EVALUATION BRIEF

March 2023

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

This evaluation brief presents a summary of key findings, conclusions, and recommendations, as identified by the evaluator for use by key stakeholders, including internally by IOM staff and externally by Member States. More details can be found in the full evaluation report.

Evaluation type: Central - Central Evaluation Unit (EVA)

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Evaluation period: 2020-2022

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Commissioned by: EVA

Managed by: EVA

Evaluation purpose: 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.

Evaluation criteria: Relevance, effectiveness, coherence, efficiency, impact and sustainability.

Evaluation methodology: Desk research, surveys and key informant interviews (semi-structured).

Project Information:

Geographical coverage: Global

BACKGROUND & SUMMARY

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 Defence (FLoD) service with testing and healthcare services for UN staff and dependencies; and

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.

KEY FINDINGS

Relevance: IOM's response to the COVID-19 pandemic was found to be highly relevant, aligned closely with governments and UN counterparts to support joint COVID-19 preparation and response mechanisms and plans. IOM was considered as well-placed to work with Member States and within the UN system. 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.

KEY FINDINGS (continued)

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.

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. Despite policies in place, there was a wide variance of experience between Country Offices (COs) concerning the policy of staff care and the workplace.

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. 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.

CONCLUSIONS

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.

SUMMARY OF RECOMMENDATIONS

A. HQ global crisis response system set-up: For managing future global health crises, IOM senior management is encouraged to consider a set-up 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: IOM management should consider how rapid funding could be made more easily available to COs for future similar crises from the Migration Resource Allocation Committee (MiRAC) funding mechanism, a new rapid grants mechanism and loans from the Migration Emergency Funding Mechanism (MEFM).

C. Integrating innovative approaches: 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 IOM programming.

D. Capturing lessons learnt and good practices for global crises: 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.

E. Human resources policies for future global crises: IOM's Department of Human Resources (DHR) should create a crisis page for the Human Resources Handbook and ensure that resource management officers and human resources focal points in COs disseminate the guidance.

F. Data integration and M&E for future global crises: 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 should continue to advocate on universal health coverage for migrants, their inclusion in national response plans, combating xenophobia, discrimination and stigmatization, suspending use of forced returns during a pandemic and the adoption of alternatives to immigration detention.

H. Socio-economic recovery: 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 or relevant.

I. Gender considerations within future global crises: IOM is encouraged to adopt a more consistent approach and framework for gender and monitor its implementation across IOM programming.

J. Health programming: Migration Health Division should consider how it can learn from the COVID-19 response and provide an even more holistic health service for migrants, through synergy and collaboration between services.