government officials (*Burundi, Djibouti, Eritrea, Ethiopia, Somalia*).
- Reinforce capacity of officials on migration-sensitive international health standards (*Burundi*).
- Streamline data collection, analysis, and transmission of data between the medical facilities at decentralized levels and surveillance structures at national level, to provide actionable data on health vulnerabilities in areas of high mobility (*Djibouti, Kenya*).
- Strengthen community health outreach to migrants and IDPs through recruitment of community health volunteers/workers linked to the facilities (*Kenya*).
- Strengthen digitalised data collection and reporting system at facility level to strengthen facility-based reporting to the Ministry of Health (*Kenya*).
- Provide treatment and follow up monitoring COVID-19 suspected and confirmed cases and report to Ministry of Health (*Kenya*).
- Establish National Institute of health office and labs for active surveillance and research (*Somalia*).
- Strengthen border health systems and community resilience in responding to public health risks (*Somalia*).



COVID awareness session continues in Baidoa, Somalia. Photo IOM Somalia 2020

TOTAL FUNDING
REQUIREMENT FOR STRATEGIC OBJECTIVE 3 | **USD 16,135,000**

STRATEGIC OBJECTIVE 3

MITIGATE THE LONGER-TERM

SOCIOECONOMIC IMPACTS OF COVID-

19, CONTRIBUTE TO RESTARTING

HUMAN MOBILITY AND EMPOWER

SOCIETIES FOR SELF-RELIANCE

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

IOM in East and Horn of Africa will work with Member States and partners to support the improvement of point of entry infrastructure, including necessary equipment for mobility screening. IOM will develop flexible and customizable tools and approaches for management of immigration and labour mobility processes, including through bilateral cooperation; inclusion of public health measures within border management, strengthening identify verification and fraud detection capacities; and assisting national and local governments address misinformation and vulnerabilities, such as the role of smugglers and traffickers.

In addition, IOM will explore the effectiveness of Bilateral Labour Migration Agreements (BLMAs) in responding to COVID-19 and revising them if needed to build a cooperation between countries of origin and countries of destination. IOM will advance safe, orderly humane, and inclusive human mobility during and in the aftermath of COVID-19; working closely with Member State to incorporate the health needs of migrants in national and local health care policies and plans, such as by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote physical and mental health of migrants and communities. IOM also seeks to strengthen international cooperation, including amongst consular authorities, to ensure that return operations are safe, orderly, and dignified.

At the country level IOM will:

- Conduct technical assessments of POEs and current border management situations. (*Burundi, Kenya, Rwanda*).
- Provide support to assess strengthening of POE infrastructure, including equipment and material (*Burundi, Kenya, Rwanda, Uganda*).
- Build the capacity of immigration and border health officials on HBMM, COVID-19 prevention and response, migrants rights, counter trafficking, as well as technical training such as document identification (*Burundi, Kenya, Rwanda, Somalia, Uganda*).
- Strengthen inclusive, cross border coordination and cooperation, including establishing and/or strengthening Border Management Committees (*Kenya, Rwanda, South Sudan, Uganda, United Republic of Tanzania*).
- Undertake COVID-19 focussed community engagement activities in cross-border areas around POEs (*Kenya, Rwanda*).
- Refresher Training of Trainers on integrated border management and pandemic responses at PoEs (*Kenya, Rwanda*).
- Carry out community engagement and advocacy on labour migration channels (*Rwanda*).
- Provide technical support and collaborate with key frontline government and non-governmental partners to enhance capacities on border health and mobility management, with a focus on health workers, community elders, immigration officers, border police, civil authority, and truck drivers. (*Kenya, South Sudan*).
- Increase awareness amongst key agencies and partners on the human rights of migration, including on return and reintegration of migrants, and migrant workers, in the context of COVID-19 (*South Sudan*).
- Deliver joint cross-border training for border management agencies on HBMM (*Uganda*).
- In partnership with WHO and EAC, support harmonization of regional POEs guidelines and Standard operating procedures (*United Republic of Tanzania*).
- Facilitate border patrols and communication along informal border crossing points through the provision of radio communication systems and vehicles (*Uganda*).

3b. Include and empower people on the move to support socioeconomic recovery

IOM in East and Horn of Africa will work with Member States and partners to support the inclusion of migrants into recovery and development planning. It will work to ensure migrant and displacement affected populations have access to medium and long-term socioeconomic recovery measures (including integration, social cohesion, and reintegration assistance). It will advocate for financial and digital inclusion of migrants and promote the continued flow of remittances through improving and increasing the usage of digital means for transferring money home and connect diasporas with socioeconomic recovery. In addition, IOM will work to address fair and ethical recruitment and combatting exploitation of migrants in business operations, livelihood support to persons affected by COVID-19, and support durable solutions for displacement-affected populations and host communities.

At the regional level IOM will:

- Support research on and advocate for new technology in various livelihoods initiatives.
- Support migrant-inclusive economic, social, psychosocial and community reintegration and social cohesion, including the identification of alternative ways to provide COVID-19 aware reintegration assistance.
- Reduce vulnerability and protection risks by strengthening social protection for migrants through promoting their inclusion in national and local policies and plans.
- Under the Regional Ministerial Forum on Migration establish technical working groups to support gender sensitive responses on return and reintegration of migrant workers, the strengthening of cooperation through BLMAs and consular services between countries of origin and countries of destination as per Regional Ministerial Forum on Migration objectives and call to action priorities; assess existing level of cooperation and what be further done collectively.
- Explore effectiveness of BLMAs in responding to COVID-19 and provide recommendations for their revision.
- Strengthen international cooperation, including amongst consular authorities as well as diasporas, to ensure that migrants rights are promoted and protected and ensure that assistance and return operations are safe, orderly and dignified.

- Provide technical guidance and support to promote youth and women migrants (returning and prospective) empowerment on livelihood skills such as financial literacy, job access/creation etc. engaging diasporas as well as the private sector.
- Provide technical support and guidance to missions and partners to support and engage with migrant households to preserve and boost social cohesion, peaceful co-existence and community integration.
- Support Member States to improve and reform policies and regulatory frameworks on remittances to reduce remittance transfer costs and to ensure market competition.

At the country level IOM will:

- Revitalize livelihoods of those (IDPs, returnees, returning migrant workers etc) affected by COVID-19 including but not limited to cash-based support (*Burundi, Djibouti, Eritrea, Ethiopia, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania*).
- Support alternative income-generating activities particularly for returnees that depend on cross-border activities (*Burundi*).
- Assess impact of COVID-19 on cross-border trade and conduct coordination meetings between cross-border women's trade associations and immigration/customs/port authorities (*Burundi*).
- Provide support to cross border traders, particularly, women's trade associations, with vocational trainings and small grants (*Burundi, Rwanda*).
- Support skills building, entrepreneurship and vocational training as well as the socioeconomic reintegration for migrants and returnees and community leaders (*Kenya, Rwanda, South Sudan*).
- Support micro and medium-sized enterprises to offer employment and other opportunities for migrants and returning migrants, migrant workers, and IDPs who are affected by COVID-19 (*Kenya*).
- Support interventions to strengthen social cohesions between migrants, returning migrants and local communities (*Kenya, Rwanda, Somalia*).
- Support diaspora engagement for investment for economic recovery from COVID-19 impact, including mapping on remittances and multi-stakeholder engagement (*Kenya, Rwanda, Somalia, Uganda*).
- Provide business continuity support to traders and markets that have most negatively been impacted by COVID-19 (*Somalia*).

- Pilot Migrant Resource Centre in close collaboration with the Ugandan Association of External Recruitment Agencies to support prospective and returning migrants (*Uganda*).

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19

IOM in East and Horn of Africa will work with Member States and partners to strengthen the relationship between the local government and communities through civic dialogue and participatory planning to mitigate the likelihood of emergent social tensions or localized conflict related to COVID-19; working to build trust for COVID-19 interventions in areas where local governments, especially health services, lack the necessary trust by the local population. It will work closely with civil society partners to engage migrant and returning migrant households to preserve and boost social cohesion, including through promoting access to educational, livelihoods and cultural resources used to overcome social isolation. This will be particularly important in countries experiencing existing tensions exacerbated by the pandemic, such as in Somalia, Ethiopia and South Sudan, for example.

At the country level IOM will:

- Undertake community stabilization programming related to conflict mitigation due to COVID-19 (*Burundi, Ethiopia, South Sudan*).
- Support strengthening capacities of local authorities, law enforcement, civil society organizations (CSOs), and local leaders to prevent COVID-19 related conflict and undertake interventions to promote communal reconciliation (*Burundi, South Sudan*).
- Undertake interventions to mitigate potential tensions around COVID-19 effects on the economy and population, particularly those arising from increased youth unemployment (*Ethiopia, Kenya, Rwanda*).
- Support individual socioeconomic reintegration for returning migrants, vulnerable youth and disengaged former combatants (access to job opportunities and skills development) (*Kenya Ethiopia, Somalia*).
- Continuation of work integrating anti-hate speech and anti-stigmatization messaging into communications on COVID-19 and promoting peace, solidarity, and tolerance in the face of the pandemic through radio programming and community sensitization intended to help to combat the virus and contribute to positive peace (*South Sudan*).



IOM team distributing water to stranded migrants arriving from Yemen in Obock region Photo: @ IOM Djibouti 2020

TOTAL FUNDING
REQUIREMENT FOR STRATEGIC OBJECTIVE 4 | **USD 10,227,550**

STRATEGIC OBJECTIVE 4

INFORM RESPONSE AND RECOVERY
EFFORTS BY TRACKING THE IMPACT
OF COVID-19 ON HUMAN MOBILITY
AND STRENGTHEN EVIDENCE-BASED
DECISION-MAKING THROUGH DATA

4a. Ensure well-coordinated, informed, and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels

IOM in East and Horn of Africa will work with Member States and partners to track and assess needs and health status of migrants, migrant workers, displaced populations, including IDPs, and other crisis affected populations inside and outside of camp or camp-like settings to inform an evidence-based response and assistance. It will integrate COVID-19-related indicators into stability and other indexes, returns intentions surveys, or similar tools; monitor evictions and other housing, land and property issues related to COVID-19.

At the regional level IOM will:

- Support a regional mapping and assessment of the needs and vulnerabilities, skills/qualifications, market supply and demand of returning migrant workers and members of their families and migrant communities.
- Review data collection tools and methodologies to ensure reflection of questions that look at the needs of the displaced population related to COVID-19.

At the country level IOM will:

- Continue area-based assessments through mobility tracking, integrating COVID-19-related indicators (*Burundi, Ethiopia, Somalia, South Sudan*).
- Conduct household level surveys to include impact of COVID-19 on returning migrants and IDPs livelihoods and their intentions and decision-making process. (*Burundi, Ethiopia, South Sudan*).
- Through village assessment surveys, track the impact of COVID-19 on villages hosting returning IDPs (*Ethiopia, South Sudan*).
- Undertake research and data collection on impact of COVID-19 on IDPs and migrants to identify durable solutions (*Kenya*).
- Undertake population mobility mapping in key border districts impacted by COVID-19 and with high human mobility (*Rwanda*).
- Support the establishment of a national migration data working group to align with regional efforts to improve the understanding of migration dynamics and how they affect health outcomes (*Rwanda*).
- Undertake, in collaboration with WHO, joint analysis of mobility tracking data on IDPs and returnees, vis-a-vis health service functionality (*South Sudan*).

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

IOM in East and Horn of Africa will work with Member States and partners to monitor, analyse, and report on international travel restrictions, changes in immigration and visa procedures which impact labour

mobility, forced returns and other human mobility dynamics at POEs. It will also, monitor public health related measures at regional level as well as COVID-19 vaccine deployment in collaboration with WHO and partners.

At the regional level IOM will:

- Contribute to the implementation of the IOM PoE of Entry Global Data Exercise, which is conducted as a collaboration between DTM, IBM, MHD and MPA, as well as the COVID-19 technical working group.
- Analyse and provide inputs to the PoE technical working group on findings and support the development of POE tools for a multisectoral approach to COVID-19 responses.
- Provide analysis of the impact of COVID-19 on migrants' flows (flow monitoring, Eastern corridor analysis), and level of restrictions imposed by countries in the region using data collected through the Mobility Restriction Mapping (MRM) global database and protection risks.

Provide capacity building for IOM country missions in the Region on the implementation of assessments capturing COVID-19 impact indicators and analysis.

At the country level IOM will:

- Undertake Mobility Restriction Mapping (MRM) data collection at PoE and other key mobility locations to assess the impact of COVID-19 on human mobility (*Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania*).
- Conduct Flow Monitoring to assess the impact of COVID-19 on human mobility and to better understand the knowledge that mobile populations have of the virus and of risk mitigation practices (*Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, Uganda, United Republic of Tanzania*).
- Undertake rapid protection assessments of stranded migrants (due to COVID-19 movement restrictions) (*Djibouti, Somalia, South Sudan, United Republic of Tanzania*).
- Undertake economic and social assessments on migrants and border communities (*Kenya*).

4c. Support and inform the medium-and longer-term efforts to address the socioeconomic impact of COVID-19 at the international, national, and local levels through data provision and analysis

IOM in East and Horn of Africa will work with Member States and partners to track and assess the socioeconomic impacts of COVID-19 on migrants, migrant workers, IDPs and other affected populations and analyse opportunities for recovery. It will work to strengthen government capacities on data collection and analysis for evidence-based planning.

At the regional level IOM will:

- Support analysis of data to improve assistance and enhance positive impacts to COVID-19 affected populations.
- Strengthen countries' capacities to collect and analyse data on COVID-19 impact on labour migration.

At the country level IOM will:

- Conduct a survey based on general population sampling on COVID-19 impact on population socioeconomic situation and livelihoods (*Burundi*).
- Improve information management through capacity development of government officials on displacement tracking matrix (DTM) and other intention survey tools (*Kenya*).

- Conduct assessments and use existing data to understand medium-longer term socioeconomic impact of COVID-19 on migrants and border communities and provide potential recovery, transitional and durable solutions (*Kenya, Rwanda, South Sudan*).
- Provide technical advice to national and local government on assessments and measures to address accelerated socioeconomic recovery in communities characterized by high migration (*Kenya*).
- Conduct analysis on the impact of COVID-19 on conflict and social cohesion and the ways in which the pandemic converges with other shocks, such as natural disaster and disease to influence the political, security and humanitarian situation in the country (*South Sudan*).
- Support National Bureau of Statistics and other relevant ministries for integration of displacement and migration data and in census preparation with a focus on urban, displaced and returnee populations (*South Sudan*).



Community Health workers giving health education at Horseed, Somalia. Photo: @ IOM Samalia 2020

CROSS-CUTTING AREAS

People-centred approach, participation and accountability to affected populations

IOM puts people at the centre of its operations and remains accountable to them, adapting its programmes and approaches based on feedback from stakeholders and affected populations. This is based on the understanding that affected people are agents, enablers and drivers of their own resilience, recovery and development at household, community and national level before, during and after a crisis.

Humanitarian principles

IOM's Principles for Humanitarian Action (PHA) reaffirm the organization's commitment to the internationally agreed core humanitarian principles in the delivery of its humanitarian response, and the need for all those engaged in humanitarian action to promote and respect the principles of humanity, impartiality, neutrality and independence. IOM is committed to upholding the humanitarian principles and increasing its efforts towards conflict sensitivity and analysis, including in the development of actions that can also contribute to building/restoring more peaceful relations during/following crises.

Centrality of protection

IOM adheres to the IASC definition of protection as, "All activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law" and is committed to the IASC Statement on the Centrality of Protection in Humanitarian Action. In this vein, IOM humanitarian assistance aims to be sensitive to gender, age, vulnerabilities and other socioeconomic considerations, as well as proportionate to the magnitude of the situation. Furthermore, IOM has an internal instruction on prevention of sexual abuse and exploitation (PSEA) and has made PSEA commitments that include inter-agency coordination to prevent and address sexual abuse and exploitation and active participation in in-country PSEA Networks.

Environmental sustainability and green recovery

IOM is supporting the UN efforts to achieve green and sustainable recovery from the pandemic and will embed throughout its response the three environmental standards (safeguards) that are in line with international best practice: (i) assessment and management of environmental risks and impacts; (ii) resource efficiency and pollution prevention and management; and (iii) biodiversity conservation and sustainable natural resource management.

Disability inclusion

Persons with disabilities have experienced significant barriers in accessing essential lifesaving and recovery services during the pandemic, with limited participation and inclusion in the response plans and a likelihood of higher levels of poverty, violence, neglect and abuse. This impact can be exacerbated further still for women, older persons, children and other marginalized groups that are living with disabilities. IOM will mainstream disability inclusion in the Strategic Response and Recovery Plan through increased participation and involvement within measures to respond to the pandemic; improved knowledge and information of the barriers to essential services; strengthened measures to ensure meaningful access to key services and information on COVID-19 response and recovery; reduction of protection-related risks and stigma. Some situations may also require targeted action to ensure the inclusion of persons with disabilities.

Gender and youth

The gender and youth perspective will continue to be an important cross-cutting priority of the Strategic Response and Recovery Plan 2021. The impacts and implications of COVID-19 are different for men and women and may create greater inequalities for people who are in vulnerable positions, such as migrants,

displaced populations and vulnerable communities. Within its efforts, IOM will continue to apply gender-sensitive and inter sectional approaches to allow for the identification of these inequalities, incorporate protection and gender lens in the assistance delivery and ensure the participation of all, with specific attention to the needs of women and girls, in response and recovery strategies.

Humanitarian–Development–Peace Nexus

The nexus refers to strengthening linkages, collaboration and coherence between humanitarian, development and peace actions. The approach seeks to capitalize on the comparative advantages of each pillar to reduce overall vulnerability and the number of unmet needs, strengthen risk management capacities, increase resilience and address root causes of crises while supporting longer-term solutions. IOM aims to ensure need- based, conflict-sensitive and principled humanitarian, development and peace actions that are based on shared risk-informed and gender-sensitive analysis.

Rights Based Approach

As the leading international organization for migration, IOM plays a key role in contributing to the respect for and protection of migrants and their social, economic, and human rights. As the coordinator and secretariat of the UN Network on Migration, IOM's work in promoting the protection of migrants' rights is in

line with the principle of human rights in the Global Compact for Safe, Orderly and Regular Migration which calls on Member States to ensure effective respect, protection, and fulfilment of the human rights of all migrants, regardless of their migration status, across all stages of the migration cycle. IOM does this by promoting the dignity of migrants, to ensure their well-being and dignity is respected at all times. Taking a rights-based approach to all our interventions is critical from promoting equitable access to vaccines to ensuring migrants rights are fully understood by all who interact with.

Collective approach

The longer-term impact of COVID-19 is unknown. Partnerships at national, regional, and global levels are needed in order to develop and enact effective responses. Such responses must guide collective action to leverage well governed migration to support COVID-19 response in line with the policy brief outlining the applicability of the Global Compact in preventing and responding to COVID-19. Recovery from the pandemic will be achieved through well managed intra and inter-regional partnerships, on a whole of government and whole of society approach so that no one is left behind, that recognize the different strengths and expertise of partners by promoting collaboration, enhancing synergies and avoiding duplication.



Registration of returnees from Djibouti at the IOM Transit Centre in Addis Ababa. Photo: Kennedy Njagi@ IOM 2021

IOM REGIONAL CAPACITY TO RESPOND TO COVID-19

In 2020, IOM's capacity in the East and Horn of Africa to the evolving pandemic ensured that IOM was able to provide support to Member States and migrants directly affected by COVID-19, from supporting stranded migrants, to facilitating testing to support movement of goods and persons. IOM re-purposed its laboratory capacities to supplement and support national COVID-19 testing capacities. The pandemic highlighted the need for Member States and partners to integrate migration and health within multiple interventions and IOM was able to provide the requisite technical and physical support.

In 2020, IOM in East and Horn of Africa Region secured 70 per cent (\$71.6 million) of its 2020 appeal. IOM focussed its efforts on enhancing disease surveillance including early detection/testing at POE improving infection prevention and control; providing risk communication and community engagement; strengthening cross-border coordination; building the capacity of partners, including Member States, to deal with the pandemic; monitoring and mapping movements of people in the region and the mobility impacts of COVID-19; supporting national laboratory systems, including through supporting COVID-19 testing as well as first line of defence activities for UN personnel; continuing case management and providing essential services; organizing logistics, procurement and supply of critical goods; addressing socioeconomic impacts; and disseminating information on COVID-19 targeting migrants, refugees and displaced persons.

The pandemic also highlighted the importance of coordination, partnerships and multilateral action, specifically around borders. Cross-border health dimensions of COVID-19 requires putting POE at the centre of responses, including for cross border collaboration and surveillance. In seven countries IOM led or co-led functional POE Technical Working Groups at the national or sub-national level. With the

support from the United Nations and the Africa Centre for Disease Control and Prevention, IOM played a key role in ensuring migrants and displaced persons were not left behind in preparedness and response plans at the early stages of the COVID pandemic. IOM supported the preparation or updating of emergency preparedness and response plans in eight countries within the region to account for COVID-19 and for them to be in line with IHR (2005). Now Member States and international partners have a collective responsibility to ensure migrants are included in the roll-out of vaccines, and ultimately in the Universal Health Coverage as the focus shifts to health systems strengthening.

IOM's COVID-19 response continues to be implemented in the East and Horn of Africa region. In 2020 IOM's key achievements include:

- 8 countries where IOM played and continue to play a leadership role on COVID-19 coordination.
- 9 countries and over 300 POEs where IOM tracked the mobility impacts on COVID-19.
- 221 POEs supported to undertake COVID-19 preparedness and response measures.
- Over 45,000 beneficiaries assisted in transit centres using enhanced COVID-19 protocols and standard operating procedures.
- Nearly 7 million people reached through IOM's awareness campaigns and community engagement efforts on COVID-19.
- Over 4,300 handwashing stations established or rehabilitated.
- 9 countries where IOM procured and delivered personal protective equipment (PPEs).
- 1,802,284 supplies IOM procured and distributed to support the response for COVID-19.
- 14 disease surveillance systems supported.

- 61 health facilities received IOM support to maintain essential immunization services since COVID-19 disruption.
- 5 countries supported governments expand COVID-19 testing to key groups such as truck drivers.
- Over 53,000 COVID-19 tests provided by IOM.
- 9 laboratories supported to undertake or contribute to the diagnosis of COVID-19.
- Over 560 community health workers helped maintain essential services despite COVID-19 restrictions, with IOM's support.
- Over 1.1 million individuals in camps or camp-like settings who benefitted from COVID-19 related site upgrades.
- Over 3 million individuals living in camps and/or camp-like settings, and surrounding host communities supported with enhanced WASH activities for COVID-19 prevention and response.
- Over 10,800 community leaders/local authorities/camp managers in camps and camp-like settings trained on COVID-19 related issues.
- Over 313,000 individuals provided with protection assistance and services, in the COVID-19 response.
- Over 1,300 community members, partners and government staff trained in MHPSS for COVID-19 related skills.
- 5 countries provided livelihood and loss of income support to migrants and communities to mitigate the socioeconomic impact of the pandemic which benefitted 8,189 individuals.

- 5 countries engaged in countering xenophobia and stigma against migrants prompted by the COVID-19 pandemic.
- 3 countries conducted impact assessments, surveys or other studies that considered the socioeconomic impact on migrants and migration in response to the COVID-19 crisis.

IOM has a unique comparative advantage, working before and after crisis, and a strong operational footprint allowing it to support complementary and simultaneous response and recovery interventions through the entire crisis spectrum, aligned to the Humanitarian–Development–Peace Nexus approach.

Our network of country offices is supported by a regional team of specialists that will continue to provide support specifically in relation to advising on implementation methodology, modalities, and approaches; capacity building; material and procedure development and adaptation; mainstreaming and adherence of key humanitarian principles. Regular information sharing on issues such as emerging trends, good practices will be facilitated. Systems will be established to capitalise on regional expertise and facilitate multi-county and regional approaches.

Recognising the overlapping crises that are present in the region, programmes and resources will be leveraged to support return assistance of vulnerable/stranded migrants to and from the region who have been impacted by COVID-19. For example, the Migrant Response Plan for Horn of Africa and Yemen³ includes interventions that will supplement the East and Horn of Africa's COVID-19 response.

3. Regional Migrant Response Plan for the Horn of Africa and Yemen 2021 – 2024 https://ronairobi.iom.int/sites/ronairobi/files/document/publications/MPR_4%20Year%20Plan_25Feb_FINAL_V1.pdf

FUNDING REQUIREMENTS FOR EAST AND HORN OF AFRICA REGION

Funding needs represent an indicative requirement for IOM's planned interventions, broken down by country and by strategic objective. Funding requirements have been estimated based on current needs of the countries, national health systems and capacities, national capacity to respond, and socioeconomic impact of COVID-19 on affected populations.

The evolving nature of the pandemic means flexible funding is crucial to enable IOM to adapt its response to local contexts and ensure implementation models can remain responsive to changing dynamics.

All funding requirements included in this plan are aligned to regional and national inter-agency plans, such as Humanitarian Response Plans, Refugee and Migrant Response Plans, UN national COVID-19 plans and the Joint Annual Workplans of the UN sustainable Development Cooperation Framework workplan, among others. It also considers IOM specific requirements included in national and regional inter-agency plans.



*IOM staff sanitizing their hands at the Ministry of Health Grounds in Kenya.
Photo: Kennedy Njagi @ IOM 2020*

STRATEGIC OBJECTIVE 1: ENSURE CONTINUATION OF ESSENTIAL SERVICES, MITIGATE RISKS AND PROTECT DISPLACED PERSONS, MOBILE POPULATIONS AND HOST COMMUNITIES

STRATEGIC OBJECTIVE 2: SCALE-UP ESSENTIAL PUBLIC HEALTH MEASURES AND PROMOTE MOBILITY SENSITIVE HEALTH SYSTEMS

STRATEGIC OBJECTIVE 3: MITIGATE THE LONGER-TERM SOCIOECONOMIC IMPACTS OF COVID-19, CONTRIBUTE TO RESTARTING HUMAN MOBILITY AND EMPOWER SOCIETIES FOR SELF-RELIANCE

STRATEGIC OBJECTIVE 4: INFORM RESPONSE AND RECOVERY EFFORTS BY TRACKING THE IMPACT OF COVID-19 ON HUMAN MOBILITY AND STRENGTHEN EVIDENCE-BASED DECISION-MAKING DATA

COUNTRY	1 a. Mitigate the impact of COVID-19 on crisis-affected populations		1 c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia		2 a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders		2 b. Promote equitable access to vaccines for vulnerable populations		2 c. Strengthen health systems to promote access and inclusion		3 a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility		3 b. Include and empower people on the move to support socioeconomic recovery		3 c. Mitigate new or exacerbated community tension and conflict related to COVID-19		4 a. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels		4 b. Strengthen global knowledge of the impact of COVID-19 on human mobility		4 c. Support and inform the medium-and long-term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis		Total per country (USD)
	1 a. Mitigate the impact of COVID-19 on crisis-affected populations	1 b. Secure life-saving assistance and access to critical services	2 a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	2 b. Promote equitable access to vaccines for vulnerable populations	2 c. Strengthen health systems to promote access and inclusion	3 a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility	3 b. Include and empower people on the move to support socioeconomic recovery	3 c. Mitigate new or exacerbated community tension and conflict related to COVID-19	4 a. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels	4 b. Strengthen global knowledge of the impact of COVID-19 on human mobility	4 c. Support and inform the medium-and long-term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis	Total per country (USD)											
Burundi	-	900,000	435,160	-	1,000,000	-	500,000	400,000	100,000	500,000	500,000	345,000	200,000	150,000	4,530,160								
Djibouti	500,000	400,000	150,000	360,000	650,000	150,000	70,000	-	300,000	-	500,000	-	500,000	-	3,010,000								
Eritrea	-	-	-	180,000	-	70,000	-	-	250,000	-	-	-	-	-	500,000								
Ethiopia	9,000,000	1,100,000	1,500,000	275,000	4,625,000	1,500,000	-	1,000,000	1,000,000	1,000,000	600,000	400,000	-	21,000,000									
Kenya	400,000	300,000	260,000	650,000	1,600,000	600,000	240,000	400,000	800,000	300,000	320,550	290,000	230,000	5,590,550									
Rwanda	300,000	200,000	200,000	350,000	500,000	-	300,000	300,000	200,000	300,000	300,000	200,000	200,000	3,650,000									
Somalia	1,445,000	1,650,000	500,000	1,320,000	6,836,000	2,000,000	200,000	3,000,000	587,000	-	2,400,000	400,000	-	19,938,000									
South Sudan	2,000,000	5,250,000	1,500,000	1,200,000	3,000,000	500,000	750,000	1,400,000	1,000,000	1,000,000	1,000,000	400,000	1,000,000	20,000,000									
Uganda	-	250,000	150,000	25,000	1,725,000	-	450,000	1,525,000	-	-	-	175,000	-	4,300,000									
United Republic of Tanzania	230,000	-	1,210,000	-	540,000	-	270,000	600,000	-	-	-	550,000	-	3,400,000									
Regional	-	-	-	70,000	150,000	150,000	-	50,000	250,000	80,000	250,000	50,000	50,000	800,000									
Total per strategic objective	13,875,000	10,050,000	5,905,160	4,430,000	20,626,000	5,470,000	2,610,000	10,025,000	3,500,000	5,045,550	3,552,000	1,630,000	3,552,000	1,630,000	86,718,710								



A mobile health team visiting the Habal IDP camp in Somalia. Photo @ IOM Somalia 2020



COUNTRY ANNEXES

BURUNDI COVID-19

RESPONSE AND RECOVERY

PLAN - OVERVIEW

Context – one year on since the beginning of the pandemic

On 31st March 2020, Burundi confirmed its first case of COVID-19. As of 12th April 2021, with 204,994 tests conducted, the country had recorded 3,187 positive cases and 6 deaths. As in other parts of the world, prevention and response measures in Burundi have impacted not only people's survival (health, food security and nutrition situation) but also their living conditions and protection. Government prevention and response measures have included the restriction of cross-border movements at land and maritime borders, restriction on international travel between 21st March and 8th November 2020, with the exception of cargo, diplomatic and humanitarian flights, and medical evacuations. The combination of these measures with those taken at the regional and global levels have affected both the economic and social conditions of the population, particularly in the border areas which rely heavily on cross-border trade and economic migration.

Risks and Needs Overview

The expense of implementing emergency interventions, such as in Health, Shelter and NFI sectors, has risen sharply due to the cost of the specific hygiene measures to be implemented during assistance at POEs or in displacement camps. These areas are also particularly vulnerable to COVID-19 (and the spread of other diseases) due to either high population density, unsanitary conditions or both. Awareness-raising on the multi-faceted issues brought on by COVID-19 continues to be among the greatest needs.

Protection actors have also reported an increase in the risk of stigmatization of children and parents,

whether returnees, IDPs or refugees, in households affected by COVID-19. Psychosocial support remains paramount to maintain the well-being and access to basic services of affected individuals, especially children. Evidence suggests that domestic violence could increase in a situation of isolation, stress and anxiety. Before the pandemic, domestic violence was prevalent by 52 per cent in rural areas and 36 per cent in urban areas. Therefore, prevention and response to the various types of Gender-Based Violence, including rape, is critical.

In 2020, IOM Burundi was designated lead agency for the POEs and Cross-border Coordination pillar of the COVID-19 Strategic Response Plan and the lead for cross-border preparedness and response for the National Contingency Plan for COVID-19. Guided by both IOM and WHO's Global Strategic Preparedness and Response Plans on COVID-19, IOM continues to work with the Government of Burundi and partners to implement a comprehensive programme (including six COVID-19 specific projects so far) that supports ongoing efforts to prevent, detect and respond to COVID-19 (and other health threats) in the country. This included scaling up risk communication and community engagement, disease surveillance and implementing triage, screening and isolation measures to ensure the continuity of essential health services. Community event-based surveillance was established in key cross-border health districts to enhance the capacities of community health workers to detect and refer suspect cases early to the nearest health facilities. Transit centres were expanded or rehabilitated to accommodate a greater number of returnees who spent up to four days waiting for their COVID-19 test results before returning to their areas of origin. This increased time in transit centres thus increased the assistance needed.

From response to recovery – IOM Burundi's plan

Strategic Objective 1: Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities

1b. Secure life-saving assistance and access to critical services

- Ensure continuity of critical Shelter/NFI, WASH and CCCM activities, to ensure social distancing including during distributions, in line with COVID-19 mitigation efforts.

Funding requirement: USD 900,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

- Support, and advocate for the mobility of stranded migrants whose numbers are expected to rise as a result of changes related to land borders (returning VoTs).
- Improve quality of and access to assistance and specialized protection services.

Funding requirement: USD 435,160

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Reinforce disease surveillance and referral processes.
- Increase risk communication and community engagement.
- Scale up access to essential health services including mental health care and COVID-19 case management alongside enhancing IPC.

Funding requirement: USD 1,000,000

2c. Strengthen health systems to promote access and inclusion.

- Build migration-sensitive health capacity of health workers and Government counterparts in targeted POEs.
- Provide basic material in health centres in host communities.

Funding requirement: USD 500,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Conduct technical border management assessments in all 18 border provinces.
- Train PoE immigration and border health officials on HBMM and on COVID-19.

Funding requirement: USD 400,000

3b. Include and empower people on the move to support socio economic recovery.

- Revitalize livelihoods affected by the public health response to COVID-19 (closure of borders).

Assess the impact of COVID-19 on cross-border trade in Burundi (particularly affecting women) at key sites bordering the United Republic of Tanzania and the Democratic Republic of Congo (DRC).

Funding requirement: USD 100,000

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19.

- Community stabilization programming related to conflict mitigation and Covid-19.
- Strengthen local authorities' capacities, law enforcement, civil society organizations, and local leaders to prevent COVID-19 related conflict and promote communal reconciliation.
- Ensure COVID-19 measures are in place while conducting conflict mitigation activities.

Funding requirement: USD 500,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels

Undertake Displacement Tracking Matrix (DTM). DTM's activities that integrate COVID-19 related indicators into data collection on IDPs to inform the related humanitarian response.

Funding requirement: USD 345,000

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

- Undertake Flow Monitoring data collection by DTM at borders to measure the impact of COVID-19 on human mobility.

Funding requirement: USD 200,000

4c. Support and inform the medium-and longer-term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis

Conduct a survey (general population sampling) on the impact of COVID-19 on the population's socioeconomic situation and livelihoods.

Funding requirement: USD 150,000

Breakdown of funding requirement

AREAS OF INTERVENTION by Strategic Objective (SO)	USD REQUESTED
SO1.Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	1,335,160
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	1,500,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance	1,000,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	695,000
TOTAL	4,530,160

**BURUNDI TOTAL
FUNDING REQUIREMENT | USD 4,530,160**

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DJIBOUTI COVID-19 RESPONSE

AND RECOVERY PLAN –

OVERVIEW

Context – one year on since the beginning of the pandemic

As of the 17 of April 2021, the number of COVID-19 cases stand at 10,412, along with 114 COVID-19 related deaths. The government of Djibouti imposed stringent containment measures, including movement restrictions across the country as well as the closure of land and air borders, following the first reported COVID-19 case in March 2020. These were gradually lifted as the air borders (international airport) were reopened on the 17 July 2020. All arriving passengers are, since the reopening of the international airport, being tested through a PCR test and are required to have obtained a negative PCR test certificate prior to arrival. The country rolled out a COVID-19 vaccination campaign on 15 March 2021 through the COVID-19 Vaccines Global Access (COVAX) facility. The COVAX initiative and was the second country in the MENA region to have received its first batch of Astra Zeneca SII earlier in the month. This first shipment of vaccines supported the vaccination of health care workers, people over 50 years of age and people with comorbidities. The government has also announced its wish to include the most vulnerable population groups (including mobile populations) in its vaccination campaign.

Over the past year, as a result of the COVID-19 pandemic, several new mobility patterns were tracked, which were not previously observed in the past. These include the return of migrants from Yemen back to Djibouti via boats, as well as the spontaneous returns of migrants from Djibouti back to Ethiopia. Migrants who had reached the Gulf States but were unable to sustain a living, have been increasingly returning to Djibouti along the same migratory route. This is due to, among other reasons, border closures in the Gulf States, exposure to human rights violations, dire work and living conditions and the lack of economic

opportunities. In addition, and despite the reopening of land borders between Djibouti and Ethiopia during the last quarter of 2020, the resumption of assisted voluntary return and reintegration (AVRR) services from Djibouti to Ethiopia remains on hold in line with the COVID-19 containment measures imposed by the Government of Ethiopia since March 2020. Hence, spontaneous, unassisted returns of stranded Ethiopian migrants in Djibouti have also been observed. Most of these migrants cross the border on foot at remote points of entries across the country. This has also resulted in many migrants becoming stranded along the migration corridor in Djibouti, where they settle in informal sites and lack access to food, water, non-food items and essential services such as health care.

Djibouti, as other countries in the region and world, has been impacted by the COVID-19 pandemic. While short-term impacts have already been felt most acutely by vulnerable groups (stranded migrants along the migration corridor for example), the longer-term, socioeconomic and development-related consequences are determined in the country-level Socioeconomic Impact Assessment (SEIA) jointly coordinated by UNDP and the Government of Djibouti. These factors will continue to impact the needs of migrants and other people on the move, as well as those of host communities and the government, and must therefore be fully reflected in the country's development programming.

Risks and Needs Overview

As Djibouti is a transit country for migrants using the Eastern Route (many of which are using irregular migration channels), there are several categories of migrants, including transiting migrants traveling to and from the Gulf States, stranded and vulnerable migrants

in Djibouti, as well as host communities, in need of targeted support. In terms of needs and vulnerabilities, it is expected that the negative impact of COVID-19 on incomes in Ethiopia and the on-going instability and insecurity of parts of the country and the conflict in Yemen will continue increasing the vulnerabilities of migrants in Djibouti as they will be exposed to more protection risks. The increasing securitization of borders, the increase in smuggling service costs, the increasing spontaneous returns from Yemen, the limited provision of safe and dignified return options, among other factors, will have an impact on the protection status of vulnerable migrants.

In fact, many transiting migrants using the Eastern Route face difficulties in Djibouti in terms of access to food and water, the harsh climate and exposure to human rights violations. Irregular migrants continue to need assistance at the POEs and at key transit points across the migration corridor in Djibouti as they transit, often on foot and in remote desert areas of the country, with very limited economic resources. The most critical needs include water, food, temporary shelter or accommodation, NFIs, WASH services, medical assistance, RCCE on the risks of irregular migration and other pertinent topics (COVID-19 infection, prevention and control measures for example).

The living conditions of stranded migrants in Djibouti have also significantly deteriorated since the start of the COVID-19 pandemic. Migrants share the already scarce resources with host communities, which have resulted in increased social tensions and migrant stigmatization, especially in the Obock region. Movement restrictions are exacerbating living conditions and relationships among migrants, as well as between migrants, security forces and host communities. Many of the migrants currently stranded in Djibouti live in overcrowded informal settlements where they lack access to the most basic services such as food and WASH and where they face protection risks. Along with the negative impact of COVID-19 on income and livelihoods, and the psychosocial stress due to the spread of the disease, host community members in Obock have expressed fear of the large number of Ethiopian migrants returning from Yemen and have advocated for increased support in terms of peaceful coexistence initiatives and support to local associations and community-based organizations aimed at promoting livelihood and educational opportunities as well as building mutual trust between different population groups.

Finally, even though children, including UASC, use the same routes and modes of travel as adults and are exposed to the same risks, they are currently offered limited special protection along the way. This is of particular concern in Djibouti city where street children are exposed to increased protection risks due to limited access to basic services (food and water, temporary accommodation, health care and education).

From response to recovery – IOM Djibouti's plan

Building on its work in 2020, IOM, in coordination with key stakeholders, will aim to continue providing essential services, mitigating risks and protecting transiting migrants in the country, whilst also focusing on enhancing the recovery efforts in order to provide the most appropriate services and support the Government of Djibouti and beneficiaries.

Strategic Objective 1: Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities.

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Reduce the congestion of the IOM-managed MRC in Obock and other protection/transit/quarantine centres through the implementation of COVID-19 related measures such as the construction or rehabilitation of (additional) shelters for physical distancing, the provision of handwashing stations, and/or the construction/rehabilitation of isolation units (including at POEs).

Funding requirement: USD 500,000

1b. Secure life-saving assistance and access to critical services

- Provide humanitarian assistance (including registration, food, NFIs, WASH, temporary shelter) to transiting and stranded migrants at the MRC, in protection centres (such as Caritas) as well as informal and formal settlements and quarantine sites along the migration corridor in Djibouti.
- Provide life-saving assistance (food, water, medical first aid) to stranded migrants through IOM's mobile unit.
- Provide onward transportation assistance for stranded migrants.

Funding requirement: USD 400,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

- Strengthen protection services for vulnerable migrants at the MRC and other protection centres in Djibouti.
- Provide capacity-building for government officials, social workers and other protection partners on protection-related topics.

Funding requirement: USD 150,000

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Strengthen capacities in health, immigration and border management at POEs through capacity-building of border health and immigration officials, health screening as well as the implementation of referral processes, including at the International Airport of Djibouti.
- Conduct of detailed border management assessments at jointly identified and prioritized Points of Entries across the country.
- Streamline the process of data collection, analysis and transmission of data between the medical facilities at decentralized levels and surveillance structures at national level.
- Capacity-building of government entities / health workers on the human rights of migrants and advocate for equal access for migrants to health services.
- Upgrade and/or rehabilitation of Points of Entries across the country.

Funding requirement: USD 650,000

2b. Promote equitable access to vaccines for vulnerable populations

Partner with the Ministry of Health, GAVI, WHO and UNICEF to:

- Provide operational support through the transport of vaccines to targeted communities.
- Support the vaccine supply chain management.
- Advocate for the inclusion of migrants in the vaccination campaign.
- Conduct RCCE activities and to produce tailored IEC materials.

Funding requirement: USD 360,000

2c. Strengthen health systems to promote access and inclusion

Ensuring access of migrants to health structures and health care along the migration corridor in Djibouti through:

- Develop an a memorandum of understanding between IOM and the Ministry of Health.
- Ensure the inclusion of COVID-19 measures for people on the move in mitigation, prevention and preparedness planning at the UN and national levels.

Funding requirement: USD 150,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.

3b. Include and empower people on the move to support socio economic recovery

- Build on the results and findings of livelihood assessments conducted in the areas hosting important number of migrants (Obock and Tadjourah regions) to develop informed livelihood programming and income generating activities targeting migrants and host communities as a means of promoting economic opportunities for those who have been directly affected by the COVID-19 economic impacts and ensuring social cohesion between both population groups.

Funding requirement: USD 300,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

- Continuation of flow monitoring activities at key transit points across the country, integration of COVID-19 related indicators in data collection activities (Flow Monitoring Registry and Flow Monitoring Survey).
- Rapid protection assessments of stranded migrants.
- Strengthen network of trained enumerators at key transit points in Djibouti.
- Mobility restrictions mapping at POEs and key locations of internal mobility.

Funding requirement: USD 500,000

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	1,050,000 USD
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	1,160,000 USD
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance	300,000 USD
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	500,000 USD
TOTAL	3,010,000 USD

DJIBOUTI TOTAL
FUNDING REQUIREMENT | **USD 3,010,000**

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ERITREA COVID-19 RESPONSE AND RECOVERY PLAN – OVERVIEW

One year on since the beginning of the pandemic

On 21 March 2020, Eritrea confirmed its first case of COVID-19. As of 16 April 2021, the country had reported 3,491 total cases with 3,288 recoveries and 10 deaths. To date, much of Eritrea's COVID-19 national response has focused on containment of new infections and equipping the healthcare system to deal with mild cases. On 2 April 2020, the government imposed strict prevention and response measures, including movement restrictions across the whole country; the compulsory mask wearing; closure of all bars, restaurants, schools, coffee-houses and transportation services with and between cities; and the closure of cross-border movement at maritime, land and air borders with the exception of diplomatic and charter flights organized by the Government of Eritrea. These were gradually lifted as schools and of transportation within and between cities were reopened by 1 April 2021. On 5 April 2021, the Ministry of Transportation announced reopening of the airport, for limited international-commercial flights. As of February 2021, the government of Eritrea decided to not join the COVAX initiative, no vaccination options have been announced. The UN expressed its readiness to support the government and has provided a detailed report about the different available vaccines.

The closing of workplaces/government offices, schools elementary, junior and high schools, domestic and international travel, hospitality and others is impacting on the national economy as well as the livelihoods of the population, with poor and vulnerable populations particularly affected. The health sector in Eritrea performs well especially in the delivery of primary healthcare, however, progress is seriously threatened with the persistence of the pandemic.

Risks and Needs Overview

UN Eritrea initiated a UN COVID-19 UN Recovery Working Group to develop a comprehensive recovery plan, resource mobilization strategy, and alignment of sustainable COVID-19 programmatic interventions within the 2017 – 2021 Strategic Partnership Cooperation Framework (SPCF). The UN and UNDP in Eritrea, with participation of all UN agencies, have prepared two comprehensive assessments on the socioeconomic impacts of COVID-19 and has anchored its COVID-19 support on 3 pillars: Preparedness, Response and Recovery, with the following priorities:

1. Health system strengthening through provision of programme resources to procure health equipment, protective and medical supplies.
2. Institutional capacity strengthening support including development of hospital information system swift response to COVID-19.
3. National data and information system strengthening for health including procurement of ICT equipment and facilitating interactive communication.
4. Deployment of secured e-zoom infrastructure to ensure and facilitate business continuity of government business of key ministries. e.g. the Ministry of Information, Ministry of Justice and Ministry of Finance.
5. Support strategic communication innovation, in cooperation with the Ministry of Health, a COVID-19 mobile application aiming to achieve advocacy & sensitization on prevention and safety measures on COVID19 and fostering youth innovation for sustainable development.
6. Providing social safety nets in the form of food and cash transfers to support vulnerable households impacted by COVID 19, in the Northern Red Sea and Anseba Regions.

7. Partner with the National Confederation of Eritrean Workers to support the re-opening of businesses by ensuring workplace safety and well-being.

From response to recovery – IOM Eritrea's plan

Within the One-UN, led by the UN Resident and Humanitarian Coordinator and the technical support of WHO and UNICEF, IOM will:

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2b. Promote equitable access to vaccines for vulnerable populations

Partner with the key Ministries and partners to:

- provide operational support such as transport for vaccination teams to targeted communities,
- support vaccine supply chain management.

Funding requirement: USD 180,000

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	250,000 USD
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance.	250,000 USD
TOTAL	500,000 USD

ERITREA TOTAL
FUNDING REQUIREMENT | **USD 500,000**

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2c. Strengthen health systems to promote access and inclusion

- Partner with MoH, WHO and UNICEF to advocate for the inclusion of migrants in any vaccine campaigns, RCCE and production of IEC material on vaccinations.

Funding requirement: USD 70,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance

3b. Include and empower people on the move to support socio economic recovery

- In collaboration with the Ministry of Labour and Social Welfare, implement cash-base initiative to address the needs of vulnerable groups affected by the socioeconomic impact of COVID-19.

Funding requirement: USD 250,000

ETHIOPIA COVID-19

RESPONSE AND RECOVERY

PLAN - OVERVIEW

One year on since the beginning of the pandemic

On 13 March 2020, Ethiopia confirmed its first case of COVID-19. As of 14 April 2021, the country had recorded 234,405 positive cases, the highest number in the East African region, and 3,252 deaths. The beginning of 2021 has seen a steep increase in COVID-19 cases, with a positivity rate of COVID-19 tests of up to 25 per cent. Although the government declared state of emergency has come to an end, several measures continue to be enforced, including social distancing, wearing face masks, and mandatory quarantine for travellers who arrive in Ethiopia without a negative PCR test.

The COVID-19 pandemic continues to dramatically affect migration flows to and from Ethiopia, as well as exacerbating the situation of migrants stranded in transit and host countries. In a complete reversal of trends, arrivals to Ethiopia far outnumbered outward movements. Between April and December 2020, more than 43,000 vulnerable migrants returned to Ethiopia, mostly from neighbouring countries whereas eastward movements on the route towards the Kingdom of Saudi Arabia (KSA) and the Gulf came to a standstill in April 2020. While movements have continued to increase throughout the year, they have not reached pre-pandemic levels.

Risks and Needs Overview

The outbreak of the COVID-19 pandemic in 2020 contributed to the increase in the vulnerability of a population already living in precarious conditions and led to unprecedented challenges for mobile populations in the region, including for vulnerable Ethiopian migrants stranded in the Horn of Africa and the Gulf, and for IDPs in Ethiopia living in congested displacement sites with limited access to water and sanitation facilities. Incidences of political and intercommunal violence that flared up in several

regions of the country in 2020 further increased the humanitarian needs in Ethiopia, with COVID-19 prevention and mitigation measures in existing and new displacements sites remaining crucial. To mitigate the spread of COVID-19 and improve COVID-19 prevention measures in displaced communities, IOM will continue decongesting overly crowded sites, improve hygiene awareness and access to water and sanitation facilities, and improve access to health and mental health and psycho-social support.

In early 2020, the Government of Ethiopia designated IOM as the lead agency to support the return of migrants in safety and dignity. Throughout 2020 IOM supported the government in the management of 49 quarantine facilities across Ethiopia for returning migrants and supported the return of over 43,000 Ethiopian migrants. In 2021, IOM expects similar levels of spontaneous returns from neighbouring countries and estimates that as many as 120,825 could return to Ethiopia from KSA. With the recent closure of most quarantine facilities designated for migrant returnees, immediate needs have shifted towards POEs, which are not adequately equipped to provide support to returnees during the mandatory quarantine period.

From response to recovery– IOM Ethiopia's plan

Strategic Objective 1: Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Strengthen the Emergency Shelter/NFI pipeline, including WASH components and mainstream the delivery of critical COVID-19 prevention and mitigation responses, including addressing hygiene needs, for IDPs in Ethiopia.

- Communication activities around decongestion activities in overcrowded IDP sites and site upgrades to improve COVID-19 spread mitigation as well as risk communication activities.

Funding requirement: 9,000,000 USD

1b. Secure life-saving assistance and access to critical services

- Provide gender appropriate NFI kits and emergency shelter assistance for vulnerable inbound migrants affected by COVID-19 on all migratory routes.

Funding requirement: 1,100,000 USD

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia.

- Strengthen child protection, GBV and MHPSS responses at PoE through assessments, training of frontline workers and provide direct assistance such as family tracing and reunification assistance, GBV case management and MHPSS support.
- Support MHPSS service provision amongst IDP and host communities.

Funding requirement: 1,500,000 USD

Strategic Objective 2: Scale-up essential public health measures and promote mobility-sensitive health systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Deploy Mobile Health and Nutrition Teams (MHNTs) and capacity building to assist early detection, referral and emergency case management.
- Undertake RCCE.
- Provide FLoD (First line of Defence) services to UN personnel and eligible dependents.
- Provide WASH services to migrant returnees, particularly at POEs in remote locations.
- Provide capacity building to MoH staff and PoE officials and ensuring well equipped PoE facilities to ensure adequate surveillance.

Funding requirement: 4,625,000 USD

2b. Promote equitable access to vaccines for vulnerable populations

- Support MoH in the delivery of routine vaccination.
- In coordination with WHO and MoH, support in COVID-19 vaccine delivery both at IOM Migration Health Assessment Centre (UN staff and eligible dependents) and through MHNTs.

Funding requirement: 275,000 USD

2c. Strengthen health systems to promote access and inclusion

- Support static health clinics to provide essential health services.
- Rehabilitate damaged or destroyed health facilities, including the provision of medicines.
- Facilitate referrals from primary to secondary and tertiary care through referral systems.

Funding requirement: 1,500,000 USD

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance

3b. Include and empower people on the move to support socio economic recovery

- Support community-stabilization initiatives with a focus on access to quality basic services, livelihoods and other initiatives, serving returnees and host communities, including to alleviate the negative socioeconomic impact of COVID-19 on communities of origin.

Funding requirement: 1,000,000 USD

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19

- Address potential tensions around COVID-19 effects on the economy and population, particularly those arising from increased youth unemployment, through engagement of youth in dialogues and training, creation of employment opportunities, rehabilitation of COVID-19 related public infrastructures, and capacity building of local government on conflict management.

Funding requirement: 1,000,000 USD

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data

4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels

- Conduct mobility tracking, through Site Assessments and Village Assessments. DTM will track the impact COVID-19 has on IDPs and on villages hosting returning IDPs.
- Through household level surveys, DTM will gather on the needs and intentions of IDPs at household level in selected locations in Ethiopia.

Funding requirement: 600,000 USD

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

- Conduct flow monitoring to quantify the impact COVID-19 has on general migration trends, including mobility restriction mapping (MRM).

Funding requirement: 400,000 USD

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	11,600,000
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	6,400,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance.	2,000,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.	1,000,000
TOTAL	21,000,000

ETHIOPIA TOTAL
FUNDING REQUIREMENT | **USD21,000,000**

Contacts

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Links: IOM Ethiopia 2020 COVID-19 response overview: <https://ethiopia.iom.int/iom-ethiopia-2020-covid-19-response-overview>

KENYA COVID-19 RESPONSE AND RECOVERY PLAN - OVERVIEW

One year on since the beginning of the pandemic

Since 13 March 2020, when the first case was confirmed in Kenya, a total of 148,128 confirmed cases and 2,420 deaths (1.6% fatality rate) have been recorded as of April 13, 2021. Of these, 144,553 cases (98%) were local transmissions and 3,573 (2%) were imported cases. The number of confirmed cases has been on the rise recently and a new lockdown in the capital, Nairobi, and four surrounding counties was instated on 26 March 2021, for the purpose of curbing the rapid spread of the virus.

The Kenya Ministry of Health launched the National COVID-19 vaccination campaign on 5 March 2021 after receiving 1,120,000 doses of the AstraZeneca Vaccine through the COVAX facility. As of 13 April 2021, a total of 569,244 persons were vaccinated targeting frontline workers, teachers, security officers, and those above 58 years of age. Due to the limited doses available, there remains serious challenges for migrant inclusion in vaccination.

Similarly, the challenges of accessing healthcare for refugees and migrants, whether regular or irregular, is being laid bare as the country struggles to secure enough testing kits, medical equipment, masks and PPEs. Since the overwhelming demand for testing and care of patients to the health systems, migrants and refugees are often the last to gain access to the health services.

Risks and Needs Overview

The COVID-19 pandemic poses critical socioeconomic impacts in Kenya. School closures, restrictions on movement, bans on social gatherings, and limitations on economic activities have hit Kenya's socioeconomic life, creating negative consequences, such as income losses and increased food insecurity.

In the migration standpoint, Kenya's geographical location and economic status compounded by increasingly porous borders, has made Kenya a key transit country for neighbouring countries nationals. The economic strains caused by the unprecedented COVID-19 pandemic brought about mass loss of employment and further pushed vulnerable populations to take risky journeys for economic purposes. Furthermore, the pandemic has attributed to increased vulnerability of at-risk populations to trafficking, abuse and exploitation.

Main challenges as it regards to COVID-19 response include protection risks of the vulnerable migrants and host population; stigmatization and discrimination on COVID-19 suspects; limited testing capacity and testing equipment scarcity in the country; and limited capacity to properly detect, contact trace and follow up with cases.

From response to recovery – IOM Kenya's plan

In order to mitigate aforementioned challenges, IOM Kenya will focus on supporting the Government of Kenya strengthen public health measures across the country, raise public awareness among communities on COVID-19 prevention, preparedness, response and recovery, carry out capacity-building trainings on COVID-19 surveillance, monitoring and testing, and providing PPE and staffing to primary health facilities in migrant-dense areas to increase access to health services for migrants regardless of their registration status.

Strategic Objective 1: Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Raise public awareness and educate communities on COVID-19 prevention, preparedness, response and recovery.
- Provide technical support to national and local government and civil society organizations to enhance preparedness (WASH, Shelter and NFI).
- Strengthen infection prevention and control, provide WASH facilities, and NFIs to migrants.

Funding requirement: USD 400,000

1b. Secure life-saving assistance and access to critical services

- Provide community stabilization and livelihoods support to migrants affected by COVID-19 in disaster-prone counties.
- Provide support to Government of Kenya (national and county governments) on humanitarian response related to COVID-19 and durable solutions with a return, reintegration and resilience building approach focusing on COVID-19.
- Improve quality of and access to direct assistance and specialized protection services to vulnerable migrants.

Funding requirement: USD 300,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

- Support onward transportation, voluntary return of migrants made vulnerable due to COVID-19 that are stranded or victims of human trafficking.
- Provide COVID-19 sensitive capacity-building for government officials, social workers and other protection partners on key topics such as counter-trafficking and/or smuggling of migrants and child protection.

Funding requirement: USD 260,000

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders.

- Strengthen ongoing COVID-19 surveillance, monitoring and testing along the points of entry and within the border communities targeting migrants, refugees and IDPs and provide both training and PPEs to frontline healthcare workers

at the COVID-19 hospitals along border counties.

- Train immigration, border officials and health staff on SOPs for Infection, Prevention and Control and immigration and border management.

Funding requirement: USD 1,600,000

2b. Promote equitable access to vaccines for vulnerable populations.

- Recruit healthcare workers to provide COVID-19 vaccinations in border counties and among migrants and displaced vulnerable populations as well as provide essential training to frontline healthcare workers on COVID-19 vaccine.
- Strengthen the entire vaccine cold chain from supply to delivery to the border communities and its monitoring.

Funding requirement: USD 650,000

2c. Strengthen health systems to promote access and inclusion.

- Provide support in terms of staffing and supplies to primary health facilities in migrant dense areas to expand access to health services to migrants regardless of the registration status and strengthen community health units through the recruitment of community health volunteers/workers linked to the facilities.
- Strengthen the digitalized data collection and reporting system at facility level to strengthen facility-based reporting to the MoH including follow-up and monitoring of COVID-19 suspected and confirmed.

Funding requirement: USD 600,000

Strategic Objective 3: Mitigate the longer-term socio-economic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Strengthen border coordination including providing Government of Kenya with appropriate technical equipment, essential technical training to POEs officials, including on document examination.
- Carry out community engagement and advocacy on human trafficking and smuggling.
- Provide training for POEs operators and carry out needs and technical assessments for POEs.

Funding requirement: USD 240,000**3b. Include and empower people on the move to support socio economic recovery**

- Provide skills building and entrepreneurship training as well as the socio-economic reintegration for migrants and returnees and community leaders especially in financial training, financial inclusion and digital skills, setting up job centres for support returning migrants affected by COVID-19.
- Support the government in diaspora engagement for investment for economic recovery from COVID-19 impact.

Funding requirement: USD 400,000**3c. Mitigate new or exacerbated community tension and conflict related to COVID-19**

- Promote individual socioeconomic reintegration for vulnerable youth and disengaged former combatants (access to job opportunities and skills development) to prevent them from recruitment into violent extremist groups because of COVID-19 effects on the economy and population, as well as support community projects to increase access to vocational education and local economy.
- Promote community-based dialogues and events to promote social cohesion and peace in conflict-prone communities that have been also impacted by COVID-19.

Funding requirement: USD 300,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data

4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels

- Carry out data collection of IDPs and migrants to disseminate information on their mobility impact and needs caused by COVID-19.
- Identify their durable solutions, as well as support local governments in enhancing durable solution strategy for IDPs.

Funding requirement: 320,550 USD**4b. Strengthen global knowledge of the impact of COVID-19 on human mobility**

- Support POE data collection with assessing POE status as well as health needs and border management capacities, including health.
- Conduct economic and social assessment on migrants and border communities.

Funding requirement: USD 290,000**4c. Support and inform the medium-and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national and local levels through data provision and analysis**

- Support the Government of Kenya and counties in improving information management through capacity development on DTM and other intention survey tools, which include tracking of mobility trends, needs and gaps of internally displaced caused by natural disaster and COVID-19 pandemic in informal settlements.
- Conduct assessments to understand medium-longer term socioeconomic impact of COVID-19 on migrants and border communities and provide potential recovery, transitional and durable solutions.

Funding requirement: USD 230,000

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities.	960,000
SO2. Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems	2,850,000
SO3. Mitigate the longer-term socio-economic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.	940,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.	840,550
TOTAL	5,590,550

**KENYA TOTAL
FUNDING REQUIREMENT | USD 5,590,550**

Contacts

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Tirusew Getachew (right) a social worker escorts a minor to her hometown in East Harerghe 590 kms from Addis Ababa. Photo: Haimanot Abebe © IOM 2020

RWANDA COVID-19 RESPONSE AND RECOVERY PLAN - OVERVIEW

One year on since the beginning of the pandemic

On 14 March 2020, Rwanda reported its first case of COVID-19. As of 13 April 2021, the country had recorded 23,603 positive cases. The Government of Rwanda has taken several measures to strengthen the country's ability to mitigate the risk of COVID-19 transmissions, including restrictions on large gatherings and encouraging remote working arrangements. In addition, measures were taken to reduce non-essential travel by imposing curfews and the closure of borders – with the exception of cargo and returning Rwandan citizens or legal residents. On 1 August 2020 international passenger flights resumed on condition that travellers self-isolate and present a negative PCR test result taken 72 hours prior to their departure or arrival.

In March 2020, the Government of Rwanda launched a COVID-19 National Preparedness and Response Plan aimed at increasing the capacity of all Districts to prevent, detect and respond to COVID-19, as well as all other communicable diseases with epidemic potential.⁴ The Government of Rwanda has a robust, inclusive, and non-discriminative vaccine roll-out strategy and as of 19 April, the Rwandan Ministry of Health had vaccinated 348,926 people, including 224 refugees and asylum seekers residing in the Emergency Transit Mechanism centre in Gashora, and 192 refugees working as frontline community health workers, cleaners, and security guards at health clinics in 6 refugee settlements. The vaccination campaign will proceed based also on the scheduled shipments of COVID-19 vaccines.

Risks and Needs Overview

While refugees in Rwanda generally enjoy a favourable protection environment, most refugees in camps remain dependent on assistance to meet their basic

needs, such as shelter, water, sanitation and hygiene, food, health, education, nutrition, and cooking energy. Livelihood opportunities are scarce due to the lack of job opportunities, and land for cultivation or livestock rearing in areas surrounding the camps. Limited access to vocational training, as well as insufficient budget for start-up capital, are the major unmet needs to initiate livelihood activities that could promote refugee self-reliance.⁵ Due to resource constraints, the current livelihood support only reaches a small portion of the refugee and host communities. In addition, the COVID-19 pandemic and prolonged periods of lockdown have dramatically affected the economic situation of refugees and border communities.

As part of the Country Refugee Response Plan there is recognition of the need to support livelihoods opportunities for refugees (including urban refugees) and host communities. In addition to refugees, IOM aims to support the Government of Rwanda in targeting those involved in cross-border trading and living in border communities (with focus on women cross border traders), through business and vocational training, linkages with associations/cooperatives, individual mentorship programmes, and the provision of start-up kits/start-up capital to re-engage in commercial activities and increase stocks. In addition, the plan recognises the need to strengthen epidemic preparedness in transit, reception centres and camps, including medical screening, training, prepositioning of equipment and supplies and community surveillance and for the renovation, rehabilitation, and installation of health and wash facilities in camps and urban areas.⁶

4. RBC, Corona Disease 2019, National Preparedness and Response Plan: https://www.rbc.gov.rw/fileadmin/user_upload/announcement/Coronavirus%20Disease%202019,%20National%20Preparedness%20and%20Response%20Plan.pdf

5. Rwanda Country Refugee Response Plan 2020-2021 – https://reporting.unhcr.org/sites/default/files/Rwanda%20Country%20Refugee%20Response%20Plan%202020-2021%20-%20March%202020.pdf#_ga=2.257673295.594513660.1614073200-835139834.1614073200

6. Rwanda Country Refugee Response Plan 2020-2021 https://reporting.unhcr.org/sites/default/files/Rwanda%20Country%20Refugee%20Response%20Plan%202020-2021%20-%20March%202020.pdf#_ga=2.257673295.594513660.1614073200-835139834.1614073200

From response to recovery – IOM Rwanda's Plan

Strategic Objective 1: Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Provide WASH, NFIs, including hygiene kits, and additional handwashing stations, to support increased hygiene needs and prevent the spread of the virus in refugee camps and surrounding areas.
- Support awareness raising and risk communication outreach campaigns on COVID-19 and other communicable diseases in camps and host communities.
- Provide virtual trainings for partners to strengthen hygiene, infection and prevention knowledge and skills to assist refugees and host communities in the context of COVID-19.

Funding requirement: USD 300,000

1b. Secure life-saving assistance and access to critical services

- Strengthen infection prevention and control, continuation of WASH assistance activities in camps, host communities, schools, and congregation points affected by COVID-19.

Funding requirement: USD 200,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities, and combat xenophobia

- Provide support to national authorities and protection actors to respond to the needs of refugees and vulnerable host communities and to ensure continuity of services.
- Develop comprehensive protection focused information material in the context of COVID-19 for all stakeholders, as well as culturally and linguistically appropriate information material for refugees and vulnerable host communities on available assistance mechanisms.
- Support to family and childcare centres, including provision of psychosocial support.

Funding requirement: USD 200,000

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in host communities and at borders

- Referral of suspected COVID-19 cases detected at the border.
- Support cross border coordination, data management and dissemination, PoE screening and referral.
- Carry out RCCE activities in border communities to fight misinformation and stigma associated with COVID-19.
- Provide PPE, testing kits and IPC to health workers at the POEs screening posts.

Funding requirement: USD 500,000

2b. Promote equitable access to vaccines for vulnerable populations

- Support community engagement and awareness raising for vaccines in refugee camps and border communities.
- Support RCCE outreach campaigns and produce IEC material on vaccination.
- Support capacity building activities on vaccination for health care workers in refugee camps.

Funding requirement: USD 350,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Strengthen cross border coordination and support POEs with technical equipment for IPC and testing.
- Provide essential hygiene promotion and IPC technical trainings to POEs officials.
- Carry out community engagement and advocacy on labour migration channels.
- Carry out needs' and technical assessments for POEs.

Funding requirement: USD 300,000

3b. Include and empower people on the move to support socio economic recovery

- Promote small scale cross border traders with start-up kits and build a value chain for their goods.
- Facilitate vocational trainings for unemployed youth and connect them with recruitments companies.
- Engage and map diaspora to encourage skills-transfer and mentorship for youth in Rwanda.
- Support community improvement initiatives that employ participatory appraisal, mapping and assessment processes in prioritization, identification, implementation and post-construction maintenance.
- Build solid resource base through promotion of income generating activities such as agriculture and non-agriculture activities to ensure that communities can withstand future shocks and vulnerabilities worsened by COVID-19, such as climate change.
- Build trading capacities based on market needs through business and vocational training and linkages with associations/cooperatives to improve access to economic resources, household asset building, value addition through value-chains establishment and market linkages intended to reduce poverty.
- Assist, in line with COVID-19 containment measures, Rwandan returnees in their reintegration process.

Funding requirement: USD 800,000

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19

- Support activities related to social cohesion and economic recovery after economic activities have been affected by the pandemic and the movements restrictions.
- Strengthen COVID-19 preparedness along the border zones. Border closure badly affected border communities.

Funding requirement: USD 300,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels

- Conduct population mobility mapping activities in the main districts bordering DRC, Uganda, and Burundi.
- Support the establishment of a national migration data working group to align with regional efforts.

Funding requirement: USD 300,000

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

- Conduct flow monitoring activities to support and populate the POE Global database.
- Conduct rapid assessment on protection needs, risks, and vulnerabilities of vulnerable population.

Funding requirement: USD 200,000

4c. Support and inform the medium-and longer-term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis

- Conduct a study to understand medium and longer-term socioeconomic impacts of COVID-19 on refugees, migrants, and border communities to provide recovery, transitional, and durable solutions.

Funding requirement: USD 200,000

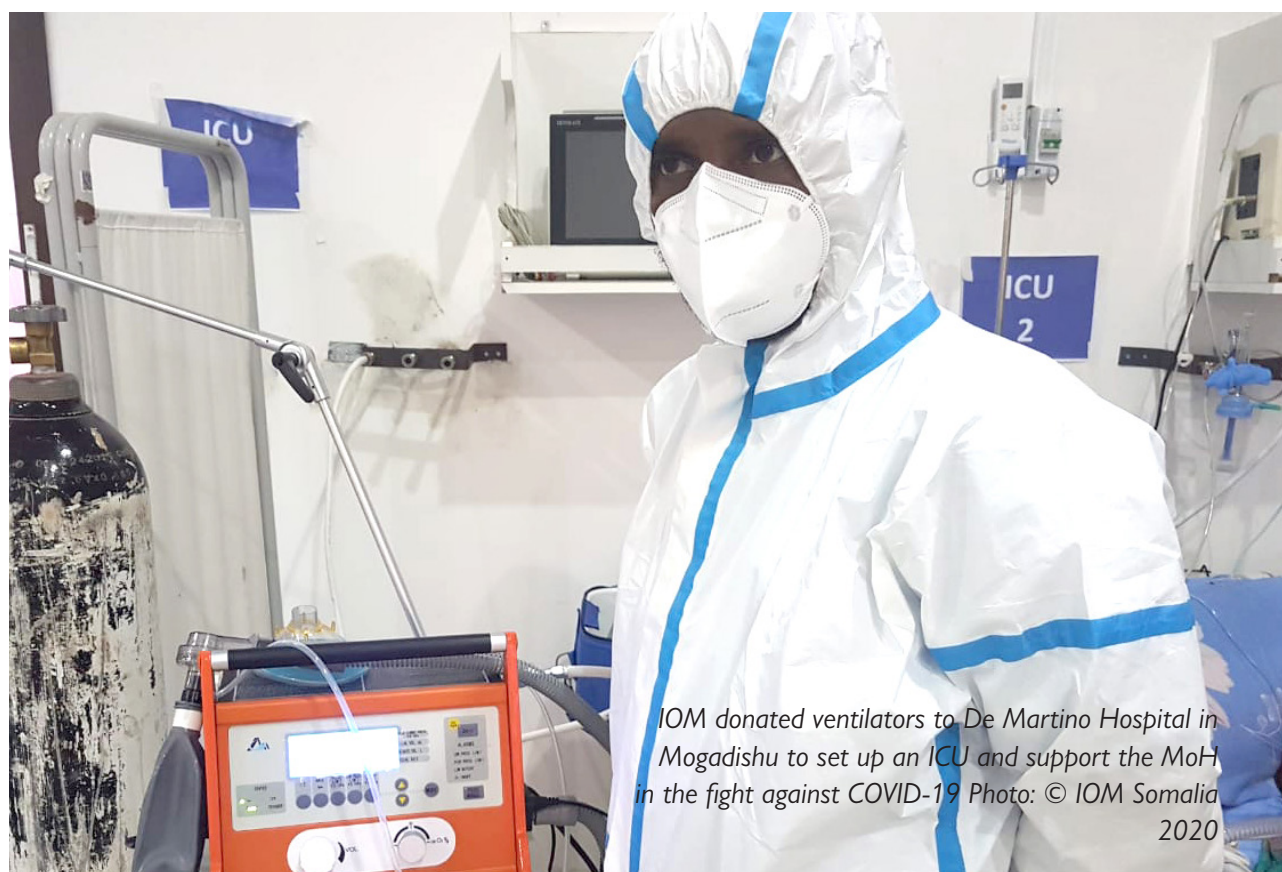
Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	700.000
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	850.000
SO3. Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance	1.400.000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	700.000
TOTAL	3,650.000

RWANDA TOTAL
FUNDING REQUIREMENT | **USD 3,650,000**

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SOMALIA COVID-19 RESPONSE AND RECOVERY PLAN – OVERVIEW

One year on since the beginning of the pandemic

On 16 March 2020, Somalia confirmed its first case of COVID-19 and is currently dealing with the third wave of the virus. As of 14 April 2021, the country had 12,566 confirmed COVID-19 cases and 624 reported fatalities. The Federal Government of Somalia and Federal Member States activated various response measures to contain the spread of the virus, including: establishment of national COVID-19 response committees; formation of an incident management system; temporary suspension of incoming and outgoing international flights; limitation of movements between regions; and establishment of disease surveillance mechanisms across the country. The Government also initiated comprehensive risk communication and community engagement strategies aimed at providing communities with necessary tools to be active participants in the prevention and control of the COVID-19 outbreak. Some of these initiatives include, ordering the closure of schools; restriction of mass gatherings; advise on IPC measures including physical distancing; and hand and respiratory hygiene, among others. Additionally, on March 15, the Ministry of Health received 300,000 doses of the Oxford-AstraZeneca vaccine through the COVAX facility to vaccinate around 20 per cent of its population. As of 14 April 2021, a total of 110,941 vaccine doses have been administered.

Risks and Needs Overview

The humanitarian crisis in Somalia, characterized by both natural and conflict, is one of the most complex and longstanding emergencies in the world. Due to decades of poverty, marginalization, armed violence, insecurity, political instability, natural hazards and lack of development, the humanitarian situation remains critical in the country. In 2021, nearly 6 million Somalis will depend on humanitarian assistance. In addition to the COVID-19 pandemic, the current desert locust invasion and the recent flooding, drought conditions are predicted across the country with 34 districts already facing alarming water shortages.

Furthermore, the current political tensions, compounded by clan dynamics driven by land and natural resources competition will aggravate the dire humanitarian situation.

Somalia has limited capacity to respond and prevent the potential spread of COVID-19 and mitigate its socioeconomic impact. Though restriction of mobility has been mostly lifted in the country, the ripple socioeconomic effects of the pandemic has not left the population untouched. Moreover, an IOM snapshot conducted in 2020 observed a reduction of 61 per cent in the amount of remittances transferred to the country that millions depend on, further impacting the most vulnerable families.

COVID-19 continues to impact the lives of Somalis, in already vulnerable communities, including internally displaced populations. The number of IDPs increased by 300,000 in 2020 to a record high of 2.9 million, the highest number of IDPs since 2018. IDPs are at increased risk for COVID-19 infections as they reside in overcrowded settlements, with lack of basic hygiene, sanitation and health services. A total of 237 IDP sites, hosting 593,058 individuals are at increased risks for transmission of COVID-19, especially now with restrictions as a result of the pandemic hampering the delivery of humanitarian aid. Women and girls are facing increased exposure to COVID-19, as they are the main providers of health services to family and community members. Additionally, the pandemic has led to increased gender-based violence.

The country is a key source, transit and, to some extent, destination country for migratory flows. Somalia continues to have an influx of migrants from neighbouring countries through irregular migration routes, especially from Ethiopia. In addition, a growing number of Somalis are returning from war-torn Yemen. Although re-opened in 2020, border closures have left around 400-500 migrants stranded in and around Bossaso, Somalia. Ethiopian migrants continue to settle along the migration route in Somaliland and Puntland, and while the number of migrants traveling through Somalia to Yemen is expected to increase, it

is also expected that a higher number of Yemeni and Ethiopians will arrive in Somalia in 2021 seeking asylum. These migrants continue to be vulnerable due to the lack of labour opportunities and are facing increased stigmatization, as they are suspected of transmitting COVID-19. An increasing number of migrants will require humanitarian support and are expected to reach out to the Migrant Response Centres in Hargeisa and Bossaso for basic services, including food and accommodation support and health services.

From response to recovery – IOM Somalia's plan

Strategic Objective 1: Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities.

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Recruit and train community members and hygiene promoters on key health risks related to WASH and disseminate key hygiene messages including COVID-19 preventive messages, targeting individuals, households, and institutions, including in areas of high returns.
- Provide COVID-19 mitigation measures at Migrant Response Centres.
- Provide capacity building and training to relevant government agencies on COVID-19 mitigation.

Funding requirement: 1,445,000 USD

1b. Secure life-saving assistance and access to critical services

- Establish and maintain WASH infrastructure at POEs and any other COVID-19 specific facilities, as well as placement of handwashing stations.

Funding requirement: 1,650,000 USD

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

- Support the onward travel and return of migrants stranded due to COVID-19.
- Conduct safety audits to identify areas of high protection risk and implement sites improvement projects to minimize protection risks.

Funding requirement: 500,000 USD

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect, and respond to COVID-19 and other public health threats in communities and at borders

- Operate 33 static health facilities with integrated community outreach, and 18 mobile teams in response to acute emergencies.
- Preposition essential medicines, medical supplies, vaccines, and equipment including PPEs and IPC supplies in 6 strategically located regional hubs.
- Provide health education at static health facilities.
- Conduct outreach and support health facilities in hard-to-reach areas with COVID-19 response.

Funding requirement: 6,836,000 USD

2b. Promote equitable access to vaccines for vulnerable populations

- Recruitment and training of vaccinators for IOM supported static facilities, mobile clinics, and outreach sites to ensure effective vaccine delivery and vaccine management.
- Support access to vaccines for border officials at designated POEs.
- Support biometric registration for vaccine recipients.

Funding requirement: 1,320,000 USD

2c. Strengthen health systems to promote access and inclusion

- Establish National Institute of Health (NIH) Somalia offices and labs for active surveillance and research.
- Strengthen community, event, and sentinel surveillance across the country, as well as vector surveillance.
- Support Human Resource Development of the Federal Ministry of Health, including training of rapid response teams at national and country level.
- Capacity building for government and health workers on human rights of migrants, IDPs, returnees.

Funding requirement: 2,000,000 USD

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Provide capacity building and training to relevant staff at POEs on COVID-19 mitigation.

Funding requirement: 200,000 USD**3b. Include and empower people on the move to support socioeconomic recovery**

- Provide quick financial and material injection to small and medium enterprises in urban and rural areas hosting large numbers of IDPs and migrants to avert closure of businesses and laying off workers through grants, loans, micro-credit or in-kind support.
- Engage Somali diaspora to support Somalia's COVID-19 response.
- Unconditional cash to improve resilience of vulnerable households to cope with the effects of COVID-19 and other human induced and natural calamities.
- Community infrastructure projects through locally led, participatory processes that promote intra- and inter- community cohesion, peace, and ownership.
- Business continuity support to trades and markets that have been most negatively impacted by COVID-19.
- Community based projects with COVID-19 response mainstreamed; sports and drama for social cohesion with COVID-19 mitigation messaging.

Funding requirement: 3,000,000 USD

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data

4a. Ensure a well-coordinated, informed, and timely response and recovery through mobility tracking systems at the community, national and regional levels

- Conduct quarterly baseline assessments; Mobility Tracking, Flow Monitoring and tracking of COVID-19 cases and collect COVID-19 related data at Flow Monitoring Points.

Funding requirement: 2,400,000 USD**4b. Strengthen global knowledge of the impact of COVID-19 on human mobility**

- Conduct Mobility Restriction Mapping for POEs across Somalia at official and unofficial border points.

Funding requirement: 587,000 USD**Breakdown of funding requirement**

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1 Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	3,595,000
SO2. Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems	10,156,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.	3,200,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.	2,987,000
TOTAL	19,938,000

SOMALIA TOTAL
FUNDING REQUIREMENT | **USD 19,938,000**

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SOUTH SUDAN COVID-19

RESPONSE AND RECOVERY

PLAN – OVERVIEW

One year on since the beginning of the pandemic

On 5 April 2020, South Sudan confirmed its first case of COVID-19. As of 15 April 2021, the country had recorded 10,403 positive cases and 114 deaths. Government measures to contain the spread of the virus have involved movement restrictions including temporary closures of land and airports and restrictions on large gatherings. The risk of a rapid spread of COVID-19 in South Sudan remains high due to the country's weak health system, low water supply coverage, poor hygiene and sanitation services, as well as the challenge of maintaining key humanitarian supply chains through neighbouring countries. This has left the South Sudanese population and residents highly vulnerable to epidemic diseases, particularly women, children, persons with disabilities, the elderly, IDPs, migrants, and returnees.

Risks and Needs Overview

While the COVID-19 response is a health issue, it is bound to create a number of knock-on effects that will have lasting impacts on communities in South Sudan, further undermining their coping mechanisms and capacity to manage future shocks associated with disease outbreaks, extreme climatic conditions, and conflict. The impact of the closure of borders and lockdown compounds the vulnerability of a population that had already been wrestling with the effects of a conflict-induced economic crisis, including rising food prices and inflation. The decline in the availability of resources may be a driver of conflict and violent competition, leading to an uptick in both localized violence and criminality.

In areas of high population density, such as displacement sites and camp-like settings, populations are not only facing heightened risks of contracting and spreading COVID-19 (due to overcrowding, inadequate hygiene and sanitation, poor nutrition, and limited access

to health care facilities) but are also at risk of being put under pressure to exit the sites to areas with very limited services where host communities face challenges of their own. This, coupled with increased pressure or inability to generate an income for many South Sudanese who operate in the informal sector, could result in escalating tensions at the community level. As such, measures need to be in place from the beginning of the crisis to reduce the socioeconomic and other impacts of COVID-19 and avoid severe shocks that will only act to exacerbate instability, bringing structural inequalities into sharper focus.

In addition, the situation of women and girls is of particular concern due to elevated gender-based violence in confinement situations, their important role in the provision of health care and other social work, as well as their dependence on informal and insecure sources of income that have become inaccessible due to mobility and physical distancing measures. Older people suffer from a greater health impact from COVID-19, combined with higher risks of discrimination and physical and financial barriers to access essential services. Persons with disabilities also face risks of stigmatization and loss of access to specialized assistance services and treatment.

In coordination and partnership with relevant actors at global, regional, and national levels, IOM South Sudan is contributing to the overall objective of the global IOM COVID-19 Strategic Preparedness and Response Plan and the South Sudan COVID-19 National Operational and Response Plan, to halt further transmission of COVID-19 and mitigate the impact of the outbreak, including its social and economic impacts.

From response to recovery – IOM South Sudan's plan

Strategic Objective 1: Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities.

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Redesign the layout of community structures and CFM desks to ensure COVID-19 sensitive measures are in place, including social distancing and handwashing facilities.
- Continue COVID-19 community sensitization, messaging, and awareness-raising.
- Extend burial sites, if needed and in case of a mass outbreak in the IDP sites. Capacity building for burial team, revisiting the COVID-19 Dead Body Management (DBM) SOP in coordination with the relevant partners.
- Support with decongestion of crowded areas within the IDP sites through site operations and family relocation, making use of empty shelters or contingency areas within the sites to reduce congestion.
- Set up and maintain handwashing stations at PoC and former PoC sites.
- Provide multi-purpose cash assistance to IDPs living in camps/PoCs who voluntarily decide to leave due to COVID-19.
- Provide reusable face masks for distribution to host communities and IDPs at high risk of the COVID-19 transmission due to living conditions.
- Distribute COVID-19 WASH Kits to the most at-risk households through house-to-house visits (carried out following the national guidelines on physical distancing), complemented with tailored hygiene promotion at the household level.
- Disseminate IEC Materials, highlighting MHPSS considerations in the context of COVID-19 response, particularly for vulnerable groups.

Funding requirement: USD 2,000,000

1b. Secure life-saving assistance and access to critical services

- Continue to provide CCCM functions in displacement sites, including protracted and spontaneous sites in hard to reach and

underserved areas affected by COVID-19, including site management, partner and governance coordination, service mapping and monitoring, community engagement, and information sharing, skills and capacity building, relocation, protection mainstreaming and referral pathways to ensure equitable access to critical services in a dignified manner.

- Establish and maintain WASH infrastructure at the PoE level, including ensuring the provision of safe drinking water through repair of non-functional nearby boreholes; water storage tanks; sanitation facilities, including temporary latrines and handwashing stations; and ensuring safe collection and disposal of solid waste.
- Recruit and train individuals to form Handwashing Station Teams, to ensure the daily operations and maintenance.
- Train private water treatment and water tanker companies in IPC/WASH & water quality procedures, including measurements on Free Residual Chlorine of drinking water across the water value chain, to ensure the provision of good quality water.
- Conduct hygiene promotion activities within communities and at institutions such as health facilities, schools, places of worship, and other public places.
- Continue essential health care services/Case Management: toll-free MHPSS hotlines, counselling and support groups in camps and camp-like settings and host communities.

Funding requirement: USD 5,250,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia

- Enhance national capacities to ensure the protection and access to services for displaced populations and local communities.
- Strengthen community-based protection mechanisms to identify and provide protection and assistance to persons with specific needs in the community who may be at accentuated risks due to COVID-19, including through individual protection assistance.
- Conduct protection monitoring for COVID-19 related protection concerns in the communities of operation.

- Support of GBV risk mitigation and awareness on service availability. Increase GBV service provision (case management and psychosocial support) and strengthen GBV referral capacity among multi-sectoral service providers, particularly health services, in response to concerns surrounding GBV, particularly IPV, as a result of COVID-19.

Funding requirement: USD 1,200,000

Strategic Objective 2: Scale-Up Essential Public Health Measures and Promote Mobility Sensitive Health Systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Recruit, train and equip screeners on COVID-19 aetiology, transmission, screening, diagnosis, management, prevention, and SOPs of POE screening.
- Strengthen surveillance and reporting for COVID-19 and other epidemic prone diseases in Nimule hospital.
- Undertake awareness-raising, information/education sessions for travellers and communities including developing IEC materials inclusive of Protection, GBV, MHPSS, risk mitigation, and gender equality considerations, as well as conflict sensitivity considerations.
- Compile and share weekly screening data of travellers.
- Support the coordination of the border health Technical Working Group through the provision of an IOM recruited coordinator.
- Construct case management centres in hospitals/clinic.

Funding requirement: USD 3,000,000

2b. Promote equitable access to vaccines for vulnerable populations

- Support MoH in mapping health facilities, outpatient therapeutic programme sites, settlements, camps, and way stations that can be used to vaccinate children.
- Recruit and train vaccinators of supported facilities and mobile sessions.
- Support MoH to provide immunization services to eligible children in Static, mobile and outreach interventions inside and outside of POCs, in settlement and camp locations, and surrounding host communities.

- Support MoH to conduct quarterly review and coordination meetings for Wau, Rubkona and Malakal counties.
- Conduct social sensitization and demand generation for immunization in our catchment areas.
- Participate in the development of the NVDP and advocate for inclusion of migrants regardless of their migration status.
- Support the MoH in direct provision of COVID-19 vaccination for priority groups in our catchment areas.
- Support access to vaccine for government officials at borders and migrants that are essential workers.

Funding requirement: USD 1,200,000

2c. Strengthen health systems to promote access and inclusion

- Conduct Border Health Assessment at key ground crossings
- Organize validation workshop on the Draft Border Health Policy
- Conduct consultation sessions with key governmental, national, and international stakeholders, to finalize and validate the policy.
- Develop SOPs and training materials for frontline officers on detection, notification, management of and response to ill travellers at designated POEs, and for cross border notification of priority disease symptoms, as well as human rights of migrants, IDPs, and returnees.
- Engage community, community leaders, and Boma health committee in identification and prioritization of global health and human security threats.
- Establish event-based community surveillance for selected border communities.

Funding requirement: USD 500,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Provide technical support and collaborate with key frontline government and non-governmental partners to enhance capacities on border health and mobility management.
- Work with partners to ensure the provision of guidance and support, including developing regular updates on SOPs, including referral mechanisms, and developing capacities for IPC/WASH and risk communications at POEs and nearby health facilities.
- Establish or strengthen cross-border cooperation among countries of origin, transit, and destination to provide protection-sensitive migration management mechanisms.
- Increase awareness of mandated government agencies on the human rights of migration, including on return and reintegration in the context of COVID-19.

Funding requirement: USD 750,000

3b. Include and empower people on the move to support socio economic recovery

- Continue to provide livelihoods assistance through cash for works and support to small and medium-sized enterprises, alongside continued work on functional adult literacy.
- Provide livelihood assistance to support the reintegration of returnees, both IDPs and from abroad.

Funding requirement: USD 2,000,000

3c. Mitigate new or exacerbated community tension and conflict related to COVID-19

- Continue conflict mitigation training for disputes arising related to the direct and indirect impacts of COVID-19, particularly those involving IDP and returnee populations.
- Continue work integrating anti-hate speech and anti-stigmatization messaging into communications on COVID-19.
- Conduct training of trainers to law enforcement officials, including border stakeholders.
- Deliver training to community members on the Community Policing approach, ensuring meaningful participation and mainstreaming of issues related to stigmatization surrounding COVID-19.

- Support Community Policing Forums in conducting community meetings with a larger number of community members aimed at raising awareness of the community on security and protection risks.

Funding requirement: USD 1,700,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels

- Continue mobility tracking, flow monitoring, biometric registration, and verification, return intention surveys, multi-sector needs and vulnerabilities surveys in IDP camps and urban areas, and village assessment surveys to inform border and broader public health policy and response.

Funding requirement: USD 1,000,000

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility

- Mobility Restriction Mapping for POEs and key locations of internal mobility.
- Undertake rapid protection assessments to identify protection needs, risks, vulnerabilities, and access to assistance and services.

Funding requirement: USD 400,000

4c. Support and inform the medium-and longer-term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis.

- Continue conflict analysis investigating the impacts of COVID-19 on conflict and social cohesion and the ways in which the pandemic converges with other shocks.
- Collect and analyse data on urban migration, household vulnerabilities, and the socioeconomic impact of COVID-19 in prioritized urban areas in South Sudan, including the development of a vulnerability and reintegration index.
- Capacity-building work with the National Bureau of Statistics and other relevant ministries for integration of displacement and migration data into South Sudan's official statistics.

Funding requirement: USD 1,000,000

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	8,450,000
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	4,700,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance.	4,450,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	2,400,000
TOTAL	20,000,000

SOUTH SUDAN TOTAL
FUNDING REQUIREMENT | **USD 20,000,000**

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IOM Rwanda with partners conclude a 2-week campaign to educate shoppers travellers & communities how to stem the spread of COVID-19. Photo: © IOM Rwanda 2020

UGANDA COVID-19 RESPONSE

AND RECOVERY PLAN

OVERVIEW

One year on since the beginning of the pandemic

On 21 March 2020, Uganda reported its first case of COVID-19 and as of 13 April 2021, 41,263 positive cases and 338 deaths have been recorded. Following the outbreak, the Government of Uganda undertook several measures to mitigate the risk of COVID-19 transmissions including restrictions on movement, closure of borders except for cargo and returning citizens, banning of mass gatherings, use of masks. Further responses mechanisms executed included establishment of coordination's structures such as the Inter-sectoral National task force chaired by the Prime Minister, eight technical pillar committees and a Strategic advisory committee chaired by the Minister of Health.

Following the evolution of the pandemic from no cases in phase 1 to sporadic traceable cases in phase 2, containment of cases in phase 3, Uganda shifted to phase 4 characterised by a response strategy to contain the wide community transmissions and a wholistic approach of addressing the impact of COVID-19 on the most vulnerable communities.

On 10 March 2021, Uganda rolled out the vaccination with a total of 286 persons. As at 14 April 2021, 206,708 persons have been vaccinated with priority targeting health workers, security personnel, teachers and frontline workers. The inclusion of migrants remains a challenge due to the limited doses and hence need to strengthen efforts including advocacy for their accessibility.

While the COVID-19 response is viewed primarily as a health issue, its effects on communities in Uganda has further exacerbated coping mechanisms and capacity to manage the shocks associated with disease outbreaks. The impact of the closure of borders and lockdown affected both the economic and social conditions of the population, particularly in the border

communities which are reliant on cross-border trade and economic migration. The vulnerabilities are further compounded by climate change related effects from drought, floods, mudslides, a protracted humanitarian crisis characterised by high influx of refugees among others.

Risks and Needs Overview

The number of refugees hosted in Uganda continued to rise during 2020, currently hosting 1,400,000 refugees, many of whom are reliant on humanitarian assistance for their basic needs. The total lockdown in 2020 triggered dramatic economic impacts with micro and medium enterprises being heavily affected as have migrants working in the informal sector. The earlier economic projected growth rate has been revised to 3-4 per cent in 2019/20 and this is expected to have far-reaching negative impacts on the economy and people's livelihoods.

The country has many migrant workers abroad, and registered the return of thousands of its citizens from the Gulf countries. Uganda is home to marginalized and vulnerable groups, including returning migrant workers, migrants, IDPs and refugees that could be left behind if not deliberately targeted and planned for in the country's COVID-19 recovery plans.

Through the 3 strategic pillars of the UNSDCF (United Nations Sustainable Development Cooperation Framework) IOM will be contributing to policy development, migration data management, border management, recruitment regulation, youth employment, environment/ climate change and addressing trafficking in persons.

From response to recovery – IOM Uganda's plan

Strategic Objective 1: Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities

1b. Secure life-saving assistance and access to critical services

- Provide and raise awareness of mental health and psychosocial support for vulnerable migrants including victims of human rights violations.

Funding requirement: USD 250,000

1c. Provide protection and assistance reduce protection-related risks and vulnerabilities and combat xenophobia

- Strengthen the capacity of service providers in providing assistance and care to VoT, especially those affected by the COVID-19 pandemic.
- Provide direct assistance and psychosocial support to VoT including NFIs and dignity kits.
- Conduct advocacy with key stakeholders, community awareness.
- Strengthen referrals for VoTs and Gender Based Violence cases.

Funding requirement: USD 150,000

Strategic Objective 2: Scale up essential public health measures and promote mobility sensitive health systems.

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Recruit, train, remunerate and equip screeners to support screening at the POEs.
- Capacity building of health and non-health border stakeholders on integrated health border management including HBMM, IPC, and WASH.
- Provide equipment and supplies including test kits, PPEs and IPC at POEs and border communities.
- Support continuation of essential services including referral process and psychosocial support.
- Conduct risk communication and community engagement.
- Compile and share weekly screening data of travellers.
- Provide FLoD (First line of Defence) services to UN staff.

Funding requirement: USD 1,750,000

2b. Promote equitable access to vaccines for vulnerable populations.

In coordination with the MoH, WHO IOM will advocate for and strengthen capacities on the rights of migrants with the aim of advocating for inclusion of migrants to access vaccines including.

- Participate in the development of the national vaccine deployment plan and advocate for inclusion of migrants regardless of their status and border officials as essential workers.
- Conduct community engagement and awareness raising for vaccines.
- Print and distribution of vaccine related IEC in border communities.

Funding requirement: USD 25,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Provide technical support and capacity building for frontline health and non-health workers on border health and mobility management.
- Strengthen joint cross-border coordination by leveraging on Border Management Committees to review and develop joint SOPs and referral mechanisms.
- Enhance capacities of border management agencies on human rights, mobility and global health crisis and in line with international best practices.
- Facilitate border patrol and communication along informal border crossing points through the provision of radio communication systems and mobility support including vehicles.
- Support Migration Information and Data Analysis System (MIDAS) operations at 2 selected border points.

Funding requirement: USD 450,000

3b. Include and empower people on the move to support socio economic recovery

- Provide reintegration assistance to returnees including livelihood support to persons affected by COVID-19 and conduct awareness raising on safe migration in relation COVID 19.

- Pilot establishment of an MRC, in close collaboration with the Ugandan Association of External Recruitment Agencies (UAERA)
- Enhance skills and business opportunity for Ugandan youth through diaspora engagement.

Funding requirement: USD 1,525,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data

4b Enhance understanding of the global impact of COVID-19 on human mobility

- Conduct Flow monitoring and Mobility Restriction Mapping across official and unofficial border points in Uganda.

Funding requirement: USD 175,000

Breakdown of funding requirement

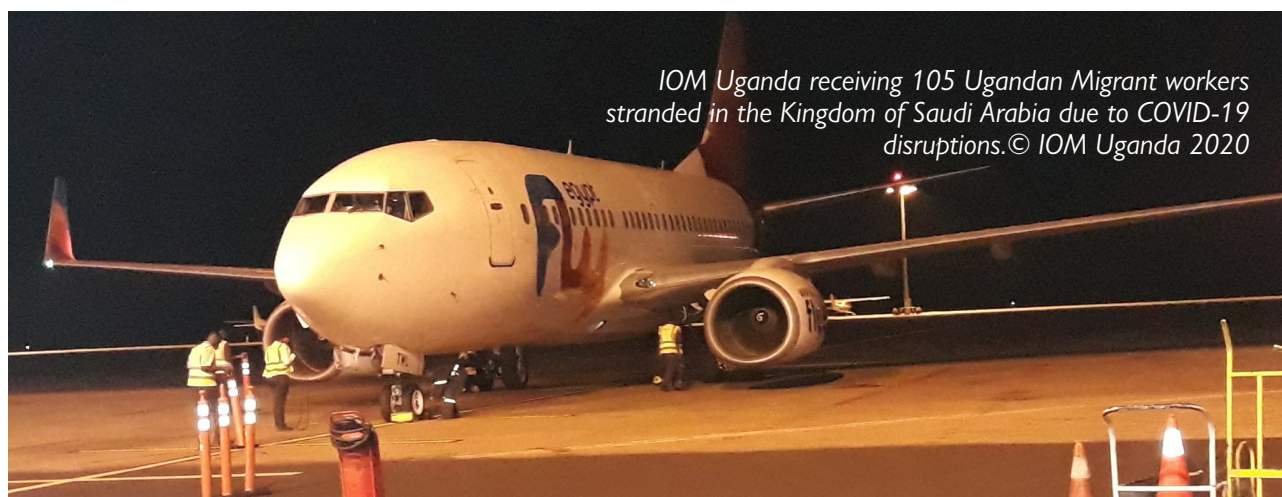
AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	400,000
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	1,750,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID 19, contribute to restarting human mobility and empower societies for self-reliance.	1,975,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.	175,000
TOTAL	4,300,000

UGANDA TOTAL
FUNDING REQUIREMENT | **USD 4,300,000**

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UNITED REPUBLIC OF TANZANIA COVID-19 RESPONSE AND RECOVERY PLAN - OVERVIEW

Context – one year on since the beginning of the pandemic

The United Republic of Tanzania recorded its first case of COVID-19 on 16 March 2020. As of the latest published update on 8 May 2020, the country had recorded 509 cases and 21 deaths. To respond to and prevent further spread of the virus, the government enforced several measures and restrictions, including the closure of schools and learning institutions, a ban on large public gatherings and quarantine for international travellers. Although there was an initial suspension on all international flights, on 14 May 2020, some flight restrictions were lifted for repatriations, humanitarian aid, medical and relief flight and other safety-related operations, and on 18 May the passenger flight suspension to and from the United Republic of Tanzania was also lifted. The United Republic of Tanzania has since maintained open land borders throughout the COVID-19 outbreak, with the Ministry of Health, Community Development, Gender, Elderly and Children gradually easing all other previously imposed restrictions. The government announced that its decision not to implement a lockdown was so as not to restrict public access to health services or prevent citizens from working, which would affect households' ability to afford food or health care, pushing more people into poverty. On 20 July 2020, the late President John Magufuli, declared the country to be free of COVID-19.

In February 2021, the government, declared that it had no interest in taking part in vaccination programmes with the late President Magufuli urging the Ministry of Health, Community Development, Gender, Elderly and Children to conduct a robust evaluation before accepting the use of vaccines in the country. The government's instruction was to maintain precaution

and adhere to healthy practices including hand washing, eating healthy, exercising, protecting the elderly, and wearing face masks. In April 2021, under the new leadership of President Samia Suluhu Hassan, the government signalled a potential change in attitude towards COVID-19 prevention and response in the country by proposing the creation of a taskforce to re-evaluate the United Republic of Tanzania's approach to COVID-19.

Risks and Needs Overview

Despite of lack of data on confirmed COVID-19 cases in the United Republic of Tanzania, the COVID-19 pandemic has threatened socioeconomic factors including livelihoods, food security, nutrition, schooling, increased unpaid care and domestic burden on women, rise in early pregnancies, trade and tourism. In addition to these socioeconomic risks, protection risks for vulnerable populations, including women and children and irregular migrants, across multiple settings, have increased due to the pandemic.

The pandemic is disproportionately affecting populations in vulnerable situations and marginalized communities. Many migrants have been left stranded or are held in often over-crowded detention centres with poor hygiene and sanitation and limited access to personal protective equipment, increasing their risk of infection and transmission of COVID-19. These conditions have also increased tension and conflict among migrants in detention centres. Additionally, migrants often struggle to access adequate and accurate information and health services in a language they understand.

In the region of Kigoma, an increasing number of refugees are signing up for Voluntary Repatriation. UNHCR estimates that 93,000 Burundian refugees will come forward for VolRep in 2021. While travel restrictions have been imposed to contain the spread of the virus, this has also posed a challenge for VolRep operations. To ensure the safety of these migrants, IOM continues to adhere to the COVID-19 prevention measures to minimize potential risks of the spread of the virus among refugees and staff. This includes sensitization on proper hygiene standards such as hand washing, as well as exercising social distancing – allowing an empty seat between adjacent passengers.

The country is heavily reliant on cross-border movements and trade which have been impacted by the pandemic. While the country has allowed for the movement of cross-border workers such as truck drivers, the findings of PoE assessments revealed that some POEs and their nearby health facilities lacked capacity for infection prevention and control of COVID-19. Under the Ministry of Health, Community Development, Gender, Elderly and Children's National COVID-19 Response Plan (Version Two, July 2020 – June 2021), joint cross border collaboration committees will be formed to implement COVID-19 prevention and response measures. This will include scaling up IEC interventions to reach communities along mobility corridors and near POEs. There has also been a lack of accurate data in the country to inform response and recovery efforts. IOM is tracking the impact of COVID-19 on mobility and will continue to strengthen evidence-based decision-making through data collection.

From response to recovery – IOM Tanzania's plan

Strategic Objective 1: Ensure continuation of assistance and essential services, mitigate risks, and protect migrants, returnees, displaced persons, other vulnerable mobile populations and host communities

1a. Mitigate the impact of COVID-19 on crisis-affected populations

- Sensitize voluntary repatriation beneficiaries on handwashing and cough etiquette, as well as on exercising physical distancing, allowing for one empty seat between adjacent passengers.

Continue COVID-19 sensitization interventions for crisis-affected populations

Funding requirement: USD 230,000

1c. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia.

- Provide counselling, shelter and MHPSS services for migrants, who have been negatively impacted by COVID-19 and identified by as requiring assistance.
- Provide Assisted Voluntary Return support to migrants stranded/returning as a result of COVID.
- Conduct medical pre-embarkation checks and issuing of facemasks for assisted voluntary returnees.
- Strengthen government institutional capacities to protect the human rights of migrants.

Funding requirement: USD 1,210,000

Strategic Objective 2: Scale-up essential public health measures and promote mobility sensitive health systems

2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders

- Strengthen public health surveillance in border areas and at POEs.
- Deploy additional nurses at voluntary repatriation departure centres.
- Facilitate training on IPC for health professionals and other relevant actors at health facilities.
- Support IPC needs at isolation facilities in remote areas identified by the Ministry of Health, Community Development, Gender, Elderly and Children for the managing of COVID-19 patients.
- Scale up IEC interventions while using linguistically and culturally appropriate methods that are inclusive of mobile populations, women and children.

Funding requirement: USD 540,000

Strategic Objective 3: Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance

3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility

- Ensure migrants and cross-border truck drivers are included in response planning by supporting cross-border coordination.

- Support the harmonization of regional PoE guidelines and SOPs together with WHO and the East African Community (EAC) by providing technical guidance to Port Health officers to participate in cross-border meetings with neighbouring countries.
- Facilitate timely cross-border referral, in line IHR 2005, as well as the development of cross-border SOPs.
- Support government initiatives under the Ministry of Health, Community Development, Gender, Elderly and Children's National COVID-19 Response Plan (Version Two, July 2020 – June 2021). Through which joint cross border collaboration committees will be established to implement COVID-19 prevention and response measures.

Funding requirement: USD 270,000

3b. Include and empower people on the move to support socio economic recovery

- Provide reintegration support for those migrants assisted under 1c.

Funding requirement: USD 600,000

Strategic Objective 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data.

4b. Strengthen global knowledge of the impact of COVID-19 on human mobility.

- Conduct Mobility Restriction Mapping at POEs, key locations of internal mobility and POE health and border management response.
- Conduct rapid protection assessments to identify the protection needs, risks and vulnerabilities of stranded migrants.
- Conduct Flow Monitoring to assess the impact of COVID-19 on human mobility and on the understanding that mobile populations have of the virus and of risk mitigation practices.

Funding requirement: USD 550,000

Breakdown of funding requirement

AREAS OF INTERVENTION BY STRATEGIC OBJECTIVE (SO)	USD REQUESTED
SO1. Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities	1,440,000
SO2. Scale-up essential public health measures and promote mobility sensitive health systems	540,000
SO3. Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance.	870,000
SO4. Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data	550,000
TOTAL	3,400,000

UNITED REPUBLIC OF
TANZANIA TOTAL FUNDING
REQUIREMENT | **USD 3,400,000**

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IOM Kenya staff at the Busia border, border between Kenya and Uganda where IOM worked with the government of Kenya in testing truck drivers for COVID-19. Photo: Kennedy Njagi IOM Kenya 2020

