

# IOM STRATEGIC RESPONSE AND RECOVERY PLAN COVID-19



January – December 2021

## INTERNATIONAL ORGANIZATION FOR MIGRATION

17 Route des Morillons P.O. Box 17  
1211 Geneva 19  
Switzerland  
T. +41 22 717 9111  
hq@iom.int  
[www.iom.int](http://www.iom.int)

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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### COVER:

IOM Afghanistan's Mobile Health Clinic in Shahrak Sabz IDP settlement (Herat) offers health services such as vaccinations, reproductive, maternal and child health, and health education. 2021 © IOM/Muse Mohammed

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 **141**  
TARGETED COUNTRIES

**\$ 822,868,000**  
IOM'S FINANCIAL REQUIREMENT

## I. SITUATION OVERVIEW

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

The COVID-19 pandemic has triggered an unprecedented global health, humanitarian, socioeconomic and human rights crisis. While the number of cases and deaths globally continue to increase, the containment measures enforced to mitigate the spread of COVID-19 – including travel restrictions - have in turn demonstrated the high human and economic costs related to restricted mobility, in particular on people on the move. As new SARS-CoV-2 variants spread across the globe, and entry and testing regulations and measures are evolving rapidly, they are often left behind. Whilst vaccination efforts are underway, public health systems in many places remain overstretched and unable to cope with the size and scope of the crisis. Barriers continue to exist in many countries for migrants, displaced populations and other vulnerable groups to access essential services, including COVID-19 vaccines.

One year into the pandemic, the mix of overlapping crises with a rise in extreme poverty, political instability, conflict, disasters and food insecurity have driven humanitarian needs to new levels and further intensified ongoing humanitarian crises that, if left unaddressed, will have long-term impacts on fragility, risks of displacement and human suffering. So far in 2021, an estimated 235 million people are in need of humanitarian assistance and protection,<sup>1</sup> representing a staggering increase of 40 per cent compared to the 167.6 million people in need of life-saving assistance in early 2020. The over 80 million displaced – both internationally and internally – are among the worst-hit by the crisis and will remain so if immediate support is not provided.

**Limitations to international and national mobility and trade are deepening the socioeconomic impacts of the pandemic with**

<sup>1</sup> [Global Humanitarian Overview 2021](#)

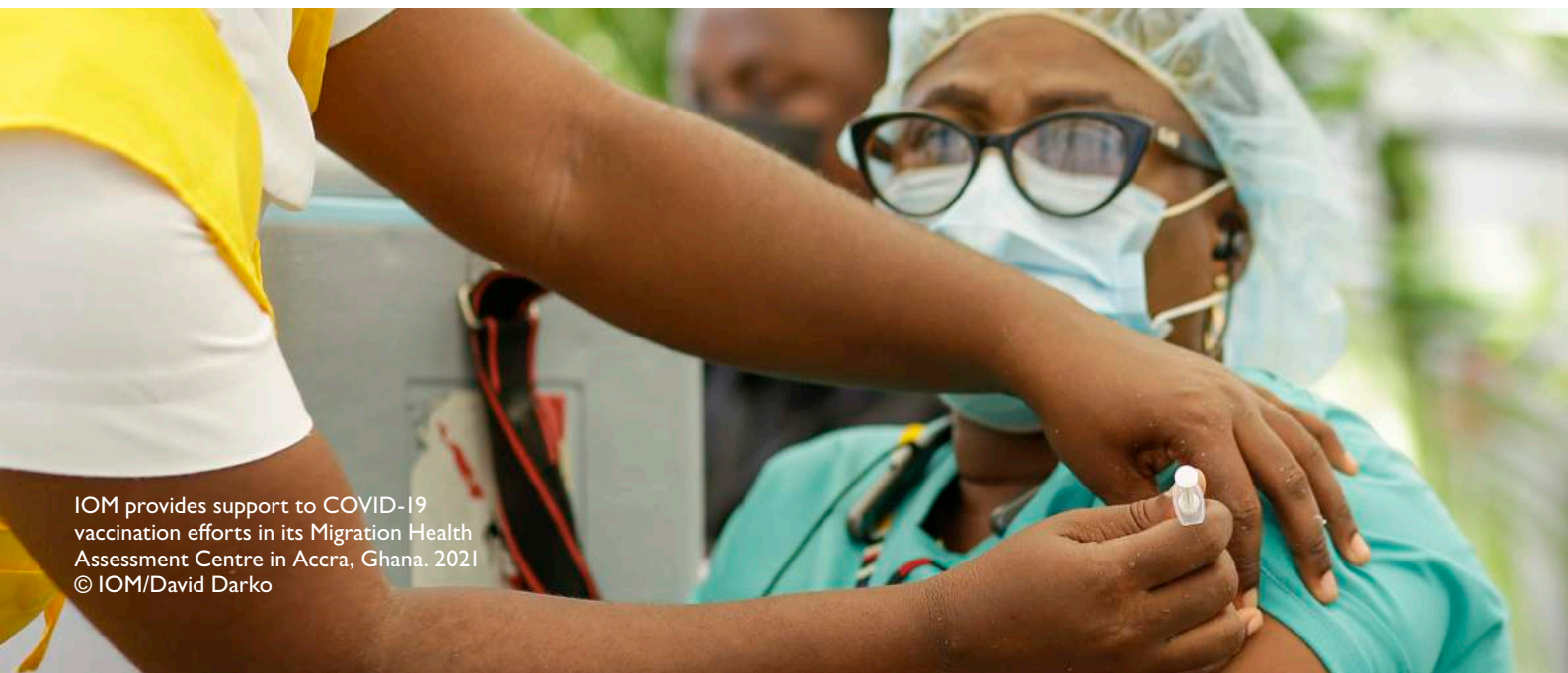
job loss at alarming rates and increasing levels of inequalities and poverty, especially among the displaced, migrants and affected communities. With many migrants working in the informal sectors in low- and middle-income-countries, they are the first to be left out. Reduced remittances negatively impact economies and livelihoods, affecting already vulnerable communities and exacerbating risks.<sup>2</sup> Hundreds of thousands of migrants remain stranded in transit. Others were forced to return to their home countries, unable to access employment due to lockdowns and other restrictions and struggling to provide for themselves and their families. The dangers associated with irregular migratory journeys have increased. Some of the 281 million international

migrants are also at higher risk of infection due to the conditions of their movements, depending on their socioeconomic situation and are also more vulnerable to violence, exploitation and abuse as well as discrimination and stigma.

**Yet, migration and human mobility can and should be part of the solution to deal with the crisis and recover better** given migrants' critical role in building healthy and striving societies. As articulated by the United Nations Secretary-General, people on the move must be a central feature of the response and recovery. Exclusion is costly in the long run whereas inclusion pays off for everyone.<sup>3</sup>

<sup>2</sup> IOM/WFP – Populations at risk: Implications of COVID-19 for hunger, migration and displacement

<sup>3</sup> United Nations Secretary General, Policy Brief: COVID-19 and people on the move, June 2020.



IOM provides support to COVID-19 vaccination efforts in its Migration Health Assessment Centre in Accra, Ghana. 2021 © IOM/David Darko

## II. RISKS AND NEEDS OVERVIEW

New COVID-19 cases continue to be reported weekly, impacting societies globally, and putting national health systems across the globe under pressure. In the past year, **COVID-19 has hindered essential health services in almost every country**, with the greatest impact being felt in low- and middle-income countries and crisis affected locations. The existing barriers to accessing health services for migrants and displaced populations – related to policy, language and affordability – have been made worse by the pandemic. Availability of services, including routine immunization, sexual and reproductive healthcare, non-communicable disease diagnosis and treatment and mental health and psychosocial support services, has significantly decreased. Women and girls in disadvantaged and marginalized groups have been particularly affected.

As COVID-19 vaccine plans are being rolled out, an inclusive response that is informed by public health imperatives, needs, and leaves no one behind based on migration status, is essential for societies to slow the transmission of the virus and enable equitable recovery. Millions of migrants and displaced persons are currently included in immunization campaigns led by national health authorities, the UN and other aid organizations, but too many continue to face barriers in accessing vaccination in practice.

The COVID-19 pandemic, while primarily a health crisis, has also exacerbated existing vulnerabilities, caused widespread economic disruptions and generated multiple new humanitarian and protection needs. As community transmission and socioeconomic fallout continue, those in fragile, disaster-prone, and conflict-



affected countries – including frontline aid workers – are facing higher risks, compounded by constraints in the delivery of life-saving humanitarian assistance. Movement restrictions have hindered humanitarian responses by limiting access to populations in need, movement of humanitarian workers, and constraining the delivery of essential services. At the same time, crisis-affected populations, particularly those displaced and residing in communal settings, often live in densely populated areas with already overstretched health systems, no supplies to prevent and control infection or to provide equitable access to essential services.

As a result, the impact of the **COVID-19 pandemic has dramatically increased protection concerns, especially in fragile contexts.** Increased insecurity, poverty, marginalization and breakdown of social cohesion induced by COVID-19 have exacerbated vulnerabilities of migrants and displaced populations to all types of violence, exploitation and abuse. The pandemic has increased the vulnerability of women and girls to gender-based violence (GBV) across the globe, as survivors are confined with their abusers due to movement restrictions, and has further exacerbated risks of exploitation and trafficking. In addition, the imposition of border closures and travel bans has left a **significant number of migrants stranded**, including seasonal workers, temporary residence holders, international students, seafarers and many others. Moreover, support available to vulnerable populations has been disrupted, leading to increased protection concerns and aggravated needs. The pandemic has also reinforced patterns of **stigmatization and discrimination** towards people on the move. As lockdown measures are extended, the risk of xenophobia increases, exacerbated by social tensions created by the economic downturn.

With the reduction in international and national mobility, **COVID-19 has had drastic socioeconomic consequences**, impacting trade corridors, supply chains and labour markets and triggering a deep global recession. **Unemployment, fragility**

**and inequalities are on the rise**, with ripple effects on extreme poverty, food insecurity and livelihoods, in particular affecting people on the move. Seasonal migrant worker programmes have been suspended, and the tourism industry has come to a halt, two vital sources of income for many countries and communities, especially in the global South. Migrants and other vulnerable groups are often feeling the impact on two ends: in countries of destination and through their families in countries of origin. The decrease of official remittances sent to migrant families in low- and middle-income countries is impacting communities, as well as macroeconomic outlooks for countries highly dependent on remittances.<sup>4</sup> In fragile contexts, important reduction in livelihood opportunities has exacerbated community tensions and limited opportunities for income generation and self-sustenance.

**The crisis has highlighted our dependence on international and national mobility**, as well as the importance of migrant workers as an essential part of the workforce in many sectors such as health and agriculture. It is therefore essential to ensure that restrictions to international migration are lifted in a coordinated manner and international mobility systems can be sustainably strengthened. In many countries, new skills are needed due to rapidly changing labour markets, the emergence of new supply and value chains, as well as digitization, automation, changing work and employment modalities. Migrant workers require reskilling and upskilling in order to be able to support the recovery from the pandemic. More active multi-stakeholder cooperation is required along existing and emerging corridors and economic sectors. Recovery strategies need to include migrants and displaced populations and enhance their capacities to support socioeconomic recovery and sustainable development. COVID-19 has further highlighted the vital role data plays in assisting governments, health actors and other stakeholders in curbing the spread of the disease. A comprehensive, coordinated and effective response cannot be realised without access to timely, and trusted data and which is crucial for identification of the most vulnerable communities.

<sup>4</sup> World Bank and KNOMAD. October 2020. Phase II - COVID-19 Crisis through a migration lens. See also: WFP-IOM. November 2020. [Populations at risk: Implications of COVID-19 for hunger, migration and displacement.](#)



IOM staff demonstrate handwashing best practices in Eastleigh, Nairobi, Kenya. 2020 © IOM



## 2. FROM RESPONSE TO RECOVERY – IOM'S PLAN

Building on the 2020 [Strategic Preparedness and Response Plan](#), **IOM's approach in 2021 uses a robust Strategic Response and Recovery Plan (SRRP) which encompasses life-saving assistance and response to humanitarian needs, initiatives to mitigate the impact of COVID-19 on migrants and societies, as well as support to recovery and resilience** integrating longer-term sustainable development planning.

In line with IOM's approach within the Humanitarian-Development-Peace Nexus (HDPN), **the four Strategic Objectives of the Plan** are complementary building blocks that adapt to different national and local contexts. **The Plan's 12 Specific Objectives** serve as entry points and promote joint analysis and collective outcomes for IOM's interventions in the wider context of the UN response.

IOM recognizes that recovery cannot take place without ending the ongoing health emergency and responding to the existing and resulting humanitarian needs and protection risks. By providing life-saving assistance and protection support to migrants, displaced

populations and affected communities, IOM aims to respond to the most urgent needs, and reduce and mitigate underlying vulnerabilities and risks. Combined with interventions to scale up essential health measures and include migrants and displaced populations in vaccination efforts, IOM will strengthen the social protection net and prepare the ground for recovery processes that can also leverage the role of migrants as essential workers in key sectors, including health. To ensure that UN staff can stay and deliver, IOM will continue to provide reliable health services to eligible staff in several critical duty stations, within the UN's First Line of Defence framework.

Simultaneously, IOM will support governments and communities to mitigate and address longer-term socioeconomic impacts and ensure that migrants and displaced populations are empowered to participate in recovery processes, including through durable solutions and community stabilization programming and approaches. Further, with mobility restrictions presenting potential impediments to recovery, IOM will work closely with



governments to ensure international migration systems at borders are able to reboot with strengthened capacity to ensure safe and regular migration in support of sustainable development.

Data and evidence are critical to informing effective response and recovery. In this regard, IOM will continue to tap into its global footprint and capacities in humanitarian data collection, as well as broader migration data analysis, to inform its own operations, as well as broader migration data and analysis. It includes collaboration with key partners and support to joint UN and government planning processes. This will enable complementarity and coordinated work across humanitarian, development, and

peace sectors and ultimately contribute to migrants, communities and societies' resilience and eventual recovery from COVID-19.

The plan builds on the 2020 UN frameworks to respond to the COVID-19 pandemic – health, humanitarian and socioeconomic – and is aligned with the humanitarian response plans of the Inter-Agency Standing Committee (IASC) within the Global Humanitarian Overview 2021, as coordinated by the UN Office for the Coordination of Humanitarian Affairs (OCHA), as well as the national COVID-19 socioeconomic response plans and Joint Annual Work Plans of the UN development system.

## OVERVIEW OF IOM'S COMPREHENSIVE APPROACH



IOM provides multi-sectoral assistance to stranded migrants from Honduras in Guatemala. 2021 © IOM



A one-on-one mental health and psychosocial support session in Teachers' Village, a camp for internally displaced persons in Maiduguri, north-east Nigeria. 2020 © IOM

## STRATEGIC OBJECTIVE I

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

IOM will mitigate the impact of COVID-19 on crisis-affected populations and alleviate the pressure on social protection systems by providing life-saving humanitarian support and protection assistance for migrants and displaced populations, as well as host communities, and addressing the risks of people on the move. By combatting xenophobia and targeting the population groups left furthest behind, IOM will strengthen inclusive societies as an essential building block for sustainable recovery.

**\$ 314,903,034**

IOM'S FINANCIAL REQUIREMENT

#### I.A. MITIGATE THE IMPACT OF COVID-19 ON CRISIS-AFFECTED POPULATIONS

- » Assess the demographics of crisis-affected populations, **map available services and upgrade reception areas, migrant transit centers, displacement sites and camp-like settings** to reduce transmission of the disease. This includes the decongestion of sites and improvement to the partitioning in crowded environments, the establishment/improvement of quarantine isolation centers in sites and establishment of water, sanitation and hygiene (WASH) services for crisis-affected populations.
- » Provide **adequate infection prevention and control (IPC) supplies and services**, including hygiene items and other personal protective equipment (PPE), to displaced populations to prevent or limit transmission of the disease. IOM will also contribute to the replenishment of non-food items (NFI) common pipeline mechanisms.
- » **Mainstream COVID-19 measures in mitigation, prevention and preparedness planning**, including community-based disaster risk management to protect displacement-affected and at-risk communities that are impacted by COVID-19 and simultaneously vulnerable to other disasters and the negative impacts of climate change.

#### I.B. SECURE LIFE-SAVING ASSISTANCE AND ACCESS TO CRITICAL SERVICES

- » Ensure the **continuation and provision of essential services and life-saving assistance** to displaced populations, migrants, including stranded migrants and people in mixed flows, and other vulnerable populations, such as crisis affected populations and victims of human rights violations, in locations with compounding pre-COVID-19 humanitarian needs. Interventions will ensure sound communications, feedback and awareness mechanisms about availability of services. In line with humanitarian programming, activities include, but are not limited to, improvements to WASH facilities in



line with COVID-19 measures, shelter support, inclusive of rental subsidies for those at risk in areas of high transmission, site improvements, care and maintenance interventions in displacement sites and crowded urban locations, distribution of food and NFI and other humanitarian assistance needed.

- » **Strengthen site-level coordination and management structures** with service providers on site, including through remote modalities in case of reduced access, as well as sustaining community engagement and participation in sites through two-way communications mechanisms.

- » **Provide access to income-generating opportunities and safety-net cash assistance, including multi-purpose cash-based interventions** to displaced populations affected by the impact of the crisis in displacement sites and areas of high mobility to support early recovery and stabilization. IOM will also support affected households with agricultural input activities, including support to critical market systems for seeds, tools, staple crops, livestock, among others, to support rural and isolated populations in need.

### I.C. PROVIDE PROTECTION AND ASSISTANCE, REDUCE PROTECTION-RELATED RISKS AND VULNERABILITIES AND COMBAT XENOPHOBIA

- » Ensure the continuity of critical **protection mechanisms and responses**, including cross-border and community-based, to provide urgent protection services, or referrals to appropriate services to those most in need. Direct assistance will include alternative care, family tracing and reunification, case management, return assistance, service provision to persons affected by gender-based violence, and mitigation of risks exacerbated by the COVID-19 measures by enhancing capacities, providing direct assistance and working towards decreasing protection risks.
- » Provision of **mental health and psychosocial support (MHPSS)** self-help tools and services for vulnerable migrants, displaced populations and affected communities, as well as deployment of psychosocial mobile teams linguistically and culturally capable of serving vulnerable populations, including displaced persons, and other forms of remote support including online training.
- » Enhance the capacity of government institutions, partners, and national and local responders to strengthen their **protection knowledge and skills** to assist affected populations in the context of COVID-19, including on protection

mainstreaming, psychological first aid, GBV, consular assistance, law enforcement action against traffickers and smugglers, alternative and innovative solutions, and advocacy for prioritization of criteria across national frameworks guaranteeing effective participation of migrants and displaced populations with special consideration for the most vulnerable groups.

- » Develop comprehensive **protection-focused information, education and communication (IEC) materials** and guidance on vulnerabilities and protection needs, including but not limited to, community-based care, establishment of peer-support systems and self-care routines, virtual counselling and psychological first aid, human trafficking, and alternatives to detention in the context of COVID-19.
- » Promote **social cohesion and efforts against discrimination, marginalization and xenophobia**, including anti-discrimination/anti-xenophobia campaigns and community-based programming, to promote peaceful coexistence and dialogue between migrants, displaced populations and host communities.



IOM volunteers disseminate key COVID, hygiene, and MHPSS messages in Rohingya settlements in Cox's Bazar, Bangladesh. 2020 © IOM

Syrian refugees undergo a PCR test for COVID-19 before their resettlement flight to Europe, Lebanon. 2020 © IOM/M.Mohammed



## STRATEGIC OBJECTIVE 2

### SCALE UP ESSENTIAL PUBLIC HEALTH MEASURES AND PROMOTE MOBILITY-SENSITIVE HEALTH SYSTEMS

IOM will contribute to mitigating the impact of the virus with particular focus on the most vulnerable through the provision of life-saving essential health-care services, such as routine immunization, and by strengthening health systems, including enhancing the integration of health and border management systems to prevent, detect and respond to COVID-19 (and other public health threats) at points of entry. Further, IOM will support vaccination efforts and advocate for migrant inclusion – regardless of legal status – in vaccine planning and roll-out, including in humanitarian settings.

**\$249,868,639**

IOM'S FINANCIAL REQUIREMENT

including:

**\$48,313,335**

TO SUPPORT COVID-19  
VACCINATION EFFORTS

**\$9,564,168**

FOR THE UN'S FIRST  
LINE OF DEFENCE

#### 2.A. PREVENT, DETECT AND RESPOND TO COVID-19 AND OTHER PUBLIC HEALTH THREATS IN COMMUNITIES AND AT BORDERS

- » Enhance existing disease surveillance systems, including community event-based surveillance, particularly among border communities, points of entry, migrant dense areas and displacement sites. IOM will also support national and local authorities to conduct participatory mapping exercises to identify high-risk transmission mobility corridors and areas.
- » Promote risk communication and community engagement activities ensuring that mobility is properly considered in public health and hygiene messaging and that migrants and mobile communities have access to timely, context-specific and correct information 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.
- » Ensure continuity of essential health care, including COVID-19 case management and mental health care, through the provision of life-saving primary health services, the procurement of critical medicines and medical supplies and the improvement of infrastructure, particularly in locations with existing humanitarian needs.
- » Procure personal protective equipment and other infection prevention and control critical items for health and clinical settings.
- » Support enhanced national diagnostics capacity for detection of COVID-19, such as through the provision of trainings, and operational support for packaging and transfer of laboratory samples, including both national and cross-border support.



- » Assist national and local authorities at priority points of entry (POE) – through active surveillance, including health screenings, referrals, data collection, capacity development for health and immigration/border officials, and improvement of border infrastructure (including WASH infrastructure).
- » Contribute to the UN's First Line of Defence framework to support UN personnel and their dependents through monitoring and treatment of COVID-19 patients, primary care for non-COVID-19 patients, testing and referral for higher-level care, including hospitalization and medical evacuation when needed as well as COVID-19 vaccinations.

## 2.B. PROMOTE EQUITABLE ACCESS TO VACCINES FOR VULNERABLE POPULATIONS

- » Assist the **vaccine supply chain management** through procurement and provision of dry storage, cold chain equipment and transportation.
- » Support the direct implementation of **vaccine delivery** through mass vaccination campaigns and routine vaccination, including roll-out of systems to report adverse effects, support to health worker incentives, refresher trainings, and rental of vehicles and other transport costs.
- » Conduct **social mobilization activities**, including community dialogue, feedback mechanisms, production of IEC materials and campaigns to raise awareness on COVID-19 vaccines and combat hesitancy in communities of concern, in coordination with health partners and government officials.
- » Enhance **vaccination data management and quality** through use of digital data collection tools, and support for collecting, inputting and analyzing the data.
- » **Monitor access to vaccines for migrants** – regardless of legal status - and other vulnerable populations in order to advocate for inclusion in national vaccination planning and implementation.

## 2.C. STRENGTHEN HEALTH SYSTEMS TO PROMOTE ACCESS AND INCLUSION

- » Support the **recovery and strengthening of resilient health systems**, with the aim to move from the provision of essential services, including mental health and psychosocial support, to comprehensive health services through the improvement of infrastructure, increase of health capacity and development of policy and pilot schemes that ensure an inclusive health system recovery.
- » **Strengthen health workforce mobility and engagement of the diaspora** for human resources for health, including via telemedicine, health worker training/retraining, virtual consultations and transfer of knowledge.



An IOM mobile medical doctor provides emergency health assistance to a stranded migrant in Lahj, Yemen. 2020 © IOM



## STRATEGIC OBJECTIVE 3

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

In order to achieve long-term recovery and contribute to sustainable development and strengthen the resilience of affected populations, IOM will focus its interventions under this objective to mitigate the socioeconomic impact of COVID-19 on migrants, displaced persons and communities, promote social cohesion by using conflict sensitive approaches and empower societies to recover better. In doing so, IOM will also promote more durable approaches to address the barriers to solutions for the displaced as well as safe and regular migration by supporting the relaunch and strengthening of international mobility systems and labour migration partnerships, considering their important role for socioeconomic recovery.

**\$ 197,905,412**

IOM'S FINANCIAL  
REQUIREMENT

#### 3.A. STRENGTHEN INTERNATIONAL COOPERATION, IMMIGRATION SYSTEMS AND BORDER CROSSING MECHANISMS TO MITIGATE THE IMPACT OF THE PANDEMIC ON HUMAN MOBILITY

- » Include public health considerations into **Integrated and Coordinated Border Management approaches**, training and tools and humanitarian border management programming in support of safe and inclusive cross-border human mobility; support to regularization procedures with appropriate public health measures;
- » Enhance access to **regular migration pathways** impacted by COVID-19 by adapting processing capacities and providing resources to ensure timely support for all migrant groups; address misinformation and vulnerabilities exacerbated by the pandemic, including those related to immigration and visa systems. Support the post-pandemic recovery of global mobility through the accelerated digitalization of admission and stay procedures, with a focus on inclusive solutions and assistance for migrants in vulnerable situations.
- » Support **skills-based labour mobility schemes and cooperation**, addressing gaps revealed by the COVID-19 pandemic with a particular focus on workers in essential sectors; strengthen linkages between pre- and post-arrival migrant orientation and training services; advocacy and support with the development of long-term policy solutions and cooperation mechanisms for labour migration and skills mobility arrangements for socio-economic recovery, ensuring respect for international human and labour rights standards and the principles of ethical recruitment.



### 3.B. INCLUDE AND EMPOWER PEOPLE ON THE MOVE TO SUPPORT SOCIOECONOMIC RECOVERY

- » Facilitate cross-border trade through capacity development, upgrade of border infrastructure and support to cross-border traders to maintain essential flow of people and goods at borders; engage the private sector and other relevant stakeholders to promote ethical recruitment and protection of migrant workers throughout recovery efforts; promote the health and well-being of migrant workers during recruitment and migration, including through access to social protection and rights protection.
- » Support diaspora engagement and mobilization for recovery, in cooperation with governments and other partners; support entrepreneurship and youth empowerment through mentorship and donations; support policies to keep remittances flowing and ensure migrants' access to financial and digital services.
- » Provide policy support and capacity development to national/ local governments to ensure migrants are part of recovery planning and implementation, including policy solutions for upskilling and reskilling of migrants and promotion of multi-stakeholder engagement on inclusive recovery policies;
- » Support (re)integration and social cohesion to diverse communities to recover from COVID-19 and connect returnees with local economies, while addressing their social and psychosocial needs, at individual, community and structural level.
- » Support micro-, small- and medium-sized enterprises to rapidly resume operations and generate job opportunities, combined with access to education and skills development to adapt to local contexts and needs and promote durable solutions and community stabilization in nascent industries responding to the COVID-19 response

### 3.C. MITIGATE NEW OR EXACERBATED COMMUNITY TENSION AND CONFLICT RELATED TO COVID-19

- » Strengthen the relationship between local governments and communities to contribute to mitigating the likelihood of rising tensions or conflict related to COVID-19.
- » Build trust among communities and local stakeholders through communication, messaging and reconciliation platforms for COVID-19 interventions in areas where local governments, especially health services, lack the necessary trust by the local population to be effective.
- » Counter rumors and misinformation associated with the virus, as well as negative sentiments against vulnerable groups.
- » Strengthen trust and participation in border communities to strengthen preparedness and response capacities.



IOM staff in the Lao People's Democratic Republic distribute risk communication and community engagement materials. 2020 © IOM



During 2020, IOM has scaled up its response to ensure that the life-saving needs of vulnerable migrants from Venezuela in Chile are met. 2020 © IOM

## STRATEGIC OBJECTIVE 4

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

Evidence-based information and data are essential elements required to inform the response and recovery efforts of the UN System and governments. IOM will continue to track the impact of COVID-19 on human mobility and strengthen evidence-based decision-making through targeted data collection and assessment, migration data capacity development and other methods. This will also support the achievement of the other Strategic Objectives outlined in the IOM Plan.

**\$ 60,190,915**

IOM'S FINANCIAL REQUIREMENT

#### 4.A. ENSURE A WELL-COORDINATED, INFORMED AND TIMELY RESPONSE AND RECOVERY THROUGH MOBILITY TRACKING SYSTEMS AT THE COMMUNITY, NATIONAL AND REGIONAL LEVELS

- » Monitor and assess the situation and needs of migrants, displaced populations, including internally displaced persons (IDPs), and other crisis affected populations inside and outside camps or camp-like settings impacted by COVID-19, ensuring their needs are taken into account in the overall response.
- » Enhance relevant data collection tools and methods to support partners such as the World Health Organization (WHO), health authorities, and clusters/sectors and inter-cluster/inter-sector coordination mechanisms, facilitating better data exchange and having evidence-based response and assistance.

#### 4.B. STRENGTHEN GLOBAL KNOWLEDGE OF THE IMPACT OF COVID-19 ON HUMAN MOBILITY

- » Monitor, analyze, and report on international travel restrictions, changes in immigration and visa procedures, labour mobility and visa related measures, and public health related mobility measures being imposed by/and on countries globally.
- » Enhance country level mobility restrictions mapping for points of entry and in-country locations with restrictive measures in place, and report on different points assessed.



- » Conduct inflow and outflow mapping using the Displacement Tracking Matrix (DTM)'s existing flow monitoring operations with an emphasis on movements within, to and from countries and regions with higher prevalence of COVID-19.
- » Implement data- and research-related initiatives to provide timely, quality evidence to migration policymakers to support adjusting to evolving pandemic dynamics, including by exploring the potential of using alternative data sources and sharing

existing practices on promoting fact-based and data-driven migration discourse, policy and planning through the UN Network on Migration.

- » Conduct research and produce statistical snapshots on the impact of the pandemic on migrant protection and assistance, including return and reintegration, migration patterns, criminal networks, cost for services, incidents of violence, exploitation and abuse, and apply learning in programming and future crises.

#### 4.C. SUPPORT AND INFORM THE MEDIUM- AND LONGER TERM EFFORTS TO ADDRESS THE SOCIOECONOMIC IMPACT OF COVID-19 AT THE INTERNATIONAL, NATIONAL AND LOCAL LEVELS THROUGH DATA PROVISION AND ANALYSIS

- » Conduct surveys, assessment and studies on the impact of COVID-19 on population and societies in different contexts, particularly on the situation of migrants, displaced populations and other vulnerable groups in critical policy areas to leverage human mobility for transition and inclusive and sustainable recovery, including through disaggregated data.

- » Strengthen migration data gathering systems to ensure continuity of data collection, enhancement of analysis and forecasting capacities of governments and other partners for COVID-19 recovery.

Participatory mobility mapping exercise in Nepal. 2020 © IOM





IOM provides primary-health assistance to internally displaced persons on the outskirts of Garowe, Somalia. 2020 © IOM/Tobin Jones

### 3. CROSS-CUTTING PRIORITIES AND COMMITMENTS



**PEOPLE-CENTERED APPROACH, PARTICIPATION AND ACCOUNTABILITY TO AFFECTED POPULATIONS:** IOM puts people at the centre of its operations and remains accountable to them, adapting its programmes and approaches based on feedback from stakeholders and affected populations. This is based on the understanding that affected people are agents, enablers and drivers of their own resilience, recovery and development at household, community and national levels before, during and after a crisis.



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



**CENTRALITY OF PROTECTION:** IOM adheres to the Inter-Agency Standing Committee (IASC) definition of protection as "all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law", and is committed to the IASC Statement on the Centrality of Protection in Humanitarian Action and to the IASC Policy on Protection in Humanitarian Action. In this vein, IOM humanitarian assistance aims to be sensitive to gender, age, vulnerabilities and other socioeconomic considerations, as well as proportionate to the magnitude of the situation. Furthermore, IOM abides by internal protocols in regard to prevention of sexual abuse and exploitation (PSEA), and has made PSEA commitments that include inter-agency coordination to prevent and address sexual abuse and exploitation and active participation in in-country PSEA networks.





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



**DISABILITY INCLUSION:** Persons with disabilities have experienced significant barriers in accessing essential life-saving and recovery services during the COVID-19 pandemic, with limited participation and inclusion in the response plans and a likelihood of higher levels of poverty, violence, neglect and abuse as a result of their exclusion. IOM's response is guided by four key principles: increased participation and involvement within measures to respond to the pandemic; improved knowledge and information of the barriers that persons with disabilities face in accessing essential services; strengthened measures to ensure meaningful access to key services and information on COVID-19 response and recovery; reduction of protection-related risks and stigma faced by people with disabilities.



**GENDER:** The gender perspective will continue to be an important cross-cutting priority of the SRRP 2021. The impacts and implications of COVID-19 are different for men and women and may create greater inequalities for people who are in vulnerable positions, such as migrants, displaced populations and vulnerable communities. Within its efforts, IOM will continue to apply gender-sensitive and inter sectional approaches to allow for the identification of these inequalities, incorporate protection and gender lens in the assistance delivery and ensure the participation of all, with specific attention to the needs of women and girls, in response and recovery strategies.



**HUMANITARIAN-DEVELOPMENT-PEACE NEXUS:** The Nexus aims at strengthening linkages, collaboration and coherence between humanitarian, development and peace actions. The approach seeks to capitalize on the comparative advantages of each intervention, based on the context and needs of the population, to reduce overall vulnerability and the number of unmet needs, strengthen risk management capacities, increase resilience and address the root causes of crises while supporting longer-term solutions. Through the development of collective outcomes that support coherent and complementary coordination, programming and financing, IOM aims to ensure needs-based, environmental, conflict-sensitive and principled humanitarian, development and peace actions that are based on shared risk-informed and gender-sensitive analysis.



IOM staff train local hygiene promoters to disseminate COVID-19 information to displaced persons living around Mogadishu, Somalia. 2020 © IOM





## 4. IOM'S CAPACITY TO RESPOND

COVID-19 introduced unprecedented changes to mobility, transportation, labour markets, and daily life. Consequently, IOM adapted its programming and working methods to meet this new reality, adjusting its interventions and modalities and continuously increasing the Organization's capacities to respond efficiently and effectively to the crisis by reaching those most in need. Throughout 2020, IOM has been working closely with governments, UN organizations, civil society partners and local actors to support the COVID-19 response in over 140 countries. Interventions focused on four strategic priorities at the community, national, and regional levels: **(i) effective coordination and partnerships, (ii) preparedness and response measures for reduced morbidity and mortality, (iii) efforts to ensure affected people have access to basic services and commodities, and (iv) mitigating the socioeconomic impacts of COVID-19.** IOM's work has proven to be crucial to provide immediate humanitarian relief, ensure continuity of care and health assistance, reduce the spread of the virus through measures for integrated health and border management, while ensuring that migrants, displaced populations and affected communities are not left behind and can contribute to both response and recovery efforts. For more information,

please consult the [IOM COVID-19 Preparedness and Response Achievement Report 2020](#).

IOM has a unique comparative advantage - working before, during and after crisis - and well-established operational footprint allowing it to support complementary and simultaneous response and recovery interventions through the entire crisis spectrum, aligned with the Humanitarian-Development-Peace Nexus approach. Through its response, IOM is well-placed to promote joint analysis and collective outcomes that pave the way towards sustainable development. The Organization also holds extensive experience in addressing displacement crises as well as supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, while advocating for migrant-inclusive approaches that minimize stigma and discrimination. Recognizing the varying speeds at which the COVID-19 response and recovery takes place across all countries, IOM offers practical solutions to overcome the bottlenecks for socioeconomic recovery generated by the health emergency, mobility restrictions, humanitarian crises, conflict, and changing labour market realities.



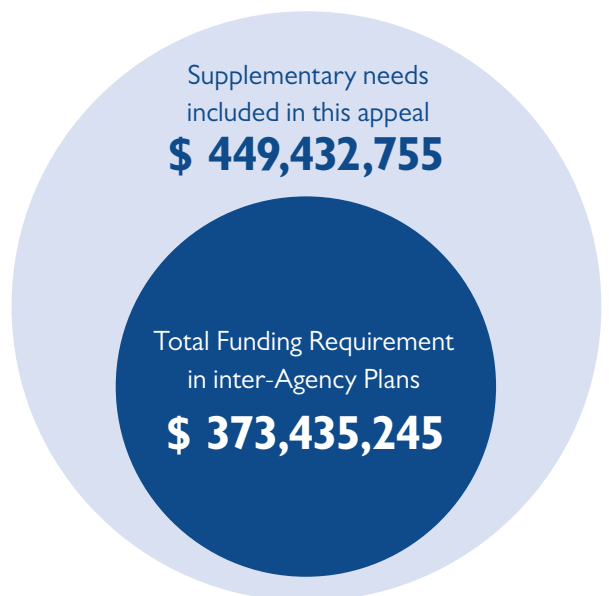


IOM supports frontline workers with personal protective equipment in Al Geneira, Sudan. 2021 © IOM

## 5. FUNDING REQUIREMENTS

Funding requirements cover planned interventions in 141 countries where IOM is present to implement life-saving, protection, health, and recovery activities while ensuring that the humanitarian and development communities are provided with evidence-based data that will strengthen the global response. Funding requirements are broken down by country and Specific Objective and have been estimated based on current needs of the targeted countries, national health system capacities, national capacity to respond, and socioeconomic impact of COVID-19 on affected populations. All funding requirements outlined in this Plan are aligned with regional and national inter-agency plans, such as Humanitarian Response Plans, Refugee and Migrant Response Plans, UN national COVID-19 plans, and the Joint Annual Work Plans of the UN Sustainable Development Cooperation Framework, among others. This Plan also incorporates IOM's specific financial requirements included in national and regional inter-agency plans alongside additional funding needs not covered by those, in order to ensure that all affected populations are reached.

Given the evolving nature of the pandemic, flexible funding will be crucial to adapting IOM's response to local contexts and ensure implementation models can remain responsive to changing dynamics within the overall response framework developed for this year.



Total Funding Requirement SRRP

**\$ 822,868,000**

# ANNEX I: FUNDING REQUIREMENT PER STRATEGIC OBJECTIVE

IOM Strategic Response and Recovery Plan 2021	Funding Requirements (USD)
<b>STRATEGIC OBJECTIVE 1: Ensure continuation of essential services, mitigate risks and protect displaced persons, mobile populations and host communities</b>	<b>\$314,903,034</b>
Ia. Mitigate the impact of COVID-19 on crisis-affected populations	\$103,187,569
Ib. Secure life-saving assistance and access to critical services	\$140,222,152
Ic. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia	\$71,493,313
<b>STRATEGIC OBJECTIVE 2: Scale Up Essential Public Health Measures and Promote Mobility-Sensitive Health Systems</b>	<b>\$249,868,639</b>
2a. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	\$160,446,356
2b. Promote equitable access to vaccines for vulnerable populations	\$48,313,335
2c. Strengthen health systems to promote access and inclusion	\$41,108,948
<b>STRATEGIC OBJECTIVE 3: Mitigate the longer-term socioeconomic impacts of COVID-19, contribute to restarting human mobility and empower societies for self-reliance</b>	<b>\$197,905,412</b>
3a. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility	\$34,154,630
3b. Include and empower people on the move to support socioeconomic recovery	\$140,875,096
3c. Mitigate new or exacerbated community tension and conflict related to COVID-19	\$22,875,686
<b>STRATEGIC OBJECTIVE 4: Inform response and recovery efforts by tracking the impact of COVID-19 on mobility and people on the move and strengthen evidence-based decision-making through data</b>	<b>\$60,190,915</b>
4a. Ensure a well-coordinated, informed and timely response and recovery through mobility tracking systems at the community, national and regional levels	\$25,928,630
4b. Strengthen global knowledge of the impact of COVID-19 on human mobility	\$19,328,085
4c. Support and inform the medium- and longer term efforts to address the socioeconomic impact of COVID-19 at the international, national and local levels through data provision and analysis	\$14,934,200
<b>TOTAL</b>	<b>\$822,868,000</b>

# ANNEX II: GLOBAL FUNDING REQUIREMENT

Global Funding Requirements	Funding Requirements (USD)
Global Health Support, including First Line of Defence (FLoD)	\$4,730,000
Global COVID-19 Vaccination Support	\$4,420,000
Global Mobility Tracking of Impact of COVID-19	\$7,300,000
Global Coordination, Implementation and Policy Support	\$6,276,580



# ANNEX III: FUNDING REQUIREMENT PER COUNTRY

Country	STRATEGIC OBJECTIVE 1			STRATEGIC OBJECTIVE 2			STRATEGIC OBJECTIVE 3			STRATEGIC OBJECTIVE 4			TOTAL
	IA. Mitigate the impact of COVID-19 to crisis-affected populations	IB. Secure life-saving assistance and access to critical services	IC. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia	2A. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	2B. Promote equitable access to vaccines for vulnerable populations	2C. Strengthen health systems to promote access and inclusion	3A. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility and ensure their future orientation	3B. Include and empower people on the move to support socioeconomic recovery	3C. Mitigate new or exacerbated community tension and conflict related to COVID-19	4A. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels	4B. Enhance understanding of the global impact of COVID-19 on human mobility	4C. Support and inform the medium-and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national and local levels through data provision and analysis	
<b>Asia and the Pacific Sub-Total</b>	\$ 20,196,348	\$ 12,983,604	\$ 8,362,280	\$ 30,495,646	\$ 9,317,425	\$ 6,025,000	\$ 8,180,000	\$ 21,987,381	\$ 5,739,286	\$ 3,278,750	\$ 2,120,000	\$ 2,975,000	\$ 131,660,720
Regional Office	\$ -	\$ -	\$ -	\$ 70,000	\$ 40,000	\$ 45,000	\$ 40,000	\$ -	\$ -	\$ 75,000	\$ 170,000	\$ 340,000	\$ 800,000
Afghanistan	\$ 600,000	\$ 2,600,000	\$ 200,000	\$ 5,800,000	\$ 1,000,000	\$ 500,000	\$ 1,000,000	\$ 4,000,000	\$ -	\$ 1,308,750	\$ 30,000	\$ 30,000	\$ 17,048,750
Bangladesh	\$ 11,441,348	\$ 8,253,604	\$ 2,014,286	\$ 9,153,629	\$ 2,065,000	\$ 1,500,000	\$ 700,000	\$ 3,694,117	\$ 464,286	\$ 575,000	\$ -	\$ -	\$ 39,861,270
Bhutan	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300,000
Cambodia	\$ 75,000	\$ 150,000	\$ 200,000	\$ 500,000	\$ 300,000	\$ 400,000	\$ 500,000	\$ 750,000	\$ 75,000	\$ 200,000	\$ 100,000	\$ 200,000	\$ 3,450,000
Federal States of Micronesia	\$ 50,000	\$ -	\$ 160,000	\$ 560,000	\$ 40,000	\$ 250,000	\$ 400,000	\$ 320,000	\$ -	\$ 20,000	\$ -	\$ 200,000	\$ 2,000,000
Fiji	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ 35,000	\$ -	\$ 400,000
Iran	\$ 100,000	\$ -	\$ 160,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ -	\$ 500,000
India	\$ -	\$ -	\$ 150,000	\$ -	\$ 100,000	\$ -	\$ 50,000	\$ 575,000	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000
Indonesia	\$ 1,000,000	\$ -	\$ 750,000	\$ 3,000,000	\$ 550,000	\$ -	\$ 100,000	\$ 2,400,000	\$ -	\$ 100,000	\$ 15,000	\$ 85,000	\$ 8,000,000
Lao People's Democratic Republic	\$ 85,000	\$ -	\$ 75,000	\$ 445,000	\$ 30,000	\$ 210,000	\$ 100,000	\$ 100,000	\$ -	\$ 100,000	\$ 35,000	\$ 20,000	\$ 1,200,000
Malaysia	\$ 375,000	\$ -	\$ 500,000	\$ 630,000	\$ 400,000	\$ 100,000	\$ 300,000	\$ 300,000	\$ -	\$ -	\$ 200,000	\$ -	\$ 3,005,000
Maldives	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ 230,000	\$ -	\$ -	\$ 20,000	\$ 200,000	\$ -	\$ 500,000
Marshall Islands	\$ 150,000	\$ -	\$ 140,000	\$ 340,000	\$ 110,000	\$ 200,000	\$ 400,000	\$ 490,000	\$ -	\$ -	\$ 20,000	\$ -	\$ 2,000,000
Mongolia	\$ 100,000	\$ 230,000	\$ 600,000	\$ 250,000	\$ 100,000	\$ 100,000	\$ 350,000	\$ 850,000	\$ 300,000	\$ 240,000	\$ 250,000	\$ 180,000	\$ 3,550,000
Myanmar	\$ 1,450,000	\$ -	\$ 1,000,000	\$ 1,900,000	\$ 800,000	\$ 800,000	\$ 400,000	\$ 1,500,000	\$ 2,400,000	\$ -	\$ -	\$ -	\$ 10,550,000
Nepal	\$ 300,000	\$ -	\$ 450,000	\$ 1,450,000	\$ 200,000	\$ -	\$ -	\$ 1,300,000	\$ -	\$ 100,000	\$ 200,000	\$ -	\$ 4,000,000
Pakistan	\$ 1,000,000	\$ -	\$ 700,000	\$ 750,000	\$ 250,000	\$ 550,000	\$ 1,150,000	\$ 1,330,000	\$ -	\$ 200,000	\$ 150,000	\$ 150,000	\$ 6,230,000
Papua New Guinea	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000
Philippines	\$ 3,100,000	\$ 1,700,000	\$ 70,000	\$ 1,900,000	\$ 2,350,000	\$ 500,000	\$ 200,000	\$ 1,240,000	\$ 2,500,000	\$ 200,000	\$ 10,000	\$ 225,000	\$ 13,995,000
Republic of Palau	\$ 20,000	\$ -	\$ 40,000	\$ 70,000	\$ 20,000	\$ 170,000	\$ 170,000	\$ 50,000	\$ -	\$ -	\$ -	\$ 30,000	\$ 500,000
Solomon Islands	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000
Sri Lanka	\$ -	\$ -	\$ 600,000	\$ 800,000	\$ 250,000	\$ 600,000	\$ 500,000	\$ 500,000	\$ -	\$ 250,000	\$ 500,000	\$ 500,000	\$ 4,000,000
Thailand	\$ -	\$ -	\$ 262,994	\$ 1,002,017	\$ 592,425	\$ -	\$ 160,000	\$ 1,838,264	\$ -	\$ 80,000	\$ 65,000	\$ -	\$ 4,000,700
Timor Leste	\$ 100,000	\$ -	\$ 150,000	\$ 150,000	\$ -	\$ 100,000	\$ 100,000	\$ 50,000	\$ -	\$ 50,000	\$ 50,000	\$ 100,000	\$ 800,000
Tonga	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000
Vanuatu	\$ -	\$ 50,000	\$ -	\$ 50,000	\$ -	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,000
Vietnam	\$ -	\$ -	\$ 300,000	\$ 1,350,000	\$ 100,000	\$ -	\$ 250,000	\$ 700,000	\$ -	\$ -	\$ 200,000	\$ 100,000	\$ 3,000,000
<b>Middle East and North Africa Sub-Total</b>	\$ 24,963,000	\$ 26,800,000	\$ 12,448,750	\$ 26,006,000	\$ 7,627,000	\$ 11,787,000	\$ 4,054,000	\$ 14,170,500	\$ 3,112,000	\$ 6,593,000	\$ 1,660,000	\$ 2,960,000	\$ 142,181,250
Regional Office	\$ -	\$ -	\$ 253,000	\$ 63,000	\$ 50,000	\$ 39,000	\$ 64,000	\$ 55,000	\$ -	\$ 81,000	\$ 110,000	\$ 85,000	\$ 800,000
Algeria	\$ -	\$ -	\$ 1,800,000	\$ 300,000	\$ 30,000	\$ 200,000	\$ 1,050,000	\$ -	\$ -	\$ 50,000	\$ -	\$ 50,000	\$ 3,680,000
Bahrain	\$ -	\$ -	\$ 850,000	\$ -	\$ 35,000	\$ -	\$ 190,000	\$ 110,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 1,235,000
Egypt	\$ 500,000	\$ 500,000	\$ 200,000	\$ 1,000,000	\$ 750,000	\$ 500,000	\$ 500,000	\$ 1,000,000	\$ 250,000	\$ -	\$ 100,000	\$ 125,000	\$ 4,975,000
Iraq	\$ 1,000,000	\$ 4,200,000	\$ 1,850,000	\$ 6,500,000	\$ 1,000,000	\$ 3,500,000	\$ 750,000	\$ 4,500,000	\$ 500,000	\$ 1,000,000	\$ 250,000	\$ 250,000	\$ 25,300,000
Jordan	\$ -	\$ 500,000	\$ 250,000	\$ 2,800,000	\$ 550,000	\$ 300,000	\$ -	\$ 350,000	\$ -	\$ -	\$ -	\$ 200,000	\$ 4,950,000
Kuwait	\$ -	\$ -	\$ 150,000	\$ 50,000	\$ -	\$ -	\$ -	\$ 365,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 615,000
Lebanon	\$ 1,100,000	\$ -	\$ 925,000	\$ 797,000	\$ 100,000	\$ 292,000	\$ -	\$ 1,412,000	\$ 762,000	\$ 462,000	\$ -	\$ 50,000	\$ 5,900,000
Libya	\$ 2,000,000	\$ 2,500,000	\$ 1,000,000	\$ 7,500,000	\$ 950,000	\$ 150,000	\$ 2,000,000	\$ 450,000	\$ 200,000	\$ 3,000,000	\$ 300,000	\$ 150,000	\$ 20,200,000
Morocco	\$ -	\$ -	\$ 600,000	\$ 350,000	\$ 50,000	\$ 150,000	\$ -	\$ 500,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 1,850,000
Qatar	\$ -	\$ -	\$ 400,000	\$ 300,000	\$ -	\$ -	\$ 100,000	\$ 260,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 1,110,000
Sudan	\$ 1,800,000	\$ 2,500,000	\$ 1,580,000	\$ 680,000	\$ 252,000	\$ 400,000	\$ 300,000	\$ 766,000	\$ 500,000	\$ 500,000	\$ 100,000	\$ 800,000	\$ 10,178,000
Saudi Arabia	\$ -	\$ -	\$ 657,000	\$ -	\$ 35,000	\$ -	\$ 75,000	\$ 545,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 1,362,000
Syrian Arab Republic	\$ 4,000,000	\$ -	\$ 1,500,000	\$ 1,200,000	\$ 2,000,000	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,700,000
Tunisia	\$ -	\$ -	\$ 110,000	\$ 445,000	\$ 110,000	\$ 300,000	\$ 100,000	\$ 500,000	\$ 400,000	\$ 400,000	\$ 250,000	\$ -	\$ 2,615,000
United Arab Emirates	\$ -	\$ -	\$ 323,750	\$ -	\$ 35,000	\$ -	\$ 75,000	\$ 207,500	\$ -	\$ -	\$ -	\$ 50,000	\$ 691,250
Yemen	\$ 14,563,000	\$ 14,600,000	\$ -	\$ 4,021,000	\$ 1,680,000	\$ 1,956,000	\$ -	\$ 2,100,000	\$ 500,000	\$ 1,150,000	\$ 500,000	\$ 900,000	\$ 41,970,000

# ANNEX III: FUNDING REQUIREMENT PER COUNTRY

Country	STRATEGIC OBJECTIVE 1			STRATEGIC OBJECTIVE 2			STRATEGIC OBJECTIVE 3			STRATEGIC OBJECTIVE 4			TOTAL
	IA. Mitigate the impact of COVID-19 to crisis-affected populations	IB. Secure life-saving assistance and access to critical services	IC. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia	2A. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	2B. Promote equitable access to vaccines for vulnerable populations	2C. Strengthen health systems to promote access and inclusion	3A. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility and ensure their future orientation	3B. Include and empower people on the move to support socioeconomic recovery	3C. Mitigate new or exacerbated community tension and conflict related to COVID-19	4A. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels	4B. Enhance understanding of the global impact of COVID-19 on human mobility	4C. Support and inform the medium- and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national and local levels through data provision and analysis	
<b>West and Central Africa Sub-Total</b>	\$ 13,980,515	\$ 14,517,735	\$ 9,831,500	\$ 18,272,500	\$ 7,355,000	\$ 9,574,000	\$ 6,959,800	\$ 18,009,000	\$ 5,825,000	\$ 4,852,000	\$ 2,975,000	\$ 2,821,000	\$ 114,973,050
Regional Office	\$ -	\$ 300,000	\$ 180,000	\$ 20,000	\$ 30,000	\$ -	\$ 100,000	\$ 50,000	\$ -	\$ 40,000	\$ 60,000	\$ 20,000	\$ 800,000
Benin	\$ -	\$ -	\$ -	\$ 250,000	\$ -	\$ 100,000	\$ 250,000	\$ -	\$ -	\$ 180,000	\$ -	\$ -	\$ 780,000
Burkina Faso	\$ 130,515	\$ 357,735	\$ 123,000	\$ 550,000	\$ 200,000	\$ 512,000	\$ 1,200,000	\$ 1,200,000	\$ -	\$ 300,000	\$ 200,000	\$ 300,000	\$ 5,073,250
Cameroon	\$ 250,000	\$ 50,000	\$ 300,000	\$ 750,000	\$ 100,000	\$ 400,000	\$ 100,000	\$ 300,000	\$ 150,000	\$ 300,000	\$ 250,000	\$ -	\$ 3,010,000
Cabo Verde	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 530,000	\$ -	\$ -	\$ -	\$ 1,180,000
Central African Republic	\$ 2,500,000	\$ 505,000	\$ 500,000	\$ -	\$ -	\$ 150,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 750,000	\$ 250,000	\$ 5,155,000
Chad	\$ 830,000	\$ 590,000	\$ 795,000	\$ 520,000	\$ -	\$ 1,300,000	\$ 350,000	\$ 5,900,000	\$ -	\$ 850,000	\$ 300,000	\$ 100,000	\$ 11,535,000
Cote d'Ivoire	\$ -	\$ -	\$ 2,050,000	\$ 500,000	\$ 75,000	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ 30,000	\$ -	\$ 2,855,000
Ghana	\$ 500,000	\$ -	\$ 150,000	\$ 623,000	\$ 115,000	\$ 100,000	\$ 459,800	\$ 600,000	\$ 60,000	\$ 25,000	\$ 30,000	\$ 150,000	\$ 2,812,800
Guinea	\$ -	\$ -	\$ 528,500	\$ 2,350,000	\$ 500,000	\$ 600,000	\$ 500,000	\$ 754,000	\$ -	\$ 80,000	\$ -	\$ 300,000	\$ 5,612,500
Guinea Bissau	\$ 50,000	\$ 115,000	\$ 60,000	\$ 295,000	\$ 405,000	\$ 700,000	\$ -	\$ 275,000	\$ 30,000	\$ -	\$ 40,000	\$ 16,000	\$ 1,986,000
Liberia	\$ 200,000	\$ -	\$ 180,000	\$ 175,000	\$ 155,000	\$ 200,000	\$ 275,000	\$ 250,000	\$ 185,000	\$ -	\$ 170,000	\$ 250,000	\$ 2,040,000
Mali	\$ 400,000	\$ 500,000	\$ 550,000	\$ 900,000	\$ 500,000	\$ 400,000	\$ 300,000	\$ 900,000	\$ 450,000	\$ 250,000	\$ 150,000	\$ 100,000	\$ 4,700,000
Mauritania	\$ 400,000	\$ -	\$ 310,000	\$ 400,000	\$ 50,000	\$ 462,000	\$ 800,000	\$ 1,600,000	\$ 900,000	\$ 80,000	\$ 20,000	\$ 100,000	\$ 5,122,000
Niger	\$ 5,000,000	\$ 2,300,000	\$ 1,250,000	\$ 4,003,000	\$ 1,700,000	\$ 2,400,000	\$ 95,000	\$ -	\$ 2,500,000	\$ 157,000	\$ 300,000	\$ -	\$ 19,800,000
Nigeria	\$ 3,090,000	\$ 9,000,000	\$ 1,940,000	\$ 4,811,500	\$ 1,200,000	\$ 1,600,000	\$ 750,000	\$ 4,250,000	\$ 850,000	\$ 1,800,000	\$ 700,000	\$ 400,000	\$ 30,391,500
Senegal	\$ 50,000	\$ 300,000	\$ 400,000	\$ 400,000	\$ 1,100,000	\$ 400,000	\$ 850,000	\$ 900,000	\$ 700,000	\$ 100,000	\$ 100,000	\$ 200,000	\$ 5,600,000
Sierra Leone	\$ 450,000	\$ 500,000	\$ 350,000	\$ 650,000	\$ 200,000	\$ 250,000	\$ 80,000	\$ 50,000	\$ 100,000	\$ 200,000	\$ 65,000	\$ 50,000	\$ 2,945,000
The Gambia	\$ 130,000	\$ -	\$ 165,000	\$ 375,000	\$ 375,000	\$ 150,000	\$ 250,000	\$ 900,000	\$ 50,000	\$ -	\$ 50,000	\$ 130,000	\$ 2,775,000
Togo	\$ -	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 800,000
<b>East and Horn of Africa Sub-Totals</b>	\$ 13,875,000	\$ 10,050,000	\$ 5,905,160	\$ 20,626,000	\$ 4,430,000	\$ 5,470,000	\$ 2,610,000	\$ 10,025,000	\$ 3,500,000	\$ 5,045,550	\$ 3,552,000	\$ 1,630,000	\$ 86,718,710
Regional Office	\$ -	\$ -	\$ -	\$ 150,000	\$ 70,000	\$ 150,000	\$ -	\$ 50,000	\$ -	\$ 80,000	\$ 250,000	\$ 50,000	\$ 800,000
Burundi	\$ -	\$ 900,000	\$ 435,160	\$ 1,000,000	\$ -	\$ 500,000	\$ 400,000	\$ 100,000	\$ 500,000	\$ 345,000	\$ 200,000	\$ 150,000	\$ 4,530,160
Djibouti	\$ 500,000	\$ 400,000	\$ 150,000	\$ 650,000	\$ 360,000	\$ 150,000	\$ -	\$ 300,000	\$ -	\$ -	\$ 500,000	\$ -	\$ 3,010,000
Eritrea	\$ -	\$ -	\$ -	\$ -	\$ 180,000	\$ 70,000	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ 500,000
Ethiopia	\$ 9,000,000	\$ 1,100,000	\$ 1,500,000	\$ 4,625,000	\$ 275,000	\$ 1,500,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ 600,000	\$ 400,000	\$ -	\$ 21,000,000
Kenya	\$ 400,000	\$ 300,000	\$ 260,000	\$ 1,600,000	\$ 650,000	\$ 600,000	\$ 240,000	\$ 400,000	\$ 300,000	\$ 320,550	\$ 290,000	\$ 230,000	\$ 5,590,550
Rwanda	\$ 300,000	\$ 200,000	\$ 200,000	\$ 500,000	\$ 350,000	\$ -	\$ 300,000	\$ 800,000	\$ 300,000	\$ 300,000	\$ 200,000	\$ 200,000	\$ 3,650,000
Somalia	\$ 1,445,000	\$ 1,650,000	\$ 500,000	\$ 6,836,000	\$ 1,320,000	\$ 2,000,000	\$ 200,000	\$ 3,000,000	\$ -	\$ 2,400,000	\$ 587,000	\$ -	\$ 19,938,000
South Sudan	\$ 2,000,000	\$ 5,250,000	\$ 1,500,000	\$ 3,000,000	\$ 1,200,000	\$ 500,000	\$ 750,000	\$ 2,000,000	\$ 1,400,000	\$ 1,000,000	\$ 400,000	\$ 1,000,000	\$ 20,000,000
Uganda	\$ -	\$ 250,000	\$ 150,000	\$ 1,725,000	\$ 25,000	\$ -	\$ 450,000	\$ 1,525,000	\$ -	\$ -	\$ 175,000	\$ -	\$ 4,300,000
United Republic of Tanzania	\$ 230,000	\$ -	\$ 1,210,000	\$ 540,000	\$ -	\$ -	\$ 270,000	\$ 600,000	\$ -	\$ -	\$ 550,000	\$ -	\$ 3,400,000
<b>Southern Africa Sub-Total</b>	\$ 5,399,440	\$ 9,216,891	\$ 4,600,000	\$ 6,040,000	\$ 2,875,000	\$ 565,000	\$ 3,210,000	\$ 3,360,000	\$ 900,000	\$ 400,000	\$ 1,655,000	\$ 1,090,000	\$ 39,311,331
Regional Office	\$ -	\$ -	\$ 225,000	\$ -	\$ 150,000	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ 175,000	\$ 150,000	\$ 800,000
Angola	\$ -	\$ -	\$ 100,000	\$ 180,000	\$ 120,000	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ 150,000	\$ 650,000
Botswana	\$ 100,000	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600,000
Comoros	\$ -	\$ -	\$ 90,000	\$ -	\$ -	\$ -	\$ 70,000	\$ 130,000	\$ 200,000	\$ -	\$ 50,000	\$ -	\$ 540,000
DRC	\$ 1,800,000	\$ 3,000,000	\$ 2,000,000	\$ 1,800,000	\$ 600,000	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 100,000	\$ 150,000	\$ -	\$ 10,450,000
Eswatini	\$ 100,000	\$ -	\$ 100,000	\$ 150,000	\$ 100,000	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 600,000
Lesotho	\$ -	\$ -	\$ 100,000	\$ 250,000	\$ -	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 650,000
Madagascar	\$ -	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ 100,000	\$ 200,000	\$ 300,000	\$ -	\$ 50,000	\$ -	\$ 800,000
Malawi	\$ 75,000	\$ 50,000	\$ 15,000	\$ 85,000	\$ -	\$ 15,000	\$ 40,000	\$ 450,000	\$ 50,000	\$ 50,000	\$ 170,000	\$ -	\$ 1,000,000
Mauritius	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ 300,000	\$ 600,000
Mozambique	\$ 2,924,440	\$ 500,000	\$ 130,000	\$ 670,000	\$ 805,000	\$ 50,000	\$ 400,000	\$ -	\$ -	\$ 50,000	\$ 200,000	\$ 300,000	\$ 6,029,440
Namibia	\$ 200,000	\$ 230,000	\$ 130,000	\$ 135,000	\$ -	\$ -	\$ 150,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 845,000
Seychelles	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 180,000	\$ -	\$ -	\$ -	\$ -	\$ 180,000
South Africa	\$ -	\$ -	\$ 200,000	\$ 320,000	\$ 100,000	\$ -	\$ 50,000	\$ 50,000	\$ 50,000	\$ -	\$ 150,000	\$ 100,000	\$ 1,020,000
Zambia	\$ 200,000	\$ -	\$ 1,800,000	\$ -	\$ -	\$ -	\$ 300,000	\$ 1,350,000	\$ 200,000	\$ -	\$ 560,000	\$ 40,000	\$ 4,450,000
Zimbabwe	\$ -	\$ 5,236,891	\$ 1,600,000	\$ 410,000	\$ 1,000,000	\$ 500,000	\$ 500,000	\$ 500,000	\$ 100,000	\$ 200,000	\$ 50,000	\$ -	\$ 10,096,891



# ANNEX III: FUNDING REQUIREMENT PER COUNTRY

Country	STRATEGIC OBJECTIVE 1			STRATEGIC OBJECTIVE 2			STRATEGIC OBJECTIVE 3			STRATEGIC OBJECTIVE 4			TOTAL
	1A. Mitigate the impact of COVID-19 to crisis-affected populations	1B. Secure life-saving assistance and access to critical services	1C. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia	2A. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	2B. Promote equitable access to vaccines for vulnerable populations	2C. Strengthen health systems to promote access and inclusion	3A. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility and ensure their future orientation	3B. Include and empower people on the move to support socioeconomic recovery	3C. Mitigate new or exacerbated community tension and conflict related to COVID-19	4A. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels	4B. Enhance understanding of the global impact of COVID-19 on human mobility	4C. Support and inform the medium-and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national and local levels through data provision and analysis	
<b>Central America &amp; Caribbean Sub-Total</b>	\$ 2,516,800	\$ 5,254,500	\$ 2,253,200	\$ 2,648,000	\$ 790,000	\$ 1,930,000	\$ 353,000	\$ 3,041,000	\$ 127,500	\$ 439,000	\$ 205,000	\$ 770,000	\$ 20,328,000
Regional Office	\$ -	\$ -	\$ 450,000	\$ 150,000	\$ -	\$ 100,000	\$ -	\$ 50,000	\$ -	\$ -	\$ 50,000	\$ -	\$ 800,000
Aruba	\$ -	\$ 200,000	\$ -	\$ 30,000	\$ -	\$ 15,000	\$ -	\$ 50,000	\$ -	\$ 14,000	\$ -	\$ -	\$ 309,000
Bahamas	\$ 300,000	\$ -	\$ 75,000	\$ 20,000	\$ 105,000	\$ -	\$ 10,000	\$ 120,000	\$ -	\$ 45,000	\$ 80,000	\$ 50,000	\$ 805,000
Costa Rica	\$ 413,800	\$ 265,000	\$ 260,000	\$ 290,000	\$ 370,000	\$ 250,000	\$ 175,000	\$ 480,000	\$ 80,000	\$ 80,000	\$ -	\$ 10,000	\$ 2,673,800
Belize	\$ 15,000	\$ 225,000	\$ -	\$ -	\$ 20,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 270,000
Cuba	\$ -	\$ 50,000	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000
Curacao	\$ 15,000	\$ 120,000	\$ 100,000	\$ 26,000	\$ 25,000	\$ -	\$ -	\$ -	\$ 27,500	\$ 20,000	\$ -	\$ -	\$ 333,500
Dominica	\$ -	\$ -	\$ -	\$ 110,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 165,000
Dominican Republic	\$ 100,000	\$ 400,000	\$ -	\$ 227,000	\$ -	\$ -	\$ -	\$ 507,000	\$ -	\$ -	\$ -	\$ -	\$ 1,234,000
El Salvador	\$ 18,000	\$ 354,000	\$ 168,000	\$ 30,000	\$ -	\$ -	\$ 25,000	\$ 246,000	\$ -	\$ -	\$ 8,000	\$ 190,000	\$ 1,039,000
Guatemala	\$ 130,000	\$ 425,000	\$ 405,200	\$ -	\$ -	\$ -	\$ 15,000	\$ -	\$ -	\$ -	\$ 20,000	\$ 40,000	\$ 1,035,200
Guyana	\$ 50,000	\$ 50,000	\$ 150,000	\$ -	\$ 180,000	\$ 15,000	\$ -	\$ 100,000	\$ 200,000	\$ -	\$ -	\$ -	\$ 775,000
Haiti	\$ 180,000	\$ 1,123,400	\$ -	\$ 250,000	\$ -	\$ 1,400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,953,400
Honduras	\$ 200,000	\$ 400,000	\$ 250,000	\$ 50,000	\$ 25,000	\$ -	\$ 18,000	\$ -	\$ -	\$ -	\$ 17,000	\$ -	\$ 1,010,000
Jamaica	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,000
Mexico	\$ 620,000	\$ 732,100	\$ 160,000	\$ 200,000	\$ -	\$ 80,000	\$ -	\$ 308,000	\$ -	\$ -	\$ -	\$ 20,000	\$ 2,120,100
Nicaragua	\$ 150,000	\$ 85,000	\$ 30,000	\$ 105,000	\$ 80,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 60,000	\$ 30,000	\$ 40,000	\$ 680,000
Panama	\$ 125,000	\$ 400,000	\$ 150,000	\$ 745,000	\$ 20,000	\$ -	\$ -	\$ 880,000	\$ 20,000	\$ 50,000	\$ -	\$ -	\$ 2,390,000
Suriname	\$ -	\$ 100,000	\$ 25,000	\$ 15,000	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ -	\$ 175,000
Trinidad and Tobago	\$ 200,000	\$ 325,000	\$ -	\$ 150,000	\$ -	\$ 200,000	\$ -	\$ 100,000	\$ -	\$ 120,000	\$ -	\$ 80,000	\$ 1,175,000
<b>South America Sub-Total</b>	\$ 11,191,216	\$ 54,554,422	\$ 15,084,343	\$ 38,231,210	\$ 5,937,910	\$ 3,287,948	\$ 3,286,830	\$ 36,367,215	\$ 332,000	\$ 1,874,750	\$ 605,085	\$ 471,800	\$ 171,224,729
Regional Office	\$ -	\$ -	\$ 150,000	\$ 50,000	\$ 40,000	\$ 60,000	\$ 50,000	\$ 150,000	\$ -	\$ 200,000	\$ 50,000	\$ 50,000	\$ 800,000
Office of the Special Envoy for the Venezuela Response*	\$ -	\$ 325,000	\$ 331,200	\$ 1,324,930	\$ -	\$ 297,545	\$ 200,000	\$ 200,000	\$ -	\$ -	\$ 385,000	\$ 130,000	\$ 3,193,675
Argentina	\$ 533,650	\$ 1,930,000	\$ 158,600	\$ 104,000	\$ 128,960	\$ 100,000	\$ 662,000	\$ 1,210,280	\$ 52,000	\$ 135,200	\$ 20,800	\$ 46,800	\$ 5,082,290
Bolivia	\$ 366,800	\$ 294,140	\$ 216,500	\$ 190,000	\$ 140,000	\$ 75,000	\$ 160,000	\$ 470,000	\$ -	\$ 150,000	\$ -	\$ 90,000	\$ 2,152,440
Brazil	\$ 230,000	\$ 3,200,000	\$ 800,000	\$ 3,100,000	\$ -	\$ 2,650,000	\$ 1,000,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 12,480,000
Chile	\$ 505,000	\$ 1,200,000	\$ 690,000	\$ 1,235,000	\$ -	\$ 20,000	\$ 700,000	\$ 700,000	\$ -	\$ 250,000	\$ -	\$ -	\$ 5,300,000
Colombia	\$ 397,143	\$ 3,350,358	\$ 4,461,571	\$ 5,622,220	\$ 2,200,000	\$ 85,403	\$ -	\$ 7,590,695	\$ 180,000	\$ -	\$ -	\$ -	\$ 23,887,390
Ecuador	\$ 31,748	\$ 8,352,162	\$ 1,417,305	\$ 3,493,910	\$ 543,140	\$ -	\$ 151,830	\$ 18,921,140	\$ -	\$ 370,550	\$ 74,285	\$ -	\$ 33,356,070
Paraguay	\$ 360,000	\$ 781,250	\$ 502,000	\$ 401,250	\$ -	\$ -	\$ 10,000	\$ 292,500	\$ -	\$ 72,000	\$ 75,000	\$ -	\$ 2,494,000
Peru	\$ 62,400	\$ 29,970,235	\$ 5,070,404	\$ 16,195,500	\$ 2,885,810	\$ -	\$ 250,000	\$ 4,627,600	\$ 100,000	\$ 50,000	\$ -	\$ 100,000	\$ 59,311,949
Uruguay	\$ 917,915	\$ 448,101	\$ 169,763	\$ 439,630	\$ -	\$ -	\$ 103,000	\$ 705,000	\$ -	\$ 47,000	\$ -	\$ 55,000	\$ 2,885,409
Venezuela	\$ 7,786,560	\$ 4,703,176	\$ 1,117,000	\$ 6,074,770	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 20,281,506

\* The Office of the Special Envoy for the Venezuela Response coordinates the planning, implementation and monitoring of the response to the Venezuela refugee and migrant crisis in 17 countries across Central and South America and the Caribbean.

# ANNEX III: FUNDING REQUIREMENT PER COUNTRY

Country	STRATEGIC OBJECTIVE 1			STRATEGIC OBJECTIVE 2			STRATEGIC OBJECTIVE 3			STRATEGIC OBJECTIVE 4			TOTAL
	IA. Mitigate the impact of COVID-19 to crisis-affected populations	IB. Secure life-saving assistance and access to critical services	IC. Provide protection and assistance, reduce protection-related risks and vulnerabilities and combat xenophobia	2A. Prevent, detect and respond to COVID-19 and other public health threats in communities and at borders	2B. Promote equitable access to vaccines for vulnerable populations	2C. Strengthen health systems to promote access and inclusion	3A. Strengthen international cooperation, immigration systems and border crossing mechanisms to mitigate the impact of the pandemic on human mobility and ensure their future orientation	3B. Include and empower people on the move to support socioeconomic recovery	3C. Mitigate new or exacerbated community tension and conflict related to COVID-19	4A. Ensure well-coordinated, informed and timely response and recovery efforts through mobility tracking systems at the community, national and regional levels	4B. Enhance understanding of the global impact of COVID-19 on human mobility	4C. Support and inform the medium-and longer-term efforts to address the socio-economic impact of COVID-19 at the international, national and local levels through data provision and analysis	
<b>Eastern Europe and Central Asia Sub-Total</b>	<b>\$ 8,475,250</b>	<b>\$ 6,045,000</b>	<b>\$ 11,556,500</b>	<b>\$ 8,447,000</b>	<b>\$ 4,164,000</b>	<b>\$ 1,970,000</b>	<b>\$ 4,826,000</b>	<b>\$ 33,415,000</b>	<b>\$ 2,869,900</b>	<b>\$ 1,150,000</b>	<b>\$ 826,000</b>	<b>\$ 1,486,400</b>	<b>\$ 85,231,050</b>
Regional Office	\$ -	\$ -	\$ 120,000	\$ 150,000	\$ 50,000	\$ -	\$ 100,000	\$ -	\$ -	\$ 125,000	\$ -	\$ -	\$ 545,000
Albania	\$ 750,000	\$ -	\$ 250,000	\$ 250,000	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,750,000
Armenia	\$ 440,250	\$ -	\$ 340,000	\$ 220,000	\$ 50,000	\$ -	\$ -	\$ 900,000	\$ -	\$ -	\$ -	\$ 375,000	\$ 2,325,250
Azerbaijan	\$ -	\$ -	\$ 930,000	\$ 400,000	\$ 40,000	\$ -	\$ -	\$ 800,000	\$ -	\$ -	\$ 35,000	\$ -	\$ 2,225,000
Belarus	\$ -	\$ -	\$ 300,000	\$ 200,000	\$ 500,000	\$ 250,000	\$ 550,000	\$ 900,000	\$ -	\$ -	\$ 300,000	\$ 350,000	\$ 3,350,000
Bosnia and Herzegovina	\$ 1,805,000	\$ -	\$ 650,000	\$ 250,000	\$ 245,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	\$ 10,000	\$ 2,980,000
Georgia	\$ -	\$ -	\$ 840,000	\$ 340,000	\$ 15,000	\$ -	\$ 681,000	\$ 1,232,000	\$ -	\$ -	\$ 28,000	\$ 82,000	\$ 3,218,000
Kazakhstan	\$ -	\$ -	\$ -	\$ 440,000	\$ 250,000	\$ -	\$ 400,000	\$ -	\$ -	\$ 200,000	\$ 30,000	\$ -	\$ 1,320,000
Kosovo*-UNSC Resolution 1244	\$ 400,000	\$ 75,000	\$ -	\$ 100,000	\$ 4,000	\$ 150,000	\$ 350,000	\$ 600,000	\$ -	\$ -	\$ -	\$ -	\$ 1,679,000
Krygyzstan	\$ -	\$ -	\$ 160,000	\$ 150,000	\$ 100,000	\$ 150,000	\$ 450,000	\$ 100,000	\$ -	\$ 100,000	\$ 100,000	\$ -	\$ 1,310,000
Montenegro	\$ 150,000	\$ 300,000	\$ 30,000	\$ 500,000	\$ 50,000	\$ 370,000	\$ 400,000	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 2,100,000
Republic of Moldova	\$ -	\$ -	\$ 180,000	\$ 140,000	\$ 250,000	\$ 300,000	\$ 745,000	\$ 3,300,000	\$ -	\$ 120,000	\$ -	\$ 150,000	\$ 5,185,000
Russian Federation	\$ -	\$ -	\$ -	\$ -	\$ 355,000	\$ 100,000	\$ -	\$ 515,000	\$ -	\$ -	\$ -	\$ -	\$ 970,000
Serbia	\$ 600,000	\$ -	\$ 150,000	\$ 200,000	\$ 130,000	\$ 250,000	\$ 600,000	\$ 600,000	\$ -	\$ 500,000	\$ -	\$ 100,000	\$ 3,130,000
Tajikistan	\$ -	\$ -	\$ 217,500	\$ 277,000	\$ 40,000	\$ 100,000	\$ 50,000	\$ 1,068,000	\$ 819,900	\$ 30,000	\$ -	\$ 49,400	\$ 2,651,800
North Macedonia	\$ 230,000	\$ 220,000	\$ 69,000	\$ 300,000	\$ 85,000	\$ 100,000	\$ 200,000	\$ 350,000	\$ 50,000	\$ -	\$ -	\$ 150,000	\$ 1,754,000
Turkey	\$ 600,000	\$ 450,000	\$ 4,500,000	\$ 2,000,000	\$ 500,000	\$ -	\$ -	\$ 14,350,000	\$ -	\$ -	\$ -	\$ -	\$ 22,400,000
Turkmenistan	\$ -	\$ -	\$ 20,000	\$ 80,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,000
Ukraine	\$ 3,500,000	\$ 5,000,000	\$ 2,600,000	\$ 2,450,000	\$ 1,000,000	\$ 200,000	\$ 300,000	\$ 8,100,000	\$ 2,000,000	\$ 200,000	\$ 88,000	\$ 200,000	\$ 25,638,000
Uzbekistan	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ -	\$ -	\$ 100,000	\$ -	\$ 600,000
<b>European Economic Area Sub-Total</b>	<b>\$ 1,765,000</b>	<b>\$ -</b>	<b>\$ 275,000</b>	<b>\$ 4,800,000</b>	<b>\$ 1,397,000</b>	<b>\$ 40,000</b>	<b>\$ 50,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 55,580</b>	<b>\$ 110,000</b>	<b>\$ 20,000</b>	<b>\$ 8,512,580</b>
Regional Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ 20,000	\$ 110,000
Bulgaria	\$ 15,000	\$ -	\$ -	\$ 80,000	\$ 25,000	\$ -	\$ 50,000	\$ -	\$ -	\$ 25,000	\$ -	\$ -	\$ 195,000
Croatia	\$ -	\$ -	\$ 165,000	\$ 120,000	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ 25,000	\$ 25,000	\$ -	\$ 360,000
Greece	\$ 1,750,000	\$ -	\$ 50,000	\$ 4,550,000	\$ 1,347,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,697,000
Romania	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,580	\$ -	\$ -	\$ 29,580
Slovenia	\$ -	\$ -	\$ 60,000	\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,000	\$ 10,000	\$ -	\$ 121,000



