IOM ASIA AND THE PACIFIC
REGIONAL STRATEGIC RESPONSE AND RECOVERY PLAN | 2021 | COVID-19

IOM UN MIGRATION

$131.7 MILLION
REGIONAL FUNDING REQUIREMENT

27
TARGET COUNTRIES

SITUATION OVERVIEW

CONTEXT: ONE YEAR ON SINCE THE BEGINNING OF THE PANDEMIC

The COVID-19 pandemic has led to unprecedented global impacts on health, economies, mobility and communities. In Asia and the Pacific, countries continue to deal with rebounding numbers of cases and deaths, as mitigation measures for containing the spread of COVID-19 – including travel restrictions - have resulted in significant human and economic costs, especially for people on the move. The emergence of the SARS-CoV-2 variants have led to second and third waves of the virus in high-population countries – entwined with rapidly changing entry, movement and testing regulations – disproportionately affecting migrants, displaced populations and other vulnerable groups.

Given the high incidence of natural disasters, conflict and climate change-induced displacement in the region, **humanitarian needs have been driven to new levels** that, if left unaddressed, will have long-term impacts on fragility, risks of displacement and human suffering. So far in 2021, more than 31.2 million people are in need of humanitarian assistance and protection[1], and millions of internationally and internally displaced persons – including more than 15 million newly displaced in 2020[2] – are among the worst-hit by the crisis and will remain so if immediate support is not provided. 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

Due to widespread border closures and lockdown measures that shuttered businesses, **millions of migrants returned to their countries or provinces of origin**. In the Asia Pacific region, more than 7 million migrants are estimated to have returned, with Afghanistan, Australia, Bangladesh and the Philippines each having seen more than 500,000 migrants return during the pandemic.

[1] UN OCHA 2020, Global Humanitarian Overview 2021.
[2] Internal Displacement Monitoring Centre 2020, Internal displacement 2020: Mid-year update.
Internal Displacement Monitoring Centre 2021 Global Map: Internal Displacement Updates.

Photo: Rapid Response Teams provide medical care to returnee migrants, Afghanistan. © IOM, 2020

Remittances have remained fairly resilient through 2020, though the explanations for this stability are paradoxical: greater reliance on formal channels as pandemic restrictions disrupted informal means, and migrants sending home not their pay, but rather their savings and compensation for being laid off. Upon return, many migrants face significant economic insecurity, and many experience discrimination due to fears of COVID-19 transmission or introduction.

The dangers associated with irregular migratory journeys have increased. In 2020, Asia and the Pacific was home to approximately 43 million international migrants, and globally, more than 83 million international migrants originate from the region.[3] Depending on their socioeconomic situation, international migrants are at higher risk of being targeted by migrants smugglers and human traffickers, exposing them to violence, exploitation, abuse, discrimination and stigma, in addition to being more vulnerable to infection, due to the unsafe conditions of their travel.[4]

Governments are considering **new policies and measures that could significantly affect internal and international mobility,** such as new visa processes, vaccine requirements for entry and restructured labor migration schemes. The mobility requirements are expected to alter migration management in the long-term, serving as a critical turning point in relation to health and travel. Resumption of international mobility is a critical part of dealing with the crisis, and people on the move must be a central feature of inclusive response and recovery efforts.

Training on COVID-19 prevention for Health Center Management Committees and Village Health Support Groups, Cambodia. © IOM, 2020

RISKS AND NEEDS OVERVIEW

COVID-19 cases are resurging in multiple countries across the region, straining national health systems. Health systems in low- and lower-middle-income countries in the region have limited capacity and are heavily dependent on household out-of-pocket spending.[5] Much remains unknown regarding the extent to which COVID-19 will affect the different sources of health financing and service delivery across these countries; however, the significant cost of health-related expenditures is not within the financial capacity of most migrants and displaced populations. 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.[6]

Migrants and displaced populations - especially in fragile contexts - face dramatically increased protection concerns during the pandemic, including violence, threats, discrimination, exploitation and wage theft. Job loss and economic insecurity have increased negative coping mechanisms for survival. Disruptions in regular migration channels and worsening of humanitarian situations have exacerbated risks of human trafficking.

Stay-at-home orders, lockdowns and new stresses on societies and communities have led to **higher rates of gender-based violence (GBV),** including intimate partner violence, and many services supporting survivors of violence have had to close or reduce operations. Women in particular are affected by these added protection risks.

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[3] UN DESA 2020, Migration Data Portal.

[4] OECD 2020, What is the impact of the COVID-19 pandemic on immigrants and their children?

[5] OECD and WHO 2020, Health at a Glance: Asia/Pacific 2020.

[6] GBV AoR Asia and the Pacific & Gender in Humanitarian Action Asia and the Pacific 2020 The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific.

Mental Health and Psychosocial Support staff in Cox's Bazar adapted services to COVID-19 context, Bangladesh. © IOM, 2020.

Despite slightly higher than expected GDP growth in Asia and the Pacific in 2020 (0.9 per cent) and projected growth in 2021 (7.9 per cent), **many countries in the region continue to face economic challenges**.[7] Pacific Island countries in particular saw significant negative GDP growth in 2020 due largely to lost tourism and travel-related revenue as these countries closed their borders. Overall, nearly every country in the region saw negative GDP growth in 2020.

Furthermore, migrants, displaced populations and other vulnerable groups continue to face **challenges due to mobility restrictions, interrupted labour supply and other limitations**. Poverty in the region is expected to increase after 20 years of decline, with 40 million people projected to remain in or fall into poverty due to the pandemic.[7] Although 2020 remittances data from Thailand, the Philippines, Pakistan, Bangladesh, Nepal and the Pacific indicate resiliency, this trend requires further analysis to determine its sustainability.

Among the millions of migrants who returned to their countries of origin, **many remain unemployed or are unable to re-migrate for work** despite being willing to do so, while others are wary of remigrating. Meanwhile, many industries that primarily employ migrant workers – such as tourism and hospitality, restaurants, and factory work – have been disrupted, leading to continued economic insecurity for those workers, many of whom have lost their jobs.[9]

In the Pacific, many seasonal workers and their families face an uncertain future due to border closures; conversely, Pacific Islanders still working in Australia and New Zealand have been unable to visit home as mobility restrictions made agricultural employers much more dependent on existing workers. Assessments in Southeast and South Asia indicate that **migrant workers are experiencing job losses and loss of income** from reduced working hours, stemming from both the economic downturn and lockdown measures.

Interruptions to international mobility have made clear the global dependence on migration and the crucial role that migrants, migrant workers and cross-border small traders play in economies and societies. As the world looks ahead to a reduction in COVID-19 infection rates and resumption of mobility and economic growth, adaptive and innovative approaches that include migrants and displaced populations are needed. 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 that directs support to hose most in need cannot occur without access to timely, and trusted data.

As COVID-19 vaccine plans are rolled out, an inclusive response informed by public health imperatives and needs, and omits no one based on migration status, is essential for societies to slow virus transmission and enable equitable recovery. Migrants and displaced persons must be included in national immunization campaigns, with support from IOM, the UN and other organizations to address barriers to access, allay concerns leading to vaccine hesitancy, and promote equitable and non-discriminatory vaccine delivery. Vaccine certificates and immunity passports are at the forefront of discussions on restarting economies and international travel; however, various ethical, legal, scientific, operational, data protection and technical issues must be considered. This requires multi-sectoral engagement with health, travel, immigration, technology, transport, data protection and legal authorities, as well as inter-country coordination, to ensure adequate safeguards and avoid further discrimination and widening the global mobility divide.

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[7] World Bank 2021, World Bank Economic Outlook for East Asia and the Pacific.

[8] Global Citizen 2020, COVID-19 Could Cause Poverty to Rise in East Asia and Pacific for the First Time in 20 Years: World Bank.

[9] ILO 2021, COVID-19, labour market slack and what it means for Recovery;

Akrur Barua, Deloitte 2020, Asia's economic recovery: Staggering along in an uncertain world.

FROM RESPONSE TO RECOVERY

Following on the 2020 Strategic Preparedness and Response Plan, and aligning with the contexts of Asia and the Pacific, **IOM's approach in 2021 uses a robust Strategic Response and Recovery Plan (SRRP) encompassing 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 Humanitarian-Development-Peace Nexus approach, **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 runs in parallel with the ongoing health emergency and response 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 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 social protection nets and prepare the ground for recovery processes that can leverage the role of migrants as essential workers in key sectors, including health.

IOM's SRRP is tailored to the unique challenges arising from population mobility and cross-border dynamics and presents inclusive approaches targeting the needs of migrants, travellers, stranded migrants, displaced populations and local communities. These plans also aim to counter misinformation that can lead to anti-migrant sentiment and xenophobia. Simultaneously, IOM will support governments and communities to mitigate and address long-term socioeconomic impacts and empower migrants and displaced populations 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 resume 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. **IOM will continue to tap into its global footprint and capacities in humanitarian data collection and broader migration data analysis**, to inform operations. This includes collaboration with key partners and support to joint UN and government planning processes to 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.

Distribution of family handwashing kits to IDP families in earthquake-affected areas in Davao del Sur and North Cotabato, Philippines © IOM, 2020.

STRATEGIC OBJECTIVE 1

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

In Asia and the Pacific, IOM will continue to support crisis-affected populations in multiple contexts, including conflict- and natural disaster-affected settings 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 left furthest behind, IOM will strengthen inclusive societies as an essential building block for recovering better.

$41.5 MILLION
STRATEGIC OBJECTIVE 1 FUNDING REQUIREMENT

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

• Based on specific needs of crises-affected population, map available services and **upgrade 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;

• **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.

• **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;

• Invest in **community engagement and community feedback** mechanisms to better engage displaced populations in COVID-19 preparedness and response measures.

A Rohingya refugee receives transitional shelter assistance in Cox's Bazar, Bangladesh. © IOM, 2020.

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

• Ensure **continuation/provision of essential services and life-saving assistance** to displaced populations, migrants - including stranded migrants and people in mixed flows - and other vulnerable groups, such as victims of human rights violations and crisis-affected populations, in areas with compounding humanitarian needs. Interventions will ensure effective communication, and feedback mechanisms and awareness about availability of services;

• Within humanitarian programs, carry out **construction/improvements to WASH facilities** in line with COVID-19 measures, site improvements, shelter support - including rental subsidies for those at-risk in areas of high transmission - care and maintenance interventions in displacements sites and urban locations, distribution of food/NFI, and other humanitarian assistance;

• **Strengthen site-level coordination and management structures** with service providers in site, including through remote modalities in case of reduced access, as well as sustaining community engagement and participation in sites through two-ways 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 and areas of high mobility to support early recovery and stabilization. IOM will also support affected households with agricultural inputs activities, including support to critical market systems for seeds, tools, staple crops, livestock, among others, to support rural and isolated populations in crisis.

An IOM-trained Village Chief leads a community campaign on safe migration, Lao PDR. © IOM, 2020

1.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, GBV service provision, and mitigation of risks exacerbated by the COVID-19 measures (such as stranded migrants, migrants in immigration detention centers and victims of human trafficking and smuggling) by enhancing capacities and working towards decreasing protection risks;

• Secure 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 national and local responders, partners and government institutions in protection** knowledge and skills to assist affected populations during COVID-19, including in protection mainstreaming, psychological first aid (PFA), GBV, consular assistance, law enforcement action against traffickers and smugglers, alternative and innovative solutions and safe migration;

• Develop **protection-focused information, education and communication materials** and guidance on vulnerabilities and protection needs, including community-based care, establishing peer-support systems and self-care routines, virtual counselling and PFA, human trafficking, and alternatives to detention in the context of COVD-19;

• **Promote social cohesion and efforts to combat discrimination, marginalization and xenophobia**, including campaigns and community-based programming, to promote peaceful coexistence and dialogue between migrants, displaced populations and host communities.

STRATEGIC OBJECTIVE 2

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

As COVID-19 continues to pose a significant health risk in the region, IOM is strengthening public health and social measures to prevent, detect and respond to COVID-19 among migrants, along mobility pathways and in host communities. 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.

These services include 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.

> **$45.8 MILLION**
> STRATEGIC OBJECTIVE 2 FUNDING REQUIREMENT

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

• Strengthen public health and social measures to prevent, detect and respond to COVID-19 through **support to disease surveillance and health screening** (including at the community-level) and by strengthening laboratory systems for diagnosis of disease and related complications, including by seconding IOM's health staff to Ministries of Health for operational support;

• **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 adequately considered in public health and hygiene messaging and that migrants and mobile communities have access to timely, context-specific and correct information through cross-border community-level awareness-raising, communication with communities, 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. Employment of Mobile Health Teams to reach remote and vulnerable communities; procuring complementary testing equipment and kits for use in remote areas with limited access to primary lab facilities;

• **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 infrastructures) and strengthening public health measures at PoE-linked quarantine facilities;

• Promote **safe cross-border mobility at Points of Entry** by building capacity of frontline, immigration and border officials in infection prevention and control, disease surveillance, RCCE and safe and effective screening, triage, and referral of cases;

• 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;

• Provide **accurate, context-specific information in relevant languages on COVID-19 vaccines and vaccination campaigns**, including through community dialogues, feedback mechanisms, production of IEC materials and campaigns to raise awareness on COVID-19 vaccines, counter misinformation 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 including facilitation of access for migrants to electronic records/certificates;

• **Monitor access to vaccines for migrants** – regardless of legal status – that may be left out of national vaccination planning and roll-out to help advocate for their inclusion;

• Actively engage with governments in the region to **advocate for equitable access to vaccination** for vulnerable populations, including migrants, displaced populations and affected communities.

COVID-19 Rapid Response Teams provide medical services to returnee migrants, Herat Province, Afghanistan. © IOM, 2020.

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;

• **Operationalize the International Health Regulations (IHR 2005) at recognized Points of Entry** in collaboration with the World Health Organization and Government counterparts to mitigate against the spread of COVID-19 and other infectious diseases across borders;

• Provide technical and operational support to governments to develop and implement national health policies that include migrants and promote equal access to health services for migrants.

STRATEGIC OBJECTIVE 3

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

With a robust history of engagement with governments on resilience building, as well as immigration and border management, 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 the socioeconomic recovery.

$35.9 MILLION
STRATEGIC OBJECTIVE 3 FUNDING 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;

• Support the post-pandemic recovery of regional mobility through accelerated digitalization of admission and stay procedures, with a focus on inclusive solutions and assistance for migrants in vulnerable situations;

• **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 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 linkage between pre- and post-arrival migrant orientation and training services; collaborating with governments for 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.

Returnee migrants go through a document check at the Lao-Thai Friendship Bridge II, Lao PDR. © IOM, 2020.

Distribution of food assistance to migrant families, Thailand © IOM, 2020.

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 continue with 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; supporting policies to keep remittances flowing and ensuring 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 (especially women) with local economies, including "up-skill"/(re)training returnees given COVID-19 impacts on markets and livelihoods; address risks of exploitation in business operations, provide financial and technical support to enterprises that hire migrants, and provide skills matching, education, and livelihoods support to strengthen health and other essential services;

• **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 context 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

• 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;

• **Strengthen trust and participation in border communities** to strengthen preparedness and response capacities;

• **Counter rumors and misinformation** associated with the virus, as well as negative sentiments against vulnerable groups;

• Strengthen the relationship between local governments and communities to contribute to mitigating the likelihood of emergent tensions or conflict related to COVID-19.

STRATEGIC OBJECTIVE 4

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

With information and data being crucial elements required to inform response and recovery efforts of the United Nations 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 assessments, migration data capacity development and other methods. This will also contribute towards the achievement of the other three Strategic Objectives.

$8.4 MILLION
STRATEGIC OBJECTIVE 4 FUNDING REQUIREMENT

4.A. ENSURE WELL-COORDINATED, INFORMED AND TIMELY RESPONSE AND RECOVERY EFFORTS 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 of camp or camp-like settings impacted by COVID-19 ensuring that 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.

Population Mobility Mapping exercise in Krishnanagar, Nepal. © IOM, 2020.

Displacement Tracking Matrix exercise at checkpoints surrounding Ulaanbaatar, Mongolia. © IOM, 2020.

4.B. ENHANCE UNDERSTANDING OF THE GLOBAL IMPACT OF COVID-19 ON HUMAN MOBILITY

• Monitor, analyze, and report on changes in immigration and visa procedures, labour mobility and visa related measures, and public health related mobility measures being imposed by/and on countries in the region;

• **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;

• **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 research and statistical snapshots on the impact of the pandemic on migrant protection and assistance, including return and reintegration, migration patterns, inter-connectivity between small-scale transnational trade, 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 SOCIO-ECONOMIC 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 to allow for programmatic and policy support for longer-term socioeconomic recovery;

• Strengthen evidence base regarding the situation of migrants, displaced populations and other vulnerable groups in critical policy areas to leverage human mobility for inclusive and sustainable recovery, including through disaggregated data;

• **Invest in migration data gathering systems** to ensure continuity of data collection and gathering, enhancement of analysis and forecasting capacities of governments and other partners for COVID-19 recovery;

• **Build and enhance national capacities in data collection, analysis and dissemination** to share data, address data gaps and assess key migration trends.

CROSS-CUTTING PRIORITIES AND COMMITMENTS

PEOPLE-CENTERED APPROACH, PARTICIPATION AND ACCOUNTABILITY TO AFFECTED POPULATIONS

IOM puts people at the center 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 level before, during and after a crisis.

HUMANITARIAN PRINCIPLES

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CENTRALITY OF PROTECTION

IOM adheres to the 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. In this vein, IOM humanitarian assistance aims to be sensitive to gender, age, vulnerabilities and other socio-economic considerations, as well as proportionate to the magnitude of the situation. Furthermore, IOM has an internal instruction on 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 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 practice: (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 lifesaving and recovery services during the pandemic, with limited participation and inclusion in the response plans and a likelihood of higher levels of poverty, violence, neglect and abuse. This impact can be exacerbated further still for women, older persons, children and other marginalized groups that are living with disabilities.

IOM will mainstream disability inclusion in SRRP through: increased participation and involvement within measures to respond to the pandemic; improved knowledge and information of the barriers to 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. Some situations may also require targeted action to ensure the inclusion of persons with disabilities.

GENDER

The gender perspective will continue to be an important cross-cutting priority of the SRRP 2021. The impacts and implications of the 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.
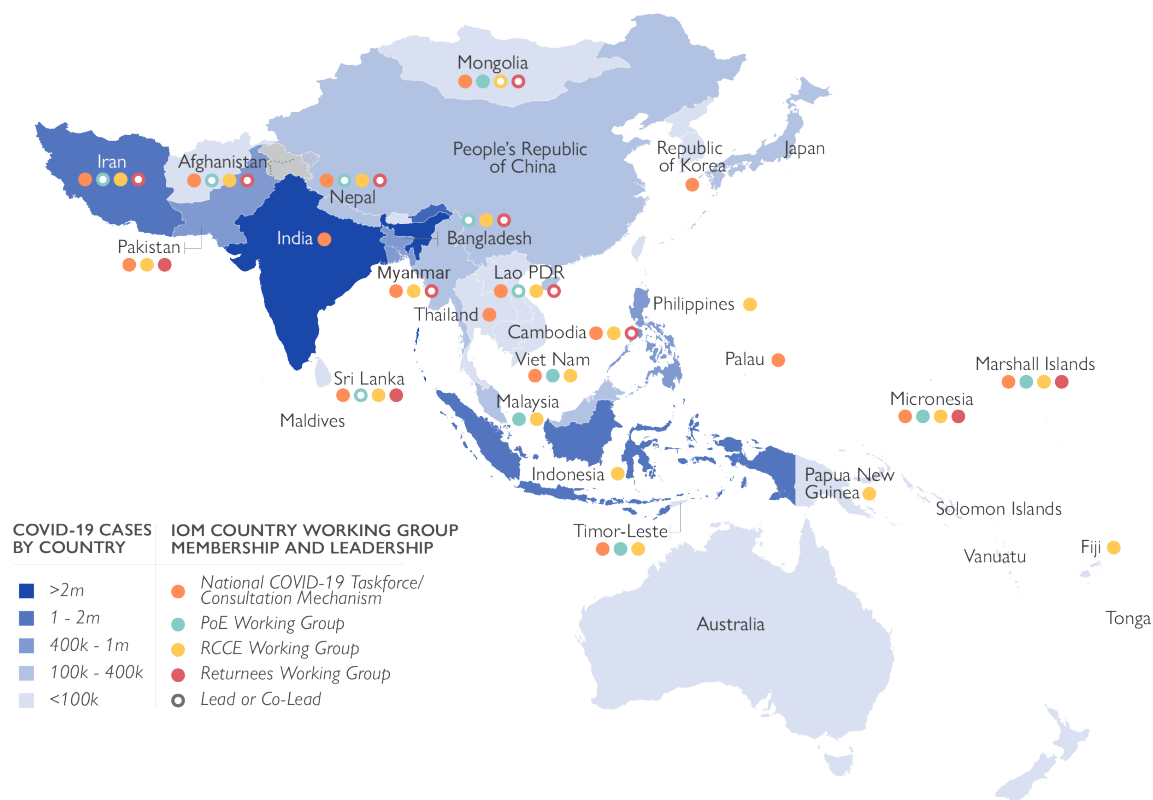
Within its efforts, IOM will continue to apply gender-sensitive and intersectional approaches to allow for the identification of these inequalities, incorporate greater protection and gender lens in assistance, and ensure the participation of all migrants, with specific attention to the needs of women and girls in response and recovery strategies.

HUMANITARIAN-DEVELOPMENT-PEACE NEXUS

The nexus refers to strengthening linkages, collaboration and coherence between humanitarian, development and peace actions. The approach seeks to capitalize on the comparative advantages of each pillar to reduce overall vulnerability and the number of unmet needs, strengthen risk management capacities, increase resilience and address root causes of crises while supporting longer-term solutions. IOM aims to ensure need- based, conflict-sensitive and principled humanitarian, development and peace actions that are based on shared risk-informed and gender-sensitive analysis.

IOM CAPACITY TO RESPOND IN ASIA AND THE PACIFIC

IOM Coordination Roles for COVID-19 Response

COVID-19 CASES BY COUNTRY

- >2m
- 1 - 2m
- 400k - 1m
- 100k - 400k
- <100k

IOM COUNTRY WORKING GROUP MEMBERSHIP AND LEADERSHIP

- *National COVID-19 Taskforce/ Consultation Mechanism*
- *PoE Working Group*
- *RCCE Working Group*
- *Returnees Working Group*
- *Lead or Co-Lead*

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration (IOM)

In 2020, IOM coordinated with governments, other UN agencies and Civil Society Organizations (CSOs) to implement USD 71 million in COVID-19 programming in 25 countries across an array of operational areas. IOM has provided immediate humanitarian relief, provided continuity of care and health assistance, and ensured that migrants, displaced populations and affected communities are not left behind and can contribute to response and recovery efforts. As the lead of the UN Network on Migration in the Asia Pacific region, IOM is well positioned as a convenor, knowledge and policy partner. IOM's regional SRRP brings together country response and recovery plans from 27 countries in Asia and the Pacific to address the impacts of COVID-19 in 2021, covering the full spectrum of IOM activities in humanitarian, development and peace-building settings.

IOM has held leadership and coordination roles related to the COVID-19 response across the region: 17 IOM country offices in the region participate in their country's National COVID-19 Taskforce/Consultation Mechanism, while 13 sit on Points of Entry Working Groups, 18 participate in Risk Communication and Community Engagement Working Groups, and 12 are in the Returnees Working Groups. IOM has also been requested by the UN system and governments to lead multisectoral engagement for migrants, borders and mobility in the region.

IOM has extensive experience working directly with communities and supporting governments to prevent, detect and respond to health threats along the mobility continuum while advocating for migrant-inclusive approaches that minimize stigma and discrimination. In Asia and the Pacific, IOM operates 99 offices with over 4,000 staff. IOM's presence and scope of work enables the Organization to support all identified priority areas for COVID-19 response and recovery, including continuation of essential services, risk mitigation and protection for vulnerable groups, scaling up of essential public health measures, promoting mobility sensitive health systems, mitigating the longer-term socioeconomic impacts of COVID-19, contributing to restarting human mobility, empowering societies for self-reliance, and tracking the impact of COVID-19 on mobility and people on the move to strengthen evidence-based decision-making.

IOM has long worked before, during and after crises and is uniquely prepared to support complementary and simultaneous response and recovery efforts through the entire crisis spectrum. IOM's Regional Office in Asia and the Pacific continues to provide leadership and strategic direction for streamlining responses and ensuring best practices are shared and replicated.

ASIA AND THE PACIFIC FUNDING REQUIREMENT

This amount takes into account IOM's planned interventions in 27 countries to implement both response and recovery interventions for COVID-19. IOM also recognizes the continuously evolving nature of the pandemic and will review each country's funding needs periodically. IOM offices at the country, regional, and global level have worked together to estimate the expected funding needed building off of IOM's 2020 response efforts, as well as previous experience responding to public health and other humanitarian emergencies.

Regional and country missions have also ensured funding requirements take into account the capacity of each Member State, as well as emerging needs and mobility dynamics in the country. All funding requirements under 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, Joint Annual Work Plan of UNSDCF, among others.

USD 131,660,720

IOM's funding requirement for Asia and the Pacific

Funding Requirement by Country

Country	SRRP 2021 Total Requirement (USD)
Regional Office	$ 800,000
Afghanistan	$ 17,068,750
Bangladesh	$ 39,861,270
Bhutan	$ 300,000
Cambodia	$ 3,450,000
Federated States of Micronesia	$ 2,000,000
Fiji	$ 400,000
India	$ 1,000,000
Indonesia	$ 8,000,000
Iran	$ 500,000
Lao PDR	$ 1,200,000
Malaysia	$ 3,005,000
Maldives	$ 500,000
Marshall Islands	$ 2,000,000
Mongolia	$ 3,550,000
Myanmar	$ 10,550,000
Nepal	$ 4,000,000
Pakistan	$ 6,230,000
Papua New Guinea	$ 250,000
Philippines	$ 13,995,000
Republic of Palau	$ 500,000
Solomon Islands	$ 250,000
Sri Lanka	$ 4,000,000
Thailand	$ 4,000,700
Timor-Leste	$ 800,000
Tonga	$ 200,000
Vanuatu	$ 250,000
Viet Nam	$ 3,000,000
TOTAL	**$ 131,660,720**

ANNEX I

Funding Requirement by Country and Objective

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 socio economic 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	
Regional Office	$ -	$ -	$ -	$ 70,000	$ 60,000	$ 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	$ 17,068,750
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
Federated 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
India	$ -	$ -	$ 150,000	$ -	$ 100,000	$ -	$ 50,000	$ 575,000	$ -	$ -	$ -	$ 125,000	$ 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
Iran	$ 100,000	$ -	$ -	$ 160,000	$ -	$ -	$ -	$ -	$ -	$ 100,000	$ -	$ 140,000	$ 500,000
Lao PDR	$ 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	$ 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	$ 150,000	$ 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	$ -	$ 300,000	$ -	$ 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	$ 100,000	$ 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	$ 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	$ 100,000	$ 800,000
Tonga	$ -	$ -	$ -	$ -	$ -	$ -	$ 200,000	$ -	$ -	$ -	$ -	$ -	$ 200,000
Vanuatu	$ -	$ 50,000	$ -	$ 50,000	$ -	$ -	$ 150,000	$ -	$ -	$ -	$ -	$ -	$ 250,000
Viet Nam	$ -	$ -	$ 300,000	$ 1,350,000	$ 100,000	$ -	$ 250,000	$ 700,000	$ -	$ -	$ 200,000	$ 100,000	$ 3,000,000
TOTAL	$ 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