Evaluation of IOM's Strategic and Operational Response to the COVID-19 Pandemic

IOM CENTRAL EVALUATION

February 2023

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Acronyms

AVRR	Assisted and Voluntary Return and Reintegration Programmes
CBI	Cash-based intervention
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CMS	Crisis Management Support
CO	IOM Country Office
CoM	IOM Chief of Mission
CSO	Civil Society Organization
DAC	Development Assistance Committee
DER	Department of External Relations
DMM	Department of Migration Management
DOE	Department of Operations and Emergencies
DPDC	Department of Peace and Development Coordination
DHR	Department of Human Resources
DTM	Displacement Tracking Matrix
EHoA	East and Horn of Africa
FLoD	First Line of Defense
GBV	Gender Based Violence
GCM	Global Compact for Safe, Orderly and Regular Migration
GHRP	Global Humanitarian Response Plan
GMDAC	Global Migration Data Analysis Centre
GSPRP	Global Strategic Preparedness and Response Plan
HQ	Headquarters
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced persons
IKM	Innovation and Knowledge Management unit
IPC	Infection Prevention and Control
KM	Knowledge management
M&E	Monitoring and evaluation
MEFM	Migration Emergency Funding Mechanism
MHAC	Medical Health Assessment Center
MHPSS	Mental Health and Psychosocial Support
MiRAC	Migration Resource Allocation Committee
NGO	Non-governmental Organization
OECD	Organization for Economic Co-operation and Development
PoE	Points of Entry
POEM	Peer Exchange and Learning on Migration Platform
PPE	Personal Protective Equipment
PSEA	Protection from Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
REA	Rapid Evidence Assessment
RO	IOM Regional Office
SDG	Sustainable Development Goals
SOPs	Standard Operating Procedures
SPRP	Strategic Preparedness and Response Plan
SRRP	Strategic Response and Recovery Plan
UN	United Nations
UNCT	UN Country Team
UNSG	UN Secretary General
VOTs	Victims of Trafficking
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

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IOM Central Evaluation Unit

Executive Summary

This report is a thematic and strategic evaluation of the International Organization for Migration (IOM)'s strategic and operational response to the COVID-19 pandemic. The aim of this evaluation was to evaluate IOM's response to the COVID-19 pandemic and to provide recommendations and lessons learned on how to strengthen IOM's work to better address the needs and preparedness for future global pandemic crises. The evaluation was carried out by a team of four consultants of Owl RE, evaluation and research consultancy, Geneva, Switzerland. It was completed remotely from September 2022 to January 2023.

The evaluation aimed to provide a global assessment with practical examples showcasing four case study countries: Bangladesh, Greece, Mexico and Nigeria. The following research methods were used: a document review; an online survey of IOM field staff globally with 105 responses received; semi-structured interviews with IOM staff and key stakeholders (78 persons); and a Rapid Evidence Assessment of existing IOM research material and reports.

The outbreak of COVID-19 had an unprecedented impact on mobility both in terms of regimes for border and migration management, and the situation of all people on the move, including those displaced by conflict or disaster. IOM adapted to this new way of working in partnership with relevant actors at global, regional, and national levels, contributing to United Nations (UN) response plans and appeals. IOM also developed its own COVID-19 response and recovery plans, targeting 141 countries with financial requirements of USD 823 million. IOM's operational response included:

- Continuation of essential services, including access to humanitarian and protection assistance;
- Risk communication and community engagement (RCCE);
- Cross-border coordination and capacity building at points of entry (PoE);
- Crisis coordination to facilitate information exchange between stakeholders;
- Population mobility mapping exercises to anticipate public health needs and prioritize measures;
- Continuity of essential health services for vulnerable communities;
- Support to stranded migrants;
- Enhanced disease surveillance and water, sanitation and hygiene (WASH) services;
- First Line of Defense (FLoD) service with testing and health-care services for UN staff and dependencies;
- Mitigating the long socio-economic impacts of COVID-19 on human mobility.

IOM continues to be involved in discussions with UN and other partners regarding future pandemic preparedness as part of its efforts to support global health security and the links to mobility.

Findings

Relevance: IOM's response to the COVID-19 pandemic was found to be highly relevant, working closely with governments and UN counterparts to support joint COVID-19 preparation and response mechanisms and plans. As a result of its flexibility and considerable experience in human mobility and migration health, IOM was considered as well-placed to work with Member States and within the UN system. An evidence-based approach and the use of data, particularly through the Displacement Tracking Matrix (DTM) was integral to IOM's response and made a significant contribution to wider UN

efforts. In the early stages of the pandemic, IOM's existing health infrastructure ensured its relevance as it quickly repurposed migration health assessment centers and other direct health service programming (including in humanitarian settings) to support national health systems as well as providing health services for frontline UN staff which gave them the possibility to stay in their posts. Working modalities globally were adapted to allow staff to continue to work throughout the pandemic although this differed from context to context.

Coherence: IOM was found to have a relatively strong consistent voice and coherent approach between its projects, programmes and institutional COVID-19 initiatives. Externally, a close working relationship with national governments at country level was key for IOM's integrated approach, as well as participation in UN mechanisms globally and through UN Country Teams (UNCTs). Evidence of strengthened and new partnerships indicated that COVID-19 had also been an opportunity for the Organization as the pandemic progressed and IOM's work expanded. Internal coherence was found to be mixed. While many policies, guidelines, position papers and framework for action were produced at Headquarters' (HQ) level, it was unclear how much was effectively disseminated and what the uptake was from the IOM Country Offices (COs). Similarly, it was not clear at the CO level how much work was shared externally and the projectized nature of operations was perceived as a weakness to IOM's comprehensive approach.

Effectiveness: IOM contributed to addressing the effects of the pandemic through its ongoing programming, new initiatives, global level coordination and advocacy on migrants' rights. With additional and flexible donor funding, the IOM could also support some of the most vulnerable. IOM's flexibility in its response was seen as a strength, managing to continue and adapt ongoing programming where possible. IOM's communications externally were more successful than internally. There was a lack of institutional approach to capture lessons learned and good practices on the COVID-19 response. Although IOM programming did benefit from existing gender mainstreaming, overall guidance and direction on the gender dimension was missing for the COVID-19 response.

Efficiency: IOM's decision-making systems were found to be broadly efficient in facilitating the use of resources to meet the COVID-19 response, with a significant lack of preparedness in funding slowing down the initial response. Guidance on communication with donors was issued, which facilitated COs to make the changes in programming, and budget flexibility in particular was noted as an area in which IOM was relatively strong. Despite policies in place, there was a wide variance of experience between COs concerning the policy of staff care and the workplace. A number of fundraising mechanisms were successfully operationalized at all levels of the Organization to resource the COVID-19 response as a "whole-of-organization" response, although it was not clear how these aligned. Central to the COVID-19 response was participation in UN emergency mechanisms and interagency coordination, which in many cases was key for the efficiency of its interventions. Through the development of innovative tools and techniques, IOM found many different ways to ensure operational continuity in programming with some notable efficiency measures such as the use of remote working modalities in the delivery of work and services.

Impact: In the immediate and short-term IOM was able to contribute to the reduction in the spread of COVID-19, providing assistance to migrants, particularly those in vulnerable situations. IOM was able to ensure strong communication to migrants, informing them about services and locations available for assistance. Stakeholders noted IOM's impact with its multi-stakeholder cooperation, a strong internal CO collaboration, as well as providing government support and a socio-economic impact. Being the lead

health services provider for the FLoD and by treating over 10,000 UN workers, IOM contributed to the collective UN response and "One UN". In the medium-term, IOM was able to raise awareness and attention to migrant needs and particularly those in irregular situations, and through increased flexibility and adapted working methods it was also able to have a strong impact in the longer term.

Sustainability: Sustainability was ensured through the implementation of the Strategic Preparedness and Response Plan (SPRP) in 2020 and the Strategic Response and Recovery Plan (SRRP) in 2021. This also supported IOM's links to the UN Framework for the Immediate Socio-Economic Response to COVID-19 and its advocacy on migration, COVID-19 recovery and sustainable development for the Agenda 2030. Other aspects that contributed to sustainability and preparedness included the creation of guidelines and protocols, training and capacity building, digital technology and tools developed during the pandemic, repurposing of facilities, as well as sharing of learnings from experiences. Challenges in sustainability identified were linked to the projectized nature of work and funding, with a need for more strategic approaches for future crises.

Conclusions and recommendations

IOM's COVID-19 response was broad and integrated virtually all IOM activities during the pandemic's peak from 2020 to 2022. The evaluation found that the COVID-19 response was largely successful as described throughout the evaluation report. Given the broad scope of IOM's response it has implications across many aspects of IOM's operations as delineated in the following conclusions and recommendations.

(Please see full report for all proposed action points).

A. HQ global crisis response system set-up: The HQ response to the COVID-19 pandemic was managed directly by the Director General's Executive Office. This had certain advantages in terms of agility and flexibility but also resulted in dispersed guidance, lacked an overall emergency coordinator and a financial allocation to fund additional HQ positions, and an inclusive task-force structure to drive the response, including an official technical advisory role for the Migration Health Division (MHD). For managing future global health crises, IOM senior management is encouraged to consider a set-up reflecting and supporting a "whole-of-organization" approach and integrating it within its current L3 crisis response set-up, while recognizing global health crisis are distinct from L3 crises.

B. Rapid funding for global crises: A main challenge faced by COs was the difficulty to access rapid funding to respond to the COVID-19 pandemic, which led to discrepancies in the response from country to country. IOM management should consider how flexible funding could be made more easily and rapidly available to the COs for future similar crises, such as through rapid access to funds from the Migration Resource Allocation Committee (MiRAC) funding mechanism, encouraging at the same time more unearmarked or partially earmarked funding for MiRAC, and/or through creating a new rapid grants mechanism for COs for global health and scale-up crises, in addition to continued access to the Migration Emergency Funding Mechanism (MEFM) loans.

C. Integrating innovative approaches in IOM programming. The COVID-19 response involved several innovative approaches. There is an opportunity to learn from these innovations and further refine them for integrating and mainstreaming within IOM programming. IOM's Innovation and Knowledge Management unit (IKM) could consider within the planned institutional Knowledge Management (KM)

strategy how to encourage IOM work units to document and integrate the innovations developed and implemented during the COVID-19 pandemic within IOM programming.

D. Capturing lessons learnt and good practices for global crises: IOM's COVID-19 response resulted in many good practices and lessons learnt that have only been partially captured. As with innovations, IKM could consider to further collect, catalogue and curate COVID-19 lessons learnt and good practices on the Peer Exchange and learning on Migration platform (POEM) and review how flagship initiatives such as the PoE Working Group and FLoD could be further documented to ensure that the experience remains within the institutional memory.

E. Human resources policies for future global crises: IOM staff globally were commended for their dedication to delivering the best services and care possible for beneficiaries during the pandemic, often during precarious conditions, putting their own health at risk. IOM HQ provided a range of guidance for staff, often rapidly and responsive to the evolving situation. However, field staff reached by this evaluation were not all aware of the available guidance. For future global crises, it is suggested that IOM's Department of Human Resources (DHR) invest further in communicating on its guidance by creating a crisis page for the newly created Human Resources Handbook and ensuring that resource management officers and human resources focal points in country offices disseminate the guidance proactively and report to DHR on its implementation, where feasible.

F. Data integration and Monitoring and Evaluation (M&E) for future global crises: A success of the COVID-19 response was the use of data for evidence-based programming and decision-making, notably with DTM adapting to the evolving situation. At the same time, data was also collected by health, socio-economic and PoE initiatives, amongst others. Further comprehensive data, with a multidisciplinary approach would further support evidence-based programming within IOM and for other actors in migration and public health fields. Although core indicators were created for the COVID-19 response, they were not reported as being widely used or collated. IOM's Global Data Institute should consider the data needs for future global crises with the aim to facilitate comprehensive and multidisciplinary data for evidence-based programming and decision-making.

G. Advocacy for migration rights: IOM's COVID-19 response was complemented by its advocacy focused on migrants' rights in face of the pandemic and the many restrictions and limitations it resulted in. There was also an opportunity to stress the transversality of migration and its necessity for integration within national development and response plans/policies, including within the UN system. IOM should continue to advocate on key areas advanced by its work during COVID-19 including universal health coverage for migrants, their inclusion in national responses and economic relief plans, combating xenophobia, discrimination and stigmatization against migrants and returnees, suspending use of forced returns during a pandemic and the adoption of alternatives to immigration detention.

H. Socio-economic recovery within IOM programming: IOM recognized the importance of the socio-economic recovery from COVID-19 relatively early on, as seen in the joint initiative with UNDP and the focus of the 2021 SRRP. Nevertheless, it was estimated that further effort and funding was needed to ensure that socio-economic recovery is possible. IOM is encouraged in its future appeals and project/programme proposals to continue ensuring that COVID-19 socio-economic recovery is integrated within its activities wherever possible and still relevant.

I. Gender considerations within future global crises: There were positive results seen with the integration of the gender dimension within many aspects of IOM's COVID-19 response. However, the

integration was inconsistent and mostly benefited from past mainstreaming of gender within IOM programming. Given the heightened risk for migrant women during the pandemic, a more consistent approach would have been beneficial. In planning for future similar global crises, IOM is encouraged to adopt a more consistent approach and framework for gender (building on IOM's existing frameworks and guidance) and monitor its implementation across IOM programming.

J. Health programming: IOM's COVID-19 response was largely driven by its health activities. Feedback was overwhelmingly positive on the dedication and effectiveness of IOM's health teams across the globe, suggesting that IOM could learn from the response and provide an even more holistic health service for migrants. IOM's MHD should consider how it can learn from the COVID-19 response and provide an even more holistic health service for migrants, including greater collaboration and synergy between Medical Health Assessment Centers, Emergency Health, Mental Health and Psychosocial Support, WASH and other related activities, such as RCCE.

1. Introduction

This evaluation report is a thematic and strategic evaluation of the International Organization for Migration's (IOM) strategic and operational response to the COVID-19 pandemic. The evaluation was included in the biennial evaluation plan 2021-2022 of IOM's Central Evaluation Unit, which is part of the Department of Strategic Planning and Organizational Performance (DPP) at IOM Headquarters (HQ). The evaluation was carried out by a team of four consultants of the Owl RE research and evaluation consultancy in Geneva, Switzerland.[1] It was completed remotely from September 2022 to January 2023.

2. Evaluation Background

2.1. Objectives and focus

The aim of this evaluation was to evaluate IOM's strategic, institutional, and operational approach and response to the COVID-19 pandemic and to provide recommendations and lessons learned on how to strengthen IOM's work to better address the needs and preparedness for future similar global crises.

This objective was supported by a series of 27 evaluation questions, as per the Terms of Reference (Annex 4), fine-tuned in the evaluation matrix during the inception phase and organized based on the six OECD-DAC evaluation criteria.[2] The evaluation questions, indicators, data collection tools and sources are detailed in the evaluation matrix (Annex 1).

2.2. Evaluation methodology

The evaluation findings are based on the triangulation of data, information and evidence collected through the following research methods:

- A document review of all relevant documentation. A list of the main documents reviewed can be found in Annex 2.
- An online survey of IOM staff globally with 105 responses received representing the main roles targeted with all regions represented.[3]
- A Rapid Evidence Assessment (REA) was carried out using an established methodology[4]. The REA included IOM evaluations on COVID-19, as well as selected IOM reports and research papers on the Covid-19 response published from 2020 to 2022.
- Semi-structured interviews with IOM staff and key external stakeholders: 78 persons in total. A list of persons interviewed can be found in Annex 3.

The evaluation aimed to provide a global assessment, with practical examples showcasing four case study countries: Bangladesh, Greece, Mexico and Nigeria. The case studies were selected based on five criteria: 1) context and programme mix; 2) geographical location; 3) Country Office (CO) capacity

[1] Glenn O'Neil, team leader and evaluation consultants, Patricia Goldschmid, Anita Leutgeb and Sharon McClenaghan.

[2] OECD-DAC six evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability: https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

[3] Survey response demographics by role: 30% - technical/thematic specialists; 20% - operations/programme/project Manager and/or Heads of unit/division; 16% - Chiefs of Missions (CoMs) & deputies; 12% - project staff; 7% -monitoring and evaluation (M&E) staff; 15% - Other.

[4] With reference to the following resources: UK Civil Service (2014) *Rapid evidence assessment toolkit*; Barends, E., Rousseau, D.M. & Briner, R.B. (Eds). (2017) *CEBMa Guideline for Rapid Evidence Assessments in Management and Organizations*, Version 1.0. Center for Evidence Based Management, Amsterdam.

to support the evaluation; 4) funding received by country for the IOM COVID-19 response; and 5) extent of COVID-19 response[5]. The table below details the number of persons interviewed by type of stakeholder group.

Table 1: Overview of persons interviewed

Stakeholder group	No.
IOM staff in four COs – Bangladesh, Greece, Mexico and Nigeria	36
External Stakeholders in three countries[6] – Bangladesh, Mexico, and Nigeria	10
IOM HQ staff	24
IOM Regional Offices (ROs) and other CO staff (not case study countries)	6
Global stakeholders (United Nations (UN) agencies)	2
Total	**78***

**Including 7 staff interviewed in the inception phase.*

Data analysis: A combination of qualitative (interviews and discussions) and quantitative data (survey responses and budget breakdowns) was collected. The qualitative data was analyzed thematically to understand trends linked to the different issues and areas covered by the surveys and interviews. A qualitative data analysis software, Deedose, was used to code the responses of the participants, which made it possible to explore the trends and tendencies linked to the issues covered by the evaluation questions. Charts were used to provide an overview of the results from the survey data collected.

Limitations: The evaluation's inception report set out the three limitations with proposed mitigation strategies as detailed in the table below. A commentary is also provided on the limitation and its impact on the evaluation.

Table 2: Limitations faced by the evaluation

Limitation identified	***Mitigation strategy***	***Commentary***
(a) The context of Covid-19 recovery: The timing of the evaluation during the COVID-19 pandemic recovery will likely impact on the availability of IOM staff and project stakeholders and/or extend the time it will take to respond to the evaluation request and provide inputs.	Early and close involvement with the IOM team to help coordinate meetings and ensure availability of key stakeholders. Interviews will take place remotely over a period of some five weeks.	IOM staff in general were available for the evaluation although the COVID-19 recovery and the remote nature of the evaluation meant that reaching all relevant staff and external stakeholders was challenging. For example, no external stakeholders in Greece were reached and the external stakeholders interviewed was relatively low, 12 in total. Further, IOM HQ fundraising and donor relations staff were not available for interviews. This limitation should be considered

[5] Further details are provided in the evaluation's Inception Report (separate document).
[6] No interviews were obtained with external stakeholders in Greece.

		when considering the findings of this evaluation.
(b) Insufficient data: General problem of insufficient data, or insufficient representative data collected, owing to poor response rate from interviewees and surveys.	Triangulation between the data gathering tools from different sources (e.g., IOM staff, external stakeholders and secondary data) will help address any data gaps.	The survey response of IOM staff (105) was considered sufficient with a representation of all relevant roles and locations of IOM. As stated above, the number of external stakeholders interviewed was limited.
(c) Extent of COVID-19 response: As described in section 4, the COVID-19 response impacted all IOM programming – those initiatives specifically established for the response and all standard IOM programming. Therefore, it will be challenging to cover all potential aspects of IOM's COVID-19 response.	The evaluation will focus on responding to the evaluation questions, prioritize issues that appear to be key in the process and state any limitations in its ability to cover the full scope of IOM's COVID-19 response.	The evaluation aimed to cover all main aspects of IOM's COVID-19 response. However, the range of activities and consequent guidelines, reports and other documentation was extensive, possibly implying that not every aspect of IOM's COVID-19 response was covered by this evaluation.

3. Background to the COVID-19 response

The outbreak of COVID-19 had an unprecedented impact on mobility both in terms of regimes for border and migration management, and the situation of all people on the move, including those displaced by conflict or disaster.

Therefore, IOM adapted to a new way of working in partnership with relevant actors at global, regional, and national levels. IOM contributed to World Health Organization's (WHO) COVID-19 Global Strategic Preparedness and Response Plan (SPRP)[7] and the Inter-Agency Standing Committee (IASC) Global Humanitarian Response Plan (GHRP) for COVID-19.[8] The UN launched a UN COVID-19 Response and Recovery Trust Fund in April 2020, which offered a cohesive UN System response to national governments through a common financing mechanism, with UN entities, including IOM, agreeing to deliver on its priorities. In April 2020, the Emergency Relief Coordinator, in collaboration with WHO and in consultation with the IASC Principals declared that the pandemic required a humanitarian System-Wide Scale-Up Activation for infectious disease events.

IOM also developed its own COVID-19 Global SPRP in 2020[9] that covered IOM's operational and technical support in health, provision of humanitarian assistance and continuity of life-saving support. This was followed by IOM's 2021 Strategic Response and Recovery Plan (SRRP)[10], which also included socio-economic recovery assistance. The plan built on the 2020 UN and national frameworks and

[7] https://www.who.int/publications/i/item/WHO-WHE-2021.02
[8] https://interagencystandingcommittee.org/health/global-humanitarian-response-plan-covid-19
[9] https://crisisresponse.iom.int/sites/g/files/tmzbdl1481/files/appeal/documents/IOM%20COVID19%20Appeal-revision_9%20September_final.pdf
[10] https://crisisresponse.iom.int/response/iom-strategic-response-and-recovery-plan-covid-19-2021/year/2021

response plans. The plan targeted 141 countries with financial requirements of USD 823 million. Of USD 823 million requested by IOM for COVID-19 preparedness, response and recovery in 2021, donors contributed or pledged USD 336.95 million.[11]

IOM's operational response included:

- Continuation of essential services, including access to humanitarian and protection assistance;
- Risk communication and community engagement (RCCE);
- Cross-border coordination and capacity building at PoE;
- Crisis coordination to facilitate information exchange between stakeholders;
- Population mobility mapping exercises to anticipate public health needs and prioritize measures;
- Continuity of essential health services for vulnerable communities;
- Support to stranded migrants;
- Enhanced disease surveillance and water, sanitation and hygiene (WASH) services;
- First Line of Defense (FLoD) service with testing and health-care services for UN staff and dependencies;
- Mitigating the long socio-economic impacts of COVID-19 on human mobility.

The above operational response also included the adaptations necessary to IOM's ongoing programming to integrate a COVID-19 response. In late 2022, IOM continued to adapt its response and work towards the evolving needs of affected populations and communities of concern while also implementing programmes to mitigate and address the mid to longer-term socio-economic impact of COVID-19, as many parts of the world entered a gradual but unstable recovery period.

IOM continues to be involved in discussions with UN and other partners regarding future pandemic preparedness as part of its efforts to support global health security and the links to mobility.

[11] https://crisisresponse.iom.int/dashboards/iom-covid-19

4. Findings

The findings are organized around six evaluation criteria and 27 evaluation questions as set out in the evaluation matrix (Annex 1).

4.1. Relevance

IOM's response to the COVID-19 pandemic was found to be highly relevant, working closely with governments, implementing partners and UN counterparts to support joint COVID-19 preparation and response mechanisms and plans. As a result of IOM's flexibility and considerable experience in human mobility and migration health, IOM was considered as well-placed to work with Member States and within the UN system. An evidence-based approach and the use of data, particularly through the Displacement Tracking Mechanism (DTM), which was integral to IOM's response and made a significant contribution to wider UN efforts. In the early stages of the pandemic, it was IOM's existing health infrastructure that ensured its relevance as it quickly repurposed migration health assessment centers and other direct health service programming (including in humanitarian settings) to support national health systems as well as providing health services for frontline UN staff, which gave them the possibility to stay in their posts. Working modalities globally were adapted to allow staff to continue to work through the pandemic although this differed from context to context.

Q1. Were IOM's global, regional, and national preparedness measures and responses to the COVID-19 pandemic relevant to the needs and priorities of Member States, the strategies of UN System and IASC for the humanitarian field and UN emergency mechanisms?

IOM's responses to the COVID-19 pandemic at both the global and national levels were found to be relevant, evolving in relation to the different phases of the pandemic as well as the differing demands and needs of Member States, beneficiaries, and the UN system as a whole. Although IOM was not initially seen as a first responder by some other UN agencies, this changed over time as IOM proved itself as well placed and relevant in its response to the public health emergency.

The response was noted as initially slow to start (in line with the responses of other UN agencies) hampered by a lack of available funding as well as some staff reductions in areas of migration health both at HQ and country level, as migration health assessment services closed down globally (see the Effectiveness section for further information). This was addressed relatively quickly, and a global appeal was launched in February 2020 in alignment with the humanitarian response plans in each country, which had been adjusted to reflect COVID-19 activities.

IOM's preparedness measures and responses to the COVID-19

IOM's response to the COVID-19 pandemic was developed in close coordination and collaboration with national governments and health authorities, and in alignment with the UN system through participation in UN Country Teams (UNCTs), IASC global and national clusters, and other working groups, according to IOM staff and external stakeholders. In countries such as Bangladesh and Nigeria, where IOM's health programming was already strong, IOM played a strategic role within COVID-19 national task forces, as co-leads supporting health authorities in testing, treatment and vaccinations, and as leaders on WASH and in Camp Coordination and Camp Management (CCCM) for internally

displaced persons (IDPs), migrants and refugees[12]. Globally, in line with IOM's SPRP, IOM scaled up and adapted operations (such as Mental Health and Psychosocial Support (MHPSS)) as well as introducing new activities to meet the growing needs of beneficiaries for different services, such as RCCE, enhanced public health interventions at PoE such as COVID-19 testing and the provision of rapid relief through cash-based interventions (CBI) and support for social cohesion projects.

IOM's response was noted as particularly relevant in the context of the huge impact of COVID-19 on mobility as borders closed, responding to the many requests from governments for help with stranded migrants and nationals. For example, in Nigeria, Mexico and Mongolia the Assisted Voluntary Return and Reintegration Programmes (AVRR) supported the return of stranded migrants in other countries, many of whom had some level of vulnerability or required additional support through MHPSS services on return. In Mexico, IOM worked closely with the government health department, municipal and local governments and embassies to organize charter flights, testing facilities and quarantine shelters as well as to support a programme on filter hotels to house and test migrants who had nowhere else to stay. As described below under Question 11, IOM also advocated for the suspension of forced returns during the pandemic.

First Line of Defense (FLoD)

IOM's relevance to the needs of the UN system was highlighted through its lead as a health services provider for the UN FLoD, signing an agreement with the UN in July 2020. By leveraging its large network of Medical Health Assessment Centers (MHAC) and staff, IOM was able to treat over 10,000 UN workers and their dependents and allow them to stay in their posts.[13]

Q2. Have the IOM's COVID-19 mechanisms and guidance been relevant for IOM offices to undertake risk-informed operational preparedness and response measures for the pandemic?

The relevance of IOM's COVID-19 mechanisms and guidance was found to be mixed. Many policies, procedures and guidance were produced, and overall were considered useful but not always relevant to the country context, timely and uniformly used.

In February 2020, IOM developed its Global COVID-19 SPRP, which outlined 12 broad domains of action and acted as a guide for the individual responses of ROs and COs. The SPRP was revised three times during 2020 in accordance with the ever-changing nature of the crisis. IOM programming largely continued, waiting for the guidance to "catch up", as noted by one IOM staff, "*After a while we received some instructions from HQ. We were quicker on the ground, we saw the direct need. HQ took more time. That is quite reasonable. In times of crisis the mission answers first and then the framework is set by the HQ."* Of note, given that it was a global health crisis, IOM was also reliant on WHO and other health normative bodies for guidance.

IOM published an extensive amount of guidance material related to COVID-19 and the organizational response, such as issue briefs, toolkits, position papers and research pieces; over 100 publicly available

[12] In Bangladesh IOM worked with the MoH to establish five isolation and treatment centers for COVID-19, provided leadership in the camps as well as many other areas of work. In Nigeria, IOM was described as a "critical partner" and worked closely with the Nigeria Centre for Disease Control (NCDC).

[13] In the first year of the pandemic IOM's FLoD services were made available in 18 IOM MHACs across Africa, Asia, Europe and the Middle East, namely in Burundi, Cambodia, the Democratic Republic of the Congo, Ethiopia, Ghana, Jordan, Kazakhstan, Kenya, Nepal, Nigeria, the Philippines, Rwanda, South Africa, Sri Lanka, Thailand, Uganda, Ukraine, and the United Republic of Tanzania, MHD report, 2020.

documents[14]. Much of this was produced in relation to the rapid adaptation, which was required in operations as the pandemic progressed. For example, IOM's MHPSS teams produced internal guidelines on remote MHPSS working modalities, as well as guidance and a toolkit in three languages. Other operational guidance regarding COVID-19 treatment was regarded as very important by COs:

> *"The mechanisms were very important. We had IOM's guidance on how to operate an isolation center. We attended webinars with regional and HQ colleagues about how to handle vaccine hesitancy and in assessing patients."*

However, consistent guidance was sometimes lacking. The evaluation found examples in which guidelines produced were not relevant because they were not adapted accordingly to the country context, were not made accessible or explained, as this IOM staff member commented: "*There were no information sharing sessions or webinars to unpack the content of these different guidance documents*."

Human resources policies were an area raised by IOM staff interviewed. The MHACs were rapidly impacted by the pandemic given their reliance on income from the migration flow that effectively stopped. As a result, IOM issued a COVID-19 Retainment Policy in April 2020, offering COs alternatives to termination or non-renewal of contracts, such as placing staff on special leave or part-time duties[15]. This allowed COs to rapidly deploy staff from MHACs to other duties, such as PoE and FLoD.

The differing lockdown contexts of countries in which IOM operated also often gave rise to challenges between IOM's COVID-19 policies on movement/office presence and those of the national authorities. According to DHR, IOM communicated early and regularly on the importance of staff to "stay and deliver", within safety possibilities. This was a significant challenge for many COs, which had to adapt or where activities were halted temporarily in cases where IOM was more strict than national authorities or where project partners had different working policies. IOM also had in place early in the pandemic (May 2020), guidance for IOM offices on how to plan for a safe and gradual return of staff to the workplace, which recognized the need for a return to be informed by the measure of national authorities, UNCT and the latest medical advice[16].

Q3. Has evidence-based information on COVID-19 been incorporated in the design and implementation of both phases of IOM's response (initial emergency response and medium-term programme planning)?

The use of evidence-based information, especially through DTM which was integral to IOM's COVID-19 response in its own operations and noted by governments as one of IOM's strongest contributions to help develop national preparedness and response plans. In 2020 it was estimated that DTM data and/or analysis has informed COVID-19 response planning and actions by key public health partners in at least 39 countries, much of it related to flow monitoring and mobility tracking, including a Migration Health Division (MHD) tool, population mobility mapping, adapted from DTM methodology[17].

[14] For example, for issue briefs see: https://www.iom.int/covid-19-issue-briefs; a search on the IOM publications platform for COVID-19 produces over 130 results: https://publications.iom.int/search?search=covid-19
[15] IOM (2020), *COVID-19 Retainment policy*, IN/277, 17 April 2020.
[16] IOM (2020), *Guidance Note, COVID-19 Return to Workplace planning*, Version 1 - 6 May 2020.
[17] IOM (2021), *IOM'S COVID-19 Preparedness and Response Achievements Report 2020*, P. 22.

For example, in Mongolia IOM adapted the collection of DTM data through flow monitoring tracking of 3.5 million population movements for three-months to identify potential COVID-19 transmission patterns. The results were used to inform and strengthen the national COVID-19 prevention and response plans[18]. Population mobility mapping at border crossings was also used in many other countries, such as Cameroon and Rwanda to assist the government in preparedness and response measures for controlling the spread of the virus.

Data was also used extensively to inform and adapt (and sometimes extend) programming to ensure its relevance. For example, data collection from the "deep field" in Nigeria was used to inform not only a mass vaccination campaign where there was vaccine hesitancy but also to extend the health programme:

> "*The data we collected shaped our intervention and helped us understand which other programmes could be integrated with the COVID programme we had. From the additional data collected from screening on hypertension and diabetes we trained community leaders how to prevent these diseases - which is a "for all life" approach.*"

Other significant examples of data use included a large household survey in South Sudan in relation to COVID-19 symptoms, transmission, prevention and health seeking behavior, which provided a baseline from which the RCCE strategy was developed as well as informing Infection Prevention and Control (IPC), WASH and border health activities[19].

As borders closed and travel stopped, risk and needs assessments were used to review the feasibility and later adaptability of programmes by COs. These included rapid social impact assessments to identify potential new groups of people who have become highly vulnerable[20]. Data was also used to inform donors:

> "*The migration management unit designed a COVID-19 needs assessment for returnees and then a COVID mitigation plan, which was sent to all donors to show which activities were delayed and the implications for that. That prepared us and gave us a head start in conversation with donors.*"

While the majority of IOM staff were positive about the relevance of the evidence-based approach, it was also noted that for bigger programmes with more resources, there should have been a more coordinated approach for data collection and use beyond just that of DTM. Further, it was commented that there was limited comprehensive data collected on the impact of IOM's COVID-19 response. MHD and other units developed a comprehensive set of indicators for the COVID-19 response, although they were not mandatory to be used by COs.

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[18] "*The municipality very much appreciates the data that DTM is offering to the City Emergency Commission which is helping us to better outline risk groups, regions with more intensive population movements, improve targeting of prevention activities, and strengthen overall preparedness and response,"* said Amarsaikhan Sainbuyan, Mayor of Ulaanbaatar and Governor of the capital, see: https://www.preventionweb.net/news/covid-19-preparedness-mongolia-supported-iom-flow-monitoring-tool-work-member-states-expands

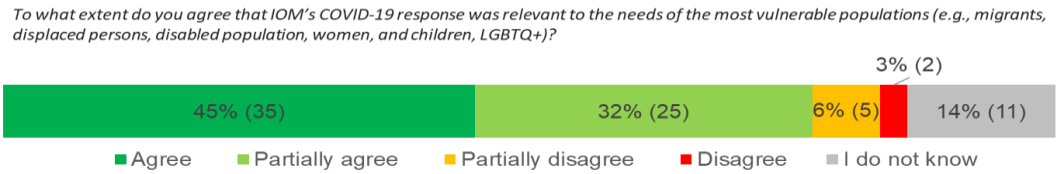
[19] The study also allowed an assessment of the impact of COVID-19 on protection and GBV issues., see: COVID-19 WASH IPC, KAP, household survey, Sept 2020.

[20] See: IOM Philippines (2020), *The COVID-19 Impact Assessment on Returned Overseas Filipino Workers.*

Q4. Were IOM's COVID-19 responses relevant to the needs of the most vulnerable populations (e.g., migrants, displaced persons, people with disabilities, women, and children)?

IOM's response was found to be relevant to the needs of the most vulnerable populations, as supported by IOM staff surveyed: 77% agreed or partially agreed that IOM's response was relevant to the most vulnerable.

Figure 1: IOM's response relevant to the needs of the most vulnerable



During the pandemic, IOM's existing work with vulnerable populations largely continued, adapting to the context in which many existing vulnerabilities were exacerbated, and new needs were created:

> *"Other agencies target different populations. We go in hard-to-reach areas, at sub-national level where others are not there to work with vulnerable communities. Our relationship with the government and expertise is prioritized especially in difficult, sensitive context."*

> *"Our abilities to reach vulnerable populations immediately that others couldn't with sanitation kits and information and be very responsive on the basis of our DTM data."*

Health was prioritized as a key area in line with the SPRP, alongside all humanitarian sectors of response. IOM advocated for the inclusion of all population in response planning, based on needs and not population groups. As a result, migrants' needs were included in national COVID-19 response and recovery plans as well as in the GHRP. Programmatically, many projects were adapted or designed specifically to address the needs of vulnerable populations. For example, the Venezuela CO worked with key state health agencies to provide health services / emergency assistance to most vulnerable communities in Gran Sabana, Bolivar State, (disabled, elderly, pregnant, children) in remote, partly indigenous communities[21]. In Mexico, the CO worked with the shelters and child protection authorities to design internal protocols, focused on protecting women and children and identifying situations where people are at risk, particularly children and victims of violence, including sexual violence.

The challenge of addressing the longer term needs of the vulnerable was also raised by IOM staff; going beyond the immediate pandemic focus on health and borders to address a more comprehensive understanding of the impacts on most vulnerable for the socio-economic recovery, as this IOM staff commented:

> *"That's the difficulty of our work on migration and those critically vulnerable—we didn't really understand the impact on them. We were only half focused on that element of the crisis."*

[21] *Emergency assistance for displaced and vulnerable communities in Bolivar,* (MO.0431)

IOM's programmatic response for the most vulnerable is discussed further in the Effectiveness section, under Question 10.

Q5. **What were comparative advantages in the design of IOM's approach to COVID-19, if any?**

According to IOM staff and external stakeholders, IOM had a number of comparative advantages which helped define its response. Key were IOM's flexibility, large field-driven operational presence and relevant experience in ongoing conflicts and emergencies. As a projectized organization, IOM was perceived externally as able to "get things done" and very quick to respond in comparison to other comparable organizations, as highlighted by external stakeholders:

> *"The same as in all emergencies; IOM is always faster in responding, bringing resources."*
>
> *"IOM's added value for a global crisis is their ability to quickly be operational on the ground. This is lacking in many other organizations. IOM is ready to intervene at any point."*
>
> *"Flexibility and fast reactions, prompt responses, much faster than any other UN agency, especially in humanitarian situations."*

In some countries, IOM was estimated as the largest UN presence during the pandemic that remained present and active, particularly serving vulnerable groups and their host communities. IOM as a direct implementor had contact with beneficiaries and therefore was well placed to understand their needs, according to IOM staff and external stakeholders.

IOM's experience in mobility-related aspects of health and its existing infrastructure allowed IOM to repurpose health programmes and facilities relatively quickly for both FLoD and PoE activities, amongst others. In 2020 alone, activities were undertaken through 69 MHACs and 27 laboratories located across Africa, Asia, Europe, and the Middle East.[22]

Significant also was IOM's multi-mandate that supported a wide range of multi-sectoral interventions, as these staff commented:

> *"We remained operational. We adapted and needed only a little bit of time. It reflected our footprint. In the majority of countries with migrant population we had strong migration health assessment programmes that could cater for all the needs. We were present and we were everywhere: Immigration, border management, protection, labour migration programming. Even if one area slowed down, we could step up in others."*
>
> *"Our reach is our advantage, the fact we work across a lot of different areas, health, and the vulnerable populations we serve. We can pivot quickly."*

A large operational presence gave IOM other advantages. For example in Greece, IOM was the main UN organization implementing a COVID-19 response and played an important role supporting other actors. In Nigeria and Bangladesh, part of IOM's advantage was its existing extensive presence in the camps and/or camp settings for migrants, refugees and IDPs. Nigeria also had a large number of diverse staff, speaking many languages as well as a long experience with displaced populations which allowed IOM to deliver programmes in many hard-to-reach areas:

[22] Migration health, 2020 Impact Overview, page 17.

"*We had staff on the ground and the reach and resilience of IOM was part of our advantage. In active conflicts we remained on the ground and continued to serve. Others stopped being operational where there were conflicts. We continued to deliver. We engaged with displaced populations to understand their needs.*"

4.2. Coherence

IOM was found to have a relatively strong consistent voice and coherent approach between its projects, programmes and institutional COVID-19 initiatives. Externally, a close working relationship with national governments at country level was key for IOM's integrated approach, as well as participation in UN mechanisms both globally and through UNCTs. Evidence of strengthened and new partnerships indicated that COVID-19 had also been an opportunity for the Organization as the pandemic progressed and IOM's work expanded. Internal coherence was found to be mixed. While many policies, guidelines position papers and framework for action were produced at HQ level it was unclear how much was effectively disseminated and what the uptake was from the COs. Similarly, it was not clear at the CO level how much work was shared externally and the projectized nature of operations was perceived as a weakness in IOM's approach.

Q6. How does IOM guarantee interactions with and between projects, programmes and institutional COVID-19 initiatives implemented, both in terms of internal and external coherence?

Internal coherence

Internal coherence was found to be mixed. The SPRP formed the core of IOM's position and provided the framework from which country and regional plans were developed. However, less coherence was found in other aspects. For example, IOM's institutional statements on COVID-19, which included several talking points, were not used consistently and not all IOM staff were aware of them. As seen in figure 2 under Effectiveness, this mixed result was seen in the rating of internal coordination by surveyed staff: 60% rated it as very or mostly successful and 34% as a little or not successful. A further limitation to coherence related to the internal work distribution - notably between the humanitarian and development approaches and separate ways of working, which became more apparent as the pandemic progressed, according to these IOM staff:

"*In the second year, the global humanitarian response plan added socio-economic activities, and this brought the Organization together. But it was difficult - the pace at which the humanitarian side worked was rapid - and on the other side of the house - the development side took much longer. There was absolute dedication to making it work as an organization, but, there were issues.*"

"The humanitarian side is used to working in a highly coordinated and structured environment-– at least 50% of all work is in interagency clusters – joint programming and work interagency contexts and the development side was not used to that."

The 2022 Inter-Agency Humanitarian Evaluation (IAHE) of the COVID-19 response spoke of the "missed opportunity" for humanitarian, development and peace actors to work together to address the intertwined impacts of the pandemic[23]. In this respect, the integration of both IOM humanitarian

[23] Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response, p.8.

and development programming within the SPRP was a positive achievement for a humanitarian-development-peace nexus approach.

The projectized nature of IOM also affected internal coherence as COs had to concentrate on their fundraising and programming activities, not having much opportunities to be aware of what other COs were doing (see also the quote below under external coherence). For example, IOM Italy translated a COVID-19 guidance document into 26 different languages, however it was only shared more widely when the need was recognized[24]. A lack of exchanges among programmes with replicable practices were also noted. For example, in Greece IOM had three COVID-19 focal points, two with medical backgrounds and one with a policy background, to support staff and beneficiaries as well as ensuring alignment with evolving/changing government measures, a good practice which was not shared more widely. Challenges of sharing information and best practices are discussed further under Questions 14 and 15 of Effectiveness.

External coherence

IOM's external coherence was overall quite strong according to IOM staff and external stakeholders. As previously noted in the Relevance section, IOM coordinated closely with national and local government ministries in many countries as well as with other UN agencies (as seen in all four case study countries - Nigeria, Greece, Mexico, Bangladesh). IOM was often involved in co-leading national task force groups on COVID-19, particularly related to migrants and other vulnerable populations. Many examples were given at the country level of collaboration with UN agencies and other partners to reduce the risk of duplication of assistance and ensure an integrated response in operations. However, for some external stakeholders, there remained a perception of IOM as fragmented in its work and difficult to perceive as a whole:

> *"For some agencies coherence is very strong e.g. UNICEF, they are very coherent across all units. If I talk to someone in UNICEF, they can talk about a project and across the Organization but in IOM they talk only on the project they work on and only how effective it is within that mandate. Much more limited."*

Q7. Did IOM contribute to the UN emergency mechanisms and other UN initiatives? What was IOM's role in the collective response coordinated and implemented by UNCT and other joint UN initiatives?

IOM was found to play a strong role in the UN collective response demonstrated through interagency collaboration at both global and country levels, as an active participation in UNCT initiatives and other collective efforts. In 2020, IOM estimated that it led or co-led 32 inter-agency coordination fora related to COVID-19[25], which rose to 142 In 2021, such as clusters, working groups, sectors, platforms, and task forces.[26] These included participation in the Global Health Cluster COVID-19 Task Teams and as the global co-lead for CCCM cluster, amongst others.

IOM was an active advocate in a number of COVID-19-related fora within the UN system ensuring the inclusion of migrants and refugees in the UN's GHRP, the Call to Action**,** and in the UN Secretary General (UNSG) Policy Brief *COVID-19 and People on the Move,* in which IOM had a strong input as well as the UNSG report on *Shared Responsibility, Global Solidarity: Responding to the Socio-Economic*

[24] See : https://www.iom.int/news/iom-informing-migrant-communities-italy-protection-covid-19
[25] IOM'S *COVID-19 Preparedness and Response Achievements Report 2020*, p. 20.
[26] IOM (2021), *Global annual report 2021 Operations and Emergencies*, P. 5.

Impacts of COVID-19. IOM also co-wrote and influenced various IASC guidance documents and recommendations for operations from the mobility/migration perspective, according to IOM staff and which is also evident in these documents[27].

As an active participant of UNCTs, IOM was noted as a strong proponent of the "One UN" approach working jointly with other UN agencies to support many governments and was mandated by the UNCT to lead on different aspects of the COVID-19 response. As noted above under Question 1 of Relevance, IOM's lead of FLoD supported its contribution to the collective UN response.

Q8. Has IOM maintained and/or broadened global, regional, and national partnerships during the pandemic?

The evaluation found that IOM maintained and largely strengthened its relationships during the pandemic, working closely with donors, other UN agencies such as the WHO, WFP, UNFPA, UNICEF and UNDP as well as local/national NGOs, authorities, universities and the private sector, amongst others. While many partnerships of COs stayed the same, there were also new partnerships, many as a result of increased collaboration in the context of health care/ service delivery.

For example, in Nigeria, IOM partnered with the University of Maiduguri Teaching Hospital to establish and operate a COVID-19 Isolation center in the north-east of Nigeria. New partnerships were developed in many countries with the immunization teams of other UN agencies, to deliver assistance such as cash vouchers and in the remote delivery of services. For some countries such as Greece and the Philippines as the scope of work expanded, so too came new collaborations, which sometimes led to new partnerships: "*we had new collaborations and expanded the scope of work. The new opportunity started because we were quick in delivering assistance, procuring supplies during the first month of Covid-19."* The Philippines was also a notable example where in response to a government request for intervention in helping returnees, IOM developed a new partnership with the Philippine Coast Guard, which in turn led to new funding:[28]

> "W*e developed a new relationship with the Philippine Coast Guard. There are a lot of islands in the Philippines plus the Gulf countries sent many migrants back and they were sitting in ships in the harbor. We bought the sea ambulances and the cold chain units to start to do registration and covid testing and secured funding from the Japanese government. These were new interventions for IOM."*

A number of new and formalized partnerships were also developed at the global level. In November 2020, IOM and Gavi, the Vaccine Alliance, signed a memorandum of understanding to facilitate migrants' access to vaccination as well as routine immunizations, with the partnership aiming to "*boost advocacy for the prioritization of vulnerable populations, support operational and policy assistance and facilitate technical collaboratio*n."[29]

The partnership with UNDP was also strengthened in the creation of the "IOM-UNDP Seed Funding to Fast-Track Joint Response to the Socio-Economic Impact of COVID-19," working with local and national

[27] For example: *Interim Guidance on Scaling-up COVID-19 Outbreak Readiness and Response Operations in Camps and Camp-like Settings*, (2020), *Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings*, (2020) amongst others, see: https://interagencystandingcommittee.org/group/2607/documents?f%5B0%5D=product_category_label%3ACOVID-19

[28] PCG continues partnership with IOM amid COVID-19 pandemic: https://www.facebook.com/coastguardph/posts/pcg-continues-partnership-with-iom-amid-covid-19-pandemicthe-philippine-coast-gu/603489523653039/

[29] https://www.iom.int/news/gavi-and-iom-join-forces-improve-immunization-coverage-migrants

authorities in 17 countries to accelerate migrants' inclusion in recovery and to formulate joint roadmaps for action[30]. As noted by one IOM staff:

> "*We wanted to strengthen the partnership between IOM and UNDP and decided to focus on socio-economic recovery related to COVID-19. This brought the human mobility into the development work and from the mid- to the long-term."*

4.3. Effectiveness

IOM contributed to addressing the effects of the pandemic through its ongoing programming, new initiatives, global level coordination and advocacy on migrants' rights. With additional and flexible donor funding, the IOM could also support some of the most vulnerable. IOM's flexibility in its response was seen as a strength, managing to continue and adapt ongoing programming where possible. IOM's communications externally were more successful than internally. There was a lack of institutional approach to capture lessons learned and good practices on the COVID-19 response. Although IOM programming did benefit from existing gender mainstreaming, overall guidance and direction on the gender dimension was missing for the COVID-19 response.

Q9. To what extent have IOM's global, regional and national response efforts contributed to effectively addressing the humanitarian, health and socio-economic effects of Covid-19 pandemic and its variants (i.e., Omicron)?

IOM contributed to addressing the effects of the COVID-19 pandemic and its variants, particularly regarding migrants, displaced populations and host communities. Within each of the four strategic priorities of the SPRP, IOM's contributions could be seen. The continuation of IOM's ongoing programmes was an important contribution, ensuring essential services could be maintained to beneficiaries (rated highly by IOM surveyed staff as seen in Figure 2 below), such as IOM's role as co-lead of the global CCCM Cluster, and humanitarian and protection assistance.

IOM also launched specific COVID-19 response initiatives and programmes focused on COVID-19 management and response, both rated moderately high by IOM surveyed staff as seen in Figure 2. Staff and stakeholders highlighted the following initiatives and programmes:

- RCCE, a multisectoral response of IOM, carried out to migrants, displaced populations and host communities, reaching at least 40 million beneficiaries globally[31].
- Supporting governments at PoE in over 70 countries, including prevention, detection and response, with a strong data aspect[32].
- Supporting governments and communities in disease surveillance systems, both at PoE, mobility corridors and camps and/or camp-like settings and host communities. Collaborating with existing laboratories and building new capacity for testing and screening was also highlighted, in addition to the supply of COVID-19 Personal Protective Equipment (PPE), medicines, laboratory equipment, diagnostic equipment, non-food items and CBIs. The clinical case management and social support

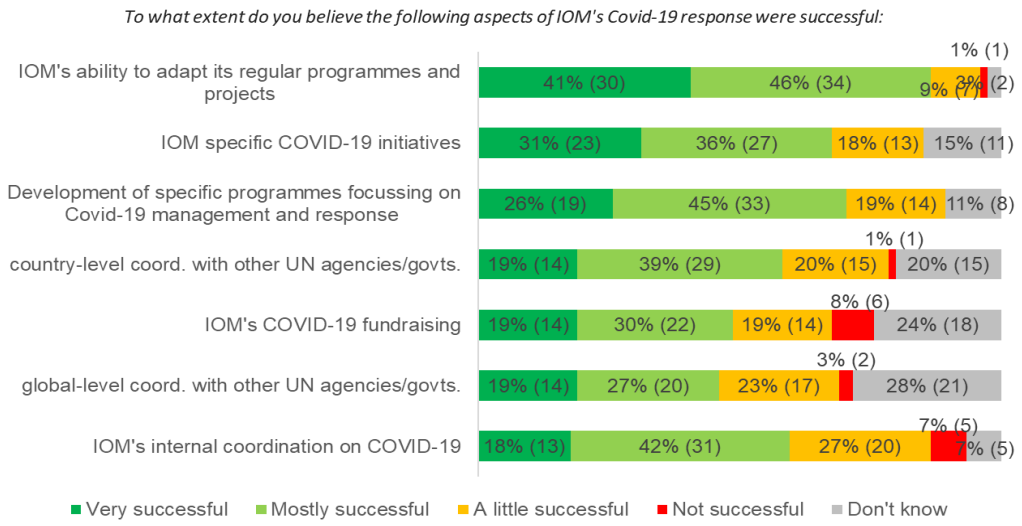
[30] https://migration4development.org/en/projects/global-initiative-iom-undp-seed-funding-fast-track-joint-response-socio-economic-impact
[31] IOM (2021), *IOM'S COVID-19 Preparedness and Response Achievements Report 2020.*
[32] See: https://migration.iom.int/

services provided by IOM to migrants infected by COVID-19 were highly rated by surveyed staff; 78% for high effectiveness as seen in figure 3.

- The provision of WASH and infection prevention and control technical assistance, including setting up handwashing station in 65 countries at key points for migrants, displaced populations and communities[33].
- The FLoD services, COVID-19 testing and health-care services for UN staff and their dependents as detailed in Question 1 of the Relevance section.
- Addressing the socio-economic impact of the pandemic, including the IOM-UNDP Seed Funding initiative as detailed in Question 8 above. The support of IOM to the socio-economic situation was highly rated by surveyed staff; 74% for high effectiveness as seen in figure 3. However, as detailed in Question 4, there was some concern among IOM staff that addressing the socio-economic impact had not yet gone far enough.
- The greater focus on support to migrants in vulnerable situations as detailed below.

IOM staff and stakeholders were positive that IOM had contributed strongly to addressing and mitigating the effects of the pandemic through the above initiatives and programmes. Less visible to IOM's field staff was IOM's efforts in global level coordination and advocacy, as described above (for coherence) and below (for advocacy).

Figure 2: Extent to which IOM's COVID-19 response was successful



Q10. What initiatives have been put in place to provide effective support to the most vulnerable?

IOM put in place a range of initiatives to support the most vulnerable, integrating them within ongoing programming, within initiatives described above and in addition to specific initiatives, as follows:

- For conflict and fragile contexts, IOM partnered with the Central Emergency Response Fund (CERF), to provide support for frontline NGOs, reaching over 1.3 million beneficiaries in six countries. The response focused mainly on WASH and health, including mental health, sexual

[33] IOM (2021), *IOM'S COVID-19 Preparedness and Response Achievements Report 2020.*

and reproductive health and gender-based violence (GBV) response and protection[34]. An independent review was very positive about the initiative and found that "*the allocation met its primary objective of moving money to frontline responding NGOs to enable them to deliver life-saving activities"*.[35]

- IOM expanded its eligibility criteria for the Global Assistance Fund (GAF) to include migrants unable to meet basic needs as a result of a pandemic, in addition to those who have experienced violence, exploitation or abuse or are vulnerable to the same, supporting some 250 beneficiaries in 2021[36].
- IOMs expanded and adapted support for migrants seeking to return and reintegrate in their countries of origin, in addition to stranded migrants. For the latter, it was estimated in 2020 that nearly 3 million migrants were stranded due to COVID-19 travel restrictions and other impacts. IOM established a COVID-19 Return Taskforce, to ensure a coherent approach to IOM's support to address the challenges of returning migrants during the pandemic[37].
- IOM reinforced ongoing programming providing assistance and protection for vulnerable populations, including victims of trafficking, unaccompanied and separated minors and those at risk to violence, exploitation and other abuse[38]. For example, in select Gulf countries (Bahrain, Kuwait, Qatar), an assessment was made by IOM of migrant workers' health needs; similarly, a migrant vulnerability study was carried out in Beirut, Lebanon in 2020[39].
- As of 30 June 2022, of the 180 countries that IOM offices provided data on, 162 (90%) reported that migrants in regular situations have access to COVID-19 vaccines and for 102 (57%) that migrants in irregular situations have access. Lack of targeted deployment strategies and efficient provision of operational support, especially at subnational level, are the main limiting factors for the inclusion of migrants in practice, according to IOM staff.

Additional donor funding provided IOM with the possibility to extend support to the most vulnerable; the Swiss government provided USD 6,480,000 for a project across 38 IOM missions in humanitarian settings that administered 953,543 COVID-19 vaccine doses to migrants, IDPs and refugees, and host communities[40]. The Japanese government provided USD 6,000,000 for nine countries of the Asia and Pacific region supporting all four pillars of IOM's SPRP[41]. Other major donors supporting IOM's response included the USA (USD 104.4M), European Union (USD 6.3M), Germany (USD 29.2M), UK (USD 21.3M) and Italy (USD 8.3M)[42].

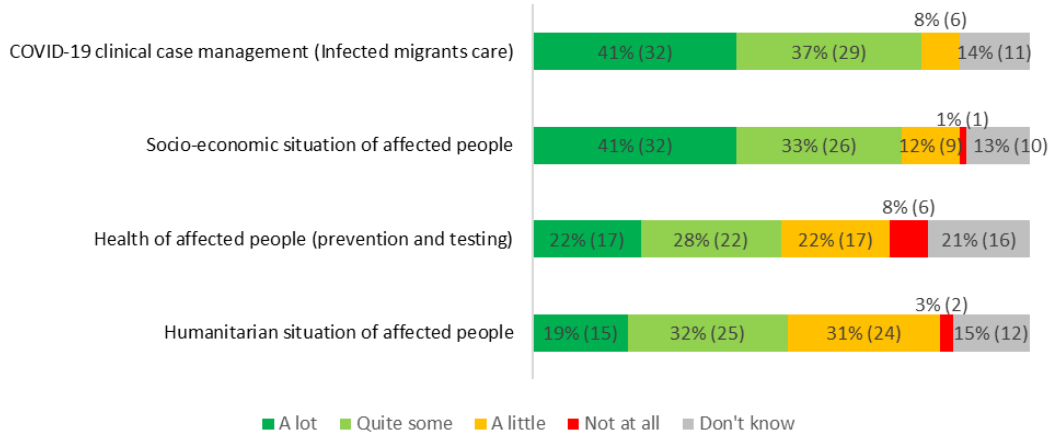
Another area, which indirectly provided support to the most vulnerable was IOM's advocacy on migrants and COVID-19. IOM staff and external stakeholders advocated at the country level for the inclusion of migrants in national vaccination programmes[43]. At the regional level, examples were also seen such as advocating for this issue in the lead up to review of the Global Compact for Safe, Orderly

[34] Poole, L. (2021) *Independent review Central Emergency Response Fund (CERF) COVID-19 NGO allocation*, p. i.
[35] UN CERF (2020), *CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020*: https://cerf.un.org/sites/default/files/resources/CERF%20COVID-19%20Allocations%20%28November%202020%29.pdf
[36] See: IOM (2021), *Migrant Protection and Assistance during COVID-19: Promising Practices.*
[37] IOM (2020), *Return Task Force, COVID-19 impact on stranded migrants.*
[38] For further details, see: IOM (2021), *Migrant Protection and Assistance during COVID-19: Promising Practices*
[39] IOM (2020), *Migrant Worker Vulnerability Baseline Assessment Report, Beirut, May – July 2020*
[40] IOM (2022), *Global report 2022: Improving Access to COVID-19 Vaccination for Vulnerable Migrants in Humanitarian Settings.*
[41] IOM (2021), *Technical Assistance and Capacity Strengthening to Governments for COVID-19 Preparedness and Response, COVID-19 Response Achievements – July 2021*, IOM RO for Asia and the Pacific.
[42] For the full list of donors, see: https://crisisresponse.iom.int/dashboards/iom-covid-19
[43] IOM (2021), *Migrant inclusion in COVID-19 vaccination campaigns*

and Regular Migration (GCM) in the Arab region[44]. At the global level, IOM advocated on several key issues supporting vulnerable migrants, including:

- IOM supported the UN Network on Migration in their 2020 statement appealing to Member States to suspend the forced return of migrants[45].
- IOM partnered in 2020 with the World Food Programme to research and advocate on the Implications of COVID-19 for hunger, migration and displacement in major migration hotspots[46].
- IOM together with its diaspora partners issued a 2020 Joint Statement reaffirming solidarity in the face of xenophobia due to the COVID-19[47].
- During the 2020 High-Level Political Forum, IOM presented a list of accelerating actions on migration and sustainable development linked to the COVID-19 recovery for the 2030 Agenda[48].
- IOM's inputs into the various UN and UNSG statements and positions as detailed in Question 7.

Figure 3: Extent to which IOM's response addressed COVID-19



Q11. Have IOM's interventions been flexible and adjusted to respond effectively given the unpredictable nature of COVID-19?

The flexibility of IOM's COVID-19 response was highlighted by both IOM staff and external stakeholders as one of the strengths of the response, as already mentioned. This was supported by a flexibility also shown by national authorities, donors, implementing partners and IOM staff. Flexibility was illustrated by the following aspects of IOM's response:

[44] *Responses to the COVID-19 pandemic in the Arab Region: Vaccine rollout programmes and the inclusion of migrants and refugees,* September 2021: https://migrationnetwork.un.org/system/files/docs/Key%20Messages%20and%20Recommendations_EN.pdf

[45] UNNM (2020), UN Network on Migration Official Statement: Forced Returns of Migrants Must be Suspended in Times of COVID-19: https://migrationnetwork.un.org/statements/un-network-migration-official-statement-forced-returns-migrants-must-be-suspended-times

[46] IOM & WFP (2020), *Populations at risk: Implications of COVID-19 for hunger, migration and displacement*

[47] iDiaspora (2020), *Joint Statement in Solidarity with those Facing Xenophobia due to COVID-19*: https://www.iom.int/sites/g/files/tmzbdl486/files/press_release/file/joint-statement-of-global-diaspora-coalition-on-combating-covid-19.pdf

[48] IOM (2020), *IOM input to the HLPF 2020 – Accelerated Action and Transformative Pathways: Realizing the Decade of Action and Delivery for Sustainable Development*: https://sustainabledevelopment.un.org/content/documents/25932IOM_contribution_to_the_2020_HLPF.pdf

- IOM maintained a field presence supporting beneficiaries, where possible, such as in camps and camp-like settings housing migrants, IDPs and/or refugees in contexts such as Bangladesh, Greece and Mexico; as this IOM staff working with unaccompanied children commented:

  "*IOM was always present, and we did not abandon the children. We got feedback from the children that they were so grateful that we remained to support them."*

- IOM adapted to the changing situation brought about by the unpredictable nature of COVID-19, for example adapting its programming, as this external stakeholder explained:

  "Initially we targeted the returning migrants but then we realized we also needed to target the potential migrants too and tackle potential irregular migration also; IOM accepted this and adjusted to the requests of the government to include these groups also."

At the global, regional and country levels, IOM took initiatives to tackle both the short- and long-term needs created by COVID-19, including:

- Launching global responses adapted to the national contexts such as FLoD and PoE as detailed in the previous sections.
- Raising global issues that emerged such as the protection of migrants in the COVID-19 response as detailed above in Question 10 and as this external stakeholder commented:

  "*When global priorities were shifting then advocacy had to shift too and IOM's did; from protection of migrants to inclusion in vaccination and then to negate negative impact on barriers of travel for migrants. On a few occasions IOM jointly presented with UNHCR the context of refugees and migrants [on COVID-19] and this was very effective."*

- Regional taskforces established to drive a common policy response, such as the Regional COVID-19 Task Force on Migration/Mobility for Middle East and North Africa, established in 2020 to enhance coordination, COVID-19 response interventions and sharing of good practices and challenges among different actors. The Task Force was co-convened by WHO, IOM, UN Economic and Social Commission for West Asia and ILO.
- Responses at the national level both in the adaptation of ongoing programming (see below) and specific COVID-19 initiatives (see above).

There were some limitations to this flexibility, such as projectization and initial response funding availability as detailed in table 3. IOM also had to be careful that its flexible response was still within the parameters set by the national authorities, WHO and UNCTs, according to IOM staff.

Q.12. What were the enabling and/or limiting factors to the IOM's COVID-19 response?

Factors that facilitated or constrained IOM's COVID-19 response were mentioned by stakeholders and IOM staff (in the interviews and survey), with the most frequent factors listed in table 3 below.

Table 3: Enabling and limiting factors

Enabling factors	*Limiting factors*
• IOM's extensive operational footprint; its direct implementation model facilitated rapidity in response, as did its volunteer network at the community level is some contexts (e.g. Bangladesh and Nigeria). • IOM's experience in crisis and fragile states, in addition to experience with past outbreaks (e.g. Ebola, SARS, etc.). • "Crisis ready" and flexible approach of IOM, supported by committed and dedicated staff in addition to ability to repurpose staff and teams (e.g., MHAC staff to work on PoE and FLoD). • Flexibility of donors to re-allocate funds, provide additional funds, and grant no-cost extensions. • Collaborative environment with UN agencies and other actors for the COVID-19 response. • Existing relationships with governments, communities, and service providers.	• The projectization nature of IOM programming that had implications for the COVID-19 response, such as ability to re-adapt projects' allocation of funds to staff and office costs, continuity of the operational responses and securing of funding, although donor flexibility did help to mitigate this factor. • IOM's emergency funding structure implied that in many COVID-19 contexts there was little immediate funding available and/or access when the crisis started. • The competition between UN agencies for funding sometimes hampered the response coordination. • There were delays in procurement of materials, such as PPE equipment, vaccines and tests, although staff did appreciate the accelerated procurement processes put in place by IOM. • There was little understanding of the impact of IOM's COVID-19 response beyond the available infection /mortality statistics, biweekly sitreps, 2020 achievements report and DTM reports. • There were differing capacities at field level leadership positions within IOM. • The unpredictability of the pandemic meant it was difficult for field staff to plan the necessary response.

These factors are discussed further throughout this report.

Q13. How did IOM address the constraints imposed on other IOM's ongoing programmes and operations by the COVID-19 pandemic and its restrictions, including in the negotiations with its donors and Member States for programme adjustments?

In general, IOM effectively addressed the constraints imposed by COVID-19 on its ongoing programmes. As seen in figure 2, surveyed staff highly rated the ability of IOM to adapt its ongoing programmes and projects; 87% very successful and mostly successful. Based on feedback of both IOM staff and stakeholders, there were three main levels of programming (dis)continuity:

1) **Projects and programmes that had to be paused:** This was a minority of projects and programmes, such as IOM's resettlement programming with the UN Refugee Agency (UNHCR) and its migration health services, with 71 MHAC active in Africa, Asia, Europe and the Middle East. The MHACs were closed for several months to over a year according to staff. Some critical services of the MHAC did however continue (such as monitoring of migrants with tuberculosis), and as detailed previously their services were rapidly adapted to FloD and/or in support of PoE activities in many countries.

2) **Projects and programmes that continued but activities were adapted, moving to minimal in-person contact and increased online work:** This was possibly the bulk of IOM projects and programmes; IOM staff adapted their activities wherever feasible, but it also led to implementation delays. This was also necessary as government priorities moved towards combatting the pandemic, often delaying existing migration policy and governance processes. For instance a 2021 evaluation of the Western Hemisphere Regional Programme (an IOM capacity building programme across Central America and Caribbean) found that the main area of work impacted was in migration management and policy[49]. Another example shows that half of some 50 projects funded annually by the IOM Development Fund experienced delays in implementation due to COVID-19. Staff feedback on the effectiveness of the adaptation of activities was mixed; many found online activities challenging, such as capacity building with migration officials or counseling with migrants. Further, dealing with sensitive situations such as with victims of trafficking (VoT), was difficult remotely (e.g. speaking by phone with a potential VoT about their situation without physical presence etc.).

3) **The projects and programmes that continued with little adaptation needed:** There were very few cases as nearly all projects and programmes required adaptation in some ways, such as emergency health, WASH and IBM for example. However, in most cases, these programmes continued their activities, with additional COVID-19 response activities integrated. For example, emergency health could continue its activities but also had to integrate COVID-19 response elements.

The negotiations with Member States were generally reported as positive by IOM staff, also consider that COVID-19 was a priority for Member States in the countries where IOM was operating. This had two-fold implications for IOM; firstly, the need to adapt and often delay ongoing programming given the governments' shifting priority to COVID-19 and secondly the need to respond to the governments' requests for support in the COVID-19 response. For the latter, the feedback from government representatives in Bangladesh and Nigeria was very positive about the responsiveness of IOM.

The negotiations with donors were also reported as positive; IOM staff provided examples where donors were flexible in reallocating funds from ongoing programming as well as providing additional funds for IOM's COVID-19 response as already mentioned. They also extended timelines for existing programme funding commitments.

Q14. How effective were IOM's communication tools to raise internal (IOM) and external (other UN bodies, states, beneficiaries) awareness of the pandemic?

For IOM's work on RCCE directly with migrants and other populations, feedback was generally very positive (see Impact section below for further details). Staff, partners and stakeholders thought IOM messaging was clear and effective, with efforts made by IOM staff, partners and volunteers to overcome misconceptions about COVID-19. This was also supported by the COVID-19 perception studies carried out at the community-level in many contexts.

[49] Owl RE (2022), *Evaluation of the Western Hemisphere Regional Programme.*

IOM's external communication on the pandemic was found to be mixed. The Director General released statements on the COVID-19 response[50] and key messaging documents were distributed[51] to guide staff. IOM published its main appeal and its updates (SPRP) publicly, which was seen by staff as setting a clear direction for the response. However, staff commented that there was limited coordination on communication at the global level, with an extensive number of reports, situation reports, and news articles produced on COVID-19, in a "*very ad-hoc and scattered way*" as an IOM staff commented. The 2022 East and Horn of Africa (EHoA) COVID-19 formative evaluation questioned the frequency, utility and value of the situation reports produced. On the other hand, some staff saw this as unavoidable given that the "whole-of-organization" approach where all units were involved and consequently communicating on COVID-19.

For internal communication, as described under Relevance, many guidelines were produced and staff noted that webinars and virtual briefings/meetings were held between countries, at the regional level and globally. However, the main challenge was receiving information in a timely manner and identifying what was relevant for staff. In this respect, field staff relied on their respective RO and on HQ guidance to help identify and share the most relevant information.

Q15. Are there systems in place to highlight lessons learned and good practices in the implementation of response to the pandemic, and how are they promoted inside and outside the Organization?

There was a lack of institutional approach to capture lessons learned and good practices on the COVID-19 response according to IOM staff. Some initiatives were taken but they were mainly limited to a country, region or thematic area of work. Staff commented that IOM was generally weak at integrating lessons from previous crises within current practices. However, others indicated that they thought lessons were integrated from experiences with recent outbreaks, such as the 2018-2020 Ebola virus disease in Democratic Republic of the Congo. The 2022 inter-agency evaluation of the COVID-19 Humanitarian response also found that the implementation of lessons learned from the responses to SARS and Ebola Virus Disease showed that collective memory on response to public health emergencies was short[52].

As positive examples, the Protection division through Regional Thematic Specialists collected and synthesized learnings that were shared bi-weekly in a summary publication with some 700-800 staff working on protection issues globally. Protection also produced a publication available publicly on "promising practices" for migration assistance and protection[53]. Best practices of diasporas responding to the pandemic were also collated[54]. The IOM-UNDP Seed Funding initiative also identified and documented key lessons learnt[55].

The Regional Knowledge Hub on Migration for Central America, North America and the Caribbean put in place a process to collect learnings and good practices on the COVID-19 response, supported by knowledge champions, products and an interactive map[56]. The IOM also supported the Migration

[50] For example, COVID-19: Message from the Director General, 31 March 2020; https://www.iom.int/news/covid-19-message-director-general
[51] For example, *IOM Statement on COVID-19 and Mobility*, 20 March 2020 (internal document).
[52] IAHE of the COVID-19 Humanitarian Response, Volume 1- Expanded executive summary.
[53] IOM (2021), *Migrant Protection and Assistance during COVID-19: Promising Practices.*
[54] IOM (2020), *Global Diasporas reacting to the COVID-19 crisis: Best Practices from the Field.*
[55] IOM & UNDP (2021),*Including migrants and communities in socio-economic recovery: Experiences from the UNDP-IOM partnership.*
[56] https://kmhub.iom.int/en/covid-19-knowledge-map

Health Evidence Portal for COVID-19, which was a repository of research publications and evidence on COVID-19 and its intersection with migration health[57].

However, what staff were seeking was a global knowledge hub on the COVID-19 response. There was an internal web page, IOM COVID-19 Portal[58] and COVID-19 good practices and lessons learned stocked on the Peer Exchange and learning on Migration platform (POEM)[59], but neither were mentioned and/or known by most staff interviewed. As of February 2023, POEM has nine resources on COVID-19 response (based on a keyword search). Information on the response tended also to be stocked and shared on individual pages (on SharePoint or Teams) created by the thematic work units at HQ, regions or countries. Budgets dedicated to knowledge management (KM) and information management were also limited: a review of MHD COVID-19 project funding found that on average information management related activities accounted for 0.001% of project funding.

Q16. To what extent has IOM's COVID-19 response been effective in addressing the gender dimensions of the crisis?

IOM's COVID-19 response considered the gender dimension of the crisis from various perspectives. For example, those IOM initiatives delivering direct health services to beneficiaries were careful to ensure the needs of women such as having female staff and volunteers in frontline roles, for RCCE, administering vaccinations and testing, etc. Staff commented that this positive trend was also due to gender mainstreaming that existed prior to the COVID-19 response.

Data collected, such as through DTM was disaggregated by gender where feasible. IOM also carried out research on the impact of COVID-19 on migrants from a gender perspective[60]. A review by the 2022 EHoA COVID-19 evaluation of situation reports from different missions in 2020 and 2021, showed inconsistency in providing disaggregated information. It found that although the reports contain a lot of data, not all of it was disaggregated and generally lacked any gender analysis, for example on how the crisis was affecting (or not) the different gender groups, or how the response was addressing the gender dimension.

IOM staff were aware that GBV increased during COVID-19[61] and there were examples of increased targeted measures. For example, in the Asia and Pacific region the IOM equipped frontline staff and volunteers with appropriate skills and knowledge to respond to GBV[62], complementing its existing activities to implement IOM's Institutional Framework for Addressing GBV in Crises[63].

Several staff also reported having taken Protection from Sexual Exploitation and Abuse (PSEA) online training during the pandemic. The 2022 interagency evaluation of the COVID-19 response found that women and children faced particularly heightened protection risks during the pandemic but there was

[57] https://migrationhealthresearch.iom.int/migration-health-evidence-portal-covid-19
[58] https://iomint.sharepoint.com/sites/Covid19/SitePages/Home.aspx
[59] https://poem.iom.int/knowledge-sharing/good-policy-practices/Good%20Practices%20&%20Lessons%20Learned
[60] (IOM), 2022. *The Impacts of COVID-19 on Migration and Migrants from a Gender Perspective;* IOM, (2020) *COVID-19 Analytical Snapshot #25: Gender dimensions;* IOM, (2021)*, Gendered Impacts of COVID-19 Mobility Restrictions;* IOM, (2020) *COVID-19 and women migrant workers: Impacts and implications.*
[61] *The Shadow Pandemic: Violence against women during COVID-19*: https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19
[62] IOM (2020), *Gender-based violence during COVID-19*, Info sheet, October-December 2020, Asia Pacific Regional Office
[63] https://publications.iom.int/books/institutional-framework-addressing-gender-based-violence-crises

limited evidence of collective efforts to strengthen PSEA prevention and response by UN agencies[64]. This evaluation did not either identify a targeted effort by IOM in this respect.

According to staff, what was missing was overall guidance and direction from IOM on considering the gender dimension for the COVID-19 response, not being a specific priority of the SPRP or SRRP, more so a cross-cutting issue. The 2022 IAHE of the Covid-19 humanitarian response also found that the decision not to make the protection of women and girls a standalone objective was an "important failure" of the UN global response plan[65]. Staff complemented any missing guidance from existing resources (such as the above-mentioned Institutional Framework) and those of UN Women, WHO and other UN agencies. However, this evaluation could not assess how widespread or effective their use was.

4.4. Efficiency

IOM's decision-making systems were found to be broadly efficient in facilitating the use of resources to meet the COVID-19 response, with a significant lack of preparedness in funding slowing down the initial response. Guidance on communication with donors was issued, which facilitated COs to make the changes in programming needed, and budget flexibility was identified as an area in which IOM was relatively strong. Despite policies in place, there was a wide variance of experience between COs concerning the policy of staff care and the workplace. A number of fundraising mechanisms were successfully operationalized at all levels of the Organization to resource the COVID-19 response as a "whole-of-organization" response although it was not clear how these aligned. Central to the COVID-19 response was participation in UN emergency mechanisms and interagency coordination, which in many cases was key for the efficiency of its interventions. Through the development of innovative tools and techniques, IOM found many ways to ensure operational continuity in programming with some notable efficiency measures such as the use of remote working modalities in the delivery of work and services.

Q17. Have IOM's decision-making systems and procedures facilitated the call for and use of resources to meet the COVID-19 response?[66]

IOM's decision-making strategies and procedures were found to be broadly efficient in facilitating the use of resources to meet the COVID-19 response, with the dominant view held by staff that this could have been stronger, and that HQ could have been more proactive from the beginning of the pandemic. There was no specific COVID-19 taskforce or dedicated leadership at HQ but instead the response was managed by the Director General's Executive Office and through the weekly executive committee meetings, leading on the "whole-of-organization" response.

There were differing views from the field as to how efficient the decision-making system was and the extent to which policies/guidelines were adjusted and aligned. Guidance on communication with donors was issued by HQ, which facilitated COs to make the needed changes in programming. In some

[64] IAHE of the COVID-19 Humanitarian Response, p.5.
[65] Ibid, p.3.
[66] This text also responds to the Effectiveness question "Has IOM's decision making been effective in leading, coordinating and delivering the response through IOM offices?" and the Efficiency question "Has IOM's decision making been effective in leading, coordinating and delivering the response through IOM offices?".

areas, decision-making worked quite well allowing COs supported by ROs to be "*quite independent and flexible to take decisions and also to take funding from the donor*." In some areas, new procedures were developed to allow the "*faster onboarding of staff, local sourcing of goods and services*." Budget flexibility was noted as an area in which IOM was relatively strong (also helped by the flexibility of donors themselves), allowing the subsequent adaptation of programmes to address COVID-19 needs as they arose:

> *"As part of the global response, indicators were created that allowed each country to choose the ones that adapt to our specific context, and it is important in an emergency context to have a flexibility with the funding. In some cases, you need masks but in others you need tests. We were able to adjust to specific needs."*

For other staff, decision-making was perceived as too centralized and "top down," creating inefficiencies:

> "*Decision making shouldn't be centralized, and it would help if responsibilities were shared across ROs. It takes forever to get a response and when responding to an emergency we need immediate decisions."*

Where internal procedures required additional levels of approval this created further issues. For example, the procurement process was determined by specific thresholds and had to be coordinated through HQ, often leading to delays in programming. While some adaptations to emergency contexts were made, many COs found "workarounds" to avoid this happening to speed up the process.

Another policy area where a wide variance of experiences was reported between COs was around the care of staff and differing decisions made as to who could work at home and who had to remain in the office or in the field. For some, flexible work arrangements directly supported staff to enable them to work remotely. One senior staff member noted that productivity rocketed "more than 100%" for teamwork. IOM also introduced a range of measures for the health and wellbeing of staff, including guidance on rest and recuperation, personal hygiene, vaccinations and greater flexibility on sick leave. Fifteen additional staff welfare officers were appointed during the pandemic. However, this was not a uniform experience for all staff despite the existence of these measures and DHR guidance early on in the pandemic on flexible working policies, possibly reflecting a lack of awareness of human resources policies and their application, as commented on by this staff:

> *"[…] there have been projects that they were insisting on having people working in the field and in the office even when not necessary and when other projects were working remotely. Every manager was deciding for his/her team but without considering the voices coming from his/her team."*

Q18. Are the systems in place to support IOM HQ and field offices in fundraising activities related to COVID-19 efficient, adaptive, and cost-effective?

IOM operationalized several funding mechanisms to resource the COVID-19 response. This included fundraising activities occurring at HQ, regional and field levels, as well as from the reprogramming of

existing financial resources from regular projects, a fundraising response believed to be successful by half of staff surveyed (49%) (see figure 2).

Fundraising preparedness

IOM's central COVID-19 appeal was integrated within the Inter-agency COVID-19 GHRP as a part of the collective humanitarian response and launched at the beginning of the pandemic. However, interviews outlined a lack of initial preparedness in emergency funding with little immediate funding available and accessible when the crisis started impacting on the initial response:

> *"The Organization should be willing to put the funds up rather than take from reserves. We had to wait until the funds came in. We got some funding, but this was very small and not about vulnerable migration health. Those migration health centers came to a standstill … and had to wait until the money arrived to start up again… which is a very high-risk way of working with a health emergency*."

> *"We are used to planning our budgets a certain way because we are so projectized and planning on what we project for next year but when it comes to a crisis we need to be able to say this is our "kitty" [fund of available money] and resource processes need to be more agile and need to be more decentralized empowering senior managers to make those decisions."*

Staff highlighted the existence of the Migration Emergency Funding Mechanism (MEFM) established in 2011 as a loan mechanism to bridge the gap between the start-up of emergency operations and the subsequent receipt of donor funding. The MEFM was envisaged to have an initial balance of USD 30M and in June 2021 was reported as having just under USD 700,000 available[67]. Loans were however allocated to 11 countries between 2020 and June 2021, at least for some USD 1.75 Million according to IOM PRIMA[68]. Further, through the Migration Resource Allocation Committee (MiRAC – an IOM's unearmarked and softly earmarked grant mechanism), some USD 1.2 Million was made available for the COVID-19 response. Towards the end of the COVID-19 crisis period, further flexible funding was provided by the government of Germany that alleviated some of the pressing funding needs.

However, when funding became available the response was quick and effective, as described in the Effectiveness section.

Emergency funding structure and the "whole-of-organization" approach

Further inefficiencies related to the emergency funding structure. The IASC declared the COVID-19 crisis as a 'System-Wide Scale Up' (the highest severity of a global crisis still recorded as L3 in IOM as per previous nomenclature) on 17 April 2020 and deactivated it on 17 January 2021.[69] However within IOM, the COVID-19 pandemic was classified as a "whole-of-organization" crisis managed by the Director General Executive Office and not by the Department of Operations and Emergencies (DOE), as is usually the case with IASC scale-up declared emergencies. A Migration Emergency Coordinator

[67] IOM (2021) *IOM Global initiatives funding status*, 8th Session of the Standing Committee on Programmes and Finance: https://governingbodies.iom.int/system/files/en/scpf/28th/Item%2019%20-%20SCPF%20JUNE%202021-%20DRD%20-%20Internal%20Funding%20Mechanisms.pdf

[68] The number of COVID-19 projects initially funded through MEFM may have been higher as the 'donor source' registered in PRIMA as MEFM can be removed and updated once the loan is reimbursed by a donor.

[69] https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations

was not appointed, and extra staff and budget was not allocated to DOE as per a normal L3 mobilization through the Crisis Management Support (CMS) financial allocation[70]. For DOE, this created resourcing issues, implying that they had to release some six staff and rely on remaining HQ staff as this staff commented:

> *"Six DOE staff had to be let go as it wasn't formally an L3 for us. So, we didn't capacitate ourselves– the entire staff were overloaded. We had a whole range of activities from border closure and camp management to DTM. We had every emergency type but were not allocated the funding– we didn't get the extra budget lines [from the CMS allocation]. We did do well but we were understaffed."*

Support at the field level

CO staff indicated a wide variance in experience with regard to the funding which was available to them and how much organizational support they got. This was also in part a result of how much humanitarian programming (and funds) they had initially, which could be repurposed for the COVID-19 response as well as the priorities of the donors. In general, there was limited support for COs in fundraising activities. However, some did receive support from ROs and other field operations, such as in Cox's Bazar, Bangladesh, a Programme Support Unit was available and provided valuable support for drafting funding propositions. This varying situation was reflected in this comment from an IOM staff:

> **"***The whole-of-organization approach took a long time – such as for appeals and fundraising. Bangladesh was a good example of making it work. As there was existing funding and a team there, you can move the funds around if the donors are ok. But for a country like Burkina Faso, we didn't have funds there and we could not get into the camps where COVID-19 was present.*"

While decision-making and processes at HQ caused some inefficiencies in the dispensation of funding to the field, COs also had a degree of autonomy with which to manage their funding requirements:

> "*The initial money came from UNCT reserve fund and we put that to work quickly. The second allocation came from the FLoD and we got the money from the USD 3.5M. We also got money from HQ for FLoD for testing kits."*

Further, as described above under Question 13, the flexibility of donors in providing new funding and repurposing existing funding was also key for the efficiency and effectiveness of the field level response as demonstrated by the example of Mexico:

> *"What really helped was donor flexibility. That was key. 90% of our funding comes from PRM, (US Department of State's Bureau of Population, Refugees and Migration). PRM were very flexible compared to other donors. We were able to adapt and respond to a situation that no one knew how to handle. To have this source of funding with such flexibility was very good. We had funding to provide support and assistance (also cash assistance) to migrants. With any other donor it would have been difficult to justify renting a hotel which we needed."*

[70] CMS is a mandatory financial allocation, as a percentage of all project budgets under L3 response and is managed by HQ for coordination and support purposes. This allocation is usually used to hire additional staff for DOE. The allocations of funds are decided by the Migration Emergency Coordinator.

The funding appeal process

The appeal processes, developed between HQ, ROs and COs were relatively efficient. This was complemented by the expansion of eligibility criteria for the GAF and the additional CERF funding as described in Question 10.

However, funding appeals at HQ, RO and CO were developed at different times and it was not clear how closely these approaches were aligned, with examples of COs developing individual appeals ahead of the regional appeal and with little, if any, inputs from RO.[71] While little information was available to the evaluation on how the overall appeal process functioned, interviews suggested a broad variance in approaches, with different degrees of success:

> *"The global appeal was not the easiest exercise. However, localized appeals (sub-regional) worked well in our region for resource mobilization. Allocating funds to ROs was necessary (and continues to be necessary to complement base structures) but ROs in some cases did not spend wisely - as units they are usually not used to project implementation did not follow up closely on the allocated funding."*

> *"We were also relying on a centralized approach from Geneva, so we found our own funding for our own activities. Geneva fundraising came at a later stage. We would not have been as effective otherwise as there was a delay on IOM approach."*

While systems in place to support field offices were not always optimal, the pandemic did provide an opportunity for considering other ways of working:

> "*We've learnt a lot about having contingencies in funding i.e., if operations close down what to do, how to repurpose existing resources and now we have come to the realization- that the pandemic response made it obvious that we need to work across sectors and not in our own siloed work. We have to do more and more of this*."

Q19. Did IOM's participation in the UN emergency mechanisms ensure additional efficiency for IOM and/or the UN system?

IOM's participation in UN emergency mechanisms and interagency coordination was central to its COVID-19 response, and according to IOM staff was key for the efficiency of its interventions (see also Coherence). As a member of the IASC, IOM had joint responsibility with other agencies for ensuring safety and protection of migrants, IDPs and the vulnerable in the COVID-19 context[72]and participated in various mechanisms at both global and country levels to support this. One such example was the global UN Crisis Management Team (CMT) in which IOM, represented by the Director General, was noted as a significant partner:

> *"If IOM had not been participating at this level, then the discussions would have looked very different, participation at the highest level means that the message does get through."*

Participation at a country level in UN emergency mechanisms varied in large part as a result of human

[71] IOM (2022), *Report of the Internal Independent Formative Evaluation of the IOM East and Horn of Africa COVID-19 Response.*
[72] See *Global Humanitarian Response Plan for COVID-19*, p. 36.

resources availability. One of the strongest areas of participation was through UNCT in which IOM's coordination and leadership was noted in support of efficient collaboration within the UN system, most often with WHO and UNHCR.

Effective interagency collaboration at country level also ensured that interventions were not duplicated. For example, in northern Mexico IOM coordinated with UNICEF and UNHCR the delivery of COVID- 19 supplies to shelter accommodation to ensure a coordinated efficient response. As the pandemic progressed interagency relationships strengthened as collaboration grew. Deliveries of the supplies were split between the organizations and a joint communication campaign was developed between the three agencies. The sharing of the distribution also meant that IOM was able to extend its shelter programme from 15 shelters to almost 80 by the end of the pandemic.

Q20. Is IOM efficient in enhancing staff expertise and supporting staff development during 2020-22 in fields key for the COVID-19 response?

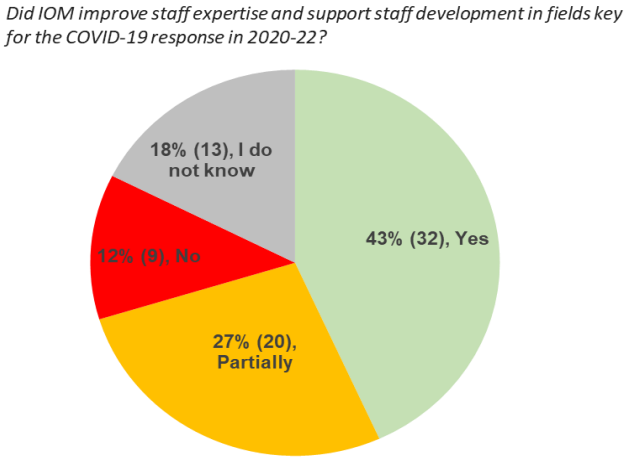
Support for staff development in fields key for the COVID-19 was noted; for improving expertise in these fields, 43% of surveyed staff responded Yes; 27% responded Partially, 12% No and 18% Don't know (see figure 4). The efficient delivery of support for staff and the continuation of training and development were key particularly when staff began to work remotely, and in relation to the employment of new staff.

Training was concentrated on rapid support for frontline staff working in the health response (e.g., Cox's Bazar) and was administered both virtually and in-person; for example, training and logistical support on how to set up a vaccination clinic, administer vaccinations and the provision of PPE. Information was also provided to staff by MHD in the form of a live up-to-date snapshot of how the pandemic was progressing. In Bangladesh, existing training modules were adapted and combined with existing WHO training to help develop the capacity of the 300 new staff recruited in addition to the 500 existing staff working in the refugee camps of Cox's Bazar.

One of the largest areas of training related to staff support was on how to cope with isolation and physical distancing while trying to maintain staff capacity to perform their job. In Nigeria for example, there were weekly review meetings and inhouse capacity building sessions to support staff to continue working. In Greece, an "IOM buddy" support system was developed during lockdown which supported staff both psychologically as well as the logistical challenges of isolated home working and in the incidence that a staff member fell ill.

However, as staff struggled with threats to their own physical and mental health, the extent to which support for staff development was extended to frontline staff was inconsistent and was highlighted as an area requiring improvement. It was also noted that while there were a lot of guidelines and resources for staff to support development and enhance expertise, this was very much "on the employee's time," and not accessed regularly by everyone.

Figure 4: Improvement of staff expertise and staff development for COVID-19 response



Q21. What innovative tools or techniques did IOM invest in for the COVID-19 response that will make it more crisis-ready in the future?

IOM found many different ways to ensure operational continuity in programming through the development of innovative tools and techniques as the pandemic reduced both the mobility and availability of staff and as a consequence, access to beneficiaries. These included:

The use of remote working modalities in the delivery of work and services

Through existing and new technologies, online working practices were developed quickly allowing staff to work during lockdowns when mobility was constrained, a new way of working which has continued beyond the end of the pandemic. This was supported by guidance on flexible working modalities introduced by DHR in March 2020 and adapted over the evolution of the pandemic[73].

The use of online platforms and other remote working modalities was key to IOM's response, enabling the delivery of services to beneficiaries such as MHPSS in different settings, where previously these had been delivered in person. Online platforms were also used to deliver training in many areas such as to government officials in Iraq often very efficiently (it was noted that the training was administered in less time remotely than was planned for the in-person training). In Mexico, a digital platform was developed over two years to share information on shelters between UN agencies and support coordination. IOM also worked on the development of a new protocol for data protection, for case managers in migrant protection. This allowed documentation to be uploaded via WhatsApp for verification such as photo ID, official documents, and certificates of service providers. As noted by IOM staff, the development of these tools is changing how IOM can operate:

> *"Now we are looking into large projects e.g. virtual counseling, which we would never have done before. Or virtual hybrid capacity-building. Getting people together virtually before going back home and talking to the Government virtually to secure their travel documents. Previously, unless a person showed up in person it wouldn't have been possible but that is changing."*

[73] See: IOM (2020), *Flexible/Alternate Work Arrangements during Novel Coronavirus (COVID-19) Pandemic (FAQ) Version 1 – 23 March 2020.*

"The adaptation of programmes through the use of technology was key. Before, unless someone signed a piece of paper demonstrating consent it wouldn't have been accepted- that's gone now. Being able to reach people virtually etc. we can do that now and the mindset of people has significantly changed as a result and will continue to change."

Other notable examples include the remote delivery of cash using "E -wallets", a virtual service to help migrants purchase food where food delivery had stopped and beneficiaries were difficult to access, as well as the use of e-learning platforms and outreach through social media to inform migrants about the risks of COVID-19 and the services available.[74]

The remote delivery of services was not without limitations, as described in Effectiveness.

The adaption of existing programmes / tools

Existing programmes or tools were also adapted to address the COVID-19 context, such as the use of DTM to include COVID-19 data (see Relevance section) through flow monitoring as well other data collection methods:

"All existing tools that were targeting population movement added health indicators to it. We make sure that there is interoperability with national data collection tools and district health management systems in countries. Everything collected and analyzed by IOM would be reflected by national governments. It will continue beyond the crisis if incorporated into the health systems. We can leverage this for other health issues."

Mobile workforce and the redeployment of staff resources

Where some movement was possible, mobile health teams were set up for the first time, local staff were recruited for frontline work as well as new equipment piloted for the transporting and use of vaccines in hard-to-reach populations.

The pandemic acted as a catalyst for new approaches and ways of working which have already made working practices more efficient. However, according to an OECD study, more steps are needed to be taken to ensure such work is shared, and (where relevant) becomes institutional practice in order to position organizations such as IOM as "crisis ready."[75] This new approach to working was identified as a medium-term impact, although staff were mixed as to the organization's ability to adopt this new approach more permanently.

Supporting Localization

IOM's COVID-19 response reinforced its existing partnerships with local actors, for example in its work with local NGOs in Cox's Bazar as implementing partners in the emergency health programme, where they played a key role in the COVID-19 response. IOM's partnership with CERF for funding NGOs

[74] See also: IOM (2021), *Migrant Protection and Assistance during COVID-19: Promising Practices*.
[75] OECD recommends that innovative practices developed during the pandemic now becomes a "*core strategic imperative*" for organizations post pandemic, OECD (2020), *OECD Policy Responses to Coronavirus (COVID-19), Innovation, development and COVID-19: Challenges, opportunities and ways forward, December 2020.*

provided eight out of 26 grants for national NGOs. However, the fund was not set up to support localization and included criteria that made it difficult for national and local NGOs to access the funding.[76]

4.5. Impact

In the immediate and short-term IOM was able to contribute to the reduction in the spread of COVID-19 providing assistance to migrants, particularly those in vulnerable situations. IOM was able to ensure strong communication to migrants, informing them about services and locations available for assistance. Stakeholders noted IOM's impact with its multi-stakeholder cooperation as well as a strong internal CO collaboration, as well as providing government support and a socio-economic impact. In the medium-term, IOM was able to raise awareness and attention to migrant needs and particularly those in irregular situations, and through increased flexibility and adapted working methods it was also able to have a strong impact in the longer term.

Q22. Have direct, indirect, immediate, and medium-term effects of IOM's response to the pandemic been noted and did they bring changes in the global, regional, and national responses?

IOM was seen from an internal and an external perspective as providing a strong contribution to reducing COVID-19 transmission and mortality from technical support to governments to camp management. Impact was noted as stronger on a short-term level with some longer-term results identified (further discussed in the Sustainability section). However, impact of IOM's COVID-19 response was often not measured beyond immediate numbers treated and mobility impacted.

Several areas were cited by IOM staff and external stakeholders as important IOM contributions for the COVID-19 response, including:

Immediate short-term impact

Reducing COVID-19 spread: IOM was recognized as having had a very strong and rapid response in contributing to controlling the spread of COVID-19, significantly reducing the risk of death from the infection for both IOM staff as well as the migrant population. IOM's experience with health programmes meant that they were able to provide significant support in a number of countries. For example, over 100 disease surveillance systems were set up in 29 countries.

Among the strongest impacts in the response to the pandemic and reduction of its spread was the assistance provided to migrants in camps or camp-like settings as noted by this stakeholder: "*IOM's role was a major contribution to the response in the camps; they were efficient, flexible and always present and responsive."* The unprecedented implementation of Filter Hotels in Mexico was particularly significant, hosting migrants and providing facilities for quarantine, isolation, as well as lodging in cases where shelters were full. Between May 2020 and September 2022, almost 10,000 migrants benefitted from these services in Mexico[77]. The development of specific spaces to allow for

[76] Poole, L. (2021) *Op. Cit.*
[77] Source: *Ciudad Juarez and Tijuana IOM FH Records*, September 30, 2022.

isolation and quarantine in camp settings were also noted in Bangladesh's Cox's Bazar, the Western Balkans, and Greece.

IOM was also able to contribute to infection prevention and control through the provision of WASH, including setting up handwashing stations in 65 countries at key points for migrants, displaced populations and communities.

Assistance to migrants (including vulnerable migrants): An important impact was the inclusion of migrants in national response and vaccination plans, being among the most hard-to-reach populations. IOM was seen as a critical strategic partner in Nigeria ensuring assistance to the most vulnerable, as noted by this stakeholder: *"IOM directly responded to reducing and controlling COVID-19 in the camps."* Another example included the AVRR programmes in Nigeria, Mexico and Mongolia, which supported the return of migrants stranded in other countries, many with some vulnerability requiring special assistance or support such as MHPSS. As described under Question 10, there was a focused effort by IOM to reach the most vulnerable migrants.

Approximately 1.1 million individuals were reached through IOM's COVID-19 vaccine initiative. IOM support to migrants in need of COVID-19 testing, treatment and care also had a large impact, collaborating with existing laboratories and building new possibilities for testing and screening, in addition to providing supplies such as hygiene kits, sanitation equipment, medicines, laboratory equipment, diagnostic equipment, non-food items and CBIs.

IOM also adapted projects or designed new protocols to address the needs of vulnerable populations. For example, working with national health agencies in Venezuela to provide health services and emergency assistance to most vulnerable communities, and working with the shelters and child protection authorities in Mexico to generate internal protocols focused on protecting women and children victims of violence and sexual abuse.

Communication and information dissemination: Strong RCCE for migrants were developed as already discussed and noted by stakeholders as having a significant impact. During the pandemic IOM provided essential information to migrants about available support through a mapping of service points available for migrants to receive assistance or shelter.

Cooperation/internal and multi-stakeholder: Global and national partnerships were also developed or reinforced through the pandemic as detailed in Question 8 above, having a positive impact in terms of responding in person to migrant needs in regions where IOM did not have offices, as well as remotely for example along the northern border in Mexico where IOM closely worked with local CSO to help stranded migrants.

Socio-economic impact: IOM provided services on a global level including MHPSS, COVID-19 testing at PoE, rapid relief through CBIs and support for social cohesion projects. IOM's strategic response plans also included a socio-economic response and IOM's Global Migration Data Analysis Centre (GMDAC) set up a socio-economic impact task team. The UN's 2020 framework for the immediate socio-economic response to COVID-19 prioritized migrants thanks to the contribution of IOM[78].

[78] https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf

Nevertheless, many staff noted that more was needed to address the longer-term socio-economic impact.

Government support: IOM was able to support governments at PoE for humane and orderly returns in over 70 countries. Support was also provided to governments and communities with disease surveillance systems, mobility corridors, camps or shelters, and host communities with 100 disease surveillance systems set up to support national disease surveillance efforts in 29 countries. IOM also supported health authorities with testing and vaccinations and as leaders on WASH and in CCCM.

One UN: IOM being the lead health services provider for the FLoD through its large network of MHACs and staff enabled the treatment of over 10,000 UN workers and their dependents and allowed them to stay in their posts thus contributing to the collective UN response.

Medium-term impact

In the medium-term IOM was able to generate some impact in terms of raising awareness among key audiences such as government stakeholders about migration. In addition, capacity building was also mentioned by IOM staff as having value beyond the COVID-19 pandemic, with new approaches in digital communication and coordination for example. This was particularly relevant in the collaboration with governments ensuring that migrants and vulnerable populations were integrated into government COVID-19 plans for health services access and vaccinations:

> "*it brought into attention migration issues, it has highlighted the need to bring migrant issues into any norms, definition of policies, targeted and contextualized intervention…"The projects we had increased national level focus on the health of migrants. It was not a priority for many countries."*

Finally, the increased flexibility in working approaches demonstrated during the pandemic also had an impact on the opportunities for changing working practices beyond the emergency response phase. This was also supported by the development of DHR policies on flexible working conditions, which evolved over COVID-19 with a new way of working:

> *" IOM is also moving towards a 'hybrid workplace' where combining work from the workplace and teleworking on a regular basis is the new norm, wherever operationally possible."*[79]

Q23. How was IOM's contribution to the UN emergency mechanisms perceived by the UN system?

IOM was seen as having a significant impact with its contribution to the UN emergency system working closely with UN agencies such as the WHO, WFP, UNFPA, UNHCR, UNICEF and UNDP among others. In some countries, IOM was the largest UN presence on the ground in terms of staff numbers and as a direct implementor having direct contact with affected populations and being well positioned to understand their needs (for example, in Greece, it was one of the only UN organizations implementing activities and played an important role supporting other actors in the COVID-19 response).

As already mentioned, interagency collaboration and support to UN front line workers through the FLoD initiative was perceived as a positive contribution of IOM to the Covid-19 response. In the case

[79] IOM (2022), *Working Schedules and Flexible Working*, IN/257, 8 December 2022, p. 2.

study countries, IOM was also an active participant of UNCT and a strong proponent of the "One UN" approach working jointly with other UN agencies to assist governments. During the pandemic, IOM led inter-clusters, working groups, sectors, platforms, and task forces working with the Global Health Cluster COVID-19 Task Teams and continued in its role as the global co-lead for the Camp Coordination and CCCM among others.

4.6. Sustainability

Sustainability was ensured through the implementation of the SPRP in 2020 and the SRRP in 2021. This also supported IOM's links to the UN Framework for the Immediate Socio-Economic Response to COVID-19 and its advocacy on migration, COVID-19 recovery and sustainable development for the Agenda 2030. Other aspects that contributed to sustainability and future preparedness measures included the creation of guidelines and protocols, training and capacity building, digital technology and tools developed during the pandemic, repurposing of facilities, as well as sharing of learnings from experiences. Challenges in sustainability identified were linked to the projectized nature of work and funding and with a need for more strategic approaches for future similar crises.

Q24. How does IOM ensure sustainability of its COVID-19 response?

The SPRP developed in 2020 outlined IOM's operational response in addition to the adaptations necessary for IOM's regular programming to integrate a COVID-19 response. It was noted as contributing to the sustainability of the response, notably by the inclusion of one of the four pillars on the socio-economic impact of the pandemic in the later versions.

The SPRP was followed by the 2021 SRRP, which had a strong focus on socio-economic recovery. IOM also produced guidance for integrating migration into socio-economic response[80], providing continuity to its response carried out during the emergency phase. This supported IOM's links to The UN Framework for the Immediate Socio-Economic Response to COVID-19 and its advocacy on migration, COVID-19 recovery and sustainable development for the 2030 Agenda.

The creation of guidelines and protocols were thought to be of value beyond the COVID-19 response. For example, protocols focused on protecting vulnerable populations, women and children and identified situations where people are at risk, or IOM HQ guidance and new protocols allowed faster onboarding of staff and local sourcing of goods and services. *"All the protocols we applied in this case are still being applied. It was very useful for us to have a greater certainty that we are mobilizing people in a more preventive way."; "It gives us a lot of lessons learnt – we have Standard Operating Procedures (SOPs) available; we have designs for isolation centers, waste centers, referral centers, and materials for risk communications. Many of these points are good learning for us."*

[80] IOM (2020), *Integrating migration into COVID-19 socio-economic response; a Toolkit for IOM Programming* (and complementary publication *Toolkit for development partners*).

Q25. What measures have been implemented to support the sustainability of COVID-19 national approaches, institutional adaptations and strategic response for future possible replications, including at the UNCT and UN emergency mechanism levels?

Ensuring sustainability in a crisis was mentioned by IOM staff and stakeholders as challenging due to the improvised nature of the response and that some initiatives had little sustainability intended.

Training received during the pandemic was noted by many stakeholders as the most important contribution that remains valid and useful both internally and externally. For example, training provided by IOM and WHO on how to manage viral infections, support vaccinations and the provision of PPE, how to manage isolation and quarantine, etc. Examples also cited in the 2022 EHoA COVID-19 evaluation include training, demonstration, coaching, mentoring and empowerment of health personnel done in Kenya by embedding MHAC teams within Ministry of Health teams. This investment in knowledge and skills was seen as remaining in the health system and contributing to increased IOM-Ministry of Health relations with "multiple benefits" [81].

IOMs contribution during the pandemic within camps and camp-like settings was recognized as valuable beyond the scope of the COVID-19 response. For example, the health facilities created and practices used during the pandemic were repurposed for treating or isolating migrants for other diseases such as smallpox or dengue fever outbreaks in countries such as Mexico and Bangladesh as confirmed by this stakeholder: *"Covid is going down but may come back; but there are persistent challenges – such as other infectious diseases – respiratory infections – and these centers can support more these other diseases – they spread quickly in the camps and we can re-activate this again."*

Similarly, in Mexico the filter hotels were seen as essential even in a non-pandemic environment. While the filter hotels used for the pandemic were closed in 2022, the concept was maintained to fill the gap in facilities that could help migrants with serious but not life-threatening conditions. It was noted that these cases are often rejected by local health services. In Mexico, the filter hotel concept is now being transferred to a new space that could house some 20 migrants for treatment in collaboration with the donor and a local organization, as this IOM staff confirmed; "W*e are still using these centers –we are not starting from scratch with these outbreaks. And this is the core part of our response now. It was there before and has been reinforced now."*

Digital technology used during the pandemic was also noted as having reinforced communication and enhanced ways of working beyond the pandemic. For example, the use of online working practices to communicate both internally within IOM as well as with other stakeholders, UN agencies in particular. These new approaches in collaboration were confirmed by stakeholders as continuing beyond the pandemic.

The use of online platforms and other remote working modalities to facilitate delivery of services to beneficiaries as well as for training were also recognized of value in the longer-term, as mentioned by this stakeholder: *"We are better prepared – just as anyone else is. We learnt a lot about online*

[81] IOM (2022), *Report of the Internal Independent Formative Evaluation of the IOM East and Horn of Africa COVID-19 Response*.

modality, having meetings online, etc. in case something similar to that will happen in the future – we will be better prepared".

Other notable examples of further use of technology included the use of e-wallets to deliver cash to migrants and the use of e-learning platforms and outreach through social media to inform migrants about risks and the services available as confirmed by this stakeholder: "*In 2022 we continued with the cash transfer programme, we maintained the profile of the vulnerable population and we continue to implement the components. We are currently working on the design and proposals for 2023, how to modify the assistance, what other profiles to consider and what other areas we can support."*

The institutionalization of practices was however noted as a challenge to ensure sustainability. Another major obstacle noted for sustainability was the short-term projectized nature of funding. While funding was found to be flexible enough to adapt to the needs during the COVID-19 pandemic, it was also noted as limited once the pandemic was mitigated, as mentioned by this external stakeholder *"As the emergency reduced in scale so did the donor resources and this is not a sustainable path."*

Additional examples of measures with potential sustainability cited in the 2022 EHoA COVID-19 evaluation included:

- Installation of key medical equipment such as GeneXpert machines, fixed thermal scanners at airports and border crossings.
- Establishment of an oxygen plant in Somalia provided a longer-term strategic health systems resource as oxygen is essential for other healthcare services beyond the COVID-19 pandemic.
- Sustainable water solutions such as boreholes drilling and/or rehabilitation at border posts and other areas in South Sudan as sustainable water sources beyond the pandemic.
- Strengthening or supporting supply chains in South Sudan that would provide benefits beyond the pandemic.

Q26. Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN?

As already mentioned, IOM was seen as having been a strong actor in the collaboration within the UN emergency mechanisms. This was thought to have secured the comparative advantage of IOM in an emergency as a partner with close access to affected populations particularly in remote areas. IOM was also recognized for its vast experience in dealing with emergency health and having the capacity and opportunity to align with UN agencies and government as confirmed by this stakeholder: *"The improvement in coordination with other actors – this is going to improve the coordination in general – and then in response to any emergency we will be ready."*

Lessons learnt were also reported as shared among different UN institutions. However, a greater need to share learnings among the UN structure was also noted as described above in Question 15 and commented on by this IOM staff:

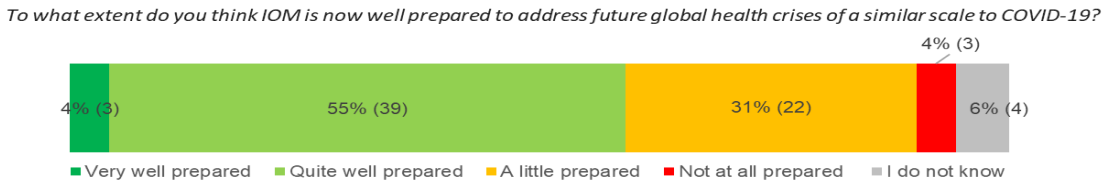
"We should be sharing the success of programmes with multiple actors. Going back to the communities and the government – saying this is what we achieved. This is exactly what UNFPA, WHO and UNICEF do very well. We are too focused on internal processes."

The 2022 IAHE of the COVID-19 humanitarian response also found that the implementation of lessons learnt from past pandemics was lacking.

Q27. To what extent is IOM well prepared to address future global health crises of a similar scale?

While many IOM staff interviewed confirmed that the response to the COVID-19 pandemic was mostly improvised with a lot of "learning by doing", many also agreed that the experience gained left staff feeling more prepared for future health crises of a similar scale. However, only a few respondents to both interviews and the survey felt that IOM was "very well" prepared for such a phenomenon. According to the survey only 4% of respondents felt that IOM was very well prepared with 55% indicating that IOM was quite well prepared, and 31% thought IOM was only a little prepared and 4% thought that IOM was not at all prepared, as indicated in the figure below.

Figure 5: extent to which IOM is prepared to address future global health crises.



Some of the mechanisms that were identified as contributing to better preparedness included the development of Guidelines/Protocols/SOPs as mentioned by this stakeholder: *"We are already better prepared. Fortunately, we still have these protocols that we continue to apply."* The guidance material published by IOM on COVID-19 was valued, although as detailed in Question 14 and 15 above, staff at times found it challenging to identify and access the relevant guidance, in both directions, from the field to HQ, and vice versa.

Several stakeholders also referred to the sharing of lessons learnt after the initial emergency response as contributing to increased preparedness. The value of lessons learnt was confirmed by staff es:

"We learnt a lot – and this will be kept, we have cases of viral infections, and treating these cases, and we can learn for these – also given our limited resources – that will help us."

"We didn't only learn ourselves and adjusted but also created new working lines that are maintained and adapted to other contexts."

For example, in Mexico a regional meeting was organized to discuss impact and lessons learned in November 2022. At the same time, as discussed in Question 15, IOM staff felt that not enough had been done to discuss and share lessons learned and good practices.

The data and information generated through DTM and other research initiatives also provided evidence for decision-making both for an immediate response as well as longer-term aspects such as policy development and preparedness.

IOM was present in many fora collaborating with stakeholders within the UN as well as government, CSO, academics and the private sector. This was considered essential to institutionalizing health emergency responses. Strong coordination forums were reported as of potential great value not only in improving the quality and impact of a current response but also for other future emergencies.

Those who felt that IOM was not fully prepared for another global pandemic referred to a number of aspects, including a strategic approach that needed strengthening, a lack of information sharing and comprehensive data, as this staff member highlighted; "*We are better prepared but not fully prepared. Some work needs to be done. Information sharing was not sufficient. There was no clear vision and direction. Especially for those in the field."*

This was also commented on in the EHoA COVID-19 evaluation, which confirmed that the response should become "*less operational and more strategic*" particularly at the stage where the pandemic has dissipated; "*there is scope to be more strategic by designing few but impactful initiatives (that bring scale and influence on how migration and health nexus is managed and governed*)."[82]

[82] IOM (2022), *Report of the Internal Independent Formative Evaluation of the IOM East and Horn of Africa COVID-19 Response,* p. 19.

5. Conclusion and recommendations

IOM's COVID-19 response was broad and integrated virtually all IOM activities during the pandemic's peak from 2020 to 2022. The evaluation found that the COVID-19 response was largely successful as described throughout this evaluation. Given the broad scope of IOM's response it has implications across many aspects of IOM's operations as delineated in the following conclusions and recommendations.

A. HQ global crisis response system or set-up: The HQ response to the COVID-19 pandemic was managed differently from past approaches to global crises at the L3 level in that it was managed directly by the Director General's Executive Office. This was in line with a "whole-of-organization" approach needed as the response involved all IOM thematic areas, not only the emergency services managed by DOE. It also has to be recognized that the COVID-19 response had very different implications for the Organization compared to an L3 humanitarian crisis confined to a given country or region. IOM's COVID-19 response set-up had certain advantages in terms of agility and flexibility but also resulted in dispersed guidance, lacked an overall emergency coordinator and CMS financing to fund additional HQ positions, and an inclusive task-force structure to drive the response, including an official technical advisory role for MHD. Future global crises similar to the COVID-19 pandemic will increasingly require a "whole-of-organization" approach that includes stronger guidance and coordination.

Recommendation: IOM senior management should consider how it will manage future similar health crises requiring a "whole-of-organization" approach and to which extent it could also better integrate the mechanisms proved to be effective in L3 crisis responses, while recognizing global health crisis are distinct from L3 crises. Such a set-up could include considerations of a CMS-like financial allocation for all funding secured, in order to provide funding for HQ coordination roles and other needs. For public health emergencies, consider that the MHD director should have an official technical advisory role to any emergency coordinator/task team.

B. Rapid funding for global crises: A main challenge faced by COs was the inability to access rapid funding to respond to the COVID-19 pandemic, which led to discrepancies in the response from country to country. The IOM does have two funding mechanisms available that were used to a limited extent for rapid funding of the COVID-19 response, the MEFM and MiRAC. These funding mechanisms could be further used to respond to similar health crisis and organization-wide scale-up, complementing current considerations by DOE for an additional rapid grants mechanism for COs. This could be possibly similar to UNHCR's emergency reserve fund that allows for a rapid response to crises through flexible funding[83].

Recommendation: IOM management should consider how more rapid flexible funding could be made available to the COs for future crises (as grants and loans). For example, this could include: adapting MiRAC guidance to allow immediate use of "unearmarked or partially earmarked funding" on an internal loan basis for exceptional situations such as global pandemics (even if funds are already allocated to other areas and not yet used but considering they would be paid back); and further

[83] *"The United States continued its strong support to UNHCR's operational reserve by providing a record USD 94 million towards its Reserve Pledge for Emergencies. This flexible funding allowed UNHCR to respond swiftly to a rising series of emergencies, particularly during the last quarter of 2020, while also meeting the needs of the COVID-19 pandemic.*" UNHCR (2020), *Report on the use of flexible funding in 2020*. p.9.

explore creating a new rapid grants mechanism for COs to access during crises (scale up/L3 and global health crises). However, IOM should continue to encourage donors to provide funding for the existing MEFM and MiRAC mechanisms.

C. Integrating innovative approaches in IOM programming. The COVID-19 response used several innovative approaches, including remote working modalities, delivery of services online from capacity building to counselling beneficiaries and the expansion of existing services, such as CBI. There is an opportunity to learn from these innovations and further refine them for integrating and mainstreaming within IOM programming even with a return to normal practices.

Recommendation: IOMs Innovation and Knowledge Management unit could consider within the planned institutional KM strategy how to encourage IOM work units to document and integrate the innovations developed and implemented during the COVID-19 pandemic within IOM programming (for instance the remote working modalities, online service delivery and CBI).

D. Capturing lessons learnt and good practices for global crises: IOM's COVID-19 response resulted in many good practices and lessons learnt that have only been partially captured. Some of them within distinct areas were documented such as the protection and diaspora response as described in the findings. IOM had an impressive KM hub for COVID-19, but it was limited to only one region (Central America, North America & the Caribbean). An online internal website for COVID-19 was established, but staff could not always find what they needed in terms of guidance and information. The new KM platform POEM has only nine resources available on the COVID-19 response.

Recommendation: IOMs Innovation and Knowledge Management unit should further collect, catalogue and curate COVID-19 lessons learnt and good practices and make them available on the POEM KM platform. Review how flagship initiatives such as the PoE Working Group and FLoD could be further documented to ensure that the experience remains within the institutional memory.

E. Human resources policies for future global crises: IOM staff globally were commended for their dedication to delivering the best services and care possible for beneficiaries during the pandemic, often during precarious conditions, putting their own health at risk. IOM HQ provided a range of guidance for staff, often rapidly and responsive to the evolving situation. Positively, IOM's 2022 policy on flexible working arrangements has taken on key lessons as the Organization moves towards a hybrid workplace. However, field staff reached by this evaluation were not all aware of the available guidance that would have benefitted their own wellbeing (and of their colleagues) and supported safe and fair staff management during COVID-19.

Recommendation: For future global crises, IOM's DHR should invest further in communicating on its guidance as they are developed and/or modified, by creating a crisis page for the newly created Human Resources Handbook and ensuring that resource management officers and human resources focal points in field offices disseminate proactively the guidance and report to DHR on its implementation, where feasible.

F. Data integration and M&E for future global crises: A success of the COVID-19 response was the use of data for evidence-based programming and decision-making, notably with DTM adapting to the evolving situation. At the same time, data was also collected by health, socio-economic and PoE initiatives, amongst others. Further comprehensive data, with a multidisciplinary approach would support evidence-based programming within IOM and for other actors in migration and public health

fields. Although core indicators were created for the COVID-19 response they were not reported as being widely used or collated.

Recommendation: IOM's Global Data Institute should consider the data needs and related systems for future global crises based on the experience of the COVID-19 pandemic, with the aim to facilitate comprehensive and multidisciplinary collection and analysis of data for evidence-based programming and decision-making.

G. Advocacy for migration rights: IOM's COVID-19 response was complemented by its advocacy focused on migrant's rights in face of the pandemic and the many restrictions and limitations it resulted in. There was also an opportunity to stress the transversality of migration and its necessity for integration within national development and response plans/policies, including within the UN system.

Recommendation: IOM should continue to advocate on key areas advanced by its work during COVID-19 including universal health coverage for migrants, their inclusion in national responses and economic relief plans, combating xenophobia, discrimination and stigmatization against migrants and returnees, suspending use of forced returns during a pandemic and the adoption of alternatives to immigration detention.

H. Socio-economic recovery within IOM programming: IOM recognized the importance of the socio-economic recovery from COVID-19 relatively early on, as seen in the joint initiative with UNDP and the focus of the 2021 SRRP. Nevertheless, it was estimated that further effort and funding was needed to ensure the socio-economic recovery is possible.

Recommendation: IOM in its future appeals and project/programme proposals should continue to ensure that socio-economic recovery is integrated within its activities wherever possible and relevant.

I. Gender considerations within future global crises: There were positive results seen with the integration of the gender dimension within many aspects of IOM's COVID-19 response. However, the integration was inconsistent and mostly benefited from past mainstreaming of gender within IOM programming. Given the heightened risk for migrant women during the pandemic, a more consistent approach would have been beneficial.

Recommendation: In planning for future similar global crises, IOM should adopt a more consistent approach and framework for gender (building on IOM's existing frameworks and guidance) and monitor its implementation across IOM programming.

J. Health programming: IOM's COVID-19 response was largely driven by its health activities. Feedback was overwhelmingly positive on the dedication and effectiveness of IOM's health teams across the globe, suggesting that IOM could learn from the response and provide an even more holistic health service for migrants. This could be through greater collaboration within IOM's medical services and public health activities, seeking greater synergy between MHAC, emergency health, MHPSS, IPC and other related activities, such as WASH and RCCE.

Recommendation: The Migration Health Division should consider how it can learn from the COVID-19 response and provide an even more holistic health service for migrants, including greater collaboration and synergy between MHAC, emergency health, MHPSS, WASH and other related activities, such as RCCE.

Evaluation of IOM's Strategic and Operational Response to the COVID-19 Pandemic

ANNEXES

ANNEX 1: Evaluation matrix

Key Evaluation Questions	Indicators	Data Collection Tools	Sources of Information
Relevance			
1. Were IOM's global, regional, and national preparedness measures and responses to the Covid-19 pandemic relevant to the needs and priorities of Member States, the strategies of UN System and IASC for the humanitarian field and UN emergency mechanisms?	Extent to which IOM's preparedness measures and responses (global, regional, national) was relevant to needs and priorities of: - Member States - The strategies of UN System and IASC	Document review Interviews	Documentation IOM staff - HQ, RO and four case study countries – CO & external stakeholders
2. Have the IOM's Covid-19 mechanisms and guidance been relevant for IOM offices to undertake risk-informed operational preparedness and response measures for the pandemic?	Level of relevance of IOM's Covid-19 mechanisms and guidance for IOM offices	Staff survey	IOM staff - IOM RO and CO staff and Chiefs of Mission
3. Has evidence-based information on Covid-19 been incorporated in the design and implementation of both phases of IOM's response (initial emergency response and medium-term programme planning)?	Identification of evidence-based information on Covid-19 incorporated in design and implementation of both phases of IOM's response	Rapid Evidence Assessment	IOM evaluation reports
4. Were IOM's Covid-19 responses relevant to the needs of the most vulnerable populations (e.g., migrants, displaced persons, disabled population, women, and children)?	Extent to which Covid-19 responses were relevant to the needs of: - migrants - displaced persons - disabled population - women - children		

5. What were comparative advantages in the design of IOM's approach to Covid-19, if any?	Identification of comparative advantages in the design of IOM's Covid-19 approach		
Effectiveness			
6. To what extent have IOM's global, regional and national response efforts contributed to effectively addressing the humanitarian, health and socio-economic effects of Covid-19 pandemic and its variants (i.e., Omicron)?	Extent to which IOM's response (global, regional, national) have contributed to effectively addressing the humanitarian, health and socio-economic effects of Covid-19 pandemic and its variants	Document review Interviews	Documentation IOM staff - HQ, RO and four case study countries – CO & external stakeholders
7. Have IOM's interventions been flexible and adjusted to respond effectively given the unpredictable nature of Covid-19?	Evidence of flexibility of IOM's interventions in adjusting to the unpredictable nature of Covid-19	Staff survey	IOM staff - IOM RO and CO staff and Chiefs of Mission
8. What were the enabling and/or limiting factors to the IOM's Covid-19 response?	Identification of 1) enabling and 2) limiting factors for IOM's Covid-19 response		
9. How did IOM address the constraints imposed on other IOM's ongoing programmes and operations by the Covid-19 pandemic and its restrictions, including in the negotiations with its donors and Member States for programmes adjustments?	Identification of how IOM addressed the constraints on ongoing programmes and operations by the Covid-19 pandemic, including in the negotiations with its donors and Member States	Rapid Evidence Assessment	IOM evaluation reports
10. Has IOM's decision making been effective in leading, coordinating and delivering the response through IOM offices?	Extent to which IOM's decision making been effective in leading, coordinating and delivering the response through IOM offices		
11. What initiatives have been put in place to provide effective support to the most vulnerable?	Identification of initiatives to provide effective support to the most vulnerable		

12. How effective were IOM's communication tools to raise internal (IOM) and external (other UN bodies, states, beneficiaries) awareness of the pandemic? 13. Are there systems in place to highlight lessons learned and good practices in the implementation of response to the pandemic, and how are they promoted inside and outside the Organization? 14. To what extent has IOM's Covid-19 response been effective in addressing the gender dimensions of the crisis?	Level of effectiveness of IOM's communication tools to raise internal (IOM) and external awareness of the pandemic Identification of systems in place to highlight lessons learned and good practices in the implementation of response to the pandemic; to what extent were they promoted internally and externally Extent to which IOM's Covid-19 response has been effective in addressing the gender dimensions of the crisis		
Coherence			
15. How does IOM guarantee interactions with and between projects, programmes and institutional Covid-19 initiatives implemented, both in terms of internal and external coherence? 16. Did IOM contribute to the UN emergency mechanisms and other UN initiatives (i.e., did collective efforts and services of UN working groups, UNCT, and other interagency efforts at HQ and regional levels prove coherent)? 17. What was/is IOM's role in the collective response coordinated and implemented by UNCT and other joint UN initiatives (jointly implementing, leading initiatives, etc.)? 18. Has IOM maintained and/or broadened global, regional, and national partnerships during the	Level and type of interactions with and between IOM's Covid-19 projects, programmes and initiatives 1) internally and 2) externally Extent of IOM's contribution to the UN emergency mechanisms and other UN initiatives, including: UN working groups, UNCT, and other interagency efforts at HQ and regional levels Extent to which IOM's role in the collective response was coordinated and implemented by UNCT and other joint UN initiatives Level of maintaining and/or broadening global, regional, and national partnerships during the pandemic	Document review Interviews Staff survey Rapid Evidence Assessment	Documentation IOM staff - HQ, RO and four case study countries – CO & external stakeholders IOM staff - IOM RO and CO staff and Chiefs of Mission IOM evaluation reports

pandemic?			
Efficiency			
19. Have IOM's decision-making systems and procedures facilitated the call for and use of resources to meet the Covid-19 response? 20. Are the systems in place to support IOM HQ and field offices in fundraising activities related to Covid-19 efficient, adaptive, and cost-effective? 21. Did IOM's participation in the UN emergency mechanisms ensure additional efficiency for IOM and/or the UN system? 22. Is IOM efficient in enhancing staff expertise and supporting staff development during 2020-22 in fields key for the Covid-19 response? 23. What innovative tools or techniques did IOM invest in for the Covid-19 response that will make it more crisis-ready in the future?	Extent to which IOM's decision-making systems and procedures facilitated the call for and use of resources to meet the Covid-19 response Identification of fundraising systems for Covid-19 in place to support IOM HQ and field offices and level of their 1) efficiency, 2) adaptiveness and 3) cost-effectiveness Extent to which IOM's participation in the UN emergency mechanisms ensured additional efficiency for 1) IOM and/or 2) the UN system Level of IOM's efficiency in 1) enhancing staff expertise and 2) supporting staff development in fields key for the Covid-19 response (during 2020-22) Identification of innovative tools or techniques for the Covid-19 response	Document review Interviews Staff survey Rapid Evidence Assessment	Documentation IOM staff - HQ, RO and four case study countries – CO & external stakeholders IOM staff - IOM RO and CO staff and Chiefs of Mission IOM evaluation reports
Impact			
24. Have direct, indirect, immediate, and medium-term effects of IOM's response to pandemic been noted and did they bring changes in the global, regional, and national responses?	Identification of direct, indirect, immediate, and medium-term effects of IOM's response to pandemic; estimated level of change to global, regional, and national responses	Document review Interviews	Documentation IOM staff - HQ, RO and four case study countries – CO & external stakeholders

25. How was IOM's contribution to the UN emergency mechanisms perceived by the UN system?	Level of perception by the UN system of IOM's contribution to the UN emergency mechanisms	Staff survey Rapid Evidence Assessment	IOM staff - IOM RO and CO staff and Chiefs of Mission IOM evaluation reports
Sustainability			
26. How does IOM ensure sustainability of its Covid-19 response?	Evidence of how IOM ensures sustainability of its Covid-19 response	Document review	Documentation
27. What measures have been implemented to support the sustainability of Covid-19 national approaches, institutional adaptations and strategic response for future possible replications, including at the UNCT and UN emergency mechanism levels?	Identification of measures to support the sustainability of Covid-19 national approaches, institutional adaptations and strategic response (for future possible replications), including at the UNCT and UN emergency mechanism level.	Interviews Staff survey	IOM staff - HQ, RO and four case study countries – CO & external stakeholders IOM staff - IOM RO and CO staff and Chiefs of Mission
28. Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN?	Extent to which IOM's engagement in the UN emergency mechanisms has ensured sustainability to IOM operations/IOM's role within the UN	Rapid Evidence Assessment	IOM evaluation reports
29. To what extent is IOM well prepared to address future global health crises of a similar scale?	Extent to which IOM is well prepared to address future global health crises of a similar scale		

ANNEX 2: List of documents reviewed

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UN Women, *The Shadow Pandemic: Violence against women during COVID-19.*

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The COVID-19 Global Evaluation Coalition: https://www.covid19-evaluation-coalition.org/

Other documentation consulted included IOM appeals, plans, press releases and websites.

ANNEX 3: List of Interviewees

No.	Name	Position	Organization
Global external stakeholders			
1	Feng Ding	Programme Management Officer - Department of Health Emergency Interventions	WHO
2	Gesine Langley	Executive Coordinator UN system-wide MEDEVAC Task Force	UN HQ
IOM Headquarters			
3	Alice Wimmer	Senior Programme Officer, Health systems	IOM HQ
4	Carlos Van Der Laat	Senior Programme Office, Health Promotion	IOM HQ
5	Caroline Henderson	Senior Specialist (Policy Coordination)	IOM HQ
6	Cecile Riallant	Head of Migration and Sustainable Development Unit	IOM HQ
7	Christopher Gilpin	Global Laboratory Coordinator	IOM HQ
8	Conor Tierney[84]	Chief, Human Resources Policies, HRD	IOM HQ
9	Damian Thuriaux	Head, Immigration and Border Management Division	IOM HQ
10	Irina Todorova	Head, Assistance to Vulnerable Migrants Unit	IOM HQ
11	Jacqueline Weekers	Director, MHD	IOM HQ
12	Jeff Labovitz	Director DOE	IOM HQ
13	Joanne Irvine	Senior Programme Officer Migration Governance and Sustainable Development	IOM HQ
14	Leza Mireille Lembwadio	Global Vaccination Coordinator, MHD	IOM HQ
15	Martine Grigis	Head, Occupational Health Unit	IOM HQ
16	Michael Pillinger	Head, Transitional Restitutive Justice Unit (TRJU)	IOM HQ
17	Nathalie Gendre	Senior Programme Coordinator (DDRR)	IOM HQ
18	Olga Gorbacheva	Global Health Assessmente Programme Coordinator	IOM HQ
19	Paula Martinez Gestoso	Emergency Preparedness and Response Officer/FP for evaluation	IOM HQ
20	Poonam Dhavan	Senior Migration Health Policy Advisor	IOM HQ
21	Rosilyne Mae Borland	Head, Migrant Protection and Assistance Division	IOM HQ
22	Sam Grundy	Chief, Transition and Recovery Division	IOM HQ
23	Vladimir Maslarov	Senior Procurement Officer	IOM HQ
24	William Jernigan	IOM Development Fund	IOM HQ
25	Yitna Getachew	Head, Migrant Protection and Assistance	IOM HQ
26	Marina Manke	Chief, Global Data Institute	Global Data Institute
IOM Regional/Representative Offices/Country Offices			
27	Mayada Serageldin	Regional Liaison and Policy Officer	Cairo RO

[84] Provided comments on the draft evaluation report and consequent follow-up discussion.

28	Anna Eva Radicetti	Deputy Director, IOM Office to the UN	IOM Office to the UN, NY
29	Tristan Burnett	Chief of Mission, the Philippines, former Deputy Director DOE	Philippines CO
30	Troy Dooley	Head of Programmes	Philippines CO
31	Andrew Siegman	Resource Management Officer	Philippines CO
32	Dr Prajap	FLoD responsible	Philippines CO
Bangladesh			
33	Brigadier General Abdur Rab Miah (Rt.)	Aviation public health inspector and consultant	Civil Aviation Authority of Bangladesh (CAAB)
34	Dr Ashique Anwar Ahmed	Programme Manager	Friendship, Cox's Bazar
35	Dr. Francis Tabu	Health Sector Coordinator	WHO, Cox's Bazar
36	Dr. Imrul Kayes	Medical Officer - Communicable Disease Control	Civil Surgeon Office, Cox's Bazar
37	Dr. Jannat Mouri	Medical officer	RTMI, Cox's Bazar
38	Dr. Syeda Nabila Hassan	Coordinator, health sector	WHO
39	Asma Khatun	National Programme management, Protection and Assistance Unit	IOM
40	Dr Abeed Hasan	Clinical Supervisor	IOM
41	Dr. Charles Erik Halder	National Programme Officer (Health)	IOM
42	Dr. Hossein Billal	Acting head of MHD	IOM
43	Dr. James Charles Okello	Programme Coordinator, Health, Cox's Bazar	IOM
44	Dr. Nai May Prue	National Health Coordinator	IOM
45	Manuel Marques Perira	Former Deputy Chief of Mission, Bangladesh	IOM
46	Petrone Alessandro	Programme Manager (WASH)	IOM
Greece			
47	Alisa Harlamova	Project Coordinator	IOM
48	Betty Ferentinou	Project Coordinator /AVRR	IOM
49	Georgina Galanopoulou	Project Coordinator /UMC Shelters	IOM
50	Georgios Polkas	COVID-19 Focal Point	IOM
51	Gianluca Rocco	Chief of Mission and Regional Response Coordinator	IOM
52	Irini Gerogli	Project Coordinator, Migration Health	IOM
53	Milan Colic	Programme Manager/ Integration	IOM
54	Simona Moscarelli	Senior Programme Manager/SMS-HARP	IOM
55	Varvara Lampadari	Project Developement/ Reporting Officer	IOM
Mexico			
56	Rodolfo Rubio Salas	Profesor-Investigador	*El Colegio de Chihuahua*
57	Cinthia Martinez	Senior Emergency Operations Assistant	IOM
58	Evelyn Bernal	Emergency Project Coordinator	IOM

59	Giselle Olvera	Senior Programme Assistant CBI CDMX	IOM
60	Gloria Rubio	M&E officer	IOM
61	Ivonne Aguirre	Operations Coordinator AVR	IOM
62	Jeremy MacGillivray	Deputy Chief of Mission	IOM
63	Maria Jose Juarez	Head Field Office, Tijuana	IOM
64	Thiago Almeida	Head Field Office, Ciudad Juarez	IOM
65	Yolice Quero	National Protection Officer	IOM
Nigeria			
66	John Kane	FCDO	UK government
67	Edward Kallon	United Nations Resident Coordinator and Humanitarian Coordinator	UN
68	Charles Nwanelo	Deputy director, Federal Ministry of Humanitarian Affairs Disaster Management and Social Development	Federal Government of Nigeria
69	Alex Cole	Programme Support Officer	IOM
70	Dr Aden Guliye	Chief Migration Health Officer	IOM
71	Dr Bodinga Nuga	Migration health officer	IOM
72	Dr Temilade Adesina	National Migration Physcian	IOM
73	Franz Celestin	(former) Chief of Mission	IOM
74	Hamidah Khamis	(former) Human Resources Officer	IOM
75	Henry Kwenin	DTM co-ordinator and Head of sub office Nigeria	IOM
76	Jeffrina John	Project Officer, WASH	IOM
77	Paradang Gogwim	Project Assistant Counter trafficking	IOM
78	Prestage Murima	Deputy Chief of Mission	IOM

ANNEX 4: Evaluation Terms of Reference

EVALUATION OF IOM'S STRATEGIC AND OPERATIONAL RESPONSE TO COVID-19 PANDEMIC

Commissioned and managed by: **Department of Strategic Planning and Organizational Performance, Central Evaluation Function (Central Evaluation)**

1. EVALUATION CONTEXT

The impact of Coronavirus Disease (Covid-19) pandemic on the world population and on the work of international organizations is historically unprecedented in its size and scope. The multidimensional effects have spread across global health[85], human rights, social and economic aspects with crisis becoming the largest mobility crisis[86] of all times. Global mobility remains impacted by continuous increase in travel measures, including nationality-based restrictions, passenger bans, and intensification of health dependent travel conditions implemented by countries, territories, and areas worldwide.

The related socio-economic crisis has undermined global efforts to meet the development objectives established in the UN 2030 Agenda for Sustainable Development (2030 Agenda). The achievement of Sustainable Development Goals (SDG) has been affected, in particular SDG 10 target 7, which reflects International Organization for Migration (IOM)'s mission statement about the importance of safe, orderly and humane migration for the benefit of all, and SDG 5 on gender equality. Covid-19 pandemic also highlighted the importance of SDG 3 target 8 on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all, including migrants, refugees, and displaced populations. The widespread disinformation witnessed during the pandemic and impact on reliable information has highlighted the importance of SDG 16 target 10 on ensuring public access to information.

The uncertainty about the pandemic's course and duration caused massive disruptions[87] in global employment, which is expected to have a "slow and uncertain" recovery. Crisis-affected populations, including internally displaced persons (IDPs), migrants and refugees, remain among most vulnerable population groups particularly affected by the pandemic, living in settings affected by humanitarian crisis prior to or during the pandemic, where underlying vulnerabilities have already been aggravated by conflicts and violence, and by the effects of climate change. This is particularly alarming given that the mobility restrictions also affected their access to life-saving assistance, basic services and education. Among those vulnerable are a high number of women, often drawn into unpaid work at

[85] The World Health Organization announced the pandemic outbreak on 11 March 2020; A/O 24 January 2022, over 166 countries or territories were impacted, with 349,641,119 confirmed cases, including 5,592,266 deaths. Source: https://covid19.who.int/
[86] https://migration.iom.int/
[87] Unemployment is projected at 207 million for 2022, with some 125 million fewer jobs in 2021 than pre-pandemic levels, and in 2020, 258 million fewer jobs. Projections cited from the International Labour Organization's World Employment and Social Outlook Report, edition 2022.

home such as teaching children during school closures or caring for sick family members. The successive lockdowns have further led to an estimated 35 per cent increase in domestic violence and reduced access to sexual and reproductive healthcare, clean water and sanitary conditions in many parts of the world. The disproportionate impact of the pandemic on women's employment is expected to narrow in the coming years but a "sizeable gap" is expected to remain.

Following the pandemic outbreak, the United Nations (UN) exerted high adaptability[88] to the new modus operandi for the purpose of saving and rebuilding better lives and protecting people. In March 2020 the UN Secretary General called for a global partnership[89] to suppress transmission of the pandemic, address social, economic, and multi-dimensional impacts, and implement sustainable solutions to cope with the impacts of the crisis. The Covid-19 Response and Recovery Multi-Partner Trust Fund as a joint financing mechanism for programming by UN Country Team (UNCT)[90] members is offering a cohesive UN System response to national governments through a common financing mechanism. UN entities, including IOM, have signed agreements with the Fund Secretariat to deliver on the priorities laid out in the UN Framework. As of January 2022, the contributions to the Fund were USD 86 million, with IOM's approved budget of 3.6 million and a delivery rate of 69 per cent.

Within the UN, the Crisis Management Team was activated and has pulled together a number of workstreams. The system for medical evacuations was, for the first time, aligned to allow medical evacuations (MEDEVACs) across the entire UN under the same conditions for UN staff, their dependents and implementing partners – cost-shared between the largest entities. On the ground, the First Line of Defense (FLoD)[91] was established to allow better medical services to UN personnel, delivered in a number of countries through the IOM infrastructure.

Like many organizations, IOM rapidly adapted to a new way of working in partnership with relevant actors at global, regional and national levels. IOM contributed to World Health Organization (WHO)'s Covid-19 Global Strategic Preparedness and Response Plan (SPRP) and the Inter-Agency Standing Committee (IASC)[92] Humanitarian Response Plan, while also developing its Covid-19 Global SPRP 2020 that covered IOM's operational and technical support in the area of health and continuity of life-saving support[93]. The purpose was to reduce associated morbidity and mortality and prepare for and address the crosscutting humanitarian and development needs of vulnerable populations, such as migrants and IDPs impacted by Covid-19. IOM's overall funding requirements remained aligned with the immediate humanitarian needs outlined in the OCHA's Global Humanitarian Response Plan (GHRP) for

[88] UN's response to Covid-19 encompasses three critical components: (1) The health response led by the World Health Organization's Strategic Preparedness and Response Plan (SPRP); (2) The humanitarian response led by the UN Office for Coordination of Humanitarian Affairs (OCHA)'s Global Humanitarian Response Plan; and (3) UN Framework for the Immediate Socio-Economic Response to Covid-19. Covid-19 Data Portal tracks status of related funding efforts across three appeals: I) WHO Emergency Appeal received 93 per cent (USD 1.6 billion) out of targeted USD 1.74 billion; II) Humanitarian Response Plan received 33 per cent (3.3 billion) out of targeted USD 10.3 billion; and III) Response and Recovery fund received 6 per cent (UD 64 million) out of the targeted USD 1.0 billion.

[89] SG Report Socio-Economic Impact of Covid19

[90] UNCTs elaborated Socio-Economic Response and Recovery Plans (SERPs) in 121 countries with estimated financing requirements of USD 28.7 billion.

[91] The "First Line of Defense" (FLoD) was designed to ensure that personnel deemed eligible by the UN and their dependents have access to high-quality, reliable health services in contexts where health-care systems may be overwhelmed and to minimize the need for medical evacuations. In that context IOM provides "health services consequential to COVID-19" to the UN, thereby saving lives, supporting staff and making it possible for the UN to continue to deliver in line with its mandate. IOM's Migration Health Assessment Centers have been endorsed by the UN to provide health services to eligible UN personnel, dependents, and other persons in need of care referred by the UN. Activities within FLoD framework encompassed a range of clinical care services, including laboratory services, tele-health and medical movement support and were implemented in 18 countries with USD 13.6 million advanced by UN to IOM during 2020-21.

[92] https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response-0

[93] IOM's approach for preparing and responding to disease outbreaks and future health threats is anchored in IOM's Health, Border and Mobility Management (HBMM) Framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations.

Covid-19. As of November 2020, of USD 619 million requested by IOM for Covid-19 response and preparedness, donors have contributed or pledged USD 336[94] million. IOM Covid-19 related interventions focused on continuation of humanitarian assistance, including access to health services and support.

Building on the 2020 SPRP, IOM's published its 2021 Strategic Response and Recovery Plan (SRRP), which provided an overview of IOM response, including 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. 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 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 (SERPs) and Joint Annual Work Plans of the UN development system. The plan targets 141 countries with the financial requirements of USD 823 million.

The IOM Strategic Vision published in 2019[95] represents the Organization's reflection on its needs and priorities for the period 2019-2023 emphasizes the importance of a holistic approach, from its responses to emergencies and disasters (including prevention, preparedness, and risk reduction) to the development of transition and community stabilization programmes as part of IOM's commitment to bring the different elements of IOM's related work together. IOM continues to adapt its response and work to the evolving needs of affected populations and communities of concern while also implementing programmes to mitigate and address the mid to longer-term socio-economic impact of Covid-19 and prepare for recovery. The Organization has been working at all levels to advocate for migrant inclusion—regardless of legal status—in vaccine priority groups and national COVID-19 vaccination plans and roll out[96].

2. EVALUATION OBJECTIVE

Given the unprecedented global health and development threat posed by the Covid-19 pandemic, the Central Evaluation Function (Central Evaluation) in consultation with the Executive Office, Department of Operations and Emergencies (DOE), and Department of Programme Support and Migration Management (DPSMM), and its Migration Health Division (MHD) in particular, and Departments of External Relations (DER) and Peace and Development Coordination (DPDC) decided to include a thematic and strategic evaluation of IOM's response to the pandemic in Central Evaluation's biennial evaluation plan 2021-2022.

The overall objective of the evaluation is **to evaluate IOM's strategic, institutional, and operational approach and response to the Covid-19 pandemic and to provide recommendations and lessons learned on how to strengthen IOM's work to better address the needs and preparedness for future global pandemic crises.**

The evaluation will take stock of IOM's response so far and analyze the internal synergies, adaptation, existing gaps and institutional steps taken by IOM for an effective and sustained response to the pandemic, through areas of work covered by IOM's response including institutional, health, protection, awareness raising, movements, prevention, socio-economic response as well as

[94] Source: IOM Covid-19 Dashboard on IOM's Global Crisis Response Platform
[95] https://publications.iom.int/books/strategic-vision-setting-course-iom
[96] The organization has been conducting an in-depth monitoring of over 170 countries to track and map the global state of migrant access to COVID-19 vaccines.

fundraising. The evaluation will identify good practices, approaches, but also areas that need further improvement relating to IOM's decision-making and management protocols for comprehensive, flexible and collaborative responses to crises engagement, IOM's approach to risk-informed development and crisis prevention, as well as external cooperation with UN agencies and organizations, especially in the context of the UN Crisis Management Team, the FLoD and the UN MEDEVAC mechanism. The evaluation will additionally include an analysis of IOM operational responses, its contribution to regional and national initiatives, in particular within the UNCT, and the level of understanding and response IOM staff has in regard to response to Covid-19 pandemic. The evaluation will take into account Covid-19 evaluations conducted and/or planned by IOM offices, the discussions held in the framework of the UN Evaluation Group (UNEG) for conducting a system wide evaluation (SWE) of UN response to Covid-19[97] and the evaluations planned in the humanitarian sector[98]. It should be noted that IOM Central Evaluation is a member of the respective management and reference groups of both evaluations, and the development of the current Terms of Reference also benefits from the knowledge already accumulated during the inception phases of those evaluations.

The evaluation will serve the learning purpose, as the lessons drawn and recommendations from the evaluation will inform management's strategic thinking in preparation for potential future crises and improve resilience to future pandemics. Moreover, for the accountability purpose, the evaluation will assess the extent to which IOM effectively and efficiently responded to the Covid-19 pandemic in the areas of its mandate and expertise, mobilized its strengths and knowledge, and worked in conjunction with other UN agencies and donors.

The target audience for this evaluation includes IOM management, IOM staff involved in institutional and operational response to Covid-19 at Headquarters (HQ) and in the field, as well as interested donors, Member States, and international and local partners.

3. EVALUATION SCOPE

The evaluation will analyze IOM's global performance and efforts using the OECD/DAC criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability. It will also include an analysis of the integration of IOM cross cutting themes of gender, disability, accountability to affected populations, environment and human rights-based approaches in the strategic papers and guidance related to the Covid-19 pandemic, whenever applicable.

The evaluation is planned to start at the time when IOM and many countries worldwide are dealing with protracted health crisis but remain vulnerable to intermittent waves of heightened sanitary crises at the emergence of new variants. The evaluation will therefore combine elements of ex-post review, looking back to determine how well IOM responded in the initial months of the pandemic, with a "real-time" approach, assessing still ongoing responses and adopting a longer-term perspective.

In terms of geographical scope, the evaluation will integrate a review of both global responses, for the most part developed at Headquarters, and regional and/or national responses conceptualized and implemented by IOM offices. The latter may also include projects implemented as part of UN Socio-Economic Response Plans (SERPs) by UN Country Teams (UNCTs). The evaluation will map the

[97] https://unsdg.un.org/resources/inception-report-system-wide-evaluation-unds-response-covid-19

[98] IOM Central Evaluation is part of the Management Group of the Inter-Agency Humanitarian Evaluation of the Covid-19 humanitarian response, Reference Group of the System Wide Evaluation (SWE) piloted by the recently created SWE unit of the Office of the Secretary General covering Covid-19 and its socio economic impact through the lens of the newly set-up UNSDCF and UNCT reform, and part of a UNEG working Group on Covid-19 evaluations.

evidence and consolidate existing sample of programmes that can properly illustrate IOM's contribution to the response to pandemic and use them as case studies to identify key implementation considerations to determine the success in programming and implementation of Covid-19 related programmes, but also the success of adjusting regular IOM programming to the Covid-19 context. In addition, a Rapid Evidence Assessment (REA) will be conducted, of selected information synthetized from IOM evaluations, annual reports and research papers with operational and strategic analysis of IOM's Covid-19 response. This dual view will serve the purpose of identifying best practices and constraints in operationalizing the response to pandemic, including possible cases when the use of the approach was challenged.

The evaluation is not intended to provide a detailed analysis of the performance, impact and sustainability of the selected programmes and/or initiatives and evaluations implemented by IOM's offices, but to identify fields of activities where IOM can have a major impact on strategic approaches and international responses, and how sustainability can be enhanced given the complexity of pandemic crisis. This is particularly important having in mind that the pandemic has compelled the entire UN system, including IOM, to enhance coordination and cooperation mechanisms and identify new initiatives to help countries manage and mitigate the effects of Covid-19 and at the same time, agencies were compelled to adjust priorities to be able to respond to the developing needs in a constantly changing environment, including within the UN reform.

4. EVALUATION CRITERIA AND QUESTIONS

More specifically, the evaluation will answer the following questions:

Relevance:

- Were IOM's global, regional and national preparedness measures and responses to the Covid-19 pandemic relevant to the needs and priorities of Member States, the strategies of the UN System and IASC for the humanitarian field and UN emergency mechanisms?
- Have the IOM's Covid-19 mechanisms and guidance been relevant for IOM offices to undertake risk-informed operational preparedness and response measures to suppress transmission of the pandemic?
- Have both phases of the response (initial emergency response and medium-term programme planning) been including up-dated and relevant evidence-based information on Covid-19 in their design and implementation?
- Were IOM's responses also relevant to the needs of the most vulnerable populations (e.g., migrants, displaced persons, disabled population, women and children)?
- What were IOM's comparative advantages in the design of IOM's approach to Covid-19 pandemic, if any*?*

Effectiveness:

- To what extent have IOM's global, regional and national response efforts contributed to effectively addressing the humanitarian, health and socio-economic effects of Covid-19 pandemic and its variants (i.e. Omicron)?
- Have IOM's interventions been flexible and adjusted to respond effectively to the unpredictable nature of Covid-19 and facilitate decision-making*?*
- Has IOM been able to effectively navigate through Covid-19 restrictions and what are the enabling and/or limiting factors to Organization's response?

- How did IOM address the constraints imposed on other IOM's on-going programmes and operations by the Covid-19 pandemic and its restrictions, including in the negotiations with its donors and Member States for programmes adjustments?
- What are the most relevant results of IOM's response to Covid-19 (i.e. in terms of technical cooperation, programmes, knowledge and lessons sharing and awareness raising)?
- Has IOM's decision making been effective in leading, coordinating and delivering the response through IOM offices and make the best use of IOM's strengths and areas of expertise?
- What instruments and mechanisms have been put in place to provide effective support to the most vulnerable?
- How effective were IOM's communication tools to raise internal (IOM) and external (other UN bodies, states, beneficiaries) awareness on the pandemic?
- Are there systems in place to highlight lessons learned and good practices in the implementation of IOM's response to the pandemic, and how are they promoted inside and outside the Organization?

Coherence:

- How does IOM guarantee interactions with and between projects, programmes and institutional Covid-19 initiatives implemented, both in terms of internal and external coherence?
- Did IOM contribute to the UN emergency mechanisms and other UN initiatives (i.e. did collective efforts and services of UN working groups, UNCT, and other interagency efforts at HQ and regional levels prove coherent)?
- What was/is IOM's role in the collective response coordinated and implemented by UNCT and other joint UN initiatives (jointly implementing, leading initiatives, etc.)?
- Has IOM maintained and/or broadened its global, regional and national partnerships during the pandemic?

Efficiency:

- Have IOM's decision making, systems and procedures been facilitating the call for and use of resources to meet the Covid-19 response?
- Are the systems in place to support IOM offices in fundraising activities related to Covid-19 efficient, adaptive and cost-effective?
- Did IOM's participation in the UN emergency mechanisms ensure additional efficiency for IOM and/ or the UN system?
- Is IOM efficient in enhancing staff expertise and supporting staff development in that field?
- Did IOM invest in innovative tools to address the specific challenges raised by the Covid-19 health crisis?
- Are there specific examples of innovative techniques that have/will make IOM more resilient, crisis ready and allow for operational efficiencies?

Impact

- Have direct, indirect, immediate and medium-term effects of IOM's response to pandemic been noted and did they bring changes in the global, regional and national responses?
- Have the innovative solutions been found to support governments to address human mobility throughout the pandemic and ensure the protection and rights of the migrants?
- How was IOM's contribution to the UN emergency mechanisms perceived by the UN system?

Sustainability

- How does IOM approach and guarantee sustainability in the framework of its global, regional and national Covid-19 response?
- What measures have been implemented to support the sustainability of Covid-19 national approaches, institutional adaptations and strategic response for future replications if needed, including at the UNCT and UN emergency mechanism levels?
- Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN?
- To what extent is IOM well prepared to address future global health crises of a similar scale?

5. METHODOLOGY, ROLES AND TIMEFRAME

The evaluation will be conducted by the external consultant(s) under the responsibility of IOM Central Evaluation in the Department of Strategic Planning and Organizational Performance (DPP). The methodology will consist of an extensive documentation review, structured and semi-structured interviews with key staff and partners, electronic surveys with IOM staff, Member States and external partners, selected case studies, evidence mapping and synthesis of IOM evaluations and research conducted so far. The methodology will include the main areas of interventions covered by IOM as defined in the references mentioned in the Evaluation Context section.

The Executive Office, DER, DOE, DPDC, and DPSMM will provide support for the conduct of the evaluation as the reference group (RG) for the evaluation, as well as relevant documentation, to help answering the evaluation questions and identify the internal and external structures, processes, policies, strategies and programmatic approaches utilized to respond to and manage Covid-19 pandemic. The RG will provide feedback on the ToR, the inception report, the draft and final evaluation reports.

In collaboration with IOM Central Evaluation, the RG will propose a list of key persons to interview inside and outside of IOM, which will be finalized in coordination with the consultant. With Covid-19 restrictions in mind, the interviews will be carried out remotely (by phone, MS Teams, electronically via email or through similar means). If the recruited consultant(s) is(are) based in Geneva, some face-to-face interviews may be considered with Headquarters staff, Covid-19 measures permitting. Interviewees' inputs will be fully confidential.

IOM Central Evaluation and the RG will further discuss the sampling of activities, projects, programmes, research and evaluations that can be used as case studies or illustration of IOM's work in response to Covid-19. The REA will include IOM evaluations on Covid-19[99] and selected reports and research papers published during 2020 and 2021, and will synthesize the main findings, lessons learned, and recommendations retrieved from these sources. The steps in the proposed REA will include a rapid scoping, to get an initial idea of the quantity and nature of evidence available; systematic approach to searching for and selecting relevant information; quality appraisal of evidence according to clear criteria; and the analysis and synthesis of evidence extracted (or coded) to answer the evaluation questions.

This work will be accompanied by selected institutional activities, programme and multi-country case studies with final sample of operations and countries to be agreed during the inception phase. They may include four to six programmes based on the geographical and financial criteria, such as IOM

[99] Central Evaluation will provide updated list to be used for a synthesis analysis and case studies in the framework of the evaluation.

programmes in Bangladesh, Pakistan, Philippines, Iraq, Libya, South Sudan, Nigeria, Ethiopia, Zimbabwe, Bosnia-Herzegovina, Italy, Colombia, Honduras or Haiti. Capacity building activities and issuance of specific guidance will also be examined in that regard.

The evidence will be generated without placing additional operational pressure on the Organization, having also in mind the logistical challenges imposed by the pandemic on the travel and data collection. The work in the field related to Covid-19 within UN is examined more closely by the above-mentioned IAHE and SWE evaluations conducted within the UN framework, in which IOM Central Evaluation is an active participant, and they will be used as reference whenever relevant.

IOM Central Evaluation will also discuss the conduct of electronic surveys with the RG and will finalize the survey material and the target groups in collaboration with the consultant(s). Two different surveys may be developed to cover the data collection needs, one internal focusing on IOM and the other on external partners.

The use of various data collection tools (documentation review, interviews, mapping, evidence assessment and surveys) will facilitate triangulation of information collected, thereby increasing the reliability of the findings, lessons learned, good practices and recommendations that will be presented in the evaluation report.

A draft evaluation report will be sent to the RG for comments after having been cleared by IOM Central Evaluation. The evaluation is expected to start in May 2022 and a final report should be made available in October 2022 at the latest. DPP will cover the costs for the recruitment of the external consultant(s) and will be responsible for the overall implementation and management of the exercise. Participatory workshop may be organized to discuss preliminary findings, lessons learned and recommendations prior to the finalization of the evaluation report.

6. ETHICS, NORMS AND STANDARDS

IOM abides by the Norms and Standards of the UN Evaluation Group (UNEG) and expects all evaluation stakeholders to be familiar with the Ethical guidelines for evaluation of UNEG and the consultant(s) with the UNEG code of conduct for evaluation in the UN System as well. UNEG documents are available under IOM Evaluation Webpage www.iom.int/evaluation.

7. EVALUATION DELIVERABLES AND TIME SCHEDULE

The consultant(s) is(are) expected to provide the following deliverables:

- Inception report outlining data collection processes and analysis and including an evaluation matrix with further refinement of evaluation questions.
- Draft and final evaluation reports of no more than 50 pages (excluding annexes).
- Evaluation brief (template provided by IOM) and draft management response.

Below is an indicative work plan for the conduct of the evaluation, which will take place between April and September 2022.

Activity	***Timeframe/ deadlines***	***Indicative Working Days for consultancy***	***Who is responsible***
Inception phase (including kick-off meeting)	May/June 2022	10 days	Consultant(s)
Review of the inception report	June 2022		Central Evaluation reference team

Documentation review, surveys, interviews and synthesis analysis	June to end of August 2022	20 days	Consultant(s)
Evaluation draft report	September 2022	10 days	Consultant(s)
Review of the evaluation draft report	September 2022		Central Evaluation reference team
Finalization of the evaluation report and material	October 2022	5 days	Consultant(s)
TOTAL DAYS CONSULTANT		**45 days**	

8. CONSULTANT(S) QUALIFICATIONS

1. At least 10 years of evaluation experience with UN agencies programmes (preferably IOM) and advanced degree in social and political sciences or related field.
2. Experience with at least five humanitarian and SDG related evaluations, as well as with disease prevention and control, migration and/or displacement evaluations.
3. Advanced knowledge and skills in categorization, mapping, mixed methods and evidence synthesis.
4. High proficiency in English, with knowledge of French and Spanish languages being an asset.

9. SUBMISSION OF APPLICATION

IOM is looking for proposals from service providers to deliver the outlined products. Service providers are requested to submit the following:

- A proposal with description of the approach, methodology, activities, work plan, deliverables and consultant(s) experience and expertise matching the ToR.
- Two examples of similar work.
- Three references.
- The budget in USD should include a detailed breakdown of costs per activity, personnel costs, and any other costs relating to the implementation of the tasks outlined in the ToR.
- An indicative cost can be included for potential travel to case study countries and Geneva for presenting the findings, but the organisation of the visit will be dependent on Covid-19 restrictions.

Contract period: May to October 2022.

Potential conflict of interest should be declared.

Only shortlisted candidates will be notified. IOM reserves the right not to accept any tenders submitted.

Proposals must be submitted via email sent on or before midnight **30 May 2022 (Geneva time)** to the following email address eva@iom.int.

Should you need any additional information, please send your queries in writing to eva@iom.int.