



FUNDING REQUIREMENT: USD 10,000,000

Within the wider framework of IOM’s Global Strategic Preparedness and Response Plan, IOM Indonesia is responding to both humanitarian and development priorities to ensure that displaced and vulnerable mobile populations are not left at risk to the impacts of the COVID-19 pandemic; and to meet requests for assistance from Government partners and the National Task Force to mitigate impacts of COVID-19. Some of IOM’s most urgent funding priorities include:

- Procurement and distribution of hygiene supplies for refugees and select vulnerable groups of migrants, including returned migrant workers and IDPs, in order to address acute needs and to promote infection prevention and control
- Addressing pandemic risk in confined, crowded migrant shelters and temporary quarantine facilities, including tailored interventions to counter Gender-Based Violence (GBV)
- Using established national and global IOM procurement systems to meet Government requests for lifesaving medical equipment and supplies for pandemic response
- Augment government capacities to address and stabilize the mass return of Indonesian migrant workers
- Support the National Cluster on Displacement and Protection to augment response for Internally Displaced Persons (IDPs) and ensure critical multi-sectoral services including camp-based interventions for prevention
- Risk Communication and Community Engagement (RCCE), training, equipment and supplies for frontline officers at Points of Entry (POE)

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People’s Republic of China. On 11 March 2020, the World Health Organization announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19) constituted a pandemic. Two days later, the Indonesian Government formed a **National Task Force for COVID-19 Mitigation**, led by the National Agency for Disaster Management (BNPB). President Joko Widodo officially declared the outbreak a non-natural national disaster on 14 April 2020.

Since the outbreak began, more than 3 million confirmed cases have been reported globally with over 200,000 deaths,

as of 3 May. In Indonesia, there are **11,192 confirmed cases** and **845 deaths** as a result of COVID-19. Positive cases have been detected in all 34 provinces, each of which have significant differences in local health capacities.

Nationwide, 221,750 individuals showing symptoms of fever or respiratory infection are being placed by health authorities under a **monitoring** status (“ODP” in Bahasa Indonesia) while an additional 21,653 individuals demonstrating added symptoms of pneumonia, overseas travel history or contact with the COVID-19 positive case are placed under **surveillance** (PDP) status. As in many other countries, Indonesia has struggled to maintain adequate hospital and care

capacity ahead of infection rates, the protection of its frontline health and government workers, and increased testing and lab capacities. As testing becomes more widely available, the number of COVID-19 positive cases in Indonesia is expected to continue to rise.

In April 2020, implementation of **large-scale social restrictions** (PSBB policy) were promulgated at the National level, and as of late in the month, are increasingly being rolled out with tailored restrictions at the local level. With the start of the holy month of Ramadan, when many urban workers return to family homes and the provinces, movement restrictions have been put in place to address significant concerns over community transmission and uncontrolled spread of the disease. National religious groups have called for people to remain at home and not travel to their home provinces as part of the upcoming Eid period. Both domestic and international travel restrictions have been put in place, with ad hoc temporary restrictions and inadequate facilities at land and seaports having already caused disruptions to Indonesian migrant workers returning home.

International labour mobility for Indonesians has been greatly affected with over 123,122 **Indonesian migrant workers** returning to the country through official channels since January. Unknown numbers of migrant workers are returning through unofficial channels, with more strict interdictions from law enforcement and the potential for stigmatization

increasing. Though the Government has instructed Indonesia migrant workers to remain in destination countries, if possible, vast numbers have had no choice but to return due to the rapid economic downturn, uncertain access to health services, and movement restrictions to reduce the spread of the virus. Massive returns of migrant workers have surpassed the reception capacities at Points of Entry and transit shelters. Meanwhile, regulations suspending the formal placement of Indonesian migrant workers from travelling abroad have been issued, cutting off migrant households reliant on remittances from critical household resources.

Given the high prevalence of natural disasters, systems to address the needs of **internally displaced persons** remain a significant concern in Indonesia. Assessments conducted prior to the COVID-19 outbreak revealed inadequate facilities and coordination at camps and settlements for IDPs. At present, thousands of IDPs are highly vulnerable to COVID-19 due to lack of Water, Sanitation and Hygiene (WASH) facilities and shelter, including as a result of recent flooding and landslides, as well as earlier disasters.

Meanwhile, 14,000 **refugees and asylum seekers** presently in Indonesia likewise are at elevated risk. Beyond restrictions to work legally, refugees face additional barriers to withstand the health and economic situations posed by the virus, including lack of access to services, labour market, and stigma.

IOM INDONESIA'S APPROACH AND OPERATIONAL STRATEGY

Working through established partnerships with Government, UN, international and national actors, IOM will contribute to a coordinated and comprehensive response to the COVID19 crisis in order to halt further transmission of the disease, limit the humanitarian and socioeconomic effects of the pandemic, and support affected communities to prepare for longer term-recovery. With 300 staff across 10 locations in Indonesia, the IOM response will be consistent with its main areas of work in Indonesia, and will build upon existing capacities including active medical health teams, psycho-social support programming, an ongoing automated cash distribution and banking mechanism for 8,000 refugees, and an established national and international procurement system.

IOM's approach in Indonesia is anchored in the IOM **Global Strategic Preparedness and Response Plan**, released on 15

April 2020, which reflects the full spectrum of the Organization's work to respond to far-reaching impacts of the pandemic in alignment with several global response plans with the United Nations system.

IOM intends to focus on four strategic priorities at the community, national and regional levels: (1) effective coordination and partnerships as well as mobility tracking; (2) preparedness and response measures for reduced morbidity and mortality; (3) efforts to ensure that affected people have access to basic services, commodities and protection; and (4) to mitigate the socio-economic impacts of COVID-19.

In Indonesia, IOM's operational strategy centres on mitigating the impact of COVID-19 by:

1. Meeting the urgent needs of those **most vulnerable** to the pandemic, including refugees and asylum seekers, Indonesian migrant workers, internally displaced persons, and urban poor, among others;
2. **Reinforcing government capacities** at all levels, as requested, to mitigate the impacts of COVID-19 on the most vulnerable;
3. Promoting inclusive approaches that address **population mobility** and **cross-border dynamics**.

IOM coordinates and aligns its efforts with other agencies through active contributions as part of the United Nations Country Team (UNCT) and the Humanitarian Country Team (HCT).

Partnerships with government institutions at the national and sub-national level will form the cornerstone of IOM's approach, including with national institutions including:

- National Task Force on COVID-19
- National Agency for Disaster Management (BNPB)
- Coordinating Ministry for Human Development and Cultural Affairs (PMK)
- Coordinating Ministry for Political, Legal, and Security Affairs (Polhukam)
- Ministry of Foreign Affairs
- Ministry of Health
- Ministry of Manpower
- Ministry of Social Affairs
- Ministry of Villages, Development of Disadvantaged Regions and Transmigration
- Ministry of Women Empowerment and Child Protection
- Directorate General of Immigration
- National Agency for the Protection of Indonesian Migrant Workers (BP2MI)
- Provincial and District Governments

IOM INDONESIA'S AREAS OF INTERVENTION

Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels



COORDINATION AND PARTNERSHIPS

- Support national and sub-national coordination processes to respond to multi-sectoral impacts of COVID-19, through technical support to the National Cluster on Displacement and Protection and its members at the central and local levels, and the COVID-19 Task Force led by the National Agency for Disaster Management (BNPB)
- Strengthen the government strategy for localization of the response, nationwide, through improved exchange of information and coordination platforms from national to local levels, and between areas of transit and origin on the return and reintegration of Indonesian migrant workers
- Build partnerships with local civil society organizations at the national and grassroots levels to advocate for effective inclusion of mobile populations in COVID-19 response measures, including Indonesian migrant workers, migrant households, and refugees and asylum seekers in Indonesia



TRACKING MOBILITY IMPACTS

- Support national and sub-national government partners, such as the National Cluster on Displacement & Protection, on data and information management, including by conducting displacement tracking exercises to assess COVID-19 risks in displacement sites
- Provide technical expertise to national government counterparts on tracking of Indonesian migrant workers returning and exiting the country, and support the exchange of information between transit areas at border and migrants' areas of origin to ensure preparedness for safe re-integration of returned migrant workers

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



POINTS OF ENTRY (POE)

- Support capacity building of frontline border officers and reinforce COVID-19 health-compliant standard operating procedures at points of entry to ensure safe and effective screening, triage, and referral of cases
- Improve facilities at points of entry, particularly in locations facing massive returns of Indonesian migrant workers to support infection prevention and control and case management
- Conduct health capacity assessments at POEs with national government and UN partners to identify and address critical infrastructure support as the highest priority among the over 120 POEs nationwide
- Reinforce institutional measures of immigration and other frontline border officers to reduce frontline officers' exposure to COVID-19 while deployed while facilitating continued (minimum) legal cross-border movements of essential goods and persons (e.g. medical staff, law enforcement)
- Provide food, Non-Food Items (NFIs), and other support for Indonesian migrant workers under observation or quarantine at POEs and other shelter sites



INFECTION PREVENTION AND CONTROL

- Provide emergency hygiene kits, including anti-bacterial soap, disinfectants, and cloth masks, for the refugee and asylum seeker population in Indonesia
- Support inclusive, community-driven empowerment efforts to carry out COVID-19 prevention measures – including activities such as the production of cloth masks and installation of handwashing stations in public areas – with host communities and refugees and asylum seekers, and Indonesian migrant workers and their families
- Improve WASH infrastructure for COVID-19 mitigation in displacement sites, camp-like settings, and at points of entry and transit shelters, if required
- Through ongoing partnerships with local health departments, provide support to reinforce quarantine and isolation capacities in areas hosting refugees and asylum seekers around the country to contribute towards equal access to treatment regardless of migration status
- Support community-based groups, village officials, community policing officers, and others in supporting wider infection prevention and control efforts at the village level



LOGISTICS, PROCUREMENT, AND SUPPLY MANAGEMENT

- Support the Government of Indonesia's COVID-19 life-saving mitigation efforts on the urgent procurement of medical supplies, equipment, and personal protective equipment from national and international suppliers in coordination with the Pandemic Supply Chain Network (PSCN)
- Coordinate with government partners on the delivery and handover of procured supplies as identified in coordination with the National Task Force



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- Bolster RCCE with migration authorities and frontline officers deployed in border areas to reduce their risk to COVID-19
- Community-level awareness raising in Indonesian border areas, as well as in areas of origin where massive numbers of migrant workers have returned, including to combat stigma against returnees
- Assist national and sub-national government partners to mainstream and conduct RCCE in displacement settings, including post-disaster areas in Central Sulawesi, West Java, and West Nusa Tenggara
- Capacity building and supporting mobilization of civil society organizations at the sub-national level on carrying out RCCE targeting vulnerable and mobile populations
- Conduct sustained, culturally sensitive RCCE with refugee and asylum seeker community in Indonesia in refugee's native languages



DISEASE SURVEILLANCE

- Support disease surveillance through use of IOM's global mobility tracking platforms and specific tools previously developed by IOM in Indonesia to provide evidence-based information about the aggregated movement of people in response to the pandemic. Through the use of big data, IOM's mobility tracking platform (DTM) can assess the number of people leaving outbreak hotspot areas, for example, in the days before imposition of movement restrictions or during the upcoming Eid period, or *mudik*, when traditionally millions of residents move to their home areas to visit families.

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



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

- Lead the coordination and provision of critical multi-sectoral services, including Camp Coordination and Camp Management (CCCM) aspects as requested by the government, with the UN and humanitarian partners
- Train local responders and frontline workers in disaster management operations to rapidly integrate COVID-19 measures in displacement sites, such as in Central Sulawesi, West Nusa Tenggara, West Java, and other displacement environments that may emerge during the outbreak
- As Global Cluster co-lead for CCCM, integrate key standards for improved site coordination and management, prevention of GBV, as well as national cluster system inter-face with sites and local assistance networks, including at COVID-19 quarantine facilities established by local government structures
- Contribute to site improvements to address any urgent safety or hygiene considerations at sites or quarantine facilities



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

- Build upon IOM existing health teams' capacity to expand case management for refugees and asylum seekers in Indonesia and continue dialogue with national government partners, sub-national governments, health care and other service providers, to ensure inclusion in testing and treatment regimes
- Support government efforts to capacitate community health workers and mobile health teams, including in border areas, to provide case management, monitoring, and other essential services
- Ensure capacity at local levels for reception, monitoring, health and social system referral of Indonesian migrant workers in return districts



PROTECTION

- Stand-up the cluster system for displacement and protection at the national and sub-national levels – chaired by Ministry of Social Affairs with IOM as international co-lead – to ensure support to most vulnerable populations are maintained during pandemic
- Reinforce existing government protection mechanisms and strengthen community-based protection mechanisms to mitigate the risks of Gender-Based Violence (GBV) stemming from the consequences of the COVID-19 pandemic – including the discontinuity of protection services – while supporting survivors of GBV, in particular survivors among the refugee and asylum seeker population, IDPs, and other vulnerable migrants in Indonesia
- Provide trauma-informed, victim-centred mental health and psychosocial support (MHPSS) to refugees and migrants in need in collaboration with local civil society organizations and partners
- Continue implementing core protection activities such as identification, assessment, and case management for refugees and asylum seekers, victims of trafficking, and other vulnerable migrants
- Conduct analysis of the COVID-19 pandemic and response on the protection situation within the communities, such as heightened risks of exploitation and trafficking in persons, increased incidents of GBV, sexual exploitation and abuse, family separation, persons left-behind in need of specific care and protection

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



ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS

- Work with government and civil society partners at the national and local level to improve returned Indonesian migrant workers' access to government social protection systems put in place to respond to the impact of COVID-19, such as the Pre-Employment Card (*Kartu Prakerja*)
- Conduct wider research on the migration-related impacts of COVID-19 in Indonesia, such as the effects on the short-medium term capacities and aspirations of migrant workers to migrate, the effect of lost remittances at the micro and macro-level, the impact on internal migration patterns within Indonesia, and impacts on human trafficking

- Pilot targeted active labour market measures, including temporary employment schemes with the private sector and community-based projects targeting villages with high concentrations of migrant households in coordination with district and village governments
- Support alternative livelihoods and reintegration assistance to the most vulnerable returned migrant workers
- Leverage partnerships with financial institutions, diaspora networks, and government stakeholders to improve remittance investment schemes and financial literacy among migrant households who still have family members working outside Indonesia

IOM INDONESIA'S CAPACITY TO RESPOND TO COVID-19

IOM's partnerships and operations in Indonesia have spanned more than **40 years** across a wide range of migration and emergency related programming. IOM partners closely with government counterparts and local civil society at the national and sub-national level throughout the vast archipelago.

With its **established field presence** across 10 offices nationwide, with additional project implementation teams actively engaged with partners on the ground in more than a dozen sites, including border regions, remote areas, and urban centres, IOM is uniquely positioned to contribute towards the Government of Indonesia's rapid efforts to address the spread of the COVID-19.

Currently, IOM has **300 staff members**, including approximately 40 medical professionals including doctors, nurses, and psychosocial specialists, as well as operational teams spread throughout the country with experience in responding to emergencies, disasters, and mobility crises. IOM has dedicated case workers and expert trainers on a range of migration management, border management, law enforcement, counter-trafficking, victim protection and policy topics. Combined with robust logistics and procurement capacities, IOM is positioned to deliver assistance efficiently and at scale.

Through its existing programmes in Indonesia, IOM has a wide scope of thematic specialization, expertise, and relationships to support national response efforts, especially addressing the critical needs of vulnerable groups, including migrants, refugees, and internally displaced persons, among others.

IOM is the co-lead of the Global Camp Coordination and Camp Management Cluster. In Indonesia, IOM is the lead international partner of the **National Cluster on Displacement and Protection** led by the Ministry of Social

Affairs. The cluster, which has been activated for the COVID-19 response, comprises of more than 50 member agencies, covering multi-sectoral areas essential to coordinate efficiently during the COVID-19 response, including shelter, WASH, CCCM, child protection, protection of people with disabilities, the elderly, minority groups including people with HIV/AIDS and sexual minorities, protection and response to gender based violence, and psychosocial support. IOM is a key partner in supporting **disaster preparedness and response** efforts, including during recent disasters including the Mt Sinabung eruption (2016), the Mt Agung eruption (2017-2018), earthquakes in West Nusa Tenggara (2018), the earthquake and tsunami in Central Sulawesi (2018), and the floods and landslides in West Java (2020).

IOM's programmes to **empower and assist Indonesian migrant workers** have been engaged throughout the country, from Points of Entry along the Indonesia-Malaysian border to rural communities in the eastern part of the country.

Through its **refugee assistance programme**, operational since 2001, IOM partners with national and district authorities, including health departments, in nine cities on the care of nearly 8,000 refugees and asylum seekers, 60% of the total refugee population in the country. Refugees and asylum seekers under IOM's care originate from 18 countries, and receive accommodation, modest living allowances to cover daily necessities, access to health services, education, mental health and psychosocial services, among others.

IOM proposes to commit these capacities and is seeking additional resources to address these migration management and health priorities, outlined in the Areas of Intervention below, in partnership with the Government of Indonesia, in close coordination with the overall management of the National Task Force for COVID-19.

IOM PRESENCE IN INDONESIA



10
offices throughout
Indonesia

300
staff in Indonesia

IOM INDONESIA'S FUNDING REQUIREMENT

To strengthen the Government of Indonesia's national response to the COVID-19 outbreak, an initial funding amount of **USD 10,000,000** will be required for activities across the pillars.

PILLARS	BUDGET APPEAL
Coordination and Partnerships	USD 500,000
Tracking Mobility Impacts	USD 200,000
Points of Entry	USD 3,500,000
Infection Prevention and Control	USD 1,700,000
Logistics, Procurement, and Supply Management	USD 1,350,000
Risk Communication and Community Engagement	USD 400,000
Disease Surveillance	USD 100,000
Camp Coordination and Camp Management	USD 250,000
Case Management and Continuity of Essential Services	USD 500,000
Protection	USD 500,000
Addressing Socio-Economic Impacts of the Crisis	USD 1,000,000
TOTAL	USD 10,000,000

CONTACTS

Louis Hoffmann
Chief of Mission, IOM Indonesia
LHoffmann@iom.int

 indonesia.iom.int  [iomindonesia](https://twitter.com/iomindonesia)
 [IOM Indonesia](https://www.facebook.com/IOMIndonesia)  [IOM Indonesia](https://www.youtube.com/IOMIndonesia)
 [iomjakarta](https://www.instagram.com/iomjakarta)