

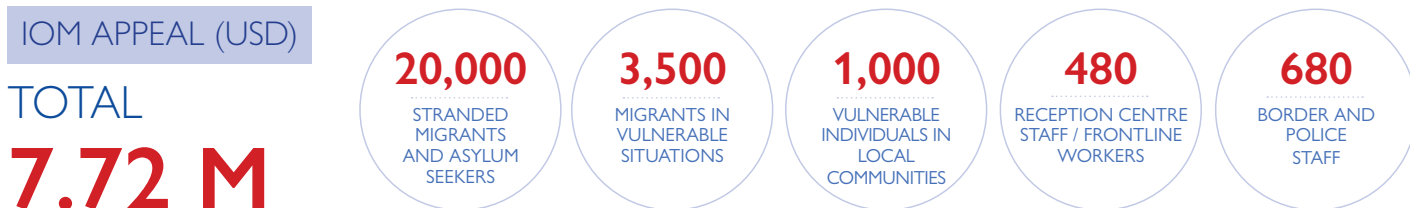


An IOM staffer helps a migrant put on his mask at the new IOM temporary reception centre in Bihac, Bosnia and Herzegovina.

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BENEFICIARIES TOTAL PER CATEGORY



SITUATION OVERVIEW

Since the outbreak of the Coronavirus Disease 2019 (COVID-19), more than 2.8 million confirmed cases and more than 190,000 deaths have been reported globally by the World Health Organization¹. The pandemic and the immediate measures taken by states have led to the largest mobility crisis ever seen, affecting global mobility, airline services, entry and exit of foreigners and nationals alike, border management and migration management systems, while at the same time creating a type of global “stranded-ness” that is unknown, from an economic, social and humanitarian point of view. In coordination with partners, IOM launched a revised global appeal on 15 April 2020, outlining its funding needs to address these mobility aspects of the pandemic.

In the Western Balkans, a total of 11,652 cases of COVID-19 and 300 deaths have been laboratory-confirmed as of 24 April 2020.² In response to this crisis, governments in the Western Balkans have declared states of emergency and taken strong measures to prevent the further spread of COVID-19.

The entry of foreigners has been prohibited, and all other incoming travellers, including returning nationals and residents, who are requested to quarantine for 14 days at the Points of Entry (PoEs) or in self-quarantine. Non-essential services and businesses have been closed and restrictions of the movement of people, including imposed curfews, have also been introduced.

The closing of international airports and land PoEs with neighbouring states have made travel in some parts of the region practically impossible. These restrictions are also posing serious challenges to the import and export of goods, impacting supply chains and causing significant delays and difficulties in procuring essential food and non-food items (NFIs), including personal protective equipment (PPE). The re-opening of the PoE will require the implementation of exceptional procedures. Without dedicated technical assistance, governments will face an array of challenges, including lack of PPE, sufficient number of personnel with the adequate COVID-19 related training, adequate facilities (such as availability of isolation space) and equipment for medical screenings, as well as the need for enhanced coordination between PoE institutions, including the health authorities.

¹ Coronavirus disease 2019 (COVID-19) Situation Report – 97, World Health Organization (WHO) 26 April 2020.

² Albania: 562 cases and 26 deaths; BiH: 1,286 cases and 46 deaths; Montenegro: 308 cases and 5 deaths; North Macedonia: 1,207 cases and 51 deaths; Serbia: 6,318 cases and 122 deaths; and Kosovo: 535 cases and 12 deaths.

There will be a need for PoE Standard Operating Procedures for identification, screening, registration and referrals of travelers potentially ill with COVID-19. At the same time, it is expected that the flow of irregular movements outside of official PoE will resume, which will require border management authorities to upscale mobile capacities for screening measures in response to irregular movements.

Irregular onward movement to Western Europe has slowed down significantly and migrants in transit are largely left with no option other than to prolong their stay. Stricter border surveillance and restrictions on the freedom of movement further increase migrants' dependency on smugglers and may increase their vulnerability to exploitative practices. The current estimate of migrants, asylum seekers, and refugees in the region is approximately 21,000, with over 95 per cent residing in Bosnia and Herzegovina and Serbia.

Curfews have further resulted in a sharp increase of migrants needing to be accommodated in formal reception centres, but governments are struggling to increase the accommodation capacity, and on the one hand ensure dignified living conditions, while on the other hand, implement effective transmission mitigation and risk reduction measures. The population density in migrant reception centres is greatly exceeding current capacity, making self-quarantine impossible and physical distancing a challenge. This, in combination with a lack of PPE, the use of communal and limited water, sanitation and hygiene (WASH) facilities, and underlying poor health conditions of migrants, makes the migrant population extremely vulnerable to COVID-19.

Noted by IOM and partners in reception centres across the region, the confinement is further increasing stress and incidents of gender-based violence (GBV), requiring intensified risk mitigation and response measures, including psychosocial support, counselling and safe shelter for GBV survivors. At the same time, specialized service providers providing shelter and case management services for victims of trafficking, unaccompanied or separated migrant children, returns and reintegration, face challenges in operation, or are difficult to access during lock-downs, such as specialized health care services. Densely populated reception centres are also not appropriate for providing safe and protection sensitive housing for migrants in vulnerable situations, such as children, single women, LGBTIQ people, GBV survivors, etc. In addition, other vulnerable persons living in camp-like settings face similar risks. Parts of the Roma, Ashkali and Egyptian communities in the Western Balkans live in settlements with limited access to basic infrastructure and health services.

Between 61 and 78 per cent of Roma in the Western Balkans live in overcrowded dwellings. Compared to their non-Roma counterparts, Roma also have significantly lower access to piped water inside their dwellings, and as low as 48 per cent in Albania.

Negative socio-economic effects and contractions of local and national economies have also been recorded in all countries, with increased hardships of micro, small and medium sized businesses creating ripple effects, such as unemployment, underemployment and lower demands for goods and services. With high and persistent youth unemployment in the region, around 35 per cent, youth and, due to multiple or intersectional discrimination, in particular young women and those of ethnic minorities are likely to be disproportionately affected. This is not only a threat to their livelihoods, but may also have destabilizing effects across communities, increasing stress and anxieties, while it may also impact intricate intra- and inter-communal relations in post-conflict settings. Further, fears about the virus can also fuel xenophobic sentiments and/or be instrumentalized politically to further anti-migrant agendas.

The current economic shutdown and anticipated global recession will also have a disproportionately strong impact on migrant workers who are heavily concentrated in sectors that are likely to be most impacted. This will result not only in economic hardship among lower and semi-skilled migrants from the Western Balkans in countries of destination, but also for those households which are dependent on family members working abroad and sending remittances, or migrants who planned to migrate for labour and have to adapt their plans. As previous health crises have established, disrupted travel plans, loss of income or illness further exacerbates migrants' vulnerable situation and puts them at a higher risk of exploitation.

Recognizing the extent to which the COVID-19 outbreaks affects women and men differently is hugely important. Experiences and lessons learned from the Zika and Ebola outbreaks and the HIV pandemic demonstrate that robust gender sensitive analysis and informed, gender-sensitive response are vital to strengthen the access and acceptability of the humanitarian services needed to meet the distinct needs of women and girls, as well as men and boys and LGBTI people.

3 *References to Kosovo shall be understood to be in the context of United Nations Security Council resolution 1244 (1999).*

IOM'S REGIONAL AND NATIONAL CAPACITY TO RESPOND TO COVID-19

IOM has been present in the Western Balkans since the early 1990s, assisting and evacuating conflict wounded individuals from Bosnia and Herzegovina and Kosovo³ and voluntary return following the end of the conflict-period. Since then, IOM has continued to support Western Balkan governments in key migration and border management areas and to provide humanitarian assistance and protection for migrants.

During the 2015-2016 Western Balkan refugee and migrant crisis, IOM together with the international community, scaled up its presence in the region to support national authorities and civil society in responding to the emergency situation, and provide

direct humanitarian assistance and protection to migrants, particularly those most vulnerable to violence, exploitation and abuse. Today, IOM has a large operational footprint in the Western Balkans through six missions in Belgrade, Podgorica, Pristina, Sarajevo, Skopje, and Tirana. IOM has devised effective local approaches to respond to emerging needs. IOM has over 350 field staff directly supporting the management and operations of seven reception centres in Bosnia and Herzegovina, and a regular presence in 19 reception and asylum centres in Serbia. IOM also maintains protection monitoring and provides direct assistance to vulnerable migrants through mobile teams in Albania, Montenegro and North Macedonia. IOM in the Western Balkans is directly assisting around 6,000 migrants per day.

IOM'S APPROACH AND OPERATIONAL STRATEGY

IOM is contributing to the overall objective of the COVID-19 Global Strategic Preparedness and Response Plan and is working to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including its social and economic impacts.

IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that inclusive approaches which take into account migrants, travellers, displaced populations, ethnic minorities, including the Roma communities, and other vulnerable members of local communities, and counter misinformation that can lead to anti-migrant sentiment and xenophobia are essential in the event of an outbreak. In line with the COVID-19 Global Strategic Preparedness and Response Plan, IOM is supporting governments and partners to understand population mobility trends and reinforce sound public health measures that aim to minimize disruption to society and the economy, affecting the most vulnerable segments of society. While the efforts are initially focused on preparedness and response, IOM keeps the need for recovery in mind. This includes an approach that incorporates elements of social cohesion programming throughout.

This plan seeks to respond to additional needs which have emerged, or may do so 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, due to ill-prepared health systems and assistance mechanisms to respond at scale. For these fragile contexts, a response on a “no-regrets” basis that entails anticipatory action before the logistic and procurement hurdles become higher, is paramount. Therefore, IOM urges donors to respond in a flexible manner so as to allow for increased efficiency in the response.



IOM, assisting vulnerable families with food and non-food items in Kosovo³, distributed information materials on COVID-19 protection measures.

THE OVERALL OBJECTIVE OF IOM'S RESPONSE IS TO CONTRIBUTE TO GLOBAL, REGIONAL AND NATIONAL PREPAREDNESS AND RESPONSE EFFORTS FOR COVID-19 TO REDUCE ASSOCIATED MORBIDITY AND MORTALITY AND PREPARE FOR AND ADDRESS THE CROSSCUTTING HUMANITARIAN AND DEVELOPMENT NEEDS OF VULNERABLE POPULATIONS IMPACTED BY COVID-19. THIS INCLUDES MIGRANTS, ASYLUM SEEKERS AND REFUGEES TRANSITING, VOLUNTARY RETURNS, STRANDED OR SEEKING ASYLUM IN THE WESTERN BALKAN REGION, AS WELL AS HOST COMMUNITIES OR OTHER LOCAL COMMUNITIES THAT ARE PARTICULARLY VULNERABLE TO COVID-19 OR THE SOCIOECONOMIC IMPACT 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

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

Strategic Priority 3: Ensure access of affected people 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

- Strengthening cross-border coordination 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, which acknowledges the multi-hazard context, and ensuring that mobility aspects and the increased risks of migrants and asylum seekers, in particular those in camp like settings are included in those plans.
- Supporting national governments to ensure a continuation of services in existing reception centres and camp-like settings and access to services outside of centres, including emergency health care for irregular migrants.
- Supporting governments to explore efficient and scalable mechanisms through online platforms to incentivize and facilitate diaspora financial and human capital contribution to COVID-19 response and recovery efforts, with a particular emphasis on the health sector and green transition.



TRACKING MOBILITY IMPACTS

- Tracking COVID-19 related mobility restrictions imposed by governments.
- Conducting rapid vulnerability and health assessments amongst mobile vulnerable populations to facilitate safe and protection-sensitive provision of ongoing humanitarian response activities.
- Tracking presence of stranded migrants and vulnerable populations in border areas and locations in country.
- Strengthening the network of key informants in reception centres and in host communities to report on issues arising as a result of COVID-19.
- Supporting system development and strengthening of remote data collection making use of global network of IOM's Displacement Tracking Matrix (DTM) key informants.

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



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- Developing targeted risk communication and community engagement activities on prevention, risks, hygiene practices and advice on migrants' access and rights to services and health care and dissemination of information and educational material in migrant languages and by utilizing migrant community structures and networks, volunteer groups and cultural mediators.
- Supporting the mainstreaming of good hygiene practices through the development and dissemination of fit-for-purpose information and provision of necessary technical equipment.
- Supporting community engagement for prevention and recovery of violence, marginalization, discrimination and xenophobia through promotion of social cohesion messaging and activities, with a focus on migrant host, ethnically divided or minority communities, including communities, Roma, Ashkali and Egyptian communities.
- Supporting the development and dissemination of fit-for-purpose information and provision of necessary technical equipment.



POINTS OF ENTRY (PoE)

- Supporting active surveillance, including health screening, referral and data collection at PoEs.
- Supporting the development and training on PoE-specific Standard Operating Procedures (SOPs) for detection, notification, isolation, management and referral of ill travellers.
- Supporting the development of PoE-specific COVID-19 training curriculum, such as on the use of PPE, well-being and psychological first aid, and migrant vulnerabilities during COVID-19 outbreak (including e-training).
- Improving PoE infrastructure including the establishment of temporary registration, accommodation and isolation facilities to manage ill travelers, the improvement of WASH infrastructure and the provision of necessary technical equipment and supplies for screening.
- Providing vehicles and equipment to facilitate transport of suspected and ill travelers to a quarantine or health facility.
- Developing communication materials for PoE staff, as well as travelers, on COVID-19 related measures in place, including on self-protection.
- Securing the provision of safe water for drinking and handwashing, adequate sanitation facilities and waste management at PoE.



INFECTION PREVENTION AND CONTROL (IPC)

- Supporting vulnerable communities in reception centres, settlements or camp-like settings, and Points of Entry improving WASH infrastructure, enhancing access to safe running water and disinfection and hygiene products within dwellings or through communal handwashing stations, and their alignment with context relevant IPC and Disaster Risk Reduction (DRR) measures.



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

- Supporting the continued provision of life-saving primary and secondary health care and the procurement of critical medicines and medical supplies to migrants, refugees, and asylum seekers.



LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical PPE for registration staff, reception centre staff, PoE personnel as well as migrants, refugees, and asylum seekers.



PROTECTION

- Upscaling the provision of Mental Health and Psychosocial Support (MHPSS) services specifically tailored for stranded migrant populations in isolation or quarantine, available within reception centres or through the deployment of mobile teams linguistically and culturally able to serve migrants.
- Supporting community volunteer networks responding to specific protection concerns and vulnerabilities heightened in the context of COVID-19, such as persons with mental health issues, children who cannot access internet and hence are being excluded from education during isolation, the elderly, etc.
- Increasing GBV risk mitigation and response measures including through; identification of gaps in GBV survivor-service provision, and strengthened case management and coordination, and the provision of essential stop-gap measures where feasible, and especially in quarantined and/or locked down areas.
- Assessment of barriers, and measures in place to guarantee safe and meaningful access to health services and information, including an analysis on the impact of the COVID-19 pandemic and response on the protection situation of migrants and communities.
- Strengthening of existing protection mechanisms and social services to identify and support persons in need of care or protection and refer them to appropriate services; e.g. alternative care, emergency support or assistance, social services.
- Advocating for and ensure continuity of care of migrants, particularly those in vulnerable situations, including those being assisted by IOM (notably identified victims of trafficking, separated and unaccompanied children, as well as other vulnerable migrants).
- Establishing a centralized regional fund to review and respond to requests for support for vulnerable migrants using IOM's established procedures for migrant screening, case budgeting and planning and service delivery.

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



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

- Expanding the shelter coverage areas in migrant reception centres to allow for increased physical distancing and establishing or expanding collective isolation and quarantine areas, with consideration of particular protection needs of women and girls, and unaccompanied and separated migrant children
- Strengthen communication, feedback and participation mechanisms in migrant reception centres to address the impact on the mental health and the safety of women, men boys and girls as a result of restriction of the freedom of movements imposed by governments.
- Improvement of displacement sites to ensure site safety, hygiene and livelihoods are sustained
- Capacity building, remote assessment and management through development of specific camp management modules to orient new staff and rapidly improve the knowledge, skills and attitudes of existing staff on critical health and WASH information for frontline workers in displacement sites

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



ADDRESSING SOCIOECONOMIC IMPACTS

- Assessing the impacts of economic disruption of the ongoing crisis on migrant and host communities in terms of their financial and socio-economic well-being and development, and facilitating the development of policies and mechanisms that improve recovery, including remittance services to migrants or other mechanisms to attract diaspora contributions. Environment and Climate Change aspects will be considered in the assessment as well as aligning recovery actions.
- Supporting local micro and small businesses in response to job and income losses, focusing on vulnerable communities and incentivizing green transition.
- Livelihood interventions targeting women and female headed households and other at-risk groups Supporting the development of reintegration strategies with emphasis on the structural and community development in parallel with individual assistance.
- Supporting grassroots volunteer initiatives addressing social and economic impacts of COVID-19, and utilizing diaspora incentivizing schemes to match financial support of volunteer initiatives.
- Supporting social cohesion activities contributing to intercultural-exchanges, promotion of positive messages and countering xenophobic and anti-migrants sentiments in line with a just transition period, through workshops, occupational activities and small social events, once the situation is normalized.
- Supporting governments in assessing the socio-economic impacts of COVID-19 on vulnerable communities, including impacts on remittance receiving households.



Site works at the new reception centre in Bihac, Bosnia and Herzegovina.

IOM'S FUNDING REQUIREMENTS

IOM's regional funding requirement for the Western Balkans is **USD 7,720,000**.

This amount represents an indicative requirement for the period of nine months and is based on IOM's experience responding to previous emergencies in the region, such as the 2015-16 Western Balkan refugee and migrant crisis. Required funding is bound to evolve, given the evolving nature of the outbreak and depending on national capacities to respond to emerging needs and mobility dynamics.

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REGIONAL BUDGET BREAKDOWN OF FUNDING REQUIREMENTS

COUNTRY BREAKDOWN	TOTAL REQUESTED AMOUNT (USD)
ALBANIA	950,000
BOSNIA AND HERZEGOVINA	1,940,000
MONTENEGRO	650,000
NORTH MACEDONIA	1,300,000
SERBIA	1,960,000
KOSOVO ³	920,000
TOTAL	7,720,000

COORDINATION AND PARTNERSHIPS	610,000
TRACKING MOBILITY IMPACTS	165,000
POINT OF ENTRY (POE)	2,120,000
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	215,000
INFECTION PREVENTION AND CONTROL (IPC)	310,000
CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	410,000
LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	710,000
PROTECTION	930,000
CAMP COORDINATION AND CAMP MANAGEMENT	550,000
ADDRESSING SOCIO-ECONOMIC IMPACTS	1,700,000

For Albania,
Bosnia and Herzegovina,
Montenegro,
North Macedonia and Serbia:

Mr Peter Van der Auweraert,
Western Balkan Coordinator and Chief
of Mission in Bosnia and Herzegovina
pvanderauweraert@iom.int
iomsjmission@iom.int

For Kosovo³:
Ms Anna Rostocka,
Chief of Mission in Kosovo³
arostocka@iom.int