IOM WEST AND CENTRAL AFRICA REGIONAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN COVID-19

IOM UN MIGRATION

MIGRANTS IN VULNERABLE SITUATION

Case confirmed — 46,529

Confirmed Death — 1,029

Countries with cases in WCA — 23

Migrant trends — observed in April 2020 (FMP DTM): **44% decrease** in flows from April 2019 to April 2020

IDPs — 5.940.000 and 3,604,000 Returnees (former IDPs)

Migrants in MRRC

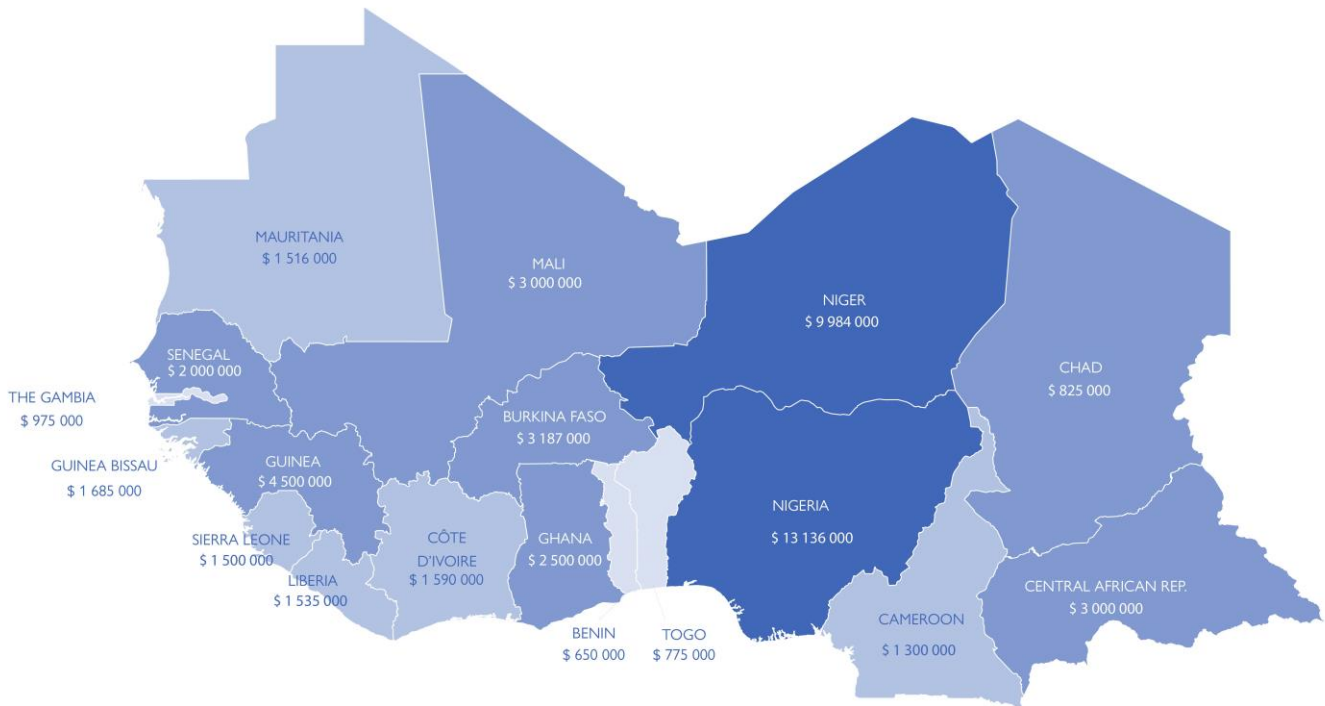| Niger	Mali	Burkina Faso	Chad
1,500	386	56	381

Stranded migrants — +21,000
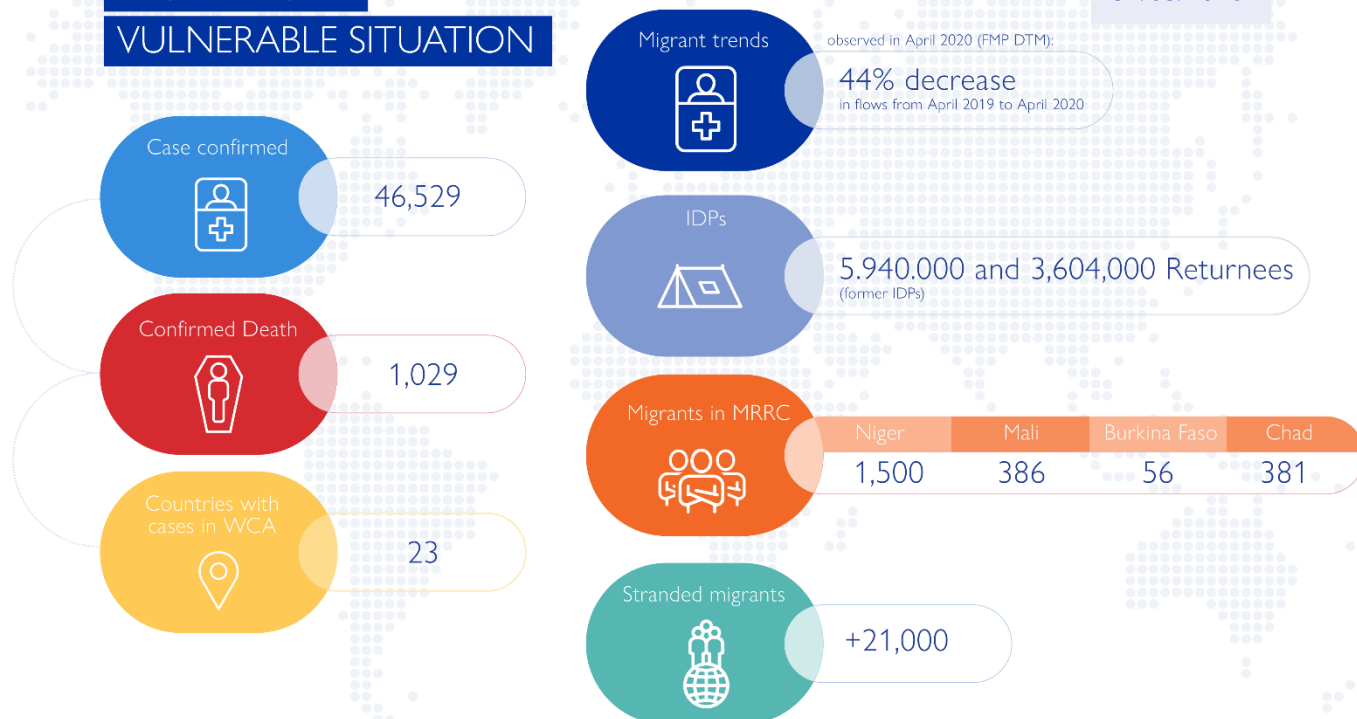
IOM'S FUNDING REQUIREMENT FOR THE COVID-19

PREPAREDNESS AND RESPONSE IN WEST AND CENTRAL AFRICA: USD 54,158,500

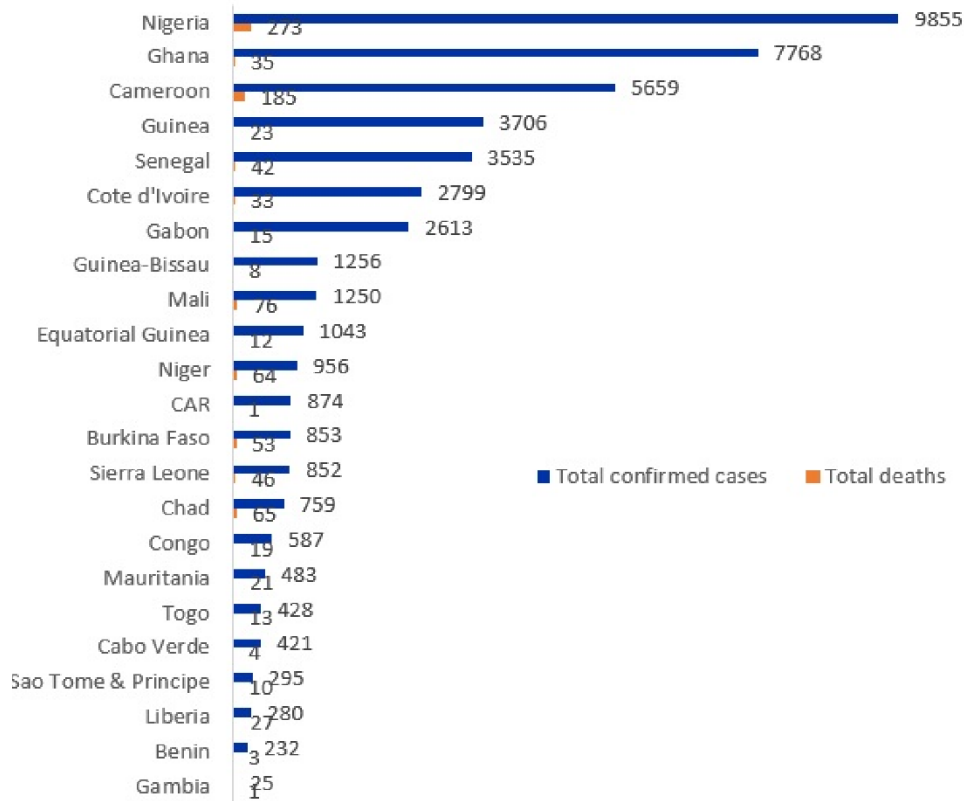| PILLARS	FUND REQUIRED
Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional level	$8,683,000,00
Coordination and Partnerships	$3,521,000.00
Tracking Mobility Impacts	$5,162,000.00
Strategic Priority 2: Contribute to global, regional, national and community preparedness and response effort for Covid-19 to reduce associated morbidity and mortality	$26,662,500.00
Risk Communication and Community Engagement	$4,551,000.00
Disease Surveillance	$2,547,000.00
Points of Entry	$9,841,500.00
National Laboratory System	$1,180,000.00
Infection Prevention and Control	$6,365,500.00
Logistics, Procurement, and Supply Management	$2,177,500.00
Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services	$13,539,000.00
Case Management and continuity of Essential Services	$2,850,000.00
Camp Coordination and Camp Management	$3,530,000.00
Protection	$7,159,000.00
Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19	$5,274,000.00
Addressing Socio-Economic Impact	$5,274,000.00

FUNDS REQUIREMENTS

MAURITANIA
$ 1 516 000

MALI
$ 3 000 000

NIGER
$ 9 984 000

CHAD
$ 825 000

SENEGAL
$ 2 000 000

THE GAMBIA
$ 975 000

BURKINA FASO
$ 3 187 000

GUINEA BISSAU
$ 1 685 000

GUINEA
$ 4 500 000

NIGERIA
$ 13 136 000

SIERRA LEONE
$ 1 500 000

CÔTE D'IVOIRE
$ 1 590 000

GHANA
$ 2 500 000

CENTRAL AFRICAN REP.
$ 3 000 000

LIBERIA
$ 1 535 000

BENIN
$ 650 000

TOGO
$ 775 000

CAMEROON
$ 1 300 000

SITUATIONAL ANALYSIS

Progression of The Pandemic in West and Central Africa

The novel coronavirus 2019 (COVID-19) epidemic, which was first identified in Wuhan, Hubei Province in China in December 2019, spread over the following weeks to all regions of the world, leading the World Health Organization (WHO) to declare a pandemic on 11 March 2020. While the virus was slow to reach the African continent compared to other parts of the world, the illness has grown exponentially since the first known cases and continues to spread. The WHO has warned that Africa may become the pandemic's next epicentre. As of 31 May 2020, Africa has reported 100,610 confirmed cases including 2,554 deaths, a case fatality rate of 2.54 per cent. The pandemic has also affected West and Central Africa (WCA), with all 23 countr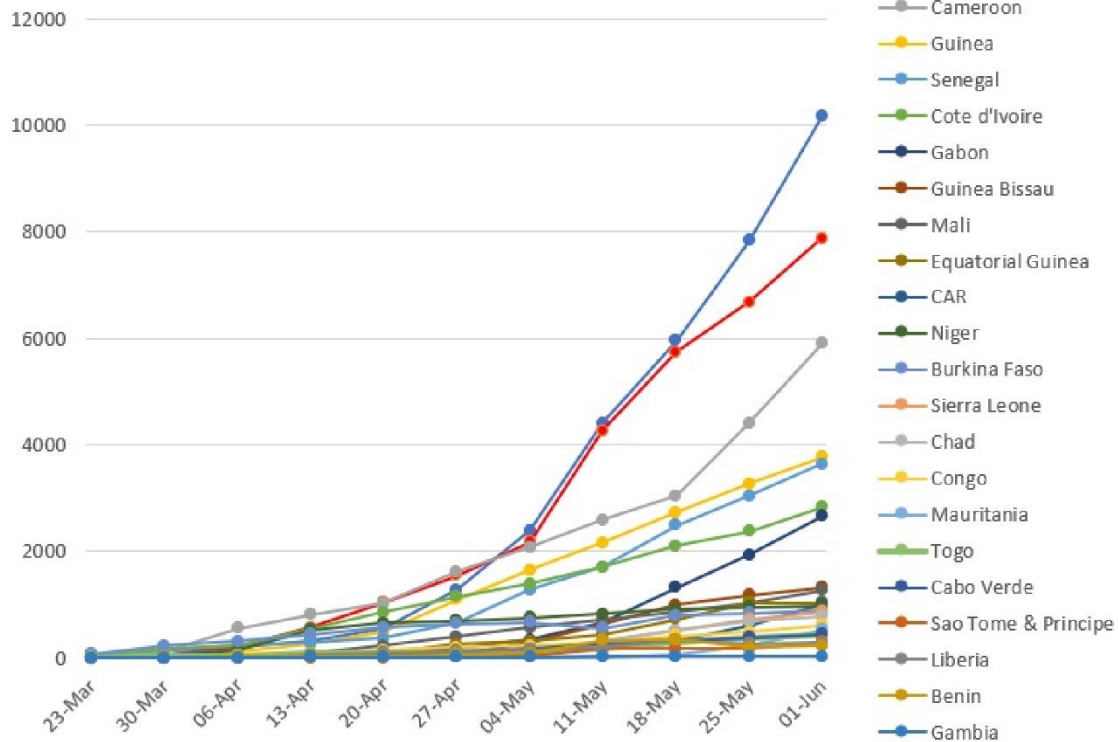ies in the region reporting cases and deaths related to the virus. As of 31 May 2020, there were just more than 46,000 reported cases, including over 1,000 deaths, in the region (source WHO).

Furthermore, to date, analyses show active community transmission in all countries except in the Central African Republic, Cabo Verde, Mauritania and Sao Tome facing cluster cases while The Gambia is experiencing sporadic cases. It should however be noted that the actual number of cases may be much higher, because of low testing capacity and underreporting of cases. For this reason, a more accurate representation of the situation in the region is the reporting curve, which, as shown in the graphs below, demonstrates a likely rapid evolution of the virus in the region.

Total confirmed COVID-19 cases and total deaths in West and Central Africa - 31 May 2020

Country	Total confirmed cases	Total deaths
Nigeria	9855	273
Ghana	7768	35
Cameroon	5659	185
Guinea	3706	23
Senegal	3535	42
Cote d'Ivoire	2799	33
Gabon	2613	15
Guinea-Bissau	1256	8
Mali	1250	76
Equatorial Guinea	1043	12
Niger	956	64
CAR	874	1
Burkina Faso	853	53
Sierra Leone	852	46
Chad	759	65
Congo	587	19
Mauritania	483	21
Togo	428	13
Cabo Verde	421	4
Sao Tome & Principe	295	10
Liberia	280	27
Benin	232	3
Gambia	25	1

Evolution of the number of confirmed cases of COVID-19 in West and Central Africa

Legend: Nigeria, Ghana, Cameroon, Guinea, Senegal, Cote d'Ivoire, Gabon, Guinea Bissau, Mali, Equatorial Guinea, CAR, Niger, Burkina Faso, Sierra Leone, Chad, Congo, Mauritania, Togo, Cabo Verde, Sao Tome & Principe, Liberia, Benin, Gambia

The forecasts for this curve are expected to rise at a similar pace during the month of June 2020 before plateauing, making it imperative to develop a targeted and adapted response in order to limit the morbidity and especially the mortality of the pandemic.

Disease surveillance, a key priority underlined by the Director General of the World Health Organization in his 25 March 2020 speech, constitutes a real challenge, given the ubiquitous use of land transport across the region's highly porous borders, making it difficult to monitor travelers.

The accelerating spread of the epidemic that West and Central Africa is experiencing is putting fragile health systems under severe strain, and exacerbating pre-existing fragilities in the region.

Impact of The Pandemic on Mobility in West And Central Africa

Beyond the public health challenges posed by COVID-19, the pandemic has also significantly disrupted regional mobility in West and Central Africa, usually marked by diverse migration flows, both voluntary and forced, including labour migration, student mobility, movements related to trade and commerce, transhumance, forced displacement and movements compelled by changing environmental conditions.

With currently 9.5 million West and Central African migrants in the region[1], nearly 6 million crisis-induced internally displaced persons[2], 3.6 million former IDPs returning to their areas of origin[3], more than 82,000 returning migrants assisted by IOM[4], 20 million individuals relying on transhumance for their livelihoods[5], and with cross-border trade representing 12 per cent of the region's overall trade value[6], mobility in the region is a complex phenomenon.

Unprecedented travel restrictions and other measures enacted by governments to prevent the spread of COVID-19 have significantly impacted the region's mobility landscape, with migrants and IDPs disproportionately facing the effects of restrictions.[7] Data collected from Aprils 2019 to April 2020 at 35 key transit points throughout West and Central Africa showed a 44 per cent decrease in the volume of travel over that period. Analysis of flows in January and April 2020 show that Niger witnessed the largest decrease in flows between those two months (decrease of 86%), followed by Guinea (70%) and Mali (63%).[8]

Rapid border closures, movement restrictions and confinement measures have left 21,000 migrants currently stranded in the region[9], including migrants stuck at borders and those abandoned in the desert. Only a few thousands so far have been able to return, mainly to Niger, Cameroon and Chad, from Burkina Faso, Cameroon, Nigeria, Algeria and Libya.

COVID-19 has also rendered areas of displacement ever more precarious for the nearly 6 million IDPs in West and Central Africa. With over 2.8 million IDPs in the Lake Chad Basin, over 1.1 million IDPs in the Central Sahel, and nearly 2

[1] United Nations Department of Economic and Social affairs (UNDESA), International Migrant Stock 2019, link
[2] International Organization for Migration (IOM) Displacement Tracking Matrix, Lake Chad Basin Crisis Monthly Dashboard 19 (link), Liptako Gourma Crisis Monthly Dashboard 4 (link), Central Africa Republic Displacement Dashboard (link), Nigeria – North Central and North West Zones Displacement Report 3 (link), 2020; Cameroon: North-West and South-West Regions IDPS and Returnees Factsheet (link), 2019.
[3] International Organization for Migration (IOM) Displacement Tracking Matrix, Lake Chad Basin Crisis Monthly Dashboard 19 (link), Liptako Gourma Crisis Monthly Dashboard 4 (link), Central Africa Republic Displacement Dashboard (link), Mali Displacement Dashboard (link), 2020; OCHA, Central African Republic Humanitarian Bulletin #55, June 2020 (link).

[4] International Organization for Migration (IOM), migrants assisted within the framework of the EU-IOM Joint Initiative for Migrant Protection and Reintegration.
[5] The World Bank, Regional Sahel Pastoralism Support Project, 2015 (link).
[6] International Centre for Trade and Sustainable Development.
[7] For more on travel restrictions imposed by governments, go to http://migration.iom.int/
[8] International Organization for Migration (IOM) Displacement Tracking Matrix, Flow Monitoring Point Regional Report – West and Central Africa, April 2020 (link).
[9] International Organization for Migration (IOM), Data collected directly by IOM Regional Office for West and Central Africa from IOM Country Offices, March-May 2020.

million IDPs in North-West South-West Cameroon, North Central Nigeria, and in the Central African Republic residing in close quarters with host communities or in congested displacement camp or camp-like settings, IDP and host communities alike risk rapid COVID-19 propagation due to the impossibility of respecting barrier measures, including social distancing or handwashing.

Travel and mobility restrictions have inadvertently impacted access of humanitarian actors to deliver life-saving humanitarian assistance, and heightened apprehension over disruptions of services and scarce resources among communities hosting IDPs. The collective concern over access to basic subsistence needs risks fueling stigmatization of IDP, migrant and mobile communities alike.

In addition, discrimination against migrants, IDPs and mobile populations has further limited these vulnerable populations' access to critical health, water and sanitation, social protection services, reliable information, and livelihoods opportunities. Transhumant herders, for example, have faced a direct challenge to their way of life. The impact of limitations on their mobility in search of pastures and water points, now restricted due to border closures and stigmatization for fear of COVID-19 propagation, will be felt in the supply of markets with meat throughout the region.

As in other parts of the continent, the socio-economic impact of the pandemic in West and Central Africa is going to further deepen existing vulnerabilities. The large work force in the informal sector faces similar hurdles to those facing migrants and IDPs as limited access to social protection mechanisms will be severely aggravated by the travel restrictions and containment measures. Additionally, the global economic recession and its effect on key industries in sub-Saharan Africa10 (tourism, mining, oil industry, among others) has increased the level of unemployment, including among migrant workers.

International migrants relying on seasonal work in agriculture and those whose livelihoods come from cross-border trade may similarly not be able to travel abroad to work in agriculture, thereby cutting off the source of income upon which their communities rely, or may conversely find themselves stuck in their areas of employment, heightening protection needs.

Combined with limited or weakened public services, restrictions on national and cross-border mobility highlight, and will likely amplify, migration management challenges in the region, including those posed by limited border management and control capacity over vast areas, irregular migration, smuggling, human trafficking, and protracted displacement.

Increased Vulnerabilities Amid Compounded Crises Across West And Central Africa

Many countries in West and Central Africa face substantial challenges, including growing security challenges such as social unrest, political and institutional instability, inter-communal tensions and violent extremism. These fragilities are compounded by limited basic social services and limited social protection schemes, low-income economies, large informal sectors and limited livelihood options, in a context impacted by climate change, land degradation and water scarcity in some areas.

In conflict-ridden areas, pre-existing socio-economic vulnerabilities are often exacerbated by novel social, health or environmental shocks. Forced displacement, limited access to food, shelter, health, protection services, community and political capital, as well as individual and communal well-being, are often exacerbated in response to added external shocks. Prior to the outbreak, West African countries already faced unprecedented food security needs, with an estimated 12 million people facing food shortages in 2019[11], a figure which was expected to reach 21 million during the lean season from June to August 2020, and to double due to the socio-economic impact of COVID-19 leaving 43 million people in food insecurity[12]. COVID-19 and the imminent locust invasion expected to reach the region while States continue to grapple with the effects of COVID-19, represent additional threats

to food security in the region, further weakening communities' ability and willingness to host IDP and migrant populations for fear of added strain on limited community resources.

The socio-economic and mobility impacts of the COVID-19 pandemic risk further burdening already fragile States, while directly reducing resilience to disaster and shocks for all affected communities and heightening vulnerability of host, migrants and displaced populations, stranded migrants, nomadic herders, youth, children, the elderly and persons with disabilities among these communities. In addition, the heightened vulnerability of women, who risk exclusion, discrimination and gender-based violence, should not be overlooked given their role as primary caretakers within households as well as their significant presence within the health sectors.

As an additional result of the pandemic, vulnerable migrants and displaced populations often require focused and specialized support services such as accommodation, basic necessities, medical care and treatment, legal assistance and mental health support. Amidst the pandemic, referral pathways – such as those for victims of trafficking, displaced populations and vulnerable children – have faced disruptions. This has led to interruptions in case identification, referral and protection processes resulting in immediate protection gaps for

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[11] World Food Programme, 2020 Global Report on Food Crisis, pg. 37, 2020 (link).

[12] UN News, Food insecurity in West Africa could leave 43 million at risk as coronavirus hits, May 2020 (link).

vulnerable migrants and IDPs who may remain unidentified and/or unassisted. Such disruptions may also lead to longer-term negative physical or psychological health consequences for affected populations, and may erode established referral pathways and protection systems for migrants and IDPs.

In areas where migrant and IDP populations are hosted, lack of identity documents makes access to services even more difficult, risking to leave IDPs behind and migrants stranded as States plan for, and augment, service delivery in response to COVID-19. Medical, social and immigration services are currently stretched, with limited ability to meet the specific needs of vulnerable migrants and IDPs, such as rights protection, translation and interpretation assistance, documents assistance, regularization of status, sustainable case resolution, including family tracing and reunification, assisted voluntary return and reintegration, resettlement or other pathways for the attainment of durable solutions, and livelihoods support.

In addition to the challenges in accessing suitable accommodation and basic social services, migrants and displaced populations are also more likely to face difficulties in accessing up-to-date and accurate information on COVID-19, appropriate precautions and related regulations, access to testing and treatment services as a result of discrimination, marginalization, language and cultural barriers as well as a lack of financial resources. Migrants, particularly those in irregular situations as well as overstayers due to mobility restrictions put in place, may also be fearful of reporting health conditions and accessing needed treatment.

Similarly, nearly 6 million conflict-induced internally displaced persons (IDPs)[13], and an estimated 650,000 IDPs displaced by natural disasters[14], have found themselves almost exclusively reliant on humanitarian aid, which itself has been impacted by restrictions on mobility. IDPs who had previously been able to earn wages through the informal local labor market to supplement aid received, are now unable to do so given restrictions on entry and exit from many IDP camps throughout the region. Stigmatization of IDPs by host communities fearful of COVID-19 propagation and concerned over resource and service strain, has further reduced ability of IDPs to avail themselves of livelihoods, services and social protection mechanisms locally. The situation is particularly worrisome in IDP sites, camp-like settings, transit and reception centres, where overcrowding as a result of mobility restrictions hinders application of physical distancing measures and preventive hygiene measures, and adds a supplementary challenge to the assistance needs of these vulnerable populations.

In a region where mobility has also long been an important adaptation strategy to crisis, environmental degradation and climate change, aggravating disasters such as recurrent flooding, impending locust invasion and the COVID-19 crisis have forced immobility and strongly challenged community resilience and State capacity to respond.

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[13] International Organization for Migration (IOM) Displacement Tracking Matrix, Lake Chad Basin Crisis Monthly Dashboard 19 (link), Liptako Gourma Crisis Monthly Dashboard 4 (link), Central Africa Republic Displacement Dashboard, 2020 (link).

[14] Internal Displacement Monitoring Centre (IDMC), West and Central Africa figures drawn from raw data from the 2020 Report on Global Displacement (link), April 2020.

Responding to The Pandemic Amid Multilayered Crises in The Sahel: Key Recommendations

In light of the severe mobility, health and socio-economic impacts of the COVID-19 crisis reverberating across West and Central Africa, and given the region's fragile health systems, rapid and targeted action is needed to prevent further spread of the epidemic and mitigate the crisis' impact on populations, including migrants, displaced persons, refugees and vulnerable populations.

Promoting regional security, economic integration as well as fostering resilience and cohesion in conflict-affected areas, should remain a priority to collectively prevent exacerbating existing humanitarian needs across the region.

Governments in the region are playing a crucial role by taking timely measures to prevent the further spread of COVID-19 and to address its socio-economic consequences. **IOM is actively offering its support to governments across the** **region as they step-up their fight against the pandemic to reduce the impact on the population and to allow for a safe and rapid reopening of borders, vital to sustain national economies, while adhering to recommended infection, prevention and control measures.**

Given the economic interdependence between countries across the region and the strong cultural and historical ties between social groups, especially those living along borders, regional bodies (including the Economic Community of West African States, Economic Community of Central African States, West African Economic and Monetary Union, G5 Sahel) also have an active role to play in providing a framework for a harmonized approach to the COVID-19 response among countries facing similar challenges.

I. Amidst Closed Borders, Open Access

In an already challenging situation for humanitarian access, the pandemic comes as an additional complicating factor. Several governmental measures may unintentionally impede humanitarian operations at a time when they are needed most. In some countries, COVID-19 related measures add to and could worsen pre-existing constraints, related to security, armed conflict, community tensions, bureaucratic impediments or sanctions, limiting access to populations in need. In addition, migrants and mobile populations stranded at borders are currently living in dire conditions with little or no access to health care and with no means to provide for themselves. Due do their living or work conditions, they are more vulnerable to the virus given the difficulty of applying recommended prevention measures such as physical distancing, which are often not feasible for them.

To continue critical life-saving support while scaling up the response to COVID-19, humanitarian supplies, health and aid workers need to be allowed to safely and rapidly move across borders and within countries. Migrants and displaced populations also need to be allowed to cross borders to return to their country of origin, through IOM's assistance or by their own means, in compliance with sanitary measures, to lessen the burden on host communities who already are struggling to meet their daily needs.

II. Leave No One Behind

Migrants and displaced persons have limited access to public health-care systems and may not be tested or treated for COVID-19 or may fall out of prevention and awareness raising campaigns, which can lead to worse outcomes for the

protection systems that will help the most vulnerable access basic goods and services to get through the crisis and in building more inclusive societies by explicitly including them in national preparedness, response and recovery plans, regardless of their status. Measures should

migrants as well as host populations. In fact, failing to include migrants and displaced populations means failing to respond to the crisis.

This pandemic is an opportunity to strengthen governments' leadership in setting up social

therefore be adopted to protect migrants and displaced populations and promote their inclusion in accessing basic services, testing, treatment or protection. To that end, migrants and displaced communities must be seen as an integral part of any effective public health response.

III. Stop the Virus, Not the People

Mobility Mobility across the region has a long-standing tradition and is considered a critical livelihood and adaptation strategy for millions. As governments are decreeing significant restrictions of movement to contain the propagation of the virus, notably by putting a halt on cross-border trade, "non-essential" activities and so forth, heavy socio-economic impacts for households have begun to unveil.

The region – under normal conditions – contains well-integrated supply chains. However, the mitigation measures are challenging the transportation of goods across international borders. The interruptions of these flows due to COVID-19 are likely to increase prices of goods and food for households during the lean season.

Priority should be given to facilitating the resumption of cross-border trade and maintaining mobility, while enhancing disease surveillance – through increased testing and screening – at points of entry (POEs). Strengthening health monitoring of travellers including international truck drivers, instead of border closures, whose impact is devastating on mobile populations and national economies, should also be considered a priority. The reopening of the borders, in compliance with all recommended sanitary measures, would be a first step to boost national and local economies.

To achieve this, IOM can provide technical support to governments and the necessary equipment to design systems intended to promote health screening, identification and management of potential cases at points of entry.

IOM CAPACITY IN WEST & CENTRAL AFRICA

With 35 offices and sub-offices and nearly 2,500 staff members across West and Central Africa, including operational teams present on the ground working specifically on health, humanitarian assistance, border management, protection and assistance as well as community

engagement, IOM is uniquely placed to provide support in international public health emergencies with its Health, Border, and Mobility Management (HBMM) framework, originally developed during the Ebola response in the Gulf of Guinea. The HBMM framework provides a platform to develop

country-specific and multi-country, including cross-border, interventions, in support of the International Health Regulations (IHR, 2005) and the Global Health Security Agenda (GHSA) goal, with an emphasis on strengthening health systems along mobility corridors. It focuses on international border crossings including airports, ports and land crossings, whether designated as POEs or not; on travel routes and congregation points where travellers interact with each other and with the surrounding communities and their health systems; and finally, the travellers themselves.

As the UN Migration Agency, global co-lead on Camp Coordination and Camp Management, a formal partner of WHO and a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster and the Global Outbreak Alert and Response Network, IOM is a key player in responding to humanitarian and public health emergencies, as well as supporting health system recovery and resilience. IOM's health response to humanitarian and public health emergencies aims to save lives, reduce morbidity and alleviate suffering, while upholding humanitarian principles and protecting human dignity. IOM's programming in this domain encompasses the various stages and typologies of emergencies, throughout all the phases of the mobility continuum.

At the regional level, IOM is part of the West and Central Africa COVID-19 Executive Committee comprised of all UN regional agencies, co-leads the Points of Entry Pillar Working Group within the regional COVID-19 response architecture, and co-chairs the Regional UN Network on Migration through which it pursues its advocacy efforts together with the members of the Network's Executive Commitee.

IOM also maintains strong relationships with all its Member States and with WHO with whom the Organization worked closely during the Ebola response, as well as with the Centers for Disease Control and Prevention, based in Atlanta (USA), with whom it collaborated closely on the Global Health Security Agenda. Throughout the region, IOM is also a key actor in ongoing humanitarian response to displacement situations and crises, with ongoing interventions in areas of displacement, including Shelter/Non Food Item, Camp Coordination Camp Management, Water Sanitation and Hygiene, Mental Health and Psychosocial Support, community engagement and sensitization and Displacement Tracking Matrix. While the COVID-19 pandemic presents its own specificities, the established in-country networks and relationships with key health and humanitarian actors and agencies at national, regional and local levels will be critical to the current response.

In West and Central Africa, during the 2014-2016 Ebola outbreak, IOM's response contributed to strengthening preparedness and direct support in response to infectious disease outbreaks, health threats and Public Health Emergencies of International Concern (PHEICs) in line with IHR requirements, most notably in Guinea, Liberia, Sierra Leone (which were the epicentres of the Ebola outbreak) as well as neighbouring countries such Mali, Senegal, Côte d'Ivoire and Ghana. These interventions also contributed to strengthening community-based surveillance capacity in hot spots and migrant communities during and beyond the outbreak along the borders and at points of entry within the region.

IOM has been working throughout the West and Central Africa Region for over 20 years on supporting programmes and activities seeking to promote stronger and more coherent migration management and governance, with significant experience in providing assistance, support and services to address critical needs in the country, with respect to promoting labour and human mobility, enhancing protection and assistance for vulnerable migrants, promoting the health of migrants and communities as well as its longstanding expertise in supporting governments to address challenges related to migration and mobility within the region, and the root causes forcing displacement, and to enhance border management as well as trade facilitation.

IOM'S AREAS OF INTERVENTION

Strategic Priority 1 - USD 8,683,000

Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels

COORDINATION AND PARTNERSHIPS *USD 3,521,000*

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

- Strengthen cross-border coordination and enhance regional and national disease surveillance, information sharing and gender and child-sensitive reporting.
- Support internal and transboundary coordination in the provision of timely care and gender-sensitive referrals in line with the International Health Regulations (2005).
- Support national governments to facilitate access to emergency health care for irregular migrants, including by identifying temporary legal solutions for access to medical care, in combination with temporary measures regarding visas and consular support.
- Engage with and support inter-agency efforts to develop national and regional preparedness, response and recovery plans through contingency planning processes, notably for countries at risk of witnessing increased population displacement.

TRACKING MOBILITY IMPACTS *USD 5,162,000*

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response. IOM will contribute to providing a comprehensive understanding of the effect of COVID-19 on mobility at global, country and cross-border/interregional level to:

- Map regional travel restrictions, support to primary data collection on Mobility Restriction Mapping (MRM) for points and locations.
- Measure the impact of COVID-19 on internally displaced populations by adapting IOM's Displacement Tracking Matrix (DTM) to assess socio-economic impact, and services and information needs.
- Track the presence of stranded migrants and vulnerable populations in key locations in countries where mobility restriction measures have been implemented through the DTM's Emergency Tracking Tool and Transhumance Tracking Tool.
- Strengthen existing networks of key informants at camp and host community level to report on issues arising as a result of mobility restriction measures among displaced populations.
- Reinforce system development and strengthen remote data collection.
- Monitor and map affected Points of Entry, status of migratory flows and support collection of information at PoE relevant for governments, IOM and WHO.
- Establish regional information management focal points to gather and distribute accurate and up to date information, including responding directly to information requests from individual governments, partners and migrants.

Strategic Priority 2 – USD 26,662,500

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

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) *USD 4,551,000*

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, gender and age-sensitive and correct information, including to:

- Provide technical guidance and establish a repository of information products and tools to ensure risk communication is culturally, gender, age and linguistically tailored and migrants, displaced populations and other vulnerable groups are included in national, regional and global outreach campaigns.
- Promote risk communication and community engagement activities on prevention measures, the detection of symptoms and and when and how to seek health care along mobility corridors, POEs, displacement sites, and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters.
- Build the capacity of health-care workers and other actors on providing safe and ethical referrals to services and psychological first aid adapted to pandemics, sensitive to different gender and age groups, using previous models developed for past outbreaks such as Ebola, and ensure inclusion of psycho education and informal education on self- and peer- support among RCCE messages as well as informal education measures.
- Mainstream improved hygiene practices through the development and dissemination of fit-for-purpose, gender-, age- and ability-sensitive information, education and communication (IEC) material tailored to the needs of migrants, displaced populations and other related communities.
- Consult communities and community associations (women-led association, organizations of persons with disabilities (OPD), children, student or youth networks, among others) and strengthen existing community engagement and outreach mechanisms to ensure community participation throughout the response and enhance accountability to affected populations.
- Foster community engagement for the prevention of and recovery from violence, discrimination, marginalization and xenophobia through promotion of social cohesion messaging and activities.
- Lead and support global, regional and national coordination on advocacy for prevention of stigma towards migrants, persons on the move and others forced to do so or that chose to do so and become vulnerable.

DISEASE SURVEILLANCE *USD 2,547,000*

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

- Strengthen gender-, age- and ability-sensitive community event-based surveillance by linking mobility information to surveillance data, particularly among border communities, PoEs migrant dense areas, and displacement sites.
- Engage with national authorities and local communities towards strengthened data collection and conduct Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans.

LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT *USD 2,177,500*

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

- Engage with national authorities and United Nations partners to support the procurement, storage and distribution of critical supplies.
- Support Supply Chain Management with Shelter and Non-Food Items (NFI) operational capacities.

POINTS OF ENTRY (PoE) *USD 9,841,500*

IOM co-leads the Points of Entry Pillar Working Group at the regional level for West and Central Africa, and is a key strategic partner to support Member States in strengthening core capacities for public health measures at points of entry. IOM will continue to support Ministries of Health, border authorities and partners to enhance prevention and response measures at prioritized points of entry to:

- Support active surveillance, including gender-, age- and ability-sensitive health screening, referral and data collection at PoE.
- Develop gender-sensitive operational guidance and assistance for ongoing emergency consular and visa-issuance activities.
- Support the development and dissemination of PoE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Train immigration and border/port health staff on SOPs to manage ill travellers and on infection prevention and control.
- Support improvements to PoE infrastructure, including construction of isolation spaces to manage ill travellers, improvement to hygiene infrastructure and provision of necessary equipment and supplies for cleaning, disinfection and screening taking into account a gender and age sensitive approach.

NATIONAL LABORATORY SYSTEM *USD 1,180,000*

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

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

INFECTION PREVENTION AND CONTROL *USD 6,365,500*

The provision of safe water, sanitation and hygiene (WASH) is an essential part of prevention efforts during infectious disease outbreaks, including the COVID-19. Combined with improved access to WASH services, infection prevention and control (IPC) measures are an effective way to prevent or limit transmission of the disease and IOM will continue to support enhanced national capacity

- Support the adequate provision of WASH services in key community gathering points, including social and religious sites, health-care facilities, PoEs, and camps and camp-like settings.
- Ensure the scale up of WASH services in displacement settings and their alignment with context relevant IPC measures.
- Support the development of protocols for handwashing, environmental cleaning and waste disposal that are fit for purpose for the needs of migrants and related communities.
- Secure the provision of safe water for drinking and handwashing, sufficient soap, adequate sanitation facilities and solid and liquid waste management systems.

Strategic Priority 3 – USD 13,539,000

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

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES *USD 2,850,000*

IOM will continue to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19, in particular in countries and regions suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases, to reduce morbidity and mortality rates. To that end, IOM intends to:

- Support governments with the provision of technical and operational support through short- to medium-term secondment of staff, including clinical staff.
- Provide life-saving primary health care, and assist in the procurement of critical medicines and medical supplies and support to infrastructure, especially in humanitarian settings.

CAMP COORDINATION AND CAMP MANAGEMENT *USD 3,530,000*

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

- Support governments to ensure continuation of services in existing camps and camp-like settings.
- Set up site level platforms for inter and intra CCCM coordination with service providers to ensure up-to-date COVID-19 information is shared.

- Develop tools and guidance for site planning, including for contingency spaces for expansion of services such as isolation areas, hospital expansion, burial sites and quarantine areas, integrating gender, age and ability considerations.
- Upgrading displacement sites to improve site safety and hygiene and ensure sustained access to livelihoods opportunities.
- Support capacity building, remote assessment and management through the development of specific camp management modules targeting frontline workers in displacement sites to orient new staff and rapidly scale up the knowledge, skills and attitudes of existing staff on critical health and WASH information.

PROTECTION *USD 7,159,000*

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

- Support the continuum of critical protection mechanisms to respond to protection risks and enhance safe and meaningful access to health services and information for migrants and IDPs.
- Provide updated analysis of the impact of the COVID-19 pandemic and measures taken in response to the pandemic on protection mechanisms within communities and among displaced populations, including to response to gender-based violence (GBV) (in particular sexual exploitation and abuse (SEA) and intimate partner violence (IPV)); family separation; and abandonment of persons in need of specific care and protection (persons with disabilities , children, the elderly persons).
- Assist stranded migrants to access basic services, through continued search and rescue operations, accommodation in safe transit centers, food, and medical and psychosocial support.
- Support the opening of humanitarian corridors to facilitate the return of stranded migrants, in compliance with recommended health measures including quarantine in both the host country and country of origin, in order to help sustain humanitarian assistance, which is key to reducing the rates of transmission.
- Support the creation of MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as the deployment of psychosocial mobile teams with the necessary linguistic and cultural skills to serve vulnerable populations, including displaced persons.
- Strengthen existing protection mechanisms and social services, including cross-border, to identify and support persons in need of specific care or protection and refer them to appropriate services (alternative care, emergency support or assistance, social services).
- Support staffing of protection response for assessments, analysis and capacity building, as well as for protection monitoring and mainstreaming across other sectors' activities, including monitoring and /or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms.
- Establish a fund to review and respond to requests for support to vulnerable migrants using IOM's established procedures for migrant screening, case budgeting and planning and service delivery.

Strategic Priority 4 – USD 5,274,000

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

ADDRESSING SOCIO-ECONOMIC IMPACT OF THE CRISIS *USD 5,274,000*

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

- Provide socio-economic support (including livelihood support) to COVID-19 survivors, families of deceased patients, migrants and returnees impacted by COVID-19.
- Conduct rapid assessments of socio-economic impact on border areas.
- Conduct rapid analysis in partnership with specialized financial organizations and multilateral development banks to assess the extent of the disruptions related to the on-going crisis on migrant and host communities' financial and socio-economic well-being and development.Study the socio-economic impact of COVID-19 to identify recommendations for policymakers to address key priorities.
- Support governments to explore efficient and scalable mechanisms such as through IDiapora.org, for health and other relevant professionals within the diaspora to contribute to COVID-19 response and recovery efforts, including the social and economic impacts.
- Provide analysis of socio-economic impact on humanitarian situations and on remittances.
- Establish a mechanism to encourage and support communities' social security networks to ensure social protection of vulnerable migrants in a sustainable manner.
- Provide cash-grant support, at national level, to micro businesses with employees affected by COVID-19 lockdowns in order to support employment.
- Support government employment agencies and relevant ministries to foster innovation and solutions to fight COVID-19 and to carry out strategies to adapt to COVID-19 effects.
- Provide alternative sources of income to prevent COVID-19 impact on socio-economic reintegration of rehabilitated low-risk former Non-State Armed Groups associates and strengthen social cohesion in receiving communities.
- Provide livelihoods support /stimulus package for SMEs that were set up by potential migrants.