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STRATEGIC PREPAREDNESS AND RESPONSE PLAN

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IOM MISSION TO THE ARAB REPUBLIC OF EGYPT

INTRODUCTION

In March 2019, the World Health Organization (WHO) declared the Coronavirus Disease (COVID-19) as a pandemic following the spread of the virus in more than 196 countries and territories around the globe. WHO, in coordination with national and regional health authorities and governmental bodies, reported more than 4 million confirmed cases infected in 213 countries and territories worldwide leaving more than 279,000 deaths.¹ The Ministry of Health and Population (MoHP) in Egypt reported close to 9,000 cases with 2,002 recovered and 514 deaths (as of 9 May 2020). The virus, characterized by its fast transmission, poses high threats to Egypt, whose population reaches more than 100 million, in addition to the more than six million migrants and refugees who are mainly concentrated in urban areas. Cairo has a population density of 19,376 people per square kilometre (50,180/sq. mi), creating a conducive scenario for communicable diseases to easily spread. With 20 million people living in the Greater Cairo area, COVID-19 represents a tangible threat to the population – migrants, refugees, asylum seekers and host communities alike, if not properly responded.

8,964

Confirmed Cases

514

Confirmed Deaths

2,002

Recovered Cases

\$ 4.4 M

**FUNDING
REQUIREMENT**

625,000

**TARGET
BENEFICIARIES**

Migrants are among the vulnerable groups to COVID-19 disease

A great number of migrants and refugees face limited and sometimes non-existent health-care access and are largely exposed to poor living conditions, inadequate nutrition and diet compounded by food shortages, unemployment or casual work in the informal sector, in addition to an increasingly wide-spread level of stigma. Among them there are also people with underlying medical conditions such as hypertension and diabetes, which make them at higher risk for infection with COVID-19. According to IOM's health assistance provided to the migrants from 18 to 79 years old over the past two years, the prevalence of hypertension was reported at 32 per cent and diabetes at 20.3 per cent. Including migrants in the national response to any infectious diseases including COVID-19 pandemic benefits both vulnerable populations such as migrants and nationals together.

IOM EGYPT CAPACITY TO RESPOND TO COVID-19

In partnership with MoHP, IOM is supporting the Government of Egypt through technical assistance and enhanced coordination and helping communities to prevent, detect, respond to, and recover from health threats along migration and mobility continuum. More importantly, IOM advocates for migrant-inclusive approaches in order to eradicate discrimination and stigma and achieve universal health coverage to leave no one behind. Regarding the socio-economic impacts of COVID-19 on the migrant population, IOM Egypt has been collaborating with the International Labour Organization (ILO) and the American University of Cairo (AUC) on the Joint Labour Migration Project that foresees social protection measures for migrant workers. As a result of COVID-19, this response plan has been expanded to include migrants employed in the informal sector as well.

¹ Last updated on April 23rd ([WHO,2020](#))

IOM actively participates in the Health Working Group comprised of UN agencies in coordination with the Government of Egypt, namely MoHP. More recently, IOM has contributed to the development of the COVID-19 country preparedness and response plan (CPRP) led by WHO, which is set to reinforce the interagency collaboration with the government. IOM participated in the first needs assessments discussions with the Ministry of Social Solidarity (MoSS) within the framework of the UN support system and has incorporated requests relevant to IOM’s mandate in this response plan. In addition, IOM has partnered with several national stakeholders, including the Egyptian Red Crescent (ERC) to provide rapid response support at a national level, prioritizing migrant dense areas, poor villages and provinces with difficult access. IOM is also working with partners to enhance the capacity of national actors to apply effective referral mechanisms to respond to the emergency needs. Rapid and responsive referrals with WHO and related stakeholders are one of IOM’s comparative advantages as it has the capacity to quickly mobilize its internal resources within Greater Cairo and Alexandria where there is a high concentration of migrant population.

For almost 30 years, IOM has been delivering comprehensive, preventive and curative health programmes in Egypt which are beneficial, accessible, and equitable for migrants and mobile populations, bridging the needs of both migrants and host communities. With more than 12 doctors and six nurses working on a full time-basis and given its access to migrants and provision of medical support, IOM has a direct entry point to assist the most vulnerable and at-risk members of the migrant community and has the capacity to scale up its activities during this emergency period.

Finally, in line with overall IOM mandate to support member states on border management activities, IOM Egypt has built strong partnerships with border authorities, including Ministry of Interior and Ministry of Defence, on capacity building activities. Building on these existing collaborations, and in line with the COVID-19 Immigration and Border Management Response, IOM Egypt will work towards enhancing the pandemic-preparedness at points of entry and exit, as well as on key aspects related to health surveillance and inter-ministerial cooperation.

IOM APPROACH

IOM in Egypt will support collaborative actions and shared international objectives of the IOM COVID-19 Global Strategic Preparedness and Response Plan to slow down and stop further transmission of COVID-19 and mitigate health and social impact of the outbreak. IOM’s intervention is anchored in its Health, Border, and Mobility Management (HBMM) Framework which accentuates the link between population mobility and disease surveillance. More importantly the framework has a transformative edge constituted in strengthening health systems along mobility corridors in line with the 2005 International Health Regulations (IHR).

“We must come to the aid of the ultra-vulnerable – millions upon millions of people who are least able to protect themselves.”

António Guterres
UN Secretary-General

Ensuring Gender Equality in IOM Response to COVID-19 Crisis

COVID-19 crisis has the potential to- exponentially- magnify gender inequalities. COVID-19 leads to different impacts on boys, girls, women, men and their diverse gender identities. That is why gender equality -as a life saving measure- must be prioritized and at the centre of our responses. Accordingly, IOM perceive a more effective and equitable crisis response to be as follows:

Address increased care-giving burden and inequalities

As the primary caregivers, women and girls are responsible for caring for family members, including the sick, the elderly, children who are out of school and managing food, sanitation, and health within the household during the pandemic increase. Often, this is coupled with severe gender-based obstacles to accessing information, resources, services, and can further reinforce gender inequalities. Concomitantly, working to ensure up-to-date information about critical non-COVID protection and social services is essential and its accessibility must be considered as well.

Mitigate risks of and support survivors of Gender-Based Violence

Gender-based violence (GBV) tends to increase during every type of emergency, including epidemics.² Confinement modalities can increase GBV risk as women, girls and boys or persons with diverse gender identities are compelled to spend more time at home in close contact with abusive (or potentially abusive) partners, family members and parents/guardians. At the same time, access to support mechanisms and GBV services providers may be limited due to quarantine/mobility restrictions. It is highly important to prioritise mitigation of risks of GBV, especially domestic violence and human trafficking, through social protection mechanisms and to support survivors in accessing the available services. Formal and informal protection interventions shall include the following:

- Train healthcare workers and frontline staff on safe and ethical identification and safe, respectful, confidential, and survivor-centered referral processes.
- Prioritize support for GBV service providers, specifically health, case management and psychosocial services, with consideration for non-contact options such as hotlines and internet resources.
- Consider ways to reach out to survivors with information about available GBV services, as well as support other entry points for survivors whose situation of confinement -sometimes with abusers at home- will impede the access to hotlines and internet.

Address the needs of female health and care workers at the frontline

Underpaid and in positions of less power, more than 70 per cent of global health and care industry workers are women, which increases their vulnerability to infection. It is important to consider:

- Proper remuneration for their work and provision of opportunities for equal participation in decision making and access to personal protective equipment.
- Responding to women's specific needs, including those related to psychosocial support, childcare and menstrual hygiene health.
- Work to address disease-related stigma against women as principal caregivers of COVID-19 patients through the inclusion of women and girls in the development of appropriate awareness messages addressed to migrant and host communities.

² <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1>

STRATEGIC AND SHARED OUTCOMES

In line with IOM's global SPRP and the newly launched Global Humanitarian Response Plan (GHRP), IOM Egypt COVID-19 emergency response will focus its technical and operational efforts on four strategic priorities at the community and national levels: 1) effective coordination and partnerships as well as mobility tracking; 2) preparedness and response measures for reduced morbidity and mortality; 3) efforts to ensure that affected people have access to basic services, commodities and protection; and 4) to mitigate the socio-economic impacts of COVID-19.

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.

Funding Required \$ 200,000

COORDINATION AND PARTNERSHIPS

- Coordination with MoHP and technical support to augment national planning and response capabilities to disasters.
- Advocate among government entities for the inclusion of migrants within national COVID-19 response while ensuring that they can access the necessary services without fear of stigma.
- Engage in the steering committee led by WHO on sustainability of essential health care services for migrants. Collaborate with national partners such as the Egyptian Red Crescent to provide directly support to migrants and host communities in remote villages and areas with high prevalence of COVID-19, also by enhancing the capacity of the network involving various national practitioners to respond to the emergency needs.

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

Funding Required \$ 350,000

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE):

- Assess needs and build MoHP capacity on preparedness and response to COVID-19 through targeted trainings to strengthen its risk communication unit and provision of required equipment.
- Create two-ways information surveillance corridors in collaboration with migrant community leaders through IOM existing Migrant Community Council to raise awareness among migrant communities on COVID-19 risk prevention, response, and recovery to identify at-risk migrant groups, refer to hospitals and medical centers, monitor cases within the migrant community, and encourage recovery measures when appropriate.
- Establish community feedback mechanisms to collect information on community perceptions, concerns as well as needs and adapt them to current responses and activities.

- Provide technical guidance and tools to government entities and national stakeholders to ensure risk communication messages are culturally and linguistically tailored.
- Activate consular focal points with Embassies from main migrant communities to share information about services to migrants and maintain circular communication streams.
- Awareness raising and health security preparedness sessions for the host community at Points of Entry.
- Establish a repository of products and practices for migrant-inclusive communications in languages representing the 54 different nationalities.
- Develop and translate appropriate and accessible standard messages for migrants on recommended measures and rights to assistance bearing in mind language, abilities/disabilities, age and gender.

Funding Required \$ 350,000

DISEASE SURVEILLANCE

- Support national authorities in strengthening disease surveillance among border communities and at points of entry (PoEs).
- Conduct Participatory Mapping Exercises to identify vulnerable areas for the implementation of event-based surveillance.
- Establish a process to identify potential events from community-based reporting (people identified from the community, verification teams at facilities identified, Standard Operating Procedures (SOP) and flow of information available) and make the data available at all needed levels.
- Support enhancement of cross-border cooperation on surveillance at points of entry.
- Train health workers (clinicians, laboratorians, surveillance officers) on detection, monitoring and evaluation of events and cases, with clear guidance for follow-up disseminated at national and intermediate levels; document that health workers have received training.
- Utilize the data collected at IOM's Migration Health Assessment Centre during resettlement and other-related medical screenings to identify new trends in disease patterns in refugee and migrant communities.

Funding Required \$ 500,000

POINTS OF ENTRY (PoEs)

- Procurement of necessary personal protective equipment (PPE) and medical equipment for border frontline officers at borders, in PoEs and/or health facilities in proximity to PoEs.
- Support the assessment, enhancement, and implementation of points of entry specific standard operating procedures for detection, notification, isolation, management, and referral.
- Support the establishment of evidence-based cross-border health coordination mechanism.
- Enhance the capacity for front-line border officials (including non-health staff) on health security and on implementing Standard Operating Procedures including preparedness and contingency planning of large and mixed flows.

- Enhance cooperation and communication among mandated government authorities toward more integrated border management (toward increased contingency planning and preparedness, amongst others).

Funding Required \$ 750,000

NATIONAL LABORATORY SYSTEMS

- Support enhanced national capacity for detection of COVID-19, through trainings, and operational support for packaging and transfer of laboratory samples and cross-border support.
- Support National Laboratories by providing COVID-19 Test kits and PPE including gloves, masks, Sanitizers, GeneXpert Machines.
- Assist with COVID-19 testing and provision of 'fit-for-travel' health assessments for refugees, migrants and host communities.

Funding Required \$ 500,000

INFECTION PREVENTION AND CONTROL (IPC)

- Perform a baseline KAP (Knowledge, Attitude and Practices) survey to identify key risk behaviours.
- Providing Water, Sanitation and Hygiene (WASH) services in health-care facilities and Points of Entry.
- Co-develop with MoHP a WASH-centred IPC protocols at health care facilities and community level health centers including SOPs and guidance documents relevant to the disease.
- Improve access to basic WASH and health services to vulnerable migrants and host communities in Upper Egypt, and interventions designed to improve hygiene practices.
- Co-develop and disseminate protocols, tools and guidance on handwashing, waste disposal, and site planning (including contingency spaces, hospital expansions, burial sites, and quarantine areas), and training.

Funding Required \$ 350,000

LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

- Procure and disseminate required medical devices and rapid screening kits and polymerase chain reaction (PCR) kits for COVID-19 testing to the central laboratories of the Ministry of Health, points of entry and medical quarantine locations to increase their capacity in the diagnosis of COVID-19.
- Engage with national authorities and UN partners to support the procurement, storage and distribution of critical supplies for MoSS and social care institutions.

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

Funding Required \$ 300,000

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

- Provision of required medical devices, instruments and equipment, and medication to primary healthcare centres and central hospitals to increase its capacity in the response to COVID-19.
- Provide life-saving primary health care and essential health services, including referrals to other critical health services.
- Provide direct medical assistance to migrants at risk of COVID-19 and other life-threatening conditions including administration of general healthcare screenings, medical treatment, interventions and operations.
- Continue to enhance local-level capacities of various actors and practitioners to network and ensure the access to services of all migrants, displaced populations, and local communities.

Funding Required \$ 800,000

PROTECTION

- Strengthen existing protection mechanisms and social services such as housing, legal aid, and socioeconomic support to identify and support highly vulnerable migrants in need of care or protection and refer them to appropriate services.
- Provide direct support and protection measures especially for migrant women, single mothers, children, older persons and persons with disabilities through case referrals, psychosocial support, housing assistance and legal assistance to support survivors of GBV, including domestic violence and human trafficking, and obtain birth certificates and follow other administrative procedures to ensure their safety and wellbeing.
- Address the disproportionate burden of women's and girls' care work.
- Prevent and address gender-based violence (GBV) as emergencies commonly result in higher rates of gender-based violence.

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

Funding Required \$ 300,000

ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS

- Assess the socio-economic impact of the COVID-19 crisis on migrant and host communities in terms of their financial and socio-economic well-being and human development.
- Supporting the inclusion of migrants, returnees, and refugees in the formal and informal sector into social protection schemes
- Provide cash assistance to safeguard food security and access to basic services for individuals not covered by existing social protection schemes

SUMMARY

STRATEGIC PRIORITIES	REQUIRED FUND (USD)
Strategic Priority 1	
Coordination and Partnerships	200,000
Strategic Priority 2	
Risk Communication and Community Engagement	350,000
Disease Surveillance	350,000
Points of Entry	500,000
National Laboratory System	750,000
Infection Prevention and Control	500,000
Logistics, Procurement and Supply Management	350,000
Strategic Priority 3	
Case Management and Continuity of Essential Services	300,000
Protection	800,000
Strategic Priority 4	
Addressing Socioeconomic Impacts	300,000
TOTAL	4,400,000



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