SITUATION OVERVIEW

The World Health Organization (WHO), on 11 March 2020 declared the Coronavirus Disease 2019 (COVID-19) as a pandemic, crossing international boundaries and affecting billions. Globally, as of April 2020, there have been 2,164,111 confirmed cases in 207 countries, areas and territories across the globe, with 146,198 deaths. The Southern African region began to report cases of COVID-19 in late February 2020, following a surge in cases in Europe. As of 20 April 2020, the region reported 4,394 confirmed cases: Angola (19), Botswana (20), Democratic Republic of Congo (DRC) (332), Eswatini (22), Madagascar (121), Malawi (17), Mauritius (328), Mozambique (35), Namibia (16), Seychelles (11), South Africa (3158), Zambia (61) and Zimbabwe (25). Comoros and Lesotho have reported no confirmed cases to date. While most countries in the region continue to report mostly sporadic and defined clusters of cases, sustained community transmission in South Africa, coupled with limited testing in the region and an urgent need to reinforce public health preparedness measures, means the situation remains critical. Several governments have declared states of disaster or emergency and are mobilizing a whole-of-government approach to rapidly scale up their response.

It is imperative to understand the impact of this pandemic on mobility, with numerous countries implementing travel restrictions, passenger bans and/or intensification of health dependent travel conditions within a region which recorded almost 7.9 million migrants in 2019 representing 2.9 per cent of the total population in the region (UNDESA, 2019). In terms of country-specific approach to manage this spread, most countries have declared states of disaster or emergency and/or full or partial lockdowns, including limited movement and operation of essential services only, closure of borders, suspension or reduction in regional and international flights, closure of schools and universities as well as banning of public meetings, gatherings, and events.
IOM’S FUNDING REQUIREMENTS FOR SOUTHERN AFRICA

IOM’s regional funding requirement is USD 49.9 million. This amount represents an indicative requirement for IOM’s planned interventions, broken down by country, to cover emerging needs as needed and ensure migrants and mobility considerations are included in regional and national preparedness plans. Required funding will be frequently reviewed, given the evolving nature of the pandemic. Funding requirements at country level and per activity pillar will be on national health system capacities and established capacity to respond correlated to emerging needs and mobility dynamics. All interventions proposed are in line with the IOM’s Global Strategic Preparedness and Response Coronavirus Disease, Global Humanitarian Response Plan-COVID-19, WHO COVID-19 Global Strategic Preparedness and Response Plan and, where available, national or UNCTs COVID-19 preparedness and response plans.

REGIONAL CONTEXT AND ANALYSIS

Land borders in Southern Africa are extensive and porous, with large population movements taking place outside official gazetted border control posts. Such unrestricted movement further weakens the capacity to respond and places individuals at risk, where screening and referral services remain limited. Preparedness and response capabilities and capacities at Points of Entry (POE) across the region vary, but largely remain suboptimal under the International Health Regulations (IHR 2005). Furthermore at borders, closures during the pandemic reduce options for regular migration; trafficking in persons and smuggling of migrants and may result in more complex (transnational organized) crime networks and related risks and threats - all of which increase health vulnerabilities and challenge current public health responses. In addition, an unprecedented number of people are stranded on their journeys and in need of assistance in the region and people affected by pre-COVID-19 existing humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, continue to face unique challenges and vulnerabilities to the ongoing COVID-19 pandemic.

The broader development of migrant communities of origin and destination should not be underestimated as migrants become particularly vulnerable to the economic shocks predicted throughout the region. For many migrants, their employment of-
ten supports families and communities left behind through remittances, contributing to poverty reduction and improving access to basic services and education. Further, noting the large number of migrants involved in the informal sector, challenges in access to social benefit support for migrant workers remains a major concern.

The health of migrants, displaced populations and affected communities remains a critical link in controlling the epidemic in the region. The use of migrant-inclusive approaches that ensure that migrants, regardless of their legal status, and other non-nationals, are considered in public health planning, response and messaging remains critical in a region where migrants continue to have sub-optimal access to basic health services and are placed at increased vulnerability due to the conditions in which migration takes place. Ensuring continuum of care for migrants during the epidemic, including access to critical treatment and care for HIV, TB and other conditions while mobility and economic challenges prevail, will be critical at safeguarding the health of migrants and the communities in which they live.

In line with the recommendations from State-led consultative processes, such as the Migrants in Countries in Crises (MICIC) Guidelines, the need to account for migrants in national emergenc- cy preparedness and response is further emphasized. The Guidelines address roles and responsibilities of host States, States of origin including consular staff, as well as private sector, civil society and international organizations as crucial to States for assisting and protecting migrants stranded or in desperate situations. Several governments in the region have requested IOM support for assisting their national stranded citizens, many of them in very vulnerable situations with no means and in need of immediate assistance.

The COVID-19 pandemic has occurred during of countries such Comoros, Madagascar, Malawi, Mozambique and others are frequently affected by natural hazards such as cyclones and flooding (IDMC, 2019). At same time slow-onset disasters such as drought impact the lives and the migration patterns of millions in Botswana, Eswatini, Lesotho, Namibia and Zambia (SADC, 2019), and the existing public health, humanitarian and development actors are already stretched to respond. At same time the humanitarian situation in the DRC remains precarious and extremely fluid, with 15.6M people in need of humanitarian assistance, including 5.1M IDPs (OCHA, 2020).

**IOM APPROACH AND COORDINATION**

While acutely addressing the migration related public health emergencies and needs of the current COVID-19 epidemic, IOM’s COVID-19 Regional Strategic Preparedness and Response Plan for Southern Africa will also address the transition from a humanitarian to a development focused programme as there is great need to prepare for the significant medium and long term impacts of the crisis. IOM is currently working closely with governments, UN agencies, relevant stakeholders and implementing partners to support regional and national preparedness and response efforts for COVID-19 and will continue to strengthen coordination and strategic partnerships to support a multilateral response to the epidemic.

More specifically, under the framework of the Regional UN Sustainable Development Group (R-UNSDG), IOM is working closely with other UN agencies including the Development Cooperation Office (DCO) and the Economic Commission for Africa (UNECA) to prepare a coordinated response to the medium and long term socio-economic impact of COVID-19 and provide adequate support to African governments. In line with the Secretary General Report of March 2020 entitled Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, IOM will work closely with UN partners to avoid duplication of efforts and make the most of each agency’s comparative advantage at the local, national as well as regional levels.

At regional and national levels, IOM’s programming will be based on the principles of a whole of society approach and aims to leverage the support of non-traditional actors such as diaspora, youth and the private sector. With the establishment of national and global solidarity funds between Governments, the WHO and the private sector, IOM will partner with the WHO where possible and through other national platforms, inclusive of joint United Nations Country Team (UNCT) engagements to support innovative public-private interventions.

IOM will continue working to support the priorities of Regional Economic Communities and other multilateral organizations (IOC, SADC and COMESA) in relation to response and preparedness to COVID-19, in order to strengthen efforts towards regional solidarity and resilience building.

IOM’s COVID-19 Strategic Preparedness and Response Plan for the Southern Africa region is underpinned by the systematic collection and utilization of data to ensure evidence-based programmatic responses vis-a-vis the fast-changing mobility dynamics. The activities proposed will contribute to the potential of the Regional Migration Data Hub for Southern Africa (RMDHub), a platform created by IOM in partnership with SADC Member States and key stakeholders to generate information on migration trends and patterns through data collection, collation and analysis, to help advance migration policies and programmes at national and regional levels.

IOM’s COVID-19 Strategic Preparedness and Response Plan for the Southern Africa region is aligned with IOM’s Global Strategic Preparedness and Response Coronavirus Disease (15 April 2020). Alignment is also made with the WHO Global Strategic Preparedness
and Response Plan (3 February 2020), the forthcoming UN Framework on the Immediate Socio-economic Response to COVID 19, and to country-specific Government and United Nations (UN) response plans. At regional and national levels, IOM will collaborate with governments and stakeholders to achieve the overall objective, to contribute to regional and national preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality and prepare for and address the crosscutting humanitarian and development needs of vulnerable populations, such as migrants and Internally Displaced Persons (IDPs), impacted by COVID-19, and contribute to the global effort to combat COVID-19 and mitigate its immediate, mid and long term social and economic impacts.

This appeal seeks to respond to the needs of migrants, host communities, displaced populations, and governments responding to COVID-19 in the Southern Africa region. IOM will focus on four priority strategic objectives at community, national and regional levels:

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

- **PRIORITY 2**
  - Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality

- **PRIORITY 3**
  - Ensure access of affected people to basic services and commodities, including health care, and protection and social services

- **PRIORITY 4**
  - Support international, national and local partners to respond to the socio-economic impacts of COVID-19

The International Organization for Migration (IOM) in partnership with the World Health Organization Regional Office for Africa (WHO Africa), Regional Inter-Agency Standing Committee (RIASCO), the East and Southern Africa region UN Sustainable Development Group (ESA-R UNSDG), our UN sister agencies and a range of technical institutions in the region, stands ready to assist Member States (MS) and partners to prepare, respond, and recover from COVID-19, with operational and technical support in the following 12 areas:

1. Coordination and Partnerships
2. Tracking Mobility Impacts
3. Risk Communication and Community Engagement (RCCE)
4. Disease Surveillance
5. Point of Entry (PoE)
6. National Laboratory System
7. Infection Prevention and Control (IPC)
8. Logistics, Procurement and Supply Management
9. Case Management and continuity of essential services
10. Camp Coordination and Camp Management
11. Protection
12. Addressing Socio-economic Impact for the Crisis
IOM possesses extensive expertise in supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, while advocating for migrant-inclusive approaches that minimize stigma and discrimination (IOM 2008). While migration and mobility are increasingly recognized as determinants of health and its risk exposure, the volume, rapidity and ease of today’s travel pose new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multisectoral responses. IOM migration health teams in the region consist of clinicians, nurses, laboratorians, radiologists, data entry and processing, tele-radiologists, community and public health professionals experienced in the direct delivery of migration health services and programmes including outbreak response. More recently, IOM in DRC has been supporting the government in the recent Ebola response, through establishment and strengthening of Points of Entry and sanitary control, analysis of population mobility dynamics and trends and cross-border coordination. Similarly, IOM Madagascar in 2018 supported the government in assessing internal mobility trends to inform preparedness efforts and strengthening of Health Screening Points for the plague season. In addition, IOM currently manages migration health programme across the region, including HIV, sexual and reproductive health, TB, and mental health and psychosocial support programmes targeting migrants and migration affected communities. IOM has a network of Migration Health Assessment Centres in the region providing a range of pre-departure migration health services, including vaccination, TB screening, a regional tele-radiology centre and laboratory services including COVID-19 testing capabilities. IOM Migration Health Assessment Centres will play an important role in supporting UN staff clinics and services including COVID-19 screening and testing. IOM is an actively engaged member of the various COVID-19 national and regional technical working groups coordinated by Ministries of Health and WHO, namely laboratory, case management, risk communication and surveillance and PoE.

IOM will further draw on its expertise at regional and national level in migration assistance and protection, emergency, post crisis, transition and recovery, labour migration and human development, and immigration and border management to comprehensively respond to the impacts of COVID-19 in the Southern Africa region. IOM supports Governments in the region to strengthen their border management capacities through a protection sensitive migrant focused approach. It can draw on the border migration management assessments (BMMA), and Humanitarian Border management framework (HBM) which provides a situational approach and response on exposure and vulnerability to potential crisis scenarios at borders. IOM will continue to support Member States in the region and migrants to manage migration in general and during times of crisis, including its extensive support to internally displaced persons in the region, including DRC, Madagascar, Malawi, Mozambique, Zambia and Zimbabwe.

This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.
In the Democratic Republic of the Congo, IOM continues to provide technical and operational assistance to the Ministry of Health’s National Program for Hygiene at Borders (PNHF), the Directorate of Migration (DGM) and the Congolese National Police (PNC) by supporting measures put in place by the authorities in COVID-19 prevention and control. Currently, over 100 Points of Entry and Sanitary Control are being supported throughout the country where health screening, handwashing, contact tracing and risk communication is taking place for Ebola, COVID-19 and other public health threats. In the capital, the current hotspot for COVID-19, population mobility mapping exercises have been rapidly conducted to support screening activities and guided the establishment of 63 handwashing stations along major roads and areas of congregation. In displacement sites, IOM has also been coordinating humanitarian actors, IDP committees and local government entities in the development of contingency plan and referral mechanism. Similarly, IOM has also been reinforcing provision of water and sanitation assistance and risk community and communication engagement activities for displaced populations residing in displacement sites.

In Mozambique, IOM is supporting the Ministry of Health (MoH) in community outreach and dissemination of key COVID-19 prevention messages in resettlement sites in Sofala and Cabo Delgado provinces, as well as in migration affected communities across Maputo, Gaza, and Inhambane provinces, which has experienced an increase in Mozambican migrant workers returnees in the past few weeks following the lockdown in South Africa. In support of these activities, IOM has mobilized its community health workers across the provinces to contact returnee migrant workers and their families to reinforce prevention and quarantine messages, and support referral to local health facilities in the case of symptoms or other health needs. IOM is also ensuring that life-saving interventions for displaced families continue and that COVID-19 awareness raising and prevention activities are fully integrated into aid delivery and are setting up handwashing stations in resettlement sites.

In Zimbabwe, IOM has assisted the development of a preparedness and health response plan at POEs supported the dissemination of standards operating procedures (SOPs) including those for detection, notification, isolation management and referrals of travellers suspected to have COVID-19. Rapid assessments of POEs is currently underway at Beitbridge, Plumtree, Kariba and Chirundu border posts. Through its DTM, IOM continues to conduct flow monitoring activities at Beitbridge border post (with South Africa) to track mobility trends, needs and vulnerabilities.
In **Zambia**, IOM has supported the voluntary return of 47 Ethiopian migrants who were in detention and were released as part of COVID-19 measures to decongest prisons. To protect people on the street from potential exposure to COVID-19, the Ministry of Community Development developed a plan to remove all children engaged in begging off the streets and into protective shelters, many of whom are child beggars are trafficked into this exploitative vice. IOM is supporting the provision of basic food and IPC supplies the shelters where the children are housed. Further, IOM is supporting the Ministry of Health and Department of Immigration to strengthen infection control measures at POEs and mobilize its community change agents to disseminated risk communication messages to migrants and their communities. Lastly, IOM has supported the capacity building of district disaster management coordination committees whose role is to lead the response at the sub national level.

In **Madagascar**, it is estimated that some 200,000 new internal migrants settle in Antananarivo every year. Coming from all regions of the country to look for better lives in a capital city that generates 70% of the national GDP, many of them fail in their attempt, and must resort to mendicity and informal jobs. Since the beginning of the confinement on 23 March, many of them have lost all support systems. IOM has made a first donation of 270 blankets to the authorities of the city to assist homeless persons, many of them internal migrants. On the basis of its expertise developed through the plague epidemic response in 2017 and 2018, IOM is preparing to significantly scale up its support to national authorities to respond to COVID-19, with a particular focus going to ensuring that Health Screening Points (HSPs) that apply disease control and surveillance standard procedures and that have the support of users and of the population at large, are properly set up and managed alongside all major areas of internal population flows (such as national roads, bus stations, etc) and at Points of Entry.

IOM acknowledges the support of the following donors in the re-purposing of existing grants or new funding committed to date. This seed funding has enabled IOM to initiate a few of the most urgent COVID related initiatives in the region:
COORDINATION AND PARTNERSHIPS

IOM will continue to actively engage in overall coordination mechanisms at the community, national and regional level, including through UNCTs, Government coordination mechanisms and regional and multi-lateral fora. Specifically, under the Regional COVID-19 Coordination Platform for East and Southern Africa, IOM will lead in coordination for Points of Entry, in close collaboration with WHO AFRO, Africa Centre for Disease Control (Africa CDC), International Civil Aviation Organisation (ICAO), International Civil Aviation Organization (IATA) and other regional partners, and through RIASCO regional coordination platform the relevant humanitarian priorities in the region. At national level, IOM is coordinating with relevant actors and partners the prioritization of most urgent actions including in Zimbabwe, where COVID included as Annex to the recently launched Humanitarian Response Plan (HRP), the revision of DRC HRP or in Zambia, Mozambique, Madagascar and Malawi the separate COVID appeals in the pipeline. Furthermore, IOM will continue coordinating with within R-UNSDG partners and UNCTs relevant initiatives including the UN Network on Migration to ensure effective, timely and coordinated system-wide support to Member States.

Funding required
2 M
Beneficiaries:
3,500

AREAS OF INTERVENTION

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

IOM APPEAL SOUTHERN AFRICA | COVID-19 RESPONSE

Funding required
5.3 M
Beneficiaries:
350,250

TRACKING MOBILITY IMPACTS

IOM will support governments in the Southern African region by providing a comprehensive understanding of the effect of COVID-19 on mobility at global, country and cross-border/inter-regional level through systematic data collection and analysis. This will be done by building on the IOM Displacement Tracking Matrix (DTM) methodology already rolled out both at the global level as well as within the region. Additionally, IOM aims to capitalise on the DTM toolkit to conduct needs assessments in coordination with government counterparts. Specific interventions include:

• Increasing rapid and sustainable data production, visualization, and analytical components as well as data access and sharing tools to facilitate better information exchange to inform COVID-19 response and programming. This includes enhancing regional reporting on the IOM COVID-19 Mobility Impacts portal.

• Providing continuous overview and analysis of mobility restrictions through daily monitoring of travel restriction measures, changes in visa regimes, immigration and regularization schemes, flight suspensions and health-dependant mobility restrictions being imposed by and on countries globally.

• Enhancing primary data collection capacity at country-level for points of entry mapping and monitoring, to provide in-depth and up-to-date information on the different point of entry assessed. This information includes operational status of points of entry, types of restrictions, duration of restrictions, population categories affected and public health measures amongst others.

• Mapping, monitoring, and analysing the impact of COVID-19 on migrants and other populations of concern whose situation have been affected by the pandemic, ensuring that their needs are considered in the overall response. This includes critical analysis to inform the medium and longer-term response to the broader socio-economic dimensions of the COVID-19 crisis affecting migrants.

• Tracking, monitoring, and analysing the impact of COVID-19 on Internally Displaced Persons (IDPs) living in camps and camp-like settings, capitalizing on the global footprint of IOM’s Displacement Tracking Matrix (DTM) and Camp Coordination and Camp Management programming.

• Conducting inflow and outflow mapping using the existing DTM’s flow monitoring tool, with an emphasis on understanding the COVID-19 impact on patterns and dynamics of regular and irregular mobility patterns –intra/inter regional and global- involving Southern Africa.
Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM continues to work in close coordination with RCCE counterparts at regional and national levels to ensure that aspects of migration and mobility are considered in public health messaging, and that migrants as well as mobile populations have access to timely, context-specific and correct information. Further IOM will integrate COVID-19 risk communication and community engagement into existing health promotion programmes targeting migrants and migration affected communities, including regional programmes on HIV and sexual and reproductive health and rights (SRHR) in migration affected communities. Specific interventions include:

- Promoting of risk communication and community engagement activities through communication with communities, cross-border community-level awareness raising and feedback along mobility corridors, points of entry, displacement sites, fragile communities, and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters.

- Provision of technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored and that migrants, displaced populations and other vulnerable groups are included in national and regional outreach campaigns to avoid stigmatization.

- Mainstreaming good hygiene practices through the development and dissemination of fit-for-purpose information, education communication (IEC) materials tailored to the needs of migrants, displaced populations and other related communities.

- Using previous models developed for other contexts such as recent Ebola outbreaks, build the capacity of health care workers and other actors on psychological first aid adapted for pandemics. The provision of psycho education and informal education on self and peer support will be also strengthened through RCCE.

DISEASE SURVEILLANCE

IOM will continue to enhance existing national level disease surveillance systems with a particular focus on surveillance capacities at POEs and the provision of data on population mobility to enhance surveillance methods and inform the investment of other public health measures in select countries. Specific interventions include:

- Engaging with national authorities and local communities in strengthened data collection and conduct participatory mapping exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans.

- Strengthening community event-based surveillance by linking mobility information to surveillance data, particularly among border communities, PoEs and migrant dense areas.
IOM aims to support the Ministries of Health, Immigration, border and transportation authorities and partners to enhance preparedness and response actions at POEs and along major mobility corridors to respond to COVID-19 and to support effective border management. Specific interventions include:

- Supporting active surveillance, including health screening, referral and data collection at POE.
- Supporting the development and dissemination of POE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Training immigration and border/port health staff on management of ill travellers and on best practices on infection prevention and control.
- Supporting governments in developing guidelines and protocols for close bilateral cooperation between countries of origin and destination on the eventual phased lifting of such restrictions.
- Improving point of entry infrastructure including the construction of isolation facilities, the upgrading of hygiene infrastructure, water and sanitation facilities and waste management, and the provision of necessary equipment and supplies for screening to help prevent the spread of the disease.
- Assist relevant national agencies active in a border-setting in enhancing inter-agency coordination on COVID-19 preparedness and response in a cross-border context, including migrant referrals, in the context of Integrated/Coordinated Border Management.
- Support immigration and border authorities, in close coordination with health authorities and Port Heath, in implementing emergency mitigation measures, contingency plans and business continuity plans within the context of humanitarian border management.

**Points of Entry (POE) Map**

This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration, nor do they aim to illustrate all official Points of Entry recognized by States.

**Sources:**
International Air Transportation Association (IATA), available at https://www.iata.org/en/programs/safety/health/diseases/; information received from IOM staff, DTM networks and media. The map is the result of a work in progress data collection exercise and reflect the status of POEs as per the information collected as of 19/04/20 based on IOM Global Mobility Impacts of COVID-19, available at https://migration.iom.int/.
NATIONAL LABORATORY SYSTEMS

IOM will support enhanced national capacity for detection through the provision of trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation. Specifically, IOM DRC and South Africa will use existing Migrant Health Assessment Centres (MHAC) laboratories for rapid COVID-19 testing and screening. Specific interventions include:

- Provision of trainings on laboratory biosafety and appropriate use of personal protective equipment.
- Operational support for packaging and transfer of clinical specimens for laboratory testing, including both national and cross-border support.
- Provision of assistance with testing for COVID-19 once tests become available at existing Migration Health Assessment Centres (MHACs).

INFECTION PREVENTION AND CONTROL (IPC)

IOM will support enhanced national capacity for infection prevention and control with a specific focus on POEs, border communities and displacement settings. Specific interventions include:

- Providing adequate Water, Sanitation and Hygiene (WASH) services in health care facilities, points of entry and camp and camp-like settings, ensuring their alignment with context-relevant IPC measures.
- Supporting the development of protocols for handwashing, disinfection and waste disposal that are fit-for-purpose for the needs of migrants, displaced populations and related communities.

LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

IOM will engage with national authorities and UN partners to support the procurement, storage and distribution of critical supplies in response to COVID-19. In some countries this will include procurement of thermo-scanners and other personal protective equipment (PPEs) for POEs. Specific interventions include:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies.
- Supporting the Supply Chain Management with existing IOM operational capacities form ongoing programmes such as shelter and Non-Food Items (NFI).

Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM will support governments with the provision of technical and operational support through short to medium term secondment of staff; and provide life-saving primary health care and procurement of critical medicines and medical supplies as well as support to infrastructure, especially in humanitarian settings. Existing programmes working supporting migrants with HIV, TB and SRH testing, care and treatment, will also be strengthened and where needed augmented to ensure continuum of care. Specific interventions include:

- Ensuring the continuity of essential health services through the provision of life-saving primary health services, the procurement of critical medicines and medical supplies, and the improvement of infrastructure, especially in countries with pre COVID-19 humanitarian needs.
- Providing technical and operational support through short- to medium-term secondment of staff, including the deployment of IOM clinical staff to support national COVID-19 responses.
IOM will continue to enhance capacities to ensure the protection and access to services of all migrants, travellers, displaced populations and local communities. Specifically, IOM Mauritius and Seychelles aim to conduct a needs assessment in coordination with government counterparts. Specific interventions include:

- Ensuring assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and to information, as well as an updated analysis on the impact of the COVID-19 pandemic and response on the protection situation within the communities. For example, increased incidents of gender-based violence (GBV) (including sexual exploitation and abuse (SEA) or intimate partner violence (IPV)); family separation; and persons in need of specific care and protection left behind, e.g. persons with disabilities (PWD), children and older persons.

- Creating mental health and psychosocial support (MHPSS) self-help tools specifically tailored for stranded migrant populations in quarantine, as well as deploying of psychosocial mobile teams linguistically and culturally capable of serving vulnerable populations including displaced persons.

- Supporting the continuum of critical protection mechanisms and responses, including cross border, in order to provide urgent protection services, or referrals to appropriate services to the most in need, such as stranded migrants, displaced populations, affected communities and other persons in vulnerable situations or in need of specific care and protection, such as women and girls at risk of or survivors of gender-based violence (GBV), children, persons with disabilities, unaccompanied and separated children, elderly etc. Services can consist of emergency shelter, alternative care, family tracing and reunification, access to non-COVID-19 health services, accessible information, case management, and livelihoods support.

- Monitoring and reporting on House, Land and Property (HLP) issues, including eviction cases with the aim of capturing surges, particularly among vulnerable groups, and advocate for protective measures such as moratoriums on evictions and rental support.

- Staffing protection response for assessments, analysis and building capacities, as well as for mainstreaming and monitoring protection across the other sectors’ activities, including monitoring and/or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms.

- Establishing regional fund to review and respond to requests for support for vulnerable migrants using IOM’s established procedures for migrant screening, case budgeting and planning and service delivery.

- Providing analysis on the impact of COVID-19 pandemic and response on protection programming and protection trends within communities, including protection trends at entry points, with the aim to exploring new responses, or adapting and maintaining critical protection service.

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

IOM as the co-lead of the Global CCCM Cluster, is aiming, in coordination with relevant governments, to ensure continuation of services and life-saving activities in existing IDP sites. This includes the management of 62 displacement sites with total displaced population of 140,422 persons or 45,717 households (HHs) in Eastern DRC, 52 sites with over 70,000 people in Mozambique, and 4 displacement sites in Zimbabwe where about 1,000 IDPs are still living in camps and their vulnerabilities remains high. Activities will be implemented to improve living conditions of displaced populations to minimize the risks related to the spread of COVID-19 disease, including improvement of camps and camp-like settings, shelter assistance to support density reduction and isolation, taking into account also the “IASC Guidance Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Settings including Camp and Camp Like Situations”.

Additionally, IOM in Angola, Botswana, DRC, Mozambique, Zambia and Zimbabwe will also work to support regional, national and local authorities to develop contingency and response planning for ensuring continuation of services in existing IDP sites at risk, as well as preparedness for increased displaced populations. Specific interventions include:
• Prioritizing the engagement with IDPs and host communities in assessing risks, monitoring and reporting mechanisms, planning and implementing mitigation measures; including capacity-building of leaders and set-up of new volunteer networks.

• Upgrading displacement sites to improve site safety and hygiene and ensure livelihoods are sustained, including the development of tools and guidance for site planning, including for contingency spaces, expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas.

• This includes the development of tools and guidance for site planning, including for contingency spaces, expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas.

• Setting up and strengthening of site-level platforms for inter and intra CCCM coordination with service providers to ensure that up-to-date information on COVID-19 is shared.

• Capacity-building, remote assessment and management through development of specific camp management modules to orient new staff and rapidly improve the knowledge, skills and attitudes of existing staff on critical health and WASH information for frontline workers in displacement sites.

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

**ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS**

IOM aim to assess the impact of disruption of the ongoing crisis on migrants, (including) displaced populations, and host communities in terms of their financial and socio-economic well-being and post-crisis recovery and development. In addition, work will be carried out to facilitate the development of policies and mechanisms that improve remittance services to migrants and members of their families. Specifically, Mozambique aims to reduce the socio-economic impact and social tensions in communities along the mobility continuum. Zimbabwe’s economic recession is likely to deepen further as COVID-19 exacerbates the socio-economic impacts of persistent drought and cyclone Idai. Sharp reduction in remittances, loss of jobs and incomes are likely to increase extreme poverty to 47-50 per cent of the population in 2020 alone. Specific interventions include:

- South to South cooperation to address regional post COVID labour market gaps (e.g. partnerships across national platforms; Ministries of Labour, Finance, Tourism, Education, Foreign Affairs, Economic Development Boards, private sector; chamber of commerce, business associations, academia and local actors) to understand the impact and address financial and labour market needs in supporting post COVID socio-economic response.

- Leveraging remittances and private financial capital flows (e.g. entrepreneurship, channelling towards community and national post COVID development; earmarked funding from private sector, crowd funding) to address national socio-economic needs.

- Leveraging diaspora, human, social and cultural capitals (e.g. Transfer of Qualified Nationals (TRQN), youth diaspora volunteerism) for local development and to encourage community social cohesion, integration and build transboundary and transnational networks in alignment with the international call for solidarity.

- Enhancing commitment and capacity of governments, employers and labour recruiters to protect migrant workers, including seasonal workers, during the pandemic by identifying and disseminating good practices, strengthening dialogue and coordination between all parties, and stimulating business action in global supply chains to effectively protect migrant workers health, well-being and rights.

- Leveraging and adapting existing partnerships, coordination mechanisms and programming to support post-crisis transition and recovery with a specific focus on displaced populations and host communities; targeted support addressing socio-economic needs and gaps, including social protection, food security, livelihoods, basic services and social cohesion; working on the humanitarian-development-peace nexus and capturing synergies with current regional programmes.

- Strengthening tools to monitor the secondary impact of COVID-19 on development-driven mobility dynamics and trends at the national and regional level, in coordination with humanitarian and development actors.

- Supporting trade facilitation measures to ensure that services based and cross-border traders, in particular Small Scale Cross-Border Traders (SSCBT) can continue to trade and have access to livelihoods including; schemes such as border residency arrangements, facilitating cash-for-work schemes prioritizing life-saving infrastructure in the immediate term and critical economic infrastructure during the recovery phase; adapting livelihoods assistance programming to address COVID-19 critical needs (e.g. to produce hand sanitizer or PPE, to match skills to essential services).
## Pillars in response to COVID-19

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<th>Activities</th>
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### Funding Requirements (USD)

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### Contacts

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**Regional Project Division**
Ida Baraghizadeh | BARAGHIZADEH@iom.int

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