

**\$ 618.9 M**FUNDING REQUIREMENTS
(Updated)**140**

TARGET COUNTRIES

In collaboration with the Haitian artist Assaf, IOM has painted the entrance wall of Ouanaminthe, the main border post in the North East territory between Haiti and the Dominican Republic, with the aim to reinforce prevention measures against coronavirus disease 2019 (COVID-19) © IOM, 2020

IOM's revised funding requirements are aligned with the immediate humanitarian needs outlined in the Global Humanitarian Response Plan (GHRP) for COVID-19, updated on 7 July 2020. The plan remains aligned with the World Health Organization (WHO)'s Strategic Preparedness and Response Plan and the coordination efforts of United Nations and humanitarian country teams and country-level preparedness and response plans. IOM continues to adapt its response and service provision to the evolving health and multi-sectoral needs of affected populations and communities of concern while also implementing programmes to mitigate and address the mid to longer-term socio-economic impact of COVID-19 and prepare for recovery.

SITUATION OVERVIEW

As of 9 September, a cumulative total of over 27 million cases and over 894,240 deaths have been reported since the start of the outbreak. The impact of the COVID-19 emergency on global health and mobility is historically unprecedented in size and scope. The pandemic has increased travel restrictions bringing international mobility to a rapid standstill, and subsequent openings and closings of airports and travel corridors. A total of 219 countries, territories, or areas had issued 86,722 [travel restrictions](#) which have been put into effect by governments worldwide to contain and reduce the spread of COVID-19. The COVID-19 mobility policies and measures have, in many cases, created new challenges for migrant and other mobile populations while exacerbating existing vulnerabilities.

The International Organization for Migration (IOM) works with governments and partners to ensure that migrants and mobile populations, including stranded migrants, returnees and displaced persons are included in efforts to mitigate and combat the illness's impact. Although they face the same health threats from COVID-19 as the host populations, they may face vulnerabilities due to the circumstances of their journey and living and working conditions. Loss of jobs and income, residence permits and resources have all impacted

mobile populations, resulting in hundreds of thousands of stranded migrants globally. COVID-19 has also intensified stigma, xenophobia and discrimination directed towards migrants and other vulnerable populations, due to perceived linkages with the origin or transmission of the pandemic. Movement restrictions imposed at national and local levels also limited the continuation of livelihood activities, leading to a drop in global remittances further affecting remittances-dependent households in countries of origins and eroding coping capacities. Forcibly displaced populations already face dire situations emanating from situations such as protracted conflict with limited access to social, health and protection services. Internally displaced persons (IDPs) living in crowded shelters and camps or camp-like settings, often with inadequate sanitation and health care facilities, face increasing risks as COVID-19 cases continue to emerge.

With the economic slow-down and recession, migrants and mobile populations will remain among the most vulnerable population groups to be economically affected. This is particularly dire given that their employment often supports families left behind and contributes to poverty reduction, access to basic services and education worldwide.

IOM CAPACITY TO RESPOND TO COVID-19

IOM, as part of the Inter-Agency Standing Committee (IASC), and in partnership with WHO, other UN organizations and coordination groups as well as non-UN stakeholders, is assisting Member States and partners to prepare and respond to COVID-19, with operational, technical and policy support. Reflecting the global reach of the Organization, IOM's COVID-19 Strategic Preparedness and Response Plan (SPRP) includes actions in more than 140 affected countries, responding to the needs in all regions worldwide and including programming in both humanitarian and

development settings, depending on the particular needs of the affected country.

IOM is a member of the UN medical evacuation (MEDEVAC) and First Line of Defence (FLoD) taskforces and has been closely working with UN partners at all levels to find effective solutions to support UN staff in the most effective way possible through the use of IOM's global network of qualified migration health workers, including physicians, nurses and laboratory staff.

For information on IOM's assistance to date, consult the [IOM Progress Report \(February-August 2020\)](#).

IOM'S APPROACH AND OPERATIONAL STRATEGY

IOM is working to ensure that a well-coordinated, comprehensive, equitable and timely response to the crisis is underway. IOM's approach for preparing and responding to disease outbreaks is anchored in [IOM's Health, Border and Mobility Management framework](#). The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

Through its response, IOM works to address the gender dimensions and impacts of the COVID-19 crisis, through the systematic application of principles and standards for gender and gender-based violence (GBV) mainstreaming in IOM interventions. Furthermore, in line with its 2016 Grand Bargain commitments, IOM

continues to engage with local and national actors in its response as well as using the most efficient and effective modalities to deliver humanitarian and longer-term assistance, including cash and vouchers, where feasible.

IOM focuses on four strategic priorities at the community, national and regional levels: (1) effective coordination and partnerships as well as mobility tracking; (2) preparedness and response measures for reduced morbidity and mortality; (3) efforts to ensure that affected people have access to basic services, commodities and protection; and (4) to mitigate the socio-economic impacts of COVID-19. In support of these strategic objectives, IOM leads globally driven initiatives to support all country-level responses. This includes (1) IOM's work assisting stranded migrants, (2) tracking the mobility impact of COVID-19, and (3) health services to UN staff through the First Line of Defence project.

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

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

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

Strategic Priority 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 levels



COORDINATION AND PARTNERSHIPS

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national and regional levels to support the global pandemic response, particularly in coordinating cross-border efforts through:

- Supporting national and regional coordination within countries and across borders to support timely health care and referrals in line with IHR (2005), while enhancing regional and national disease surveillance, information sharing and reporting.
- Assisting governments to facilitate access to emergency health care for undocumented migrants, including by identifying temporary documentation solutions for access to medical care and coordinated temporary measures regarding immigration, visas and consular support.
- Engaging and supporting inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes, including for countries with risk of increased displaced populations.



TRACKING MOBILITY IMPACTS

With increasingly more complex and varied restriction measures for international travel and internal movements being implemented by countries to contain and reduce the spread of COVID-19, these restrictions, in turn, are also having significant immediate and longer-term impacts, especially on access and the delivery of humanitarian assistance to populations most vulnerable and in need. IOM will contribute to providing a global understanding of the impact COVID-19 is having on mobility at global, country and cross-border/inter-regional levels and will continue to work and collaborate on COVID-19 data with key partners involved in the immediate and long-term response through:

- Monitoring, analysing, and reporting on international travel restrictions being imposed by and on countries globally and exceptions to mobility restrictions that have been issued by governments and authorities to allow for the essential movement of people and goods and repatriation of nationals.
- Enhancing its country-level monitoring and analysis for points of entry and in-country locations with restrictive measures in place and report more in-depth and up-to-date information on the different points assessed.
- 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 taken into account in the overall response, including critical analysis to inform the medium- and longer-term response to the broader socio-economic dimensions of the COVID-19 crisis.
- 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 DTM's existing flow monitoring operations, with an emphasis on movements to and from countries and regions with a higher prevalence of COVID-19.
- Expanding and enhancing its [COVID-19 Mobility Impacts portal](#) for data and information, including to improve its data exploration, visualization, and analytical components as well as data access and sharing tools to facilitate better data exchange.

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



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM co-chairs the RCCE Working Group for Migrants, IDPs and Refugees in coordination with the Office of the UN High Commissioner for Refugees and the UN Children's Fund and works with RCCE counterparts at the global, regional, national, and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging and that migrants and mobile communities have access to timely, context-specific and correct information, including through:

- 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.
- Providing 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, regional, and global outreach campaigns to avoid stigmatization.
- Mainstreaming COVID-19 preventive measures and a migrant inclusive response through the development and dissemination of fit-for-purpose information, education communication 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.



POINTS OF ENTRY (PoE)

IOM is increasingly recognized as a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry (PoEs), through mobilizing its broad range of expertise in emergency operations and migration management. IOM will continue to support Ministries of Health, border authorities and partners to enhance prevention and response measures at prioritized PoEs (i.e. airports, ports, and ground crossings) through:

- Supporting active surveillance, including health screenings, referrals, and data collection at PoEs.
- Assisting relevant national authorities in conducting multisectoral assessments at PoEs for evidence-based interventions, including necessary capacity building activities for government officials.
- Supporting the development and dissemination of PoE-specific standard operating procedures (SOPs) and guidelines for detection, notification, isolation, management, and referral of ill travellers, including the development of training curricula and manuals.
- Training immigration and border/port health staff on the management of ill travellers and best practices on infection prevention and control.
- Promoting and facilitating cross-border coordination among authorities on both sides of PoEs in sharing information and jointly strengthening preparedness and response efforts.

- Addressing the protection and assistance needs of vulnerable migrants and their families at PoEs, through screening and identification of vulnerable migrant groups of concern (e.g. victims of trafficking, separated and unaccompanied migrant children, smuggled migrants with protection concerns) and referral to additional protection actors.
- Improving PoE infrastructure, including the construction, maintenance, and upgrade of isolation and quarantine 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.



DISEASE SURVEILLANCE

Migration and mobility are increasingly recognized as determinants of health and risk exposure and IOM plays a key role in linking and understanding population mobility and disease surveillance. IOM will continue to enhance existing national level disease surveillance systems through:

- Strengthening community event-based surveillance by linking mobility information to surveillance data, particularly among border communities, points of entry, migrant dense areas, and displacement sites.
- 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.



NATIONAL LABORATORY SYSTEMS

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM will continue to support the enhancement of national capacities for the detection of COVID-19 through:

- 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.
- Enhancing testing for COVID-19, depending on test availability.
- Support to radiology services through the establishment of teleradiology centres, capacity-building, and provision of direct radiology services.



INFECTION PREVENTION AND CONTROL (IPC)

The provision of safe water, sanitation, and hygiene (WASH) services and infrastructure is an essential part of prevention efforts during infectious disease outbreaks, including COVID-19. Among other IPC measures, sustained access to improved WASH services and infrastructure is an effective IPC measure to prevent or limit transmission of the disease. IOM will continue to support enhanced national capacity through:

- Providing adequate WASH services in health-care facilities, at points of entry, and in camps and camp-like settings, ensuring their alignment with context-relevant IPC measures.
- Supporting the development of protocols for hand hygiene, disinfection, and waste management that are fit-for-purpose for the needs of migrants, displaced populations, and related communities.
- Ensuring that IOM's multi-sectorial programming takes measures to implement physical distancing, wherever possible.



LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell, and the relevant clusters, IOM will continue to assist through:

- 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 from ongoing programmes such as Shelter and Non-Food Items (NFIs).

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



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM will continue to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19, in particular in countries and regions with weak health systems and with a 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. To that end, IOM intends to focus on:

- Ensuring the continuity of essential health services and care 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.



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

As co-lead of the global CCCM cluster, IOM works to support regional, national and local authorities to develop contingency and response plans and ensure the continuation of services in existing displacement sites at risk, as well as preparedness for increased displaced populations by:

- 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, including the provision of shelter assistance to decongest sites, the provision of additional household items to reduce overcrowding, 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, hospital expansions, burial sites, and quarantine areas.
- Setting up and strengthening site-level platforms for inter and intra-CCCM coordination with service providers to ensure that up-to-date information on COVID-19 is shared and reaches all IDP groups.
- 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 front-line workers in displacement sites.



PROTECTION

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which intersect with other factors such as gender, age, and disability, but also nationality, status, or ethnic origin. IOM is committed to ensuring that the protection of migrants, displaced persons and other vulnerable populations remains at the centre of its COVID-19 response through:

- Supporting the continuum of critical protection mechanisms and responses, including cross-border, to provide urgent protection services, or referrals to appropriate services to those 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 GBV, children, persons with disabilities, unaccompanied and separated children, elderly, victims of trafficking. Services can consist of emergency shelter, alternative care, family tracing and reunification, access to non-COVID-19 health services, mental health and psychosocial support (MHPSS) or other protection services, accessible information, case management, and livelihood support.
- Creating MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine, as well as the deployment of psychosocial mobile teams linguistically and culturally capable of serving vulnerable populations, including displaced persons.
- Protection analysis on the impact of the COVID-19 pandemic and response on protection programming and protection trends within the communities, including protection trends at entry points and in quarantine and/or isolation facilities, with the aim of exploring new responses or adapting and maintaining critical protection services.
- Improvement and upgrade of household shelters as well as monitoring and reporting on housing, land and property issues, including the monitoring of eviction cases to capture surges, particularly among vulnerable groups. Actively advocate at the global level and within operations for the enactment of protective measures such as moratoriums on evictions and rental support.



IOM Bangladesh's Mental Health and Psychosocial Support unit is delivering key messages in Rohingya camps using cyclists to reach all refugees during increased restrictions on movement during COVID-19. © IOM/ Abdullah Al Mashrif, 2020

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

Recognizing the importance of including migrants, displacement-affected populations and other mobile population groups into UN development responses, IOM is actively engaging with various partners, from governments, the private sector, civil society, communities and individuals to re-establish the means of socio-economic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment through:

- Conducting rapid analyses, in partnership with specialized UN, financial organizations and multilateral development banks, to assess the immediate impact of unfolding economic, financial and social disruptions on migrants, remittance-dependent households, displaced populations and host communities; working with the private sector and other partners in finding solutions to sustain affordable and formal cross-border remittance flows.
- 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.
- Identifying and piloting efficient and scalable mechanisms for the mobilization of health and other relevant professionals within diaspora and broader migrant communities to contribute to COVID-19 response and recovery, including as related to social and economic development, with a focus on developing countries.
- Enhancing the commitment and capacity of 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 recruiters and employers, and stimulating business action in global supply chains to effectively protect migrant worker health, well-being and rights.
- Prioritizing livelihoods and job creation in displacement-affected communities, through financial and technical support to small and medium enterprises to rapidly resume operations and create sustainable jobs as sectors of the economy gradually resume their activities. Financial investments will target strategic economic sectors, labor-intensive sectors, and sectors disproportionately impacted by COVID-19.
- Mitigate COVID-19 socio-economic impacts by ensuring access to housing and basic services and safeguard food security through cash and rental assistance and other related activities for individuals not covered by existing social protection schemes.



Cash distribution in the Philippines helps addressing socio-economic impacts of the crisis. © IOM, 2020

SUPPORT TO STRANDED MIGRANTS

Migrants are stranded across the world for various reasons including, but not only, restrictions on travel and the related drop in international flights. Loss of jobs and income, lack of employment opportunities, loss of residence permits and lack of resources to return home have all impacted their mobility. As visas and permits expire, they may face deportation. All of the above increases the possibility of more limited or no access to health care and social support, stigmatization and xenophobia, the risk of detention in already overcrowded detention facilities, and homelessness. Those stranded may also be more vulnerable to exploitation, including trafficking in persons or various forms of GBV and – out of desperation – take up employment in conditions with increased exposure to COVID-19. The implications are enormous for migrants who rely on working away from home to support themselves, their families, and their communities. Many of them find themselves in conditions that put them at greater risk of contracting COVID-19.

Migrants face heightened vulnerabilities to the disease, as physical distancing is not possible in often-crowded migrant shelters and many must attempt to make a living in informal sectors, including street vending, or resort to begging. IOM's support to stranded migrants includes:

- Provision of assistance to eligible stranded migrants, including a protection package and multi-purpose cash assistance, to facilitate access to services.
- Pre-departure activities and travel assistance to ensure safe and dignified travel and reduce the risk of COVID-19 transmission.
- Pre-departure and post arrival COVID-19 testing and measures for returnees such as quarantine
- Movement operations, including air transportation by existing commercial flights and IOM organized charter flights, ground transportation and logistical support related to the movement of persons.



Handwashing demonstration in Eastleigh, Nairobi, Kenya. Eastleigh is a neighborhood where many Somali immigrant families live. © IOM, 2020

CONTRIBUTION TO THE UN'S FIRST LINE OF DEFENCE

During the COVID-19 pandemic, large numbers of UN staff and dependents continue to work in locations where there is little or no access to a UN medical health facility. In locations where UN health facilities do exist, it is expected that they may be overwhelmed and some may require additional support, especially in resource-limited settings.

As many of IOM's migration and related health activities decreased as a result of the pandemic, IOM aims to support UN medical facilities through its global network of qualified health workers, including physicians, nurses and laboratory staff, across 20 locations where IOM already has a medical presence. IOM is a member of the UN MEDEVAC and First Line of Defence (FLoD) taskforces and has been closely working with UN partners at all levels to find effective solutions to support

UN staff in the most effective way possible.

Additionally, IOM aims to support other UN settings, where there is limited access to health care through telemedicine.

Support to the UN personnel and their dependents include:

- Monitoring and treatment of COVID-19 patients through telemedicine (either within countries or internationally) and out-patient visits;
- Primary care for non-COVID-19 conditions;
- Establishment and management of isolation facilities;
- Testing for COVID-19 and other diseases;
- Referral for higher-level care, including hospitalization and medical evacuation whenever needed
- Provision of medical escorts.



Due to the pandemic and the recent explosion in Beirut, IOM started delivering treatment for tuberculosis directly at the patients' homes. Hamido is one of the 750 patients that IOM is supporting directly at his home in the Lebanese capital. © IOM/Muse Mohammed, 2020

IOM'S UPDATED FUNDING REQUIREMENTS

IOM's global funding requirements stands at USD 618,874,087

This amount represents a revised indicative requirement for IOM's planned interventions in 140 countries where IOM is present, to cover health, humanitarian and socio-economic needs while ensuring that migrants and mobility considerations are included in global, regional, and national preparedness plans. Funding requirements are presented broken down by country and are dependent on national health system capacities and established capacity to respond, and based on IOM's experience responding to previous public health emergencies, such as the ongoing response to Ebola in the Democratic Republic of the Congo and neighbouring high-risk countries. Given the evolving nature of the outbreak and the revision of the GHRP led by the UN Office for the Coordination of Humanitarian Affairs, funding requirements were revised in September 2020, as aligned with the GHRP's third iteration.

This strategic plan seeks to respond to needs that have emerged through the current pandemic, in the short and medium-term, in national contexts currently affected by humanitarian situations, as well as those that present more stable environments yet are equally vulnerable to the global pandemic. For these fragile contexts, a response on a "no-regrets" basis that entails anticipatory action before the logistical and procurement hurdles become higher, is paramount. Therefore, IOM urges donors to respond flexibly to allow for increased efficiency in the response.

IOM Strategic Preparedness and Response Plan	Funding Requirement (USD)
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	\$ 47,200,825
<i>COORDINATION AND PARTNERSHIPS</i>	\$ 23,505,670
<i>TRACKING MOBILITY IMPACTS</i>	\$ 23,695,155
Strategic Priority 2: Contribute to global, regional, national and community-level preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.	\$ 254,290,101
<i>RISK COMMUNICATION AND COMMUNITY ENGAGEMENT</i>	\$ 35,376,904
<i>DISEASE SURVEILLANCE</i>	\$ 40,302,367
<i>POINTS OF ENTRY</i>	\$ 67,165,204
<i>NATIONAL LABORATORY SYSTEM</i>	\$ 10,890,049
<i>INFECTION PREVENTION AND CONTROL</i>	\$ 53,895,048
<i>LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT</i>	\$ 46,660,529
Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.	\$ 157,227,961
<i>CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES</i>	\$ 57,006,689
<i>CAMP COORDINATION AND CAMP MANAGEMENT</i>	\$ 36,492,216
<i>PROTECTION</i>	\$ 63,729,056
Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.	\$ 100,521,875
<i>ADDRESSING SOCIO-ECONOMIC IMPACT</i>	\$ 100,521,875
Global Support	\$ 4,500,000
Global Tracking of Mobility Impacts of COVID-19	\$ 5,000,000
Global Support to Stranded Migrants	\$ 10,133,325
Contribution to the UN's First Line of Defence	\$ 40,000,000
TOTAL FINANCIAL REQUIREMENTS	\$ 618,874,087

Table 1 - Global funding requirements per Strategic Priority

ANNEX: FUNDING REQUIREMENT PER COUNTRY

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 (RCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION		ADDRESSING SOCIO-ECONOMIC IMPACT
Asia and the Pacific Sub-Total	\$ 5,512,859	\$ 5,492,789	\$ 7,793,574	\$ 2,345,737	\$ 12,523,095	\$ 782,000	\$ 13,370,232	\$ 8,883,602	\$ 1,515,612	\$ 16,347,465	\$ 7,725,593	\$ 14,065,425	\$ 96,357,983
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Afghanistan</i>	\$ 703,387	\$ 2,322,789	\$ 1,696,189	\$ 699,237	\$ 826,529	\$ -	\$ -	\$ 104,602	\$ 325,612	\$ 913,465	\$ 733,781	\$ -	\$ 8,325,591
<i>Bangladesh</i>	\$ 21,000	\$ 1,400,000	\$ 871,000	\$ 59,000	\$ 1,060,000	\$ -	\$ 7,781,000	\$ 6,054,000	\$ -	\$ 13,712,000	\$ 318,000	\$ 1,200,000	\$ 32,476,000
<i>Cambodia</i>	\$ 200,000	\$ 100,000	\$ 400,000	\$ 100,000	\$ 500,000	\$ -	\$ 300,000	\$ 250,000	\$ -	\$ 100,000	\$ 50,000	\$ 500,000	\$ 2,500,000
<i>China</i>	\$ 50,000	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 255,000	\$ 20,000	\$ 400,000
<i>Federated States of Micronesia</i>	\$ 79,689	\$ -	\$ 167,955	\$ -	\$ 30,066	\$ -	\$ 1,138,191	\$ -	\$ -	\$ -	\$ 204,188	\$ -	\$ 1,620,089
<i>Fiji</i>	\$ 80,000	\$ -	\$ 280,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ 1,250,000	\$ 1,810,000
<i>Iran</i>	\$ 367,000	\$ -	\$ 100,000	\$ 77,000	\$ 536,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,080,000
<i>India</i>	\$ 20,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 154,000	\$ 16,000	\$ 200,000
<i>Indonesia</i>	\$ 500,000	\$ 200,000	\$ 400,000	\$ 100,000	\$ 3,500,000	\$ -	\$ 1,700,000	\$ 1,350,000	\$ 250,000	\$ 500,000	\$ 500,000	\$ 1,000,000	\$ 10,000,000
<i>Japan</i>	\$ -	\$ -	\$ 80,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 70,000	\$ -	\$ 200,000
<i>Lao People's Democratic Republic</i>	\$ 292,000	\$ 50,000	\$ 170,000	\$ -	\$ 430,000	\$ -	\$ -	\$ 120,000	\$ 40,000	\$ -	\$ 60,000	\$ 20,000	\$ 1,182,000
<i>Malaysia</i>	\$ 50,000	\$ -	\$ 200,000	\$ -	\$ 70,000	\$ -	\$ 150,000	\$ -	\$ -	\$ 100,000	\$ 500,000	\$ 820,000	\$ 1,890,000
<i>Maldives</i>	\$ 20,000	\$ -	\$ 50,000	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ 123,000
<i>Marshall Islands</i>	\$ 121,000	\$ -	\$ 65,000	\$ -	\$ 45,000	\$ 40,000	\$ -	\$ 280,000	\$ -	\$ -	\$ 40,000	\$ -	\$ 591,000
<i>Mongolia</i>	\$ 25,000	\$ 100,000	\$ 100,000	\$ 75,000	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ 300,000	\$ 30,000	\$ 830,000
<i>Myanmar</i>	\$ 100,000	\$ 250,000	\$ 400,000	\$ 100,000	\$ 500,000	\$ 50,000	\$ 500,000	\$ 250,000	\$ -	\$ 200,000	\$ 250,000	\$ 1,400,000	\$ 4,000,000
<i>Nepal</i>	\$ 200,000	\$ -	\$ 200,000	\$ 700,000	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ 500,000	\$ 1,700,000	\$ 4,000,000
<i>Pakistan</i>	\$ 1,054,193	\$ -	\$ 1,253,841	\$ 85,500	\$ 250,500	\$ -	\$ 348,002	\$ -	\$ -	\$ -	\$ 156,035	\$ 2,004,425	\$ 5,152,496
<i>Papua New Guinea</i>	\$ 30,000	\$ 24,000	\$ 60,000	\$ -	\$ 250,000	\$ -	\$ 146,000	\$ -	\$ -	\$ 24,000	\$ 40,000	\$ -	\$ 574,000
<i>Philippines</i>	\$ 150,000	\$ 125,000	\$ 200,000	\$ -	\$ 900,000	\$ 125,000	\$ 500,000	\$ 200,000	\$ 900,000	\$ -	\$ 1,200,000	\$ 2,000,000	\$ 6,300,000
<i>Republic of Palau</i>	\$ 76,590	\$ -	\$ 39,589	\$ -	\$ -	\$ -	\$ 129,039	\$ -	\$ -	\$ -	\$ 31,589	\$ -	\$ 276,807
<i>Solomon Islands</i>	\$ 70,000	\$ -	\$ 60,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 25,000	\$ 25,000	\$ 270,000
<i>Sri Lanka</i>	\$ 50,000	\$ 200,000	\$ 180,000	\$ 350,000	\$ 1,000,000	\$ 200,000	\$ 100,000	\$ 50,000	\$ -	\$ 200,000	\$ 90,000	\$ 400,000	\$ 2,820,000
<i>Thailand</i>	\$ 443,000	\$ 531,000	\$ 260,000	\$ -	\$ 390,000	\$ 367,000	\$ 458,000	\$ -	\$ -	\$ 148,000	\$ 1,280,000	\$ 720,000	\$ 4,597,000
<i>Timor Leste</i>	\$ 50,000	\$ 40,000	\$ 150,000	\$ -	\$ 135,000	\$ -	\$ -	\$ 125,000	\$ -	\$ -	\$ 200,000	\$ -	\$ 700,000
<i>Tonga</i>	\$ 70,000	\$ -	\$ 60,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 25,000	\$ 45,000	\$ 290,000
<i>Vanuatu</i>	\$ 90,000	\$ 50,000	\$ 65,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 40,000	\$ 765,000	\$ 1,100,000
<i>Vietnam</i>	\$ 100,000	\$ 100,000	\$ 200,000	\$ -	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000	\$ 150,000	\$ 2,550,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

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 (RCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION		ADDRESSING SOCIO-ECONOMIC IMPACT
Middle East and North Africa Sub-Total	\$ 1,795,750	\$ 2,328,794	\$ 4,686,278	\$ 3,656,299	\$ 8,376,832	\$ 2,372,751	\$ 11,810,627	\$ 7,422,070	\$ 3,768,500	\$ 15,417,690	\$ 8,246,565	\$ 21,478,262	\$ 91,360,418
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Algeria</i>	\$ -	\$ -	\$ 410,994	\$ -	\$ 472,604	\$ -	\$ 85,928	\$ 1,282,520	\$ -	\$ 3,000	\$ 92,000	\$ 1,050,511	\$ 3,397,557
<i>Bahrain</i>	\$ 60,000	\$ -	\$ 80,000	\$ -	\$ 50,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 120,000	\$ 35,000	\$ 365,000
<i>Egypt</i>	\$ 200,000	\$ -	\$ 350,000	\$ 350,000	\$ 500,000	\$ 750,000	\$ 500,000	\$ 350,000	\$ -	\$ 300,000	\$ 800,000	\$ 300,000	\$ 4,400,000
<i>Iraq</i>	\$ 450,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ -	\$ 3,000,000	\$ -	\$ 1,000,000	\$ 5,000,000	\$ 1,500,000	\$ 4,500,000	\$ 20,450,000
<i>Jordan</i>	\$ -	\$ -	\$ 100,000	\$ -	\$ 500,000	\$ 1,000,000	\$ 300,000	\$ 1,500,000	\$ -	\$ 300,000	\$ -	\$ 800,000	\$ 4,500,000
<i>Kuwait</i>	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ 200,000	\$ 60,000	\$ 330,000
<i>Lebanon</i>	\$ 35,000	\$ -	\$ 98,100	\$ 42,050	\$ 163,200	\$ 161,250	\$ 336,250	\$ 770,050	\$ -	\$ 56,100	\$ 560,750	\$ 4,636,750	\$ 6,859,500
<i>Libya</i>	\$ 220,750	\$ 760,294	\$ 1,030,184	\$ 664,249	\$ 1,659,028	\$ 441,501	\$ 2,736,449	\$ -	\$ -	\$ 3,714,590	\$ 3,566,815	\$ 441,501	\$ 15,235,361
<i>Morocco</i>	\$ 20,000	\$ -	\$ 100,000	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 30,000	\$ 500,000	\$ 100,000	\$ 770,000
<i>Sudan</i>	\$ -	\$ 200,000	\$ 250,000	\$ -	\$ 1,695,000	\$ -	\$ 2,030,000	\$ -	\$ 200,000	\$ 1,750,000	\$ 200,000	\$ 1,300,000	\$ 7,625,000
<i>Saudi Arabia</i>	\$ 120,000	\$ -	\$ 20,000	\$ -	\$ 50,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 120,000	\$ -	\$ 330,000
<i>Syrian Arab Republic</i>	\$ 100,000	\$ 68,500	\$ 137,000	\$ -	\$ 137,000	\$ -	\$ 1,712,000	\$ 3,499,500	\$ 1,068,500	\$ 1,564,000	\$ 137,000	\$ 1,369,500	\$ 9,793,000
<i>Tunisia</i>	\$ 15,000	\$ -	\$ 40,000	\$ 100,000	\$ 100,000	\$ -	\$ 50,000	\$ -	\$ -	\$ 700,000	\$ 30,000	\$ 450,000	\$ 1,485,000
<i>United Arab Emirates</i>	\$ 75,000	\$ -	\$ 20,000	\$ -	\$ 50,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 120,000	\$ 35,000	\$ 320,000
<i>Yemen</i>	\$ -	\$ 300,000	\$ 1,000,000	\$ 1,500,000	\$ 1,000,000	\$ -	\$ 1,000,000	\$ -	\$ 1,500,000	\$ 2,000,000	\$ 300,000	\$ 6,400,000	\$ 15,000,000
West and Central Africa Sub-Total	\$ 5,203,559	\$ 5,217,000	\$ 6,538,797	\$ 2,674,750	\$ 10,081,500	\$ 1,180,000	\$ 7,182,468	\$ 2,177,500	\$ 10,879,900	\$ 2,850,000	\$ 10,612,112	\$ 9,472,490	\$ 74,070,076
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Benin</i>	\$ 50,000	\$ 75,000	\$ 150,000	\$ -	\$ 375,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 650,000
<i>Burkina Faso</i>	\$ 150,000	\$ 350,000	\$ 380,000	\$ 100,000	\$ 612,500	\$ -	\$ 200,000	\$ 100,000	\$ 350,000	\$ -	\$ 895,000	\$ 50,000	\$ 3,187,500
<i>Cameroon</i>	\$ 550,000	\$ 300,000	\$ 150,000	\$ -	\$ 400,000	\$ -	\$ 350,000	\$ -	\$ 700,000	\$ -	\$ 250,000	\$ -	\$ 2,700,000
<i>Central African Republic</i>	\$ -	\$ 260,000	\$ 60,000	\$ 100,000	\$ -	\$ -	\$ 700,000	\$ -	\$ -	\$ 1,000,000	\$ 80,000	\$ 800,000	\$ 3,000,000
<i>Chad</i>	\$ 100,000	\$ 500,000	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,000	\$ -	\$ 120,000	\$ -	\$ 825,000
<i>Cote d'Ivoire</i>	\$ 75,000	\$ -	\$ 200,000	\$ -	\$ 1,115,000	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ -	\$ 1,590,000
<i>Ghana</i>	\$ 100,000	\$ 75,000	\$ 300,000	\$ -	\$ 750,000	\$ 450,000	\$ 200,000	\$ -	\$ -	\$ -	\$ 550,000	\$ 75,000	\$ 2,500,000
<i>Guinea</i>	\$ 500,000	\$ 370,000	\$ 495,000	\$ 540,000	\$ 895,000	\$ -	\$ 500,000	\$ 250,000	\$ -	\$ 300,000	\$ 250,000	\$ 400,000	\$ 4,500,000
<i>Guinea Bissau</i>	\$ 100,000	\$ 75,000	\$ 200,000	\$ 200,000	\$ 300,000	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ 560,000	\$ -	\$ 1,685,000
<i>Liberia</i>	\$ 115,000	\$ 175,000	\$ 225,000	\$ 295,000	\$ 575,000	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,535,000
<i>Mali</i>	\$ 150,000	\$ 700,000	\$ 150,000	\$ 80,000	\$ 750,000	\$ 150,000	\$ 375,000	\$ 320,000	\$ 100,000	\$ -	\$ 175,000	\$ 50,000	\$ 3,000,000
<i>Mauritania</i>	\$ 91,000	\$ 97,000	\$ 102,000	\$ 32,000	\$ 318,000	\$ -	\$ 140,000	\$ 95,000	\$ -	\$ 300,000	\$ 286,000	\$ 55,000	\$ 1,516,000
<i>Niger</i>	\$ 650,000	\$ 850,000	\$ 550,000	\$ 800,000	\$ 1,526,000	\$ -	\$ 1,265,000	\$ 1,200,000	\$ 700,000	\$ 900,000	\$ 1,483,000	\$ 60,000	\$ 9,984,000
<i>Nigeria</i>	\$ 1,587,559	\$ 750,000	\$ 2,463,797	\$ 227,750	\$ 765,000	\$ 580,000	\$ 2,699,468	\$ 212,500	\$ 8,899,900	\$ 350,000	\$ 5,213,112	\$ 7,898,490	\$ 31,647,576
<i>Senegal</i>	\$ 150,000	\$ 175,000	\$ 450,000	\$ 150,000	\$ 700,000	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 2,000,000
<i>Sierra Leone</i>	\$ 200,000	\$ 225,000	\$ 350,000	\$ 150,000	\$ 120,000	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ 355,000	\$ -	\$ 1,500,000
<i>The Gambia</i>	\$ 35,000	\$ 165,000	\$ 138,000	\$ -	\$ 380,000	\$ -	\$ 103,000	\$ -	\$ -	\$ -	\$ 70,000	\$ 84,000	\$ 975,000
<i>Togo</i>	\$ 100,000	\$ 75,000	\$ 100,000	\$ -	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 775,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Strategic Priority 2					Strategic Priority 3			Strategic Priority 4	TOTAL	
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION		ADRESSING SOCIO-ECONOMIC IMPACT
East and Horn of Africa Sub-Total	\$ 2,093,836	\$ 2,276,757	\$ 5,294,000	\$ 20,181,323	\$ 11,239,289	\$ 795,000	\$ 7,950,735	\$ 9,695,600	\$ 5,495,000	\$ 11,205,000	\$ 7,721,333	\$ 9,705,000	\$ 93,652,873
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Burundi</i>	\$ 80,000	\$ 350,000	\$ 400,000	\$ 120,000	\$ 630,000	\$ 400,000	\$ 600,000	\$ 500,000	\$ -	\$ 190,000	\$ 200,000	\$ 900,000	\$ 4,370,000
<i>Djibouti</i>	\$ -	\$ 450,777	\$ 364,000	\$ 900,000	\$ 550,000	\$ -	\$ -	\$ 100,000	\$ 280,000	\$ 320,000	\$ -	\$ -	\$ 2,964,777
<i>Eritrea</i>	\$ 50,000	\$ -	\$ 100,000	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 450,000
<i>Ethiopia</i>	\$ 180,000	\$ 200,000	\$ 1,400,000	\$ 16,191,851	\$ 3,100,000	\$ -	\$ 2,062,735	\$ 1,000,000	\$ 1,000,000	\$ 5,000,000	\$ 2,636,333	\$ 3,600,000	\$ 36,370,919
<i>Kenya</i>	\$ 395,000	\$ 20,000	\$ 275,000	\$ 700,000	\$ 120,000	\$ 380,000	\$ 80,000	\$ 625,000	\$ -	\$ 1,475,000	\$ 625,000	\$ 975,000	\$ 5,670,000
<i>Rwanda</i>	\$ 150,000	\$ 150,000	\$ 50,000	\$ 250,000	\$ 200,000	\$ -	\$ 50,000	\$ 50,000	\$ 50,000	\$ -	\$ 50,000	\$ -	\$ 1,000,000
<i>Somalia</i>	\$ -	\$ -	\$ 325,000	\$ 1,230,000	\$ 2,455,000	\$ -	\$ 3,270,000	\$ 820,000	\$ 1,640,000	\$ 2,370,000	\$ 2,620,000	\$ 3,270,000	\$ 18,000,000
<i>South Sudan</i>	\$ 405,000	\$ 410,000	\$ 2,145,000	\$ 200,000	\$ 2,645,000	\$ -	\$ 1,540,000	\$ 6,010,000	\$ 725,000	\$ -	\$ 760,000	\$ 160,000	\$ 15,000,000
<i>Uganda</i>	\$ 298,836	\$ 495,980	\$ 135,000	\$ 539,472	\$ 839,289	\$ -	\$ 328,000	\$ 90,600	\$ 1,800,000	\$ -	\$ 800,000	\$ 800,000	\$ 6,127,177
<i>United Republic of Tanzania</i>	\$ 35,000	\$ 200,000	\$ 100,000	\$ 50,000	\$ 400,000	\$ 15,000	\$ 20,000	\$ 500,000	\$ -	\$ 1,850,000	\$ 30,000	\$ -	\$ 3,200,000
Southern Africa Sub-Total	\$ 2,792,000	\$ 6,086,000	\$ 4,498,000	\$ 6,605,000	\$ 10,743,000	\$ 4,312,000	\$ 5,406,000	\$ 730,000	\$ 7,577,950	\$ 1,576,000	\$ 3,871,000	\$ 7,080,000	\$ 61,276,950
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Angola</i>	\$ 50,000	\$ -	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 200,000	\$ 200,000	\$ 800,000
<i>Botswana</i>	\$ 50,000	\$ -	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 50,000	\$ 200,000	\$ 700,000
<i>Comoros</i>	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000
<i>DRC</i>	\$ 876,000	\$ 4,326,000	\$ 1,376,000	\$ 4,476,000	\$ 3,876,000	\$ 3,626,000	\$ 3,826,000	\$ -	\$ 5,676,000	\$ 626,000	\$ 1,326,000	\$ 300,000	\$ 30,310,000
<i>Eswatini</i>	\$ 50,000	\$ -	\$ 250,000	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Lesotho</i>	\$ 30,000	\$ -	\$ 430,000	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 380,000	\$ -	\$ 990,000
<i>Madagascar</i>	\$ 56,000	\$ -	\$ 70,000	\$ 84,000	\$ 234,000	\$ 56,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Malawi</i>	\$ 20,000	\$ -	\$ 62,000	\$ 180,000	\$ 488,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000	\$ 1,000,000
<i>Mauritius</i>	\$ 30,000	\$ -	\$ 20,000	\$ 15,000	\$ 105,000	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ 140,000	\$ 200,000	\$ 560,000
<i>Mozambique</i>	\$ 200,000	\$ 800,000	\$ 600,000	\$ 500,000	\$ 850,000	\$ -	\$ 700,000	\$ 300,000	\$ 1,000,000	\$ 800,000	\$ 600,000	\$ 1,000,000	\$ 7,350,000
<i>Namibia</i>	\$ 10,000	\$ -	\$ 15,000	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,000
<i>Seychelles</i>	\$ 20,000	\$ -	\$ 50,000	\$ 20,000	\$ 50,000	\$ -	\$ -	\$ 80,000	\$ -	\$ -	\$ 50,000	\$ 150,000	\$ 420,000
<i>South Africa</i>	\$ 50,000	\$ -	\$ 300,000	\$ 130,000	\$ 80,000	\$ 630,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ 150,000	\$ 1,640,000
<i>Zambia</i>	\$ 150,000	\$ 100,000	\$ 325,000	\$ 200,000	\$ 500,000	\$ -	\$ 180,000	\$ -	\$ 150,000	\$ -	\$ 125,000	\$ 600,000	\$ 2,330,000
<i>Zimbabwe</i>	\$ 700,000	\$ 860,000	\$ 1,000,000	\$ 1,000,000	\$ 3,260,000	\$ -	\$ 700,000	\$ 300,000	\$ 551,950	\$ 150,000	\$ 700,000	\$ 4,030,000	\$ 13,251,950

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Strategic Priority 2					Strategic Priority 3			Strategic Priority 4	TOTAL	
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION		ADDRESSING SOCIO-ECONOMIC IMPACT
Central America & Caribbean Sub Total	\$ 1,915,989	\$ 688,715	\$ 2,277,162	\$ 2,539,011	\$ 3,127,796	\$ 171,919	\$ 2,427,890	\$ 2,651,531	\$ 2,547,000	\$ 3,477,749	\$ 4,809,465	\$ 2,208,000	\$ 28,842,227
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Bahamas</i>	\$ 60,000	\$ 5,000	\$ 20,000	\$ -	\$ -	\$ -	\$ 30,000	\$ 20,000	\$ 15,000	\$ -	\$ 125,000	\$ 300,000	\$ 575,000
<i>Belize</i>	\$ 16,000	\$ -	\$ 23,000	\$ -	\$ 23,500	\$ -	\$ 20,000	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ 102,500
<i>Costa Rica</i>	\$ 150,000	\$ -	\$ 50,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 180,000	\$ -	\$ 70,000	\$ 400,000	\$ 1,275,000
<i>Dominica</i>	\$ 35,000	\$ -	\$ 25,000	\$ -	\$ -	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000
<i>Dominican Republic</i>	\$ 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
<i>El Salvador</i>	\$ -	\$ 134,515	\$ 200,000	\$ -	\$ 350,000	\$ -	\$ 500,000	\$ -	\$ 250,000	\$ 400,000	\$ 700,000	\$ 400,000	\$ 2,934,515
<i>Grenada</i>	\$ 10,000	\$ 7,500	\$ 7,500	\$ 10,000	\$ 40,000	\$ 10,000	\$ 22,500	\$ 23,000	\$ 35,000	\$ 10,000	\$ -	\$ 18,000	\$ 193,500
<i>Guatemala</i>	\$ 50,000	\$ 100,000	\$ 200,000	\$ -	\$ 400,000	\$ -	\$ -	\$ 300,000	\$ 150,000	\$ -	\$ 400,000	\$ -	\$ 1,600,000
<i>Guyana</i>	\$ 51,000	\$ 13,000	\$ 58,000	\$ -	\$ 705,000	\$ -	\$ 25,000	\$ 25,000	\$ 515,000	\$ 50,000	\$ 25,000	\$ 100,000	\$ 1,567,000
<i>Haiti</i>	\$ 534,489	\$ -	\$ 702,662	\$ 2,284,011	\$ 404,296	\$ 36,919	\$ 845,390	\$ 1,087,531	\$ -	\$ 1,817,749	\$ 398,465	\$ -	\$ 8,111,512
<i>Honduras</i>	\$ -	\$ 48,700	\$ 100,000	\$ -	\$ 600,000	\$ -	\$ 650,000	\$ -	\$ 150,000	\$ -	\$ 1,500,000	\$ 300,000	\$ 3,348,700
<i>Jamaica</i>	\$ 80,000	\$ 40,000	\$ 180,000	\$ -	\$ -	\$ -	\$ 150,000	\$ 30,000	\$ -	\$ 450,000	\$ -	\$ 270,000	\$ 1,200,000
<i>Mexico</i>	\$ 130,000	\$ 305,000	\$ 530,000	\$ -	\$ 150,000	\$ -	\$ -	\$ 700,000	\$ 950,000	\$ 250,000	\$ 230,000	\$ -	\$ 3,245,000
<i>Nicaragua</i>	\$ 76,000	\$ 10,000	\$ 40,000	\$ 20,000	\$ -	\$ -	\$ -	\$ 21,000	\$ -	\$ -	\$ 156,000	\$ -	\$ 323,000
<i>Panama</i>	\$ 53,500	\$ -	\$ 16,000	\$ -	\$ 20,000	\$ -	\$ 20,000	\$ 75,000	\$ 202,000	\$ -	\$ 215,000	\$ 120,000	\$ 721,500
<i>Trinidad and Tobago</i>	\$ 45,000	\$ -	\$ -	\$ -	\$ 310,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ 540,000	\$ 50,000	\$ 1,145,000
South America Sub-Total	\$ 1,873,108	\$ 546,600	\$ 1,718,476	\$ 1,743,247	\$ 1,736,313	\$ 916,379	\$ 2,130,283	\$ 771,493	\$ 1,500,752	\$ 5,795,201	\$ 6,106,370	\$ 6,183,681	\$ 31,021,903
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Argentina</i>	\$ 100,000	\$ 40,000	\$ 45,000	\$ -	\$ 489,000	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ 350,000	\$ 150,000	\$ 1,374,000
<i>Bolivia</i>	\$ 81,000	\$ -	\$ 55,250	\$ -	\$ 214,250	\$ -	\$ -	\$ -	\$ 62,000	\$ 100,000	\$ 54,000	\$ 40,000	\$ 606,500
<i>Brazil</i>	\$ 10,000	\$ 20,000	\$ 140,000	\$ 10,000	\$ -	\$ -	\$ 810,000	\$ -	\$ 20,000	\$ 2,000,000	\$ 80,000	\$ 1,000,000	\$ 4,090,000
<i>Chile</i>	\$ -	\$ 10,000	\$ 25,000	\$ 30,000	\$ -	\$ -	\$ 24,000	\$ 150,000	\$ -	\$ -	\$ 25,000	\$ 500,000	\$ 764,000
<i>Colombia</i>	\$ 703,858	\$ -	\$ 739,576	\$ 1,443,247	\$ 216,730	\$ 866,379	\$ 513,650	\$ 341,293	\$ 762,002	\$ 2,922,168	\$ 2,086,407	\$ 2,065,731	\$ 12,661,041
<i>Ecuador</i>	\$ 233,250	\$ 96,600	\$ 338,150	\$ -	\$ 361,650	\$ -	\$ 253,950	\$ 280,200	\$ 256,750	\$ 284,350	\$ 667,150	\$ 427,950	\$ 3,200,000
<i>Paraguay</i>	\$ 20,000	\$ 20,000	\$ 20,000	\$ 60,000	\$ 80,000	\$ 50,000	\$ 120,000	\$ -	\$ -	\$ 50,000	\$ 80,000	\$ -	\$ 500,000
<i>Peru</i>	\$ -	\$ -	\$ -	\$ -	\$ 58,683	\$ -	\$ 58,683	\$ -	\$ -	\$ 88,683	\$ 2,429,813	\$ 1,750,000	\$ 4,385,862
<i>Uruguay</i>	\$ 75,000	\$ -	\$ 55,500	\$ -	\$ 16,000	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 154,000	\$ 50,000	\$ 500,500
<i>Venezuela</i>	\$ 150,000	\$ 360,000	\$ 300,000	\$ 200,000	\$ 300,000	\$ -	\$ 350,000	\$ -	\$ 400,000	\$ -	\$ 180,000	\$ 200,000	\$ 2,440,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Strategic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADDRESSING SOCIO-ECONOMIC IMPACT	
Eastern Europe and Central Asia Sub-Total	\$ 1,742,069	\$ 885,000	\$ 1,766,517	\$ 450,000	\$ 6,241,005	\$ 60,000	\$ 2,909,813	\$ 8,546,433	\$ 2,007,502	\$ 182,584	\$ 11,135,118	\$ 29,986,017	\$ 65,912,058
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Albania</i>	\$ 50,000	\$ -	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000	\$ 950,000
<i>Armenia</i>	\$ 20,000	\$ -	\$ 30,000	\$ -	\$ 400,000	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ 100,000	\$ 250,000	\$ 1,000,000
<i>Azerbaijan</i>	\$ 100,000	\$ 75,000	\$ 20,000	\$ 200,000	\$ 200,000	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ 200,000	\$ 150,000	\$ 1,245,000
<i>Belarus</i>	\$ -	\$ -	\$ 150,000	\$ -	\$ 300,000	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 150,000	\$ 875,000
<i>Bosnia and Herzegovina</i>	\$ 3,744	\$ -	\$ 32,096	\$ -	\$ 54,960	\$ -	\$ 603,603	\$ 631,649	\$ 1,207,841	\$ -	\$ 3,509,084	\$ 53,423	\$ 6,096,400
<i>Georgia</i>	\$ 105,000	\$ 175,000	\$ 150,000	\$ -	\$ 250,000	\$ -	\$ -	\$ 150,000	\$ -	\$ -	\$ 350,000	\$ 300,000	\$ 1,480,000
<i>Kazakhstan</i>	\$ 28,000	\$ 50,000	\$ 111,000	\$ -	\$ 150,000	\$ -	\$ -	\$ 1,175,000	\$ -	\$ -	\$ 150,000	\$ 150,000	\$ 1,814,000
<i>Kyrgyzstan</i>	\$ -	\$ -	\$ 15,000	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 270,000	\$ 1,000,000	\$ 1,435,000
<i>Montenegro</i>	\$ -	\$ -	\$ -	\$ -	\$ 703,915	\$ -	\$ 8,377	\$ 48,578	\$ -	\$ -	\$ -	\$ -	\$ 760,870
<i>Republic of Moldova</i>	\$ 150,000	\$ 180,000	\$ 120,000	\$ -	\$ 158,000	\$ 60,000	\$ 70,000	\$ 87,500	\$ -	\$ -	\$ 934,500	\$ 490,000	\$ 2,250,000
<i>Russian Federation</i>	\$ 100,000	\$ 50,000	\$ -	\$ 50,000	\$ 50,000	\$ -	\$ -	\$ 200,000	\$ -	\$ 50,000	\$ 50,000	\$ 150,000	\$ 700,000
<i>Serbia</i>	\$ 60,000	\$ 100,000	\$ 100,000	\$ -	\$ 350,000	\$ -	\$ -	\$ 500,000	\$ 300,000	\$ -	\$ 300,000	\$ 250,000	\$ 1,960,000
<i>Tajikistan</i>	\$ 100,000	\$ -	\$ 350,000	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ 1,000,000	\$ -	\$ -	\$ 300,000	\$ 300,000	\$ 2,250,000
<i>North Macedonia</i>	\$ 250,000	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ 200,000	\$ 300,000	\$ 1,300,000
<i>Turkey</i>	\$ -	\$ 90,000	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 440,000	\$ 18,070,000	\$ 20,000,000
<i>Turkmenistan</i>	\$ 20,000	\$ -	\$ 30,000	\$ -	\$ 10,000	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 20,000	\$ 100,000
<i>Ukraine</i>	\$ 100,000	\$ 165,000	\$ 550,000	\$ -	\$ 1,900,000	\$ -	\$ 2,000,000	\$ 3,000,000	\$ -	\$ 20,000	\$ 3,600,000	\$ 5,800,000	\$ 17,135,000
<i>Uzbekistan</i>	\$ 150,000	\$ -	\$ -	\$ 200,000	\$ 180,000	\$ -	\$ 50,000	\$ -	\$ -	\$ 20,000	\$ 100,000	\$ 40,000	\$ 740,000
<i>Kosovo*UNSC Resolution 1244</i>	\$ 5,325	\$ -	\$ 108,421	\$ -	\$ 34,130	\$ -	\$ 2,833	\$ 33,706	\$ 499,661	\$ 92,584	\$ 231,534	\$ 2,312,594	\$ 3,320,788
European Economic Area Sub-Total	\$ 576,500	\$ 173,500	\$ 804,100	\$ 107,000	\$ 3,096,374	\$ 300,000	\$ 707,000	\$ 5,782,300	\$ 1,200,000	\$ 155,000	\$ 3,501,500	\$ 343,000	\$ 16,746,274
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Bulgaria</i>	\$ -	\$ -	\$ 10,000	\$ -	\$ 750,000	\$ -	\$ 500,000	\$ 15,000	\$ -	\$ 15,000	\$ 15,000	\$ -	\$ 1,305,000
<i>Croatia</i>	\$ -	\$ 30,000	\$ 70,000	\$ -	\$ 250,000	\$ -	\$ 80,000	\$ 1,000,000	\$ -	\$ -	\$ 70,000	\$ -	\$ 1,500,000
<i>Cyprus</i>	\$ 20,000	\$ -	\$ 50,000	\$ 100,000	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 120,000	\$ -	\$ 590,000
<i>Estonia</i>	\$ 4,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123,300	\$ -	\$ -	\$ -	\$ -	\$ 127,500
<i>Greece</i>	\$ -	\$ 100,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ 4,600,000	\$ 1,200,000	\$ -	\$ 3,000,000	\$ -	\$ 9,400,000
<i>Ireland</i>	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125,000	\$ 200,000	\$ -	\$ 375,000
<i>Italy</i>	\$ 1,300	\$ 43,500	\$ 42,600	\$ -	\$ 2,051,374	\$ -	\$ 95,000	\$ -	\$ -	\$ -	\$ 83,500	\$ 343,000	\$ 2,660,274
<i>Malta</i>	\$ 12,000	\$ -	\$ 6,500	\$ 7,000	\$ -	\$ -	\$ 32,000	\$ -	\$ -	\$ 15,000	\$ 13,000	\$ -	\$ 85,500
<i>Slovenia</i>	\$ 39,000	\$ -	\$ 75,000	\$ -	\$ 45,000	\$ -	\$ -	\$ 44,000	\$ -	\$ -	\$ -	\$ -	\$ 203,000




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