



Photo credit: IOM El Salvador

I. SITUATION OVERVIEW

As of 21 May 2020, over 5 million confirmed cases of Coronavirus disease 2019 (COVID-19) have been reported worldwide. The COVID-19 pandemic was confirmed to have reached Central America, North America and the Caribbean in January 2020. By 25 March, all countries in the region had reported at least one case of COVID-19. As of 21 May, the total number of confirmed cases in this region is 1,674,160 of which 383,806 have already recovered. The total number of confirmed death cases in the region is 103,111.¹

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

IOM's efforts to support all vulnerable groups affected by COVID-19, including migrants, are geared towards avoiding harmful complications, minimizing hardship and reducing public health risk. All migrants, in regular or irregular situations, and including those in exploitative situations, should have access to health information, testing, treatment and care. They should also be included in contact tracing and community interventions.

¹ Pan American Health Organization database, accessed on 21 May 2020.

Although migrants face the same health threats from COVID-19 as host populations, these are often compounded by additional vulnerabilities such as the precarious conditions they endure on their journey and the poor living and working conditions they face in host countries. Migrants are more likely to reside in overcrowded households or be employed in short-term, dangerous work with limited provision for sick leave. Some migrants, in both regular and irregular situations, may have limited access to public health services or fear accessing such services. They may also be excluded from public health information programming or lack the financial means to manage periods of self-isolation or quarantine.

Furthermore, displaced populations are already highly vulnerable to contracting infectious diseases, in conditions where a virus can more easily spread. Haiti, for example, currently has an estimated 39,721 Internally Displaced Persons (IDPs) living in 65 sites, where following disease prevention measures is challenging due to limited services.²

II. REGIONAL CONTEXT

Central America, North America and the Caribbean is a diverse region with 23 countries and numerous territories with a total population of 587.3 million in 2019 (United Nations, Department of Economic and Social Affairs, Population Division, 2019). Despite the differences among the countries, migrants and displaced populations present varying degrees of vulnerability across the region. Furthermore, the region is characterized by a high incidence of migrants in irregular situations, who are vulnerable to discrimination, abuse, extortion, kidnapping, human trafficking, sexual violence and other crimes.

The economic, social and psychosocial impact of the measures adopted by governments in the region in response to the COVID-19 pandemic, have disproportionately affected the most vulnerable population groups with fewer capacities for resilience. Among these are migrants, IDPs and refugees, especially those who require humanitarian assistance or whose food security, housing and access to health services depend on informal employment, which has been interrupted. Moreover, COVID-19 has led to reduced operations and temporary closures of migrant centres and services. This is the case, for instance, in the northern border city of Ciudad Juárez, Mexico, where collective centres have implemented a closed door policy to prevent the spread of COVID-19 and, therefore, IOM and other organizations are actively working to support migrants with alternative shelter options.



Photo credit: IOM Nicaragua



Photo credit: IOM Mexico



Photo credit: IOM Mexico

Due to border closings, suspension of air operations, and travel restrictions, a significant number of migrants are stranded in the region and need protection and assistance. Panama has 2,522 migrants stranded at the southern and northern border areas at Migrant Receiving Stations. Migrants continue to also use unofficial border crossing points, where health controls do not exist for the prevention of COVID-19.

Furthermore, interruptions to economic activity are impacting remittances to Latin America and the Caribbean, projected to decline sharply by 19.3 per cent in 2020 (World Bank, 2020). Remittances are critical for the economies in the region. In 2019, Mexico was the third-highest, remittance recipient country in the world. In Honduras and El Salvador, remittances account for approximately 21 per cent of their respective GDPs. The sharp decline in remittances due to COVID-19, combined with the region's dependence on them will affect families, communities, and nations.

² IOM Haiti DTM database <https://haiti.iom.int/dtm>, accessed on 14 May 2020.

³ Effective 8 April 2020. For updated population statistics, please see <https://r4v.info/en/documents/download/76210>

National health systems in the region vary with regards to upholding migrants' rights to health, in particular for irregular migrants. Migrants may face injury, deportation, or the refusal of health services, which may result in a lack of COVID-19 diagnoses and timely treatment. Migrants who do not speak or read the language of their host countries also face additional barriers to health access, as they cannot understand the prevention and assistance messages being disseminated.

Finally, xenophobia towards migrants and refugees in the countries of the region is concerning. Of the approximately 5.1 million refugees and migrants from Venezuela displaced globally,

some 4.3 million are hosted in Latin America and the Caribbean.³ There are an estimated 331,983 displaced Venezuelans in Mexico, Central America, and the Caribbean. Considering the limited absorption capacity, especially in Caribbean countries, the number of Venezuelans has had an impact on their host communities. In the region, Venezuelans have reported threats of eviction as a result of their inability to pay their rents as well as due to xenophobic perceptions that they may be responsible for the spread of COVID-19. In Northern Central America, returnees from the United States have also faced stigma and discrimination as residents fear returnees will spread the virus.

III. IOM REGIONAL CAPACITY TO RESPOND TO COVID-19

IOM will continue to assist Member States and partners to prepare for and respond to COVID-19, with operational and technical support. IOM has a demonstrated capacity to respond to the acute health and multisectoral needs of affected populations and communities of concern, while also implementing programmes to mitigate and address the longer-term socio-economic impact of COVID-19. In Central America, North America and the Caribbean, IOM operates in 18 countries with over 800 staff. Country offices lead a diverse array of projects in the areas of migration health, migration protection and assistance, emergency preparedness and response, immigration and border management, transition and recovery, labour mobility and human development, and migration environment and climate change. IOM's Regional Office in San Jose has thematic experts in these areas to guide the region's COVID-19 response with best practices and vast experience in this geographic region.

IOM STAFF AND OFFICES AS OF 31 DECEMBER 2019



With operational capacities to rapidly mobilize staff and technical know-how, IOM has responded to recent emergencies and humanitarian situations in the region including Hurricane Matthew and the earthquake in Haiti (2016 and 2018), Hurricane Dorian in The Bahamas (2019), the eruption of the Fuego volcano in Guatemala (2018), Hurricane Maria in Dominica (2017) and the migrant caravans (2018-2020). IOM has frameworks, guidelines, and tools to provide holistic and inclusive humanitarian assistance and protection to the affected populations from COVID-19. IOM is a member of various coordination platforms in the region that facilitate humanitarian responses during and after crises and has established solid partnerships with government institutions and local level authorities to implement humanitarian operations. In many countries in the region, IOM has also trained staff in emergency response.

Since 2017, IOM has successfully established and led the Joint Initiative on Migration and Health (INCOSAMI, per its acronym in Spanish), a regional, multisectoral mechanism on Migration and Health that unites renowned experts and key stakeholders from all Central American and Mexican ministries of health as well as governmental migration authorities, civil society organizations, international development organizations, academia and UN agencies. With over 35 member organizations and institutions, INCOSAMI's know-how and presence in the region is a key asset for IOM to lead the development and implementation of coherent, well-articulated regional public health actions to respond to COVID-19.

The engagement of IOM with inter-state consultation mechanisms on migration in the region has placed the Organization as a strong regional partner to strengthen migration management in the region. IOM is an observer organization of the Regional Conference on Migration (RCM) and hosts the RCM technical secretariat; serves as the technical secretariat for the Central American Commission of Migration Directors (OCAM); is an observer organization and technical secretariat to the Ibero-American Network of Migration Authorities (RIAM); and supports the development and formalization of the Caribbean Migration Consultations (CMC). The participation of IOM in these forums allows IOM to encourage a coordinated, whole-of-government approach to develop plans, policies and practices on migration, key to the COVID-19 response.



Photo credit: IOM Haiti

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

IV. IOM'S APPROACH AND OPERATIONAL STRATEGY

This Strategic Preparedness and Response Plan (SPRP) for the region of Central America, Northern America and the Caribbean is a comprehensive, coordinated response that addresses immediate and long-term health concerns with regards to the current COVID-19 pandemic. It contributes to the overall objectives of IOM's revised global Strategic Preparedness and Response Plan for the period February – December 2020, and is designed to address the regional context, considering the specific population mobility and cross-border dynamics and needs of migrants, including stranded migrants, travelers, displaced populations and host communities. It also aims to counter misinformation that can lead to anti-migrant sentiment, stigma and xenophobia.

Interventions proposed in this regional SPRP are designed based on the inputs and identified needs by each IOM country office in the region. They are aligned with IOM's global SPRP, the Global Humanitarian Response Plan (GHRP), and the Regional Refugee and Migrant Response Plan for Refugees and Migrants from Venezuela (RMRP). Additionally, the plan is positioned to contribute to the Global Strategic Response and Preparedness Plan and the national COVID-19 preparedness and response plans.

To address the COVID-19 pandemic, IOM follows its Health, Border & Mobility Management (HBMM) framework, a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and in Spaces of Vulnerability (SOVs), where migrants and

mobile populations (MMPs) interact with stationary, local communities. With particular focus on border areas, HBMM unifies border management with health security and ultimately supports the implementation of the International Health Regulations (IHR 2005), as well as with the WHO's COVID-19 Strategic Preparedness and Response Plan.

Furthermore, this appeal takes into account the goals presented in the UN Secretary-General's COVID-19 Response and Recovery Multi-Partner Trust Fund, supporting governments and communities in low- and middle-income countries to suppress transmission of the disease and limit the socio-economic impact of COVID-19, especially for the most vulnerable populations. IOM's response additionally reflects the priorities set out in the UN Sustainable Development Group COVID-19 framework titled "Shared Responsibility, Global Solidarity," which aims to address the emergency, mitigate the social and economic impact of the pandemic and aid countries to "recover better," all with a focus on ensuring vulnerable populations – migrants and displaced in particular – are not left behind.

IOM acknowledges the ongoing support of donors in the region, which have generously allowed reallocation of funds to address the most urgent needs in the region. Building on these initial measures and in line with IOM's revised SPRP, the regional plan for North and Central America and the Caribbean focuses on four strategic priorities at the community, national and regional levels:

STRATEGIC PRIORITIES



Photo credit: IOM Honduras

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 level.

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

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

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

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 level.



COORDINATION AND PARTNERSHIPS

In response to COVID-19, IOM country offices in Central America, North America and the Caribbean are participating in existing coordination mechanisms to support national and cross-border coordination. Country offices are actively involved in country preparedness and response plans with relevant governmental bodies and representatives at local, national and regional levels, as well as UN Country Teams and Humanitarian Teams to develop harmonized and coordinated responses.

In Guyana, IOM participates, both locally and at the country level, in the different coordination bodies led by the government and local NGOs, in addition to the interagency coordination under the R4V platform, to ensure coordination in the response, to monitor arising needs, and to explore areas of further collaboration. In Nicaragua, IOM is part of the United Nations COVID-19 Contingency Plan.

In Guatemala, under the auspices of the UN COVID-19 Response and Recovery Multi-Partner Trust Fund, IOM is coordinating with World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations International Children's Emergency Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), and the Government of Guatemala to protect healthcare workers and vulnerable groups and promote human-rights based quarantine measures. IOM will lead interventions related to returnees, especially unaccompanied migrant children, families, and those who cannot return to their communities due to violence.

Additional interventions in the region will include:

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



Photo credit: IOM Dominican Republic



Photo credit: IOM Guyana



Photo credit: IOM El Salvador



TRACKING MOBILITY IMPACTS

IOM country offices in Central America, North America and the Caribbean, in coordination with national governments and other partners, collect and analyze the information on population mobility and flow monitoring as well as cross-border movements related to COVID-19. IOM is providing the information to help stakeholders with timely and comprehensive understanding of the effect of COVID-19 on mobility at country, cross-border and regional levels.

In Haiti, IOM has adapted its ongoing Displacement Tracking Matrix (DTM) initiative along the Haiti-Dominican Republic border to support COVID-19 preparedness and response initiatives. In coordination with partners, the flow monitoring is being carried out at 50 Points of Entry, including 46 unofficial points and four official points. A total of 196,055 cumulative movements have occurred since 17 March 2020 and a total of 14,843 voluntary returns of Haitians were observed from 17 March to 3 May 2020.

In Panama, IOM is conducting multisectoral assessments at Migrant Receiving Stations (MRS) and communities in the northern and southern border areas (Bajo Chiquito community, MRS La Peñita, MRS Lajas Blancas, and MRS Los Planes). Through field monitoring and information exchange, IOM is capturing data on the number of migrants at these sites (2,527) including key information on demographics, the number of COVID-19 cases, as well as the humanitarian needs with respect to food security and nutrition, shelter and settlement, health, and protection. The information is published in situation reports to facilitate information and action. In The Bahamas, in collaboration with the Surveillance Unit of the Ministry of Health, IOM is providing technical advice to conduct a comprehensive, nationwide COVID-19 risk assessment (DTM) in all settlements where migrants reside across the six islands.

Additional interventions in the region will include:

- Enhancing country-level primary data collection for points of entry mapping and monitoring to report more in-depth and up-to-date information on the different points assessed. This information includes operational status, types of restrictions, duration of restrictions, population categories affected and public health measures amongst others;
- Tracking the presence of migrants, including stranded migrants, IDPs and vulnerable populations in border areas and locations in country;
- Strengthening network of key informants at camp and community level to report on issues arising as a result of COVID-19;
- Strengthening remote data collection making use of global network of DTM key informants;
- Mapping, monitoring, and analysing the impact of COVID-19 on migrants, IDPs and other populations of concern whose situation have been affected by the pandemic, ensuring that their needs are taken into account in the overall response;
- Coordinating with governments to develop assessments, including to measure the impact of COVID-19 on migrants, displaced persons and other vulnerable groups to ensure response plans are adaptive and response to mobility and migrants' needs.

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

Including migrants in the COVID-19 response is key to a comprehensive recovery. Stigma, xenophobia, and exclusion of migrants from prevention and treatment efforts carries the risk of higher rates of exposure and possible infection when migrants, for instance, hide potential symptoms instead of seeking treatment. It can also entail longer-term consequences for migrants' integration and social cohesion.

Fake news, misinformation and politicization of issues tend to be pervasive in times of crisis, when uncertainty and anxiety are high. To counteract harmful and dangerous messages, communication on COVID-19 must be migrant sensitive and culturally inclusive to ensure information from trusted sources reaches everyone potentially affected by the virus.

IOM country offices and the Regional Office in Central America, North America and the Caribbean are implementing risk communication and community management (RCCE) activities together with other UN agencies, government counterparts, NGOs and civil society organizations. To date, the Regional Communication Unit at the RO in San Jose and the communication teams in 15 countries have created and distributed more than 300 pieces of communication on hygiene and other COVID-19 prevention messages, targeting migrants, including vulnerable groups such as persons with disabilities, women and girls, and the elderly, host communities, border authorities and shelter management staff, as well as messages aimed at the general population to address stigma, discrimination and xenophobia related to migration and COVID-19.

In northern Mexico, IOM is sharing key information with migrants, especially those who are subject to the United States' Migrant Protection Protocol (MPP). In addition to providing migrants under MPP critical information on COVID-19 prevention, IOM is also ensuring they receive information on their legal proceedings, such as the temporary suspension of immigration hearings. IOM facilitated Portuguese information sessions to the Brazilian population at collective centres to ensure they are also well-informed. In Panama,

teams of health promoters and educators provide information to the migrant population on prevention and response measures to COVID-19 and other health risks. In Guyana, IOM has worked closely with the Ministry of Public Health to translate relevant information and messages into Spanish, Portuguese and French Creole, for dissemination among the migrant population. This includes printed material as well as radio spots. IOM has also engaged with migrants through WhatsApp groups to share relevant information on the ongoing situation and preventive measures. Likewise, in The Bahamas, IOM is translating key COVID-19 prevention messages to Creole, Tagalog, Spanish, and Chinese to ensure migrants know the risks and can take steps to protect themselves. In Dominica, IOM plans to support the government's COVID-19 hotline with multilingual operators in order to provide migrants accurate and up-to-date information in their native languages.

Additional interventions in the region will include:

- Developing and disseminating fit-for-purpose information, education communication (IEC) materials and risk communication messages that are culturally tailored to the needs of migrants, IDPs and related communities on good hygiene practices and evidence-based COVID-19 preventive measures;
- Engaging with migration authorities in RCCE activities at border points and supporting cross border community-level awareness raising in close coordination with municipal authorities, as well as training of municipal officials and community members on prevention and preparedness measures, using appropriate medical and physical precautions;
- Promoting risk communication and community engagement activities through communication with communities and feedback along mobility corridors, displacement sites and Points of Entry and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters;
- Promoting social cohesion messaging and activities for community engagement for prevention and recovery of violence, discrimination and xenophobia, marginalization and xenophobia;
- Consulting communities and community associations (women-led association, organizations of persons with disabilities (OPD), children, students or Youth networks, amongst others) and strengthen existing Community Engagement and Outreach mechanisms to ensure their participation throughout the response and enhance accountability to affected populations;
- Building the capacity of health-care workers and other actors on psychological first aid adapted for pandemics using previous models developed for outbreaks such as Ebola Virus Disease (EVD) and ensure informal education on self and peer support among RCCE messages as well as informal education measures.



DISEASE SURVEILLANCE

IOM in Central America, North America and the Caribbean, in coordination with its technical partners, has initiated programmes to enhance existing national level disease surveillance systems and to link them with population mobility, especially in border communities. With this, IOM is contributing to multi-country coordination, as well as strengthening community capacity to prevent outbreaks and other health conditions among migrants and host communities.

In Panama, IOM with its technical partner the Centers for Disease Control and Prevention (CDC), government and local authorities, has established a program that improves the health response, public health surveillance systems, and cross-border coordination in the most affected areas of Colombia and Panama. By identifying specific actions and modes of care for health risks, such as: identifying and treating communicable diseases and mental health



Photo credit: IOM Dominica

needs; and providing primary health care that meets the needs of the population in accordance with the risk and potential effects of preventive health interventions, IOM contributes to the Colombian and Panamanian communities and to the local health systems.

Additional interventions in the region will include:

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



LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

IOM Country Offices in Central America, North America and the Caribbean will continue to support the logistics, procurement and supply chain with existing IOM operational capacities. IOM is supporting migration authorities with the delivery of personal protective equipment (PPE) at reception centers for returned migrants in El Salvador, Guatemala, and Honduras. In Guatemala, IOM also donated hygiene kits, bedding materials, and health kits to government partners including the public health ministry. In Costa Rica, IOM donated 1,300 N95 masks and plans to procure and donate additional PPE and hygiene supplies to civil servants in the health, migration, border, and police sectors. In Nicaragua, IOM has provided hygiene and cleaning products to the Ministry of Education as well as PPE for frontline workers in the Ministry of Health.

Additional interventions in the region will include:

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



Photo credit: IOM Honduras



POINTS OF ENTRY

IOM is working closely with Regional Bodies, Ministries of Health, Immigration and other relevant national and local border and transportation agencies to build capacity of staff at air, land and sea PoE to implement COVID-19 preparedness and response strategies. IOM is unique in its multisectoral expertise and engagement at PoE and border areas, to address public health, immigration and cross-border coordination needs. For international travel to be reinstated in compliance with WHO recommendations on lifting mobility restrictions, PoE policies and mechanisms must be enhanced to support infection, prevention and control measures as well as to prepare for detecting and tracing of COVID-19 cases.

The IOM regional office and country offices have been actively supporting front line point of entry within national response mechanisms. IOM in Haiti has developed in collaboration with the Ministry of Public Health and Population (MSPP, per its acronym in French) and WHO a protocol for detection, referral and follow-up of migrant cases with COVID-19 at ports of entry with a focus on returnees from the Dominican Republic. The country office also provided rehabilitation/installation of two border quarantine sites, public messaging and direct post-arrival humanitarian assistance to more than 22,000 returning Haitians, including unaccompanied migrant children, medical cases, single parent families, physically disabled persons and unaccompanied elderly persons.

Additional interventions in the region will include:

- Supporting health screening, surveillance and monitoring, communicable disease identification, notification and management of ill travelers at PoE;
- Providing technical development support and operationalization of Standard Operating Procedures (SOPs) for border personnel on infection prevention and control (IPC), management of ill travelers, and building capacity of front-line border officials in response to COVID-19 outbreak;
- Providing border and health officials with necessary equipment and supplies for health screening, including PPE and other supplies;
- Improving points of entry infrastructure, including physical distancing and crowd control measures, water, sanitation and health facilities, constructing and improving isolation and quarantine centers and the upgrading of hygiene infrastructure.



NATIONAL LABORATORY SYSTEMS

Some IOM country offices in the region will provide support to enhance the national laboratory capacity for detection of COVID-19 that remains a core component of any public health strategy. In Honduras, IOM procured and transported 15,000 COVID-19 tests from Guatemala to increase the number of testing. In Dominica, in coordination with Pan American Health Organization (PAHO) and the Coordinator of the Health Promotion Unit (Ministry of Health, Wellness and New Health Investment), IOM plans to supply equipment to assist with testing.

Additional interventions in the region will include:

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



INFECTION PREVENTION AND CONTROL

IOM country offices in Central America, North America and the Caribbean will continue to support improved access to Water, Sanitation and Hygiene (WASH) services as an important infection prevention and control measure to prevent or limit transmission of the disease among migrants, IDPs, local communities, and IOM staff. In coordination with partners from the governments, UN agencies, NGOs, civil sector and other relevant actors, IOM will continue monitoring existing quarantine and isolation spaces for the returning migrants, refugees and asylum seekers.

In Mexico, IOM has been supporting collective centres along the northern border with hygiene and cleaning supplies, as well as other NFI including thermometers, gloves, masks, and sanitizer gels. In Guyana, IOM in coordination with local authorities is setting up handwashing stations in host communities receiving migrants. IOM is preparing to install three handwashing stations in Lethem, Region 9, a border city with Brazil where there is a large population of migrants. The handwashing stations will be placed in strategic sites such as the regional public hospital and two areas where access to sanitation facilities is limited, especially for migrants living in those areas. This intervention will be accompanied by awareness sessions with critical information regarding COVID 19, preventive and safety measures, and handwashing protocols.

In Honduras, IOM improved official temporary isolation centers with WASH improvements aligned with infection prevention and control measures. In Belize, IOM plans to support migrant inclusion into the Government's COVID-19 response plan through the allocation of hygiene kits for migrants and frontline officers.

Additional interventions in the region will include:

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

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



Photo credit: IOM Panama



Photo credit: IOM El Salvador



Photo credit: IOM Dominica



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

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

In Haiti, IOM has started making follow-up calls to migrants who entered from the Dominican Republic. Those with symptoms or family members with health issues are referred to epidemiologists, WHO and the Ministry of Health (MoH). The IOM hotline “840,” previously used for counter-trafficking is now merged with the MOH line “2020,” so individuals can call and be referred to the appropriate support. Additionally, IOM is working closely with WHO and the Ministry of Health to support health services, isolations sites, and identifying venues to host medical personnel deployed to the border areas.

Additional interventions in the region will include:

- Providing life-saving primary health care and procurement of critical medicines and medical supplies, support to infrastructure, especially in humanitarian settings.



CAMP COORDINATION AND CAMP MANAGEMENT

As the global co-lead on Camp Coordination and Camp Management (CCCM), IOM in Central America, North America and the Caribbean is actively engaged in addressing the COVID-19 pandemic needs of displaced populations and migrants in accordance with CCCM Collective Centre guidance to secure site safety, hygiene, and ensure livelihoods for migrants and IDPs are sustained.

In coordination with the Ministry of Health in Panama, IOM is supporting the local authorities to develop the response plan for migrants through expanding the capacity and improvement of the collective centres' conditions to ensure safety, hygiene and livelihoods for over 2,500 stranded migrants.

In northern Mexico, IOM is a member of the coordination working group for monitoring the needs and gaps of migrants in 17 collective centres to improve conditions and ensure continuation of services and hygiene.

In El Salvador, IOM is coordinating the CCCM working group with civil society and UN agencies to advocate for migrants' access to healthcare and continued service provision in the collective centres across the country.

Additional interventions will include:

- Prioritizing the engagement with migrants 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 collective centres to improve site safety and hygiene and ensure livelihoods are sustained. This includes the development of tools and guidance for site planning, including for contingency spaces, expansion of services such as isolation areas, health spaces (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 collective centers for migrants;
- Supporting the national sectorial working groups led by national and local authorities in the coordination and management of the collective centers (including reception centers, migrant receiving stations, and other collective centers established for returnees);
- Ensuring the continued provision of services in displacement sites and monitoring the needs and gaps by mobilizing service providers among international organizations, civil society organizations and private sector.



Photo credit: IOM Haiti



Photo credit: IOM Honduras



PROTECTION

The COVID-19 pandemic is exacerbating pre-existing vulnerabilities, risks of trafficking in persons and associated violence, exploitation and abuse, as well as discrimination and socioeconomic instability that migrants, refugees and displaced persons often face. IOM country offices in Central America, North America and the Caribbean are working closely with government counterparts and other humanitarian and development actors to ensure that migrants, displaced persons and other vulnerable populations' rights, dignity, interests and needs are reflected in COVID-19 responses.

In Dominican Republic, Trinidad and Tobago, and other parts of the region, IOM is providing essential direct assistance to large caseloads of victims of trafficking, including food, hygiene supplies, and housing. In Mexico, IOM has supported the assisted voluntary return of two groups of migrants safely back to El Salvador and Honduras, following coordination with public health and migration authorities to arrange special flights to support these migrants to return home safely and in line with public health responses.

To address the protection and assistance needs of migrants IOM proposed the following actions:

- Researching the effects of the pandemic on the increased vulnerability of migrants to violence, abuse and exploitation, and the link between human trafficking and the crisis triggered by COVID-19, in order to define the problem and build quality responses;
- Establishing a regional fund to review and respond to requests for support for vulnerable migrants, on a case-by-case basis, using IOM's established procedures. Deliver necessary services and assistance for addressing vulnerability and exploitation including, inter alia, access to adequate shelter, food and nutrition, and physical and mental health care;
- Strengthening existing protection mechanisms and social services, including cross-borders, to identify and support persons in need of care or protection and refer them to appropriate services;
- In cooperation with relevant consulate and embassies, organise voluntary returns whenever feasible in line with international and national public health recommendations. Provide migrants with information on COVID-19 and measures to take during travel; conduct pre-departure health checks; refer returnees to appropriate health professionals should they show COVID-19 related symptoms;
- Upon arrival, refer returnees to existing and still operating services for economic, social or psychosocial support; conduct virtual counselling for returnees to identify their needs and develop reintegration plans, involving community members where feasible; provide reintegration assistance as feasible, for instance through cash-based initiatives or money transfers.

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



ADDRESSING SOCIO-ECONOMIC IMPACT

Recognizing the importance of providing support to the most vulnerable migrants in the region, IOM in Central America, North America and the Caribbean is actively engaging with different partners including governments, the private sector, civil society and others to re-establish means of socioeconomic support to prevent vulnerability during the crisis and help migrants gradually re-establish their means of support and livelihoods. Migrants are identified as one of the most vulnerable population groups whose access to decent jobs and income security during the crisis and recovery will be particularly affected. This is especially concerning for North America, where 23 per cent of global migrant workers is found (ILO, 2019), most of whom originate from Central America and Mexico.

In Guyana, IOM is partnering with the NGO Voices GYa NGO to provide online business development training to migrants. This includes one-on-one sessions, webinars, and learning materials to help them prepare business proposals. This support is geared towards helping the migrants receive in kind grants to start their own business.

Additional interventions will include:

- Establishing partnerships with money transfer service providers to lower remittance transfer costs, thereby fostering remittance transfer during the COVID-19 crisis;
- Conducting rapid analysis to identify the most vulnerable migrants' household, entrepreneurs and communities in need to direct support;
- Fundraising to provide immediate livelihood support to allow migrants to gradually regain their financial independence. This entails supporting small and medium enterprises to rapidly resume operations and create sustainable jobs as sectors of the economy gradually resume their activities; assistance to self-employment and support to enterprises experiencing shortages of workforce would be similarly an important area of work;
- Utilizing existing diaspora related project in the region to connect with specialized diaspora members to offer their support to their country of origin.

V. REGIONAL FUNDRAISING REQUIREMENTS

This funding requirement includes interventions in 16 countries to implement preparedness and response interventions for COVID-19. Considering the evolving nature of the pandemic, IOM will review each country's funding needs periodically. The overall funding requirements are the result of a collaborative exercise to identify country-specific needs and assess mobility dynamics in relation to the pandemic. Furthermore, each country office has endeavored to determine additional ways it can use existing funding and programming to address the pandemic.

Table 1: Funding requirement per country

Country	Funding requirement (in USD)
Bahamas	575,000
Belize	102,500
Costa Rica	1,275,000
Dominica	100,000
Dominican Republic	1,900,000
El Salvador	1,600,000
Grenada	193,500
Guatemala	1,600,000
Guyana	1,567,000
Haiti	4,750,000
Honduras	1,600,000
Jamaica	1,200,000
Mexico	3,245,000
Nicaragua	323,000
Panama	721,500
Trinidad and Tobago	1,145,000
Regional Office	500,000
TOTAL	22,397,500.00



Photo credit: IOM El Salvador

ANNEX I: FUNDING REQUIREMENT PER COUNTRY AND INTERVENTION AREA

Country	Strategic Priority 1		Strategic Priority 2					Strategic Priority 3			Strategic Priority 4	TOTAL	
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINT OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENCIAL SERVICES	PROTECTION		ADDRESSING SOCIO-ECONOMIC IMPACT
Central America & Caribbean Sub Total	\$ 1,681,500	\$ 1,305,500	\$ 2,724,500	\$ 755,000	\$ 4,423,500	\$ 135,000	\$ 432,500	\$ 2,214,000	\$ 2,247,000	\$ 1,460,000	\$ 3,461,000	\$ 1,558,000	\$ 22,397,500
Regional Office	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
Bahamas	\$ 60,000	\$ 5,000	\$ 20,000	\$ -	\$ -	\$ -	\$ 30,000	\$ 20,000	\$ 15,000	\$ -	\$ 125,000	\$ 300,000	\$ 575,000
Belize	\$ 16,000	\$ -	\$ 23,000	\$ -	\$ 23,500	\$ -	\$ 20,000	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ 102,500
Costa Rica	\$ 150,000	\$ -	\$ 50,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 180,000	\$ -	\$ 70,000	\$ 400,000	\$ 1,275,000
Dominica	\$ 35,000	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000
Dominican Republic	\$ 125,000	\$ 25,000	\$ 125,000	\$ -	\$ 125,000	\$ 125,000	\$ 125,000	\$ 50,000	\$ 100,000	\$ 400,000	\$ 450,000	\$ 250,000	\$ 1,900,000
El Salvador	\$ 50,000	\$ 50,000	\$ 250,000	\$ -	\$ 450,000	\$ -	\$ -	\$ 250,000	\$ -	\$ 200,000	\$ 350,000	\$ -	\$ 1,600,000
Grenada	\$ 10,000	\$ 7,500	\$ 7,500	\$ 10,000	\$ 40,000	\$ 10,000	\$ 22,500	\$ 23,000	\$ 35,000	\$ 10,000	\$ -	\$ 18,000	\$ 193,000
Guatemala	\$ 50,000	\$ 100,000	\$ 200,000	\$ -	\$ 400,000	\$ -	\$ -	\$ 300,000	\$ 150,000	\$ -	\$ 400,000	\$ -	\$ 1,600,000
Guyana	\$ 51,000	\$ 13,000	\$ 58,000	\$ -	\$ 705,000	\$ -	\$ 25,000	\$ 25,000	\$ 515,000	\$ 50,000	\$ 25,000	\$ 100,000	\$ 1,567,000
Haiti	\$ 200,000	\$ 600,000	\$ 1,000,000	\$ 500,000	\$ 1,800,000	\$ -	\$ -	\$ 100,000	\$ -	\$ -	\$ 500,000	\$ 50,000	\$ 4,750,000
Honduras	\$ 50,000	\$ 150,000	\$ 200,000	\$ -	\$ 400,000	\$ -	\$ -	\$ 300,000	\$ 100,000	\$ -	\$ 400,000	\$ -	\$ 1,600,000
Jamaica	\$ 80,000	\$ 40,000	\$ 180,000	\$ -	\$ -	\$ -	\$ 150,000	\$ 30,000	\$ -	\$ 450,000	\$ -	\$ 270,000	\$ 1,200,000
Mexico	\$ 130,000	\$ 305,000	\$ 530,000	\$ -	\$ 150,000	\$ -	\$ -	\$ 700,000	\$ 950,000	\$ 250,000	\$ 230,000	\$ -	\$ 3,245,000
Nicaragua	\$ 76,000	\$ 10,000	\$ 40,000	\$ 20,000	\$ -	\$ -	\$ -	\$ 21,000	\$ -	\$ -	\$ 156,000	\$ -	\$ 323,000
Panama	\$ 53,500	\$ -	\$ 16,000	\$ -	\$ 20,000	\$ -	\$ 20,000	\$ 75,000	\$ 202,000	\$ -	\$ 215,000	\$ 120,000	\$ 721,500
Trinidad and Tobago	\$ 45,000	\$ -	\$ -	\$ -	\$ 310,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ 540,000	\$ 50,000	\$ 1,145,000