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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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Cover photo: IOM helps in relocating Afghan refugees from Tajikistan in coordination with the Canadian Government. © IOM 2021.

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PURPOSE AND PARTNERSHIP

The safe and dignified resettlement of refugees and other humanitarian entrants requires a comprehensive, humane and protection-oriented approach — one which recognizes the interdependencies of travel, health and integration as integral components of the resettlement process. Certain essential elements of IOM's support in the field of resettlement benefit both the beneficiaries and the States undertaking to receive them. IOM believes that this holds true regardless of the type of scheme, the destination country or the profile of the migrants and refugees being assisted.

The International Organization for Migration (IOM) was founded in 1951 to ensure the safe and dignified movements of vulnerable migrants and refugees. IOM has since grown, and is now an United Nations with 174 Member States and its global presence has expanded to around 400 field locations. Article 1¹ of IOM's Constitution states:

"The purposes and functions of the Organization shall be:

- a) to make arrangements for the organized transfer of migrants, for whom existing facilities are inadequate or who would not otherwise be able to move without special assistance, to countries offering opportunities for orderly migration;
- b) to concern itself with the organized transfer of refugees, displaced persons and other individuals in need of international migration services for whom arrangements may be made between the Organization and States concerned, including those States undertaking to receive them;
- c) to provide at the request of and in agreement with the States concerned, migration services such as recruitment, selection, processing, language training, orientation activities, medical examination, placement, activities facilitating reception and

integration, advisory services on migration questions, and other assistance as is in accord with the aims of the Organization; ..."

In the aftermath of World War II, no government alone could help the many displaced survivors to resume their lives and IOM was created to assist with the resettlement of Europeans displaced by the war. To this day, moving people to safety to start a new life remains a core function of the Organization.

At the earliest opportunity prior to departure, it is important that each beneficiary is well informed and empowered, proper attention is given to their health and well-being, and necessary arrangements are in place for their safe travel and meaningful integration. These equally important and specialized areas of work support people with significant vulnerabilities who have fled from conflict, violence and disaster and who may have been living in exile for years with interrupted health care, work and education. Though their life, liberty and livelihood are at risk, forcibly displaced persons have also expressed how daunting it can be to begin life anew, especially in another country far away.

RESETTLEMENT AND EU RELOCATION

Resettlement is an international protection tool to meet the specific needs of refugees. Resettlement is also a durable solution for refugees as well as a demonstration of international solidarity and responsibility-sharing with those countries hosting large numbers of refugees. It gives a chance to begin life anew to many who would otherwise have neither home nor country to call their own.

The United Nations High Commissioner for Refugees (UNHCR) defines resettlement as "the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them – as refugees – with permanent residence status". The status protects against refoulement, provides for rights similar to those enjoyed by nationals, and establishes a pathway

towards citizenship in the receiving country. Nevertheless, the status and rights extended to resettled refugees and other humanitarian entrants varies depending on the resettlement country.

Of the 27.1 million refugees worldwide, UNHCR estimates that 1.445 million refugees needed resettlement in 2021.³ However, resettlement is not an option for the vast majority of refugees as global resettlement opportunities are in decline and reached less than 50,000 places in 2021. When other solutions for refugees — return in safety and dignity, voluntary repatriation and local integration — are unattainable, resettlement may be the only feasible option to provide effective protection and meet the needs of refugees whose life, liberty, safety, health or other fundamental rights are at risk.

¹⁾ IOM Constitution, resolution adopted on 5 December 1951.

²⁾ UNHCR Resettlement Handbook, UNHCR, 2021

³⁾ UNHCR, Projected Global Resettlement Needs 2021 (2020).

Since 1951, IOM has played a vital role in resettlement, providing a range of supporting activities to receiving States, ensuring beneficiaries are resettled in a safe and dignified manner. IOM resettlement support includes case processing, pre-migration health activities, movement management, and pre-departure and post-arrival integration support. IOM works closely with governments and UNHCR, as well as other partners such as the European Union Agency for Asylum (EUAA) and Non-Governmental Organisation (NGOs) to help persons in need of international protection.

While 2020 was heavily impacted by COVID-19, 2021 showed signs of recovery allowing for the arrival of 21,828 persons

through resettlement / humanitarian admission. This included IOM contribution to the provision of safe pathways for 785 Afghan nationals who had been forcibly displaced to neighbouring countries to Afghanistan, such as Pakistan and the Islamic Republic of Iran. During this period, IOM continued supporting refugees, promoting resettlement as a critical protection measure, in liaison with donors and partners, while adopting a range of measures to minimize the risk of COVID-19 transmission during movements and predeparture activities. Moreover, IOM assisted 173 refugees to reunite with their families, only in the European Economic Area (EEA).

RELOCATION WITHIN THE EUROPEAN ECONOMIC AREA EUROPE

EEA Relocation within the European Union enables those who requested asylum in one EU Member State to travel to another EU Member State, where their asylum application will be further processed. Intra-EU relocation is an expression of internal EU solidarity and responsibility sharing. In particular, supports those countries at the external borders of the European Union that are most affected by sudden increases in the arrival of persons who seek international protection.

Despite the ongoing COVID-19 pandemic, relocation in 2021 represented an important expression of solidarity. IOM contributed to the relocation of 2,853 beneficiaries from Greece, Italy and Malta to 16 EEA countries. Some 1,465 children (961 boys and 504 girls) were relocated from Greece, Italy and Malta to other European countries in 2021.

IOM coordinated regional relocation projects, namely, RELITA (Italy), REMA (Malta) and Voluntary Relocation from Greece, supported by the European Commission emergency funding (EMAS), allowing for more harmonized procedures in the EEA. Other relocation projects were funded by EU Member States. Throughout the programmes, IOM worked closely with involved governments and other partners such as UNHCR, (United Nations Children's Fund) UNICEF, and EUAA, to facilitate the relocation of beneficiaries.

IOM adopted a range of measures to minimize the risk of transmission of COVID-19 during movements and pre-departure activities.

COMPLEMENTARY PATHWAYS FOR REFUGEES

While resettlement remains a vital protection tool, there is a widening gap between the number of refugees in need of a third-country solution and the number of resettlement places available which is gravely inadequate. Therefore, complementary pathways for the admission of refugees serve to increase the range of safe and legal means to achieving a third-country solution for those in need of international protection. Examples of complementary pathways include humanitarian admission

programmes, humanitarian visas, community-based private sponsorship, academic scholarships, family reunification and labour mobility schemes. The development of these avenues helps to provide legal alternatives to perilous irregular secondary movements by land and sea, which are currently affecting several countries around the Mediterranean and other locations in Africa, Asia, and the Americas.

⁴⁾ UNHCR definition of complementary pathways from Solutions for Refugees in the 10 - UNHCR Point Action Plan (pp. 176, 195).

	TYPE OF COMPLEMENTARY PATHWAYS FOR REFUGEES
Humanitarian admission	A process offering a pathway for admission into a country on a temporary or permanent basis to persons or groups of persons with protection needs. Humanitarian admission is often an expedited process used for persons in need of protection, including but not limited to refugees, persons with urgent protection needs, migrants in vulnerable situations, extended family members, or persons in need of medical assistance and care. ⁵
Humanitarian visa	A visa granting access to and temporary stay in the issuing State to a person on humanitarian grounds for a variable duration as specified in the applicable national or regional law, often aimed at complying with relevant human rights and refugee law. ⁶ Note: Humanitarian visas can be granted by the visa-issuing authority of the State in the applicant's country of origin or in the country of destination, and exceptionally also at the border of the visa-issuing State or to persons who are already within the State.
Community-based private sponsorship	In general, private sponsorship refers to a public–private partnership whereby the government facilitates legal admission for refugees and private actors provide financial, social and/or emotional support to welcome and receive refugees in their local community. Such programmes add to the capacity of governments to meet increased needs for resettlement and help to ensure a more sustainable and holistic integration of refugees into their new host societies. Established and new actors include individual citizens or family members of refugees, community and volunteer organizations, faith-based groups, private companies, NGOs, as well as local authorities and small municipalities. In the EU context, Community Sponsorship is also used to refer to community groups providing support to resettled refugees upon arrival during their reception/integration process. The degree to which this support is complementary to the support provided by the government varies. Therefore, in the EU context, community sponsorship does not afford additional places above the regular resettlement quota, rather further describes the type of support provided to refugees that have arrived.
Academic scholarship	Higher education enables displaced people to pursue productive and meaningful lives, while providing a safe, stable environment during study and into the future. Access to higher education is not only a right enshrined in the Universal Declaration of Human Rights, but it also represents an important way in which refugees can establish a secure future for themselves and their families. Among other vital considerations, it is of crucial importance that higher education initiatives do not jeopardize the legal status, protection or psychosocial well-being of refugees, and that they ensure that students do not find themselves in situations of expired residency, destitution or forced return to their countries of origin as a result of pursuing studies abroad. ⁸
Family reunification	Family reunification is the right of non-nationals to enter into and reside in a country where their family members reside lawfully or of which they have the nationality in order to preserve the family unit.9 To facilitate refugees' attainment of this fundamental right, States are expected to provide the legal avenues for refugees to reunite with their nuclear family members, where more effective protection, longer-term solutions and family support are possible. In addition to family reunification for nuclear family members, family reunification pathways can reunite refugees with extended family members and those who have a relationship of dependency. Such pathways can help safeguard limited resettlement opportunities for refugees with pressing protection concerns in the first country of asylum. Although Family Reunification is one of UNHCR's resettlement submission categories, the use of resettlement for these purposes is limited to situations where family reunification through States immigration channels is not available or accessible. ¹⁰
Medical evacuation	This pathway provides medical evacuation for the admission of humanitarian entrants with urgent medical needs for treatment in a third country. As a compliment to resettlement, pathway to admission for persons with international protection needs is to facilitate access to protection and/or solutions including medical evacuation. ¹¹
Labour mobility	Labour mobility schemes allow for a person to enter or stay in another country for the purposes of employment with the right to either permanent or temporary residence. Labour mobility can help refugees realize their human right to work, recognized in many international and regional human rights instruments, and in the 1951 Refugee Convention. It provides opportunities for refugees to re-establish an independent, productive life in safety and security through employment, attain an adequate standard of living and contribute to their host country. Labour mobility schemes may be part of traditional immigration or migration systems, which could be modified to be accessible to refugees, and they can also include temporary and permanent skilled entry arrangements. ¹²

Glossary on Migration, International Migration Law Series 34, p. 92, International Organization for Migration, 2019.

Ibid., pp. 93-95,

Description is paraphrased from the European Resettlement Network.

Glossary on Migration, International Migration Law Series 34, p. 68, International Organization for Migration, 2019. UNHCRs Complementary Pathways for Admission of Refugees in Third Countries: Key Considerations.

Glossary on Migration, International Migration Law Series 34, p. 30, International Organization for Migration, 2019.

Description is from a publication by UNHCR and IOM on "Establishing Resettlement Programmes: A Short Guide", Unit 1, 2019.

GLOBAL OVERVIEW OF IOM SUPPORT TO RESETTLEMENT, EU RELOCATION

AND HUMANITARIAN ADMISSION



This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

ARGENTINA ICELAND AUSTRALIA IRELAND BELGIUM ITALY BRAZIL LITHUANIA BULGARIA LUXEMBOURG CANADA **MEXICO DENMARK NETHERLANDS FINLAND NEW ZEALAND** FRANCE **NORWAY PORTUGAL GERMANY**

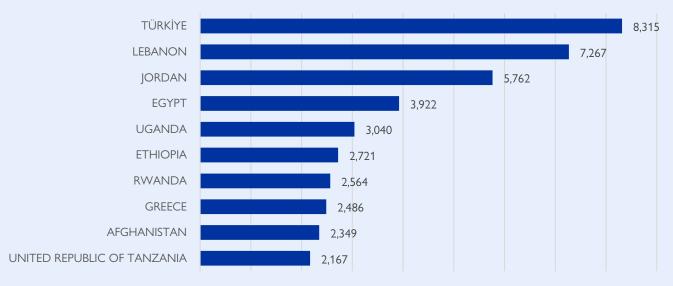
QATAR
ROMANIA
SLOVENIA
SPAIN
SWEDEN
SWITZERLAND
UNITED KINGDOM
UNITED STATES OF
AMERICA
URUGUAY

IOM works closely with governments, UNHCR, NGOs and other partners such as airlines and airport authorities, to enable solutions for refugees and migrants. In the last decade alone, IOM has organized the resettlement movements of well over 1.19 million refugees and other vulnerable persons of concern from 166 locations around the world.

During 2021, IOM supported over 27 countries to conduct resettlement, humanitarian admissions, EU relocation and other pathways for a total of 64,406 refugees and other vulnerable persons,

with significant operations out of Afghanistan, El Salvador, Eritrea, Ethiopia, Iraq, Myanmar, Somalia, South Sudan, the Sudan, the Syrian Arab Republic and the Democratic Republic of the Congo. The top three resettlement countries were the United States of America, Canada and Germany. IOM supports its Member States to implement a variety of resettlement, relocation and other humanitarian admission schemes, many of which are well-established programmes, while others are ad hoc responses to specific forced migration crises.

TOP 10 COUNTRIES OF DEPARTURE IN 2021 FOR RESETTLEMENT, EU RELOCATION AND HUMANITARIAN ADMISSION BY NUMBER OF BENEFICIARIES WHO TRAVELLED UNDER IOM AUSPICES



ENHANCED INTERNATIONAL COMMITMENT TO SAFE MIGRATION

SUSTAINABLE DEVELOPMENT GOALS

IOM's mandate on the organized transfer of migrants and refugees aligns with the Sustainable Development Goals (SDGs), in particular 10.7 focused on reducing inequalities by "facilitating orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies." ¹³

Being and staying healthy is a fundamental precondition for migrants to work, be productive and contribute to the social and economic development of communities of origin and destination. Accordingly, SDG 3 on good health and well-being is another important area of alignment with IOM's mandate, particularly target 3.8 on universal health coverage and target 3.d on increasing the capacity of countries for early warning, risk reduction and management of national and global health risks. IOM's pre-migration health activities adhere to public health principles and international standards of care, including migrants and mobile populations in disease prevention and control programmes and addressing public health risks associated with migration and population mobility.

Moreover, when families are forced to leave their homes, schooling and skills-building opportunities are frequently interrupted or curtailed and access to learning and critical information can be agonizingly limited. In support of SDG 4, quality education and information are essential elements to successful and safe migration, and benefit host countries and communities of origin as well as refugees themselves. Informed refugees are also less likely to fall victim to exploitation and are better equipped to stay safe while on the move. Because knowledge speeds integration, IOM implements a range of assistance to resettling refugees and beneficiaries of humanitarian admission and family migrants prior to departure and upon arrival in receiving countries. IOM pre-departure and post-arrival courses provide refugees with realistic and useful information on culture, laws, obligations, rights, living and working conditions and available services like language learning, vocational training and job-matching.

NEW YORK DECLARATION FOR REFUGEES AND MIGRANTS

States renewed their commitment to resettlement and other safe and legal pathways at the United Nations Summit for Refugees and Migrants in September 2016. The New York Declaration committed signatory States to strengthening and enhancing mechanisms to protect people on the move and has also led to the creation of two international frameworks adopted in December of 2018: the Global Compact on Refugees and the Global Compact for Migration.

Three paragraphs of the New York Declaration directly concern access to admission:

"We intend to expand the number and range of legal pathways available for refugees to be admitted to or resettled in third countries. In addition to easing the plight of refugees, this has benefits for countries that host large refugee populations and for third countries that receive refugees." (paragraph 77)

"We urge States that have not yet established resettlement programmes to consider doing so at the earliest opportunity. Those which have already done so are encouraged to consider increasing the size of their programmes. It is our aim to provide resettlement places and other legal pathways for admission on a scale that would enable the annual resettlement needs identified by the Office of the United Nations High Commissioner for Refugees to be met." (paragraph 78)

"Consider the expansion of existing humanitarian admission programmes, possible temporary evacuation programmes, including evacuation for medical reasons, flexible arrangements to assist family reunification, private sponsorship of individual refugees and opportunities for labour mobility for refugees, including through private sector partnerships, and for education, such as scholarships and student visas." (paragraph 79)

The New York Declaration also promotes "broadening the criteria for resettlement and humanitarian admission programmes in mass displacement and protracted situations". Halilding on IOM's experience in resettlement, transition and recovery, labour mobility and border management expertise, and comprehensive health assistance, the Organization has enhanced opportunities through family reunification and explored options for displaced populations to progress towards achieving solutions using migration pathways. 15

Sustainable Development Goals, Department of Economic and Social Affairs, United Nations.

United Nations, New York Declaration for Refugees and Migrants (2016), Annex 1, CRRF paras 14 a) and c).

Progressive Resolution of Displacement Situations (PRDS).

With forced displacement levels at an all-time high, the search for solutions is of paramount concern. IOM continues to urge States to exercise leadership with compassion and generosity towards refugees and vulnerable migrants in need of protection. ¹⁶ Ultimately, resettlement and access to other safe and legal pathways is not about programming, processes or procedures; it is about providing life-changing international protection to fellow human beings.

GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

On 10 December 2018, the Global Compact for Safe, Orderly and Regular Migration¹⁷ was adopted by the majority of UN Member States at an Intergovernmental Conference followed closely by formal endorsement by the UN General Assembly on 19 December. The Global Compact for Migration is the first intergovernmentally negotiated agreement, prepared under the auspices of the United Nations, covering all dimensions of international migration in a holistic and comprehensive manner. The Global Compact is designed to: support international cooperation on the governance of international migration; provide a comprehensive menu of options for States from which they can select policy options to address some of the most pressing issues around international migration; and give States the space and flexibility to pursue implementation based on their own migration realities and capacities. IOM's resettlement activities support Objective 5 of the Global Compact for Migration on "Enhancing the availability and flexibility of pathways for regular migration" as well as Objective 23 on "Strengthened international cooperation and global partnership for safe, orderly and regular migration".

With the signing of the New York Declaration for Refugees and Migrants in September 2016, UN Member States committed to increase their efforts to find new homes for all refugees identified by UNHCR as needing protection and solutions to third countries.

GLOBAL COMPACT ON REFUGEES

In December 2018, the United Nations General Assembly affirmed the Global Compact on Refugees¹⁸ after extensive consultations led by UNHCR with Member States, international organizations, refugees, civil society, the private sector and experts. The Global Compact on Refugees is a framework for more predictable and equitable responsibility-sharing, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation. It provides a blueprint for governments, international organizations, and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives. Its four key objectives are to: ease the pressures on host countries; enhance refugee self-reliance; expand access to third-country solutions; and support conditions in countries of origin for return in safety and dignity.



Refugees were resettled to Spain on an IOM charter flight departing from Jordan. © IOM 2021

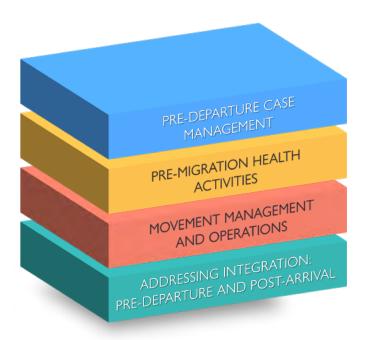
¹⁶ Forced Migration Review, Issue 54, February 2017.

¹⁷ Global Compact for Migration.

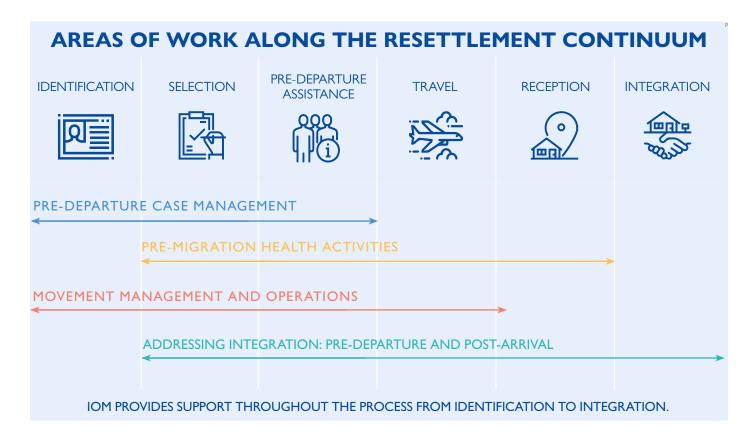
 $^{^{18}}$ This paragraph is from UNHCR's website, section on the Global Compact on Refugees.

CORE AREAS OF WORK

Providing essential support to States resettling refugees and other humanitarian entrants is a fundamental purpose of the Organization and among its largest ongoing activities. Along the resettlement continuum from identification to integration, IOM provides comprehensive resettlement activities, which broadly fall under four areas: case management; pre-migration health activities; movement management and operations; and addressing integration pre-departure and post-arrival. IOM supports refugees and counterparts across the resettlement continuum, contributing to safe and dignified migration.



To prepare refugees for resettlement and to prepare States to receive them, IOM works closely with governments on the design and implementation of their resettlement programmes. At the earliest opportunity prior to departure, States should ensure that each refugee is well informed, appropriate attention is given to their health and well-being, and by extension to host and receiving communities to ensure necessary arrangements are in place for their safe travel and meaningful integration. Comprehensive resettlement and humanitarian admission programmes are planned well in advance and adequately resourced in order to provide beneficiaries with a path to sustainable integration.



Another cross-cutting area of cooperation is the facilitation and logistical support provided by IOM to various missions and visits of Member States carried out throughout the resettlement process. The logistical support provided by IOM includes but is not limited to: assisting with internal and domestic transportation – ground and air movements – from far-flung or difficult-to-reach areas; providing office space for interviews in IOM premises or external venues with appropriate security measures and provision of interpreters; organizing transport for government officials and cargo in order to carry out selection missions; arranging accommodation for the refugees in order to attend a necessary appointment; assistance with document verification and general support in appointment scheduling and travel itineraries for refugees and humanitarian entrants.



Resettlement to Spain resumes as nearly 140 Syrian refugees arrive from Lebanon with IOM support. Earlier this year, Spain was among the first countries to consider and use "virtual selection missions" in Lebanon to identify refugees eligible for resettlement during a time of pandemic-related physical distancing restrictions. © IOM 2020



Syrian refugees underwent a PCR test for COVID-19 with IOM staff three days ahead of their scheduled resettlement flight to Europe. During the COVID-19 crisis, IOM has adapted operations and safety procedures to ensure that all refugees are screened for COVID-19 prior to their flight and can quarantine in hotels with their families as they await results before travelling. © IOM 2020

PRE-DEPARTURE CASE MANAGEMENT

CASE PROCESSING

In certain contexts, IOM assists governments with case processing, which is sometimes a requirement for a State's determination. These case processing activities are informed by pre-screening interviews with refugees consisting of gathering information on their profile, family relationships, education and employment, and reason for fleeing their country and applying for refugee status. The goal is to ensure that accurate and detailed information is captured and presented to governments to facilitate the determination of cases.

IOM case processing support is designed to:

- Help refugees in lodging correct and complete visa applications for resettlement;
- Assist governments by providing selection authorities with accurate, detailed and objective information in standard formats in order to streamline the interview and selection process;
- Maintain open channels of communication with refugees to ensure consistent, timely and accurate information about the case process as well as information that will empower refugees to make independent decisions.

For refugees, the identification and referral process typically begins with UNHCR. UNHCR identifies, interviews and submits refugee cases to countries for resettlement consideration; subsequently, under agreements with those same countries, IOM resettlement operations take place. However, not all resettlement cases who move under IOM auspices are referred by UNHCR. For non UNHCR referrals the process can vary and referrals may be received directly from embassies or regional government authorities.

IOM caseworkers are trained to conduct thorough non-adversarial interviews and case assessments to ensure the case application meets programme requirements, verify the identity of each refugee applicant, obtain biographic and demographic information required by governments and resettlement agencies and accurately chronicle each applicant's claim for refugee status. A focus on intensive initial case preparation is aimed at reducing the number of times each case must be reviewed or deferred by selection authorities pending further information.

Through the use of its proprietary case management tools, IOM tracks refugee applicants through each stage of the resettlement process, including pre-migration health activities, pre-departure orientation (PDO) and movement operations to ensure that approved refugee cases are ready to travel in the timely manner required by the resettlement countries.

Hallmarks of IOM case processing activities are adherence to standard operating procedures, strict confidentiality and data

protection standards, multi-level quality assurance controls at each stage of processing and robust anti-fraud measures to ensure programme integrity.

Case processing may include any or all of the following elements:

- Conducting in-depth personal interviews with refugee applicants to elicit complete case information and an accurate record of testimony;
- Gathering all required bio-data and document verification;
- Providing on-site assistance during selection missions, including scheduling refugee appointments, managing case files, distributing government decision letters at the conclusion of interviews, providing and supervising interpreters, requesting and receiving reception and placement information for all approved cases;
- Referring approved applicants to IOM-designated external panel physicians for pre-migration health activities;
- Receiving completed migration health assessments for each case member;
- Notifying relevant government authorities and/or resettlement agencies of individuals with health conditions requiring special travel assistance and/or follow-up care in receiving countries;
- Sharing information with refugees about the case process, their individual cases as well as providing feedback mechanism that contribute to their empowerment and independence in decision-making.

FACILITATING SELECTION MISSIONS AND VISA PROCESSING

Selection missions to the field are an important opportunity for States to consider resettlement cases through face-to-face interviews with refugees, while gaining familiarity with the asylum and protection context of the refugee population in the host country. Once each resettlement State has determined the size and composition of its resettlement programme, and as part of its collaboration with UNHCR and IOM, the timing and selection missions are determined. Planning and follow-up of a resettlement selection mission will generally be divided into three phases, namely, pre-mission, during the mission and post-mission.

IOM facilitates selection missions and visa processing by providing on-site logistical assistance such as: scheduling refugee appointments; arranging transportation to the place of interview; providing childcare, security and interpretation.

Moreover, IOM also assists with obtaining travel documents (visa issuance/processing) for refugees, and in some cases, may pick up or deliver refugee travel documents from/to embassies. States contact IOM for a briefing to confirm the logistical and operational support that is required by governments during a selection mission and other relevant information. Assistance for visa processing and during selection missions may include:

- Visa processing including application, support at embassies, transportation and collection;
- Accommodation for refugees during selection mission and/or visa processing;
- Transportation of refugees from place of residence to interview site or embassy for visa processing, including processing travel reimbursements:

- Interview facilities and technical equipment;
- Interpreters for selection mission and/or visa processing;
- Security arrangements for selection mission and/or visa processing;
- Childcare arrangements for selection mission and/or visa processing when parents are being interviewed;
- Catering during interview;
- · Photographing and/or form filling of visa application forms;
- Support provided to government officers such as domestic transport and vehicles, security, arrangement of accommodation.



Interpreters and applicant during a virtual selection interview. © IOM 2021

10 BEST PRACTICES FOR CASE PROCESSING



1. Maintain a refugee-centred approach within a systematic process.

The centre of case processing is a person. All interaction with refugees and all efforts on their behalf must be done with a mind to their unique challenges and concerns. Where possible, interviews should be conducted in the refugee's native language and an effort should be made to understand the social, cultural and religious context of the refugee's background. Examples of good practice include conducting multiple case processing interviews, individual counselling, and maintaining information centres to respond to phone, email and walk-in inquiries.

2. Better support refugees through staff training.

Training on current procedures and new requirements keeps staff engaged and invested in the programme within and beyond their routine assignments. Cross-training, as well as targeted training for working with vulnerable refugees (e.g. SOGIESC refugees or children) provides a platform for awareness-building, motivating staff and innovating practices.

3. Protect refugees from the adversity of a complex and dynamic process through standardized procedures.

Even minor programme changes can affect the status of an applicant's case. In order to ensure a consistent level of support and programme integrity, each step in the process as well as possible outcomes and actions need to be documented and updated on a continual basis.

4. Advocate for refugees using multilevel quality assurance controls.

Being vigilant about the quality of our work is the best way to advocate for refugees. Putting in place assurance controls at various stages in the process and by multiple actors helps us to minimize errors and enhance our value of service.

5. Protect refugee data and maintain confidentiality.

Collecting accurate and honest testimony from refugees obliges us to manage information in a way that reinforces programme integrity along with the dignity of the refugees who share their stories.

6. Protect refugees from fraud and abuse.

Examples of anti-fraud measures include monitoring contact with refugees and providing channels for feedback, filming interview areas, providing information on the process as well as informing refugees that our work is voluntary and free of charge.

7. Create a safe and welcoming space for all refugees.

Case processing staff are trained to interview refugees in a respectful manner. Specialized training is given based on the needs of refugees with special protection concerns, including women at risk, SOGIESC refugees, victims of domestic and gender-based violence, disabilities, etc. Safe space signs posted in processing centres and/or transit centres let applicants know that they can request to be interviewed by a staff member of a particular gender.

8. Link refugees with resettlement partners and receiving communities.

Resettlement impacts the lives of refugees, partner agencies and receiving communities. To facilitate a positive resettlement experience, case processing efforts must include information sharing with all stakeholders involved as well as counselling refugees on the entire process and importance of providing an accurate account of their skills, capacity and potential contacts in the receiving communities. Such information may help the resettlement agency to place refugees in a location where they have a better chance of successfully integrating. Examples of good practice include regular partner meetings, programme material for refugees, individual case counselling/orientation and ad hoc correspondence with resettlement agencies concerning specific applicants.

9. Develop robust technical capacity.

Case processing requires a sophisticated data management system in order to document activity, report to stakeholders and conduct quality control. Data management is an integral part of the process. Proper utilization of technology also paves the way to more efficient use of staff resources, accountability and innovation. In current programmes, staff run hundreds of daily reports, use technology to track documents, integrate biometric tools with the database, and monitor correspondence.

10. Champion the most vulnerable among the many.

Refugees face real harm. There must be mechanisms in place to recognize needs, whether protection- or health-related, as they appear and with clear procedures for intervention and action. Current policies include a case expedite process whereby staff and partner agencies can raise urgent concerns and request accelerated processing on behalf of an applicant.

PRE-MIGRATION HEALTH ACTIVITIES

IOM pre-migration health activities (PMHA) in the context of refugee resettlement constitute one of IOM's most established activities. Refugees are a vulnerable population, with health profiles that vary according to the displacement experience, pre-existing health conditions and epidemiological profiles, among other factors.

Pre-migration health activities for refugees admitted for resettlement to third countries are carried out at the request of resettlement countries such as Argentina, Australia, Canada, France, Germany, Ireland, Italy, Japan, New Zealand, Portugal, Spain, the United Kingdom and the United States, among others. The scope and requirements are dependent on the receiving country protocol and the epidemiological profile of the country of origin but are all based on the principle that the migration process should not endanger the health of migrants or host communities. Pre-migration health activities are performed prior to a refugee's departure for resettlement at IOM migration health assessment centres (MHACs), through mobile IOM medical teams in remote locations or at partner facilities. PMHA may involve several phases, including the initial migration health assessment (MHA), usually undertaken three to six months before departure or as close as a few weeks prior; pre-departure evaluations (PDE), undertaken one to three weeks before departure; and pre-embarkation checks (PDE) taking place one to three days prior to departure; travel; and postarrival care. There may also be an interim period before departure to allow for interventions such as the management of conditions detected and stabilization care.

Pre-migration health activities refer to an array of procedures aimed at achieving at least one of the following objectives: to identify conditions of public health importance (both communicable and non-communicable) in relation to destination country legislation and the International Health Regulations; improve the health of refugees before departure to another country through the provision of preventative or curative care; establish fitness to travel; provide continuity of care linking pre-departure, travel and post-arrival phases; and minimize or mitigate public health risks related to mobility.

Pre-migration health activities may include some or all of the following components: medical history taking, physical examination, mental health evaluation, pre- and post-test counselling, radiological and laboratory investigations, health education, specialist referrals, treatment or referral for treatment for certain conditions (including pre-travel hospital stabilization, vaccinations, , and pre-embarkation checks. Individuals in need of health-related assistance (such as wheelchairs, supplemental oxygen or medical escorts) during travel are identified at the time of the migration health assessment to ensure that appropriate arrangements can be made. By confidentially sharing information on health needs and coordinating with receiving country health authorities prior to the refugees' arrival, pre-migration health activities also serve to enable proper reception preparations and ensure that the continuum of care is maintained.

Pre-migration health activities are recognized as an important tool for public health promotion.



Directly observed treatment for tuberculosis at the IOM Migration Health Assessment Centres (MHAC), Kenya. © IOM 2020



Migrants undergoing pre-departure health assessments prior to resettlement in Germany. $\ @$ IOM 2021



IOM pre-migration health activities in the Niger. $\ensuremath{\mathbb{Q}}$ IOM 2020



1. Uphold accountability to all stakeholders: refugees, government partners, the Organization and the international health community.

IOM is accountable for the delivery of pre-migration health activities that are comprehensive, uphold national and international health legislation, are delivered in a timely and efficient manner, and are beneficial, accessible and equitable for migrants. Qualified personnel adhere to ethical standards that respect the dignity and self-determination of migrants as well as global health standards and strategies.

2. Provide refugee-centred health assistance.

The refugee is at the centre of the migration health assessment process. Migration health assessments are carried out by technically competent professionals who adhere to a deontological code based on respect for the dignity and expectations of the individual, confidentiality of medical information and documents, and the appropriateness of service delivery.

3. Empower refugees to advocate for their health through health education and pre-and post-test counselling.

Pre-migration health activities promote positive health-seeking behaviours through pre-departure health education and awareness-raising campaigns. Refugees are empowered to take preventative or curative actions to improve their health. The counselling offered is confidential, language-, gender- and age-sensitive and is carried out by trained counsellors.

4. Ensure culturally competent support.

Physicians are culturally competent and provide migration health assessments that respect the individual's gender, age and cultural context.

5. Employ public health approaches to address the health of refugees.

IOM aims to protect the health of refugees and communities across the resettlement continuum. Services such as outbreak surveillance and management, immunizations and early detection and treatment for both target and hosting populations identify and address health needs and avert health-related delays in resettlement. Pre-departure treatment, vaccinations and other public health interventions are also tailored to meet the needs of refugees and immigration authorities.

6. Address health throughout travel.

Health-related travel assistance addresses the refugee's health and safety and manages conditions of public health concern as people move across geographical, health system and epidemiological boundaries. Pre-migration health activities, including pre-embarkation checks, assess refugees' fitness to travel and any travel requirements, and provide last-minute medical support, when indicated. Refugees who need medical assistance and care during travel are escorted

by health professionals. These measures help to prevent any adverse effects of the movement process on refugees' health outcomes and ensure that refugees are referred to appropriate medical services upon arrival.

7. Foster refugee integration through early detection, early treatment and information-sharing.

Pre-migration health activities promote the health of refugees through the provision of preventive and curative health interventions for conditions that, if left untreated, could have a negative impact on the refugees' overall health status and on the public health of receiving communities. In addition, the collection and analysis of aggregate data from migration health assessments provide resettlement countries with valuable information on the health profiles of refugees and enable resettlement countries to better prepare for the sustainable integration of resettled refugees. With the refugee's consent, health-care providers in the receiving community can obtain information on conditions that require follow-up treatment or specialized investigation. Bridging health management systems between source, transit and receiving communities enables resettlement countries to properly prepare for migrants' arrivals and facilitates continuity of care. Pre-migration health activities adhere to the IOM goal of "healthy migrants and refugees in healthy communities" and, as such, positively impact refugees' capacity to successfully integrate into receiving societies.

8. Employ evidence-based and risk-based approaches.

IOM advocates for evidence- and risk-based protocols adapted to refugees' health profiles and exposures to risk. Evidence- and risk-based approaches address particular concerns and foster post-arrival integration while enhancing both health promotion and pre-departure health initiatives. Wherever possible, technological advances in diagnostics and treatment should be applied for improved quality.

9. Facilitate national and local capacity-building within the health sector.

IOM integrates its assistance with existing national disease control and prevention programmes by aligning with local health systems. IOM collaborates locally with partners through confidential data sharing, and by outsourcing services locally, training providers and employing local personnel. Health promotion services are extended to local populations whenever applicable.

10. Link with broader migration health goals.

IOM contributes to global migration health priorities by delivering comprehensive health services for refugees, through researching and communicating the determinants of migrants' health, by advocating for policy revisions and providing technical expertise to support the capacity of local health systems, and by promoting and strengthening intercountry dialogue and coordination.

MOVEMENT MANAGEMENT AND OPERATIONS

Migration implies movement. For 70 years, moving refugees and other migrants at risk in a safe, orderly and dignified manner has been and continues to be a fundamental purpose of the Organization.

IOM's international movement operations continue to grow in scope and complexity, with over 101 nationalities represented among global refugee admissions, often from far-flung or difficult to reach locations posing significant logistical challenges including transportation, accommodation and security arrangements. In 2021, large-scale resettlement operations were organized out of Afghanistan, El Salvador, Eritrea, Ethiopia, Iraq, Myanmar, Somalia, South Sudan, the Sudan, the Syrian Arab Republic, Türkiye and the Democratic Republic of the Congo with smaller operations taking place in over 115 other countries.

Organizing resettlement, humanitarian admission and evacuation from several locations with high security risks such as Afghanistan, Iraq, Libya, the Syrian Arab Republic and Yemen is now a regular rather than intermittent part of movement operations.

This complex undertaking requires close coordination in house and strong partnerships within the travel industry. IOM has over 40 agreements in place with leading airlines including agreements with charter operators to respond in a timely manner and effectively to the mobility dimensions of humanitarian crises at the request of States. While most refugees travel by scheduled commercial air service, through unique network of agreements with airlines; certain operations need tailor made arrangements for which air charter operators are used. Donor requirements as well as a level of urgency might warrant a charter. To this end, global agreements with most major airlines and air charter operatives are negotiated to ensure the availability and cost-effective transport options worldwide.

In some circumstances, alternative forms of transportation may be organized in very difficult and potentially dangerous locations such as by air or land bridges. For example, vulnerable populations of Yemenis in-country have been transported out by boat to Djibouti for onward travel to the resettlement State. In other cases, refugees may travel outside of their country of origin by land bridges to a country where diplomatic relations exist for onward air travel to the resettlement State such as Syrians to Lebanon.

Moving individuals or groups, especially from remote and sometimes dangerous locations, require a large network of IOM offices with experienced, trained and dedicated staff during departure, transit and arrival phase of movement. Well-versed movement procedures and professional staff are required for international travel to ensure a smooth journey.

Real-time information management and monitoring of refugee movements and established communication protocols ensure that passengers under IOM auspices travel safely and that all partners are kept informed of their progress from take-off to landing.

To assist those in need IOM provides comprehensive movement assistance that includes in-country and international transportation by land, air or sea. It requires:

- Validating travel requests by reviewing beneficiary's identification details, expected travel dates, destination address including the nearest airport where refugees will be met, and health-related travel requirements;
- Tracing of the refugees and initiation of the necessary exit procedures which in certain first countries of asylum may be very lengthy, requiring up to a month before the travel;
- · Recording bio-data of beneficiaries in IOM's proprietary tools;
- Obtaining, collecting and distributing travel documents;
- Creating domestic and international flight bookings for individuals and groups in proprietary systems. Issue tickets and perform online check-ins when possible;
- Coordination of travel plans with the authorities and stakeholders in the departure, transit (including transit visa waivers) and destination countries;
- Accommodation and catering arrangements during departure, transit and arrival (IOM transit centres);
- Pre-embarkation session focused on departure, transit and arrival procedures;
- Point of travel observation (PTO) by non-clinical officers aiming to recognize travellers who are visibly unwell and potentially require a more comprehensive assessment or health intervention by a medical officer;
- Passenger assistance at departure (immigration, customs and check-in);
- Transit assistance;
- Operational and/or medical escorts during travel;
- Reception upon arrival and handover to responsible authorities or partner organizations for further assistance;
- Real-time information sharing;
- Monitoring movements;
- · Reporting to donors, governments and partners;
- Arrival assistance at points of entry (arrival, admissions, domestic travel).

Migration Governance Framework (MiGOF) Objective 2.

USE OF EMERGENCY TRANSIT FACILITIES

The Emergency Transit Facility (ETF)²¹ concept was inspired by a number of ad hoc experiences where UNHCR was required to provide urgent or emergency protection to refugees in need of resettlement at short notice. A more predictable, systematic and swift mechanism was established to supplement resettlement under the emergency and urgent priority and which allows the transfer to safety of refugees who would otherwise not receive the protection they need in a timely manner.

Since the inception of the ETFs, the use of these facilities has expanded to include situations which are not an emergency as such, but where resettlement countries have difficulties with accessing the refugees concerned, whether due to security reasons in the country of asylum, or for political reasons, thereby requiring the refugees to be moved for purpose of further processing.

Two models of emergency transit facilities have been established: an Emergency Transit Centre (ETC) model, as set up in Romania, which has physical facilities available for housing evacuated refugees, and an Emergency Transit Mechanism (ETM) such as those in

the Philippines, the Niger and Rwanda, where refugees are accommodated throughout cities in a variety of urban housing arrangements rather than one central facility.

Evacuation to an ETF/ETM offers benefits and advantages to all involved. While enabling refugees a chance to live in a safe and secure environment in a location where services and assistance are available while awaiting resettlement, it also offers resettlement countries a stable location in which resettlement procedures such as interviews, PDO courses and language classes may be carried out in optimal conditions. In addition, it allows UNHCR, IOM, and other partners an opportunity to provide needed assistance to refugees coming from the most precarious situations.

The complexity of the transfer process varies from one situation to the next, and may involve a greater or lesser number of partners. Consequently, active coordination of the overall transfer process is required on the part of all stakeholders to ensure that emergency transfer movements take place efficiently and in a predictable manner, minimizing unintended negative consequences.



IOM Türkiye team assists refugees at the airport during COVID-19 pandemic. $\@$ IOM 2021

²¹ Text in this section is from a publication by UNHCR and IOM on Establishing Resettlement Programmes: A Short Guide, Unit 3, 2019. Content is subject to change until its publication.



1. Arrange for the safe, orderly and dignified movement of refugees and other vulnerable persons.

A network of experienced operations staff, supported by global airline agreements along with proprietary movement management applications and protocols, all help to ensure that refugees are transported smoothly from remote, often far-flung locations to their final resettlement destinations. For example, clothing and hygiene packages are provided when needed.

2. Maintain high-quality assistance to refugees through IOM staff training on latest programme requirements and standard operating procedures.

Providing refugees with safe and orderly travel requires the Organization to continuously adjust to the complex and evolving transportation environment. Movement specialists offer beginning to advance training programmes in effective movement management ensuring expert staff in field missions uphold quality assistance to beneficiaries, partners and governments. Informed and qualified staff monitors, tracks, and compiles movement information, arranges charter agreements, and maintains quality control by providing the rules and regulations for transport.

3. Maintain global agreements with airline partners for reduced fares, wide geographical coverage, and flexible access.

IOM moves most migrants and refugees by scheduled commercial air service using its unique negotiated agreements with leading airlines; however, the Organization also maintains agreements with air charter operators to conduct movement operations in remote locations or for large caseloads. It is a priority of RMM staff to negotiate cost effective fares and access to carriers whose network and partnerships, through airline alliances, offer the largest possible destinations and routes worldwide.

4. Support refugees in obtaining proper travel documentation.

IOM informs applicants on visa application procedures and stands by to support them in properly preparing documents required for exit permits, transit and entry visas, etc.

5. Prepare refugees for travel through pre-embarkation session.

Before taking a plane, IOM informs refugees about the requirements for international air travel and explains what refugees can expect at the airport, during take-off and landing and onboard the flight.

6. Find the most suitable and safe travel route.

Orderly transportation is in the details. Informed and qualified staff arrange agreements, book international and domestic flights, issue ticketing, monitor, track, and compile movement information, and adhere to rules and regulations essential for safety and quality control.

7. Assist refugees before departure, during transit and upon their arrival.

Many migrants and refugees are new travellers and require guided assistance through formal procedures in preparation for travel, in-flight, during transit, and upon arrival at their final destination. IOM staff meet and assist migrants and refugees throughout their journey with regard to check-in, immigration formalities, meals and accommodation, flight connections, adjustments, notification and handover to reception authorities, IOM staff also provide guidance at connection points and travel orientation.

8. Provide operational and medical escorts for those in need.

Where required, IOM helps passengers with special needs by monitoring and attending to their health needs en route and liaising with flight staff and other authorities. IOM employs well-developed standard protocols using customized tools to better advise assisted passengers and partners, track cost reduction, provide real-time notifications, and train escorts and inform migrants who have travel requirements to ensure the passenger is comfortable and well cared for during their journey.

9. Build robust proprietary tools and technology.

Real-time information management and monitoring of refugee movements, alongside established communication protocols, ensure that passengers under IOM auspices travel safely and that all partners are kept informed of their progress from take-off to landing. IOM standardizes processes and integrates data systems to connect a global network of offices allowing for staff to focus on the quality of service delivered.

10. Remain institutionally flexible and adept for emergency response.

IOM has the agility to deploy movement experts to work in crisis situations around the world, in difficult and sometimes dangerous conditions, providing emergency evacuation and rapid response to humanitarian need.

ADDRESSING INTEGRATION PRE-DEPARTURE AND POST-ARRIVAL

Integration can be understood as a two-way process that occurs in a continuum: the process of integration begins long before a refugee leaves his or her country of first asylum, and continues well past their arrival in the country of resettlement as they forge new connections and begin to thrive in their new communities. There is a growing consensus on the value of addressing integration at the earliest possible stage of a refugee's resettlement journey. This includes providing refugees with accurate, timely and relevant information at multiple points by multiple actors along their integration journey.

A starting point is pre-departure orientation where refugees receive practical information on the resettlement country and have an opportunity to reflect upon their upcoming resettlement, raise questions regarding the integration process, and express any concerns they may have. Strong partnerships between PDO programmes and post-arrival reception and orientation programmes are the cornerstone of an integration continuum ensuring a successful transition of refugees towards integration.

Linking the various integration stages through standardized messaging and through culturally appropriate methodology contributes to positive learning experiences, and facilitates trust and long-term integration outcomes. IOM has done the following to promote integration and ensure linkages between predeparture and post-arrival settlement:

- Designed pre-departure orientation curricula and supporting handbooks and activities. Key priority messages are developed in close collaboration with receiving countries. The topics addressed in the orientation include housing, health, employment and money management, role of settlement service providers, education, cultural adaptation, rights and responsibilities, and others.
- Delivered training of trainers' courses to both PDO and postarrival trainers focusing on participatory and learner-centred methodology.
- Engaged bicultural or cross-cultural trainers with a keen linguistic familiarity and cultural understanding of the concerned refugee populations.

- Provided cultural background information through needs assessments, cultural profiles and through focus group sessions with refugees prior to departure and post-arrival.
- Held information sessions for municipalities, including teachers, law enforcement officials, health workers and service providers on refugee groups.
- Developed and compiled social intake forms that capture information on educational and linguistic skills, as well as vocational and employment experience to facilitate labour market access.
- Held video-conferencing with receiving communities to connect refugees and local authorities prior to arrival to promote mutual understanding of settlement priorities and expectations.
- Conducted trainings on skills development specifically focusing on employment, soft skills (CV writing, interviewing skills, and identification of transferable skills).
- Carried out capacity-building for local authorities and settlement service providers, specifically focusing on methodology, intercultural competency and cross-cultural communication.
- Organized conferences in host countries to discuss integration challenges and successes and ways of improving information dissemination and management of expectations of all parties involved.
- Disseminated information and awareness-raising campaigns in destination countries to highlight the positive contributions of migrants to their host communities and counter antiimmigrant sentiment.
- Assisted migrant organizations in developing volunteer programmes to bring together members of the community and newcomers into various practical activities.
- Assisted various member states in establishing and managing migrants resource centres to help empower refugees and other migrants with post-arrival information and trainings.

Spotlight on Pre-departure Orientation

IOM provides PDO training courses for refugees accepted for resettlement to a third country. Over the past 25 years, IOM has conducted courses for over 800,000 refugees in over 70 refugee processing locations around the world. PDO is an integral component of successful resettlement programmes and is most effective when linked closely to post-arrival stakeholders and related assistance.

Spotlight on Innovative Practices

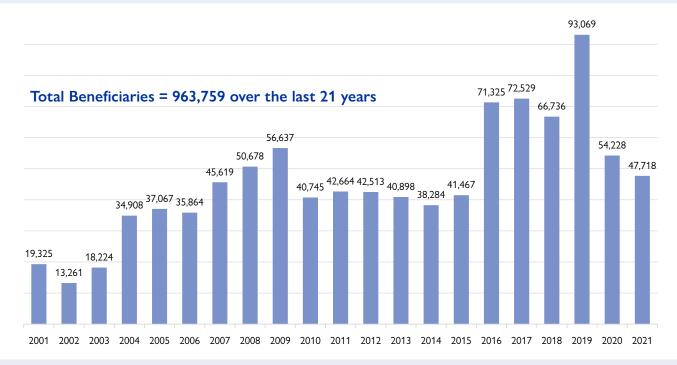
Mitigating the impact of COVID-19 on PDO activities

Since the start of the pandemic, IOM had to look at ways to minimize the impact on migrant trainings globally. Due to limitations imposed on social gathering and risk for spreading infection; IOM started a two-pronged approach to provide PDO to refugees who are about to be resettled:

- 1. Telephonic PDO; IOM trainers initiated a series of phone calls to refugees in various countries and provided a two-hour PDO focusing on immediate services available upon arrival to the resettlement t countries including quarantine if required. Telephonic PDO were provided in native language of the refugees and allowed the refugees to ask about issues of most importance to them.
- 2. Virtual PDO; IOM provided PDO over Skype or Teams to refugees in individual setting (Skype), or group setting using secure connections via Teams. IOM trainers in the receiving countries connected virtually with the refugees about to be resettled with support from IOM missions on the country of asylum. This modality allowed IOM trainers to provide full length sessions over three days in length and covered the entire segments of the PDO.

Addressing psychosocial needs of resettled refugees

IOM recognizes that access to health care and to mental health and psychosocial support are crucial aspects of refugees' integration and inclusion. Insufficient access to mental health and psychosocial support services and related barriers (including administrative obstacles; a lack of familiarity with the health and social care system; and linguistic and intercultural issues) can have profound impacts on an individual's ability to integrate into their resettlement country. Through the COMMIT project, IOM published the guide Mental Health and Psychosocial Support for Resettled Refugees.



Source: 21 Years of Migrant Training. Data Source: IOM Integration and Migrant Training Unit - Labour Mobility and Social Inclusion (LMI) Division.

10 BEST PRACTICES FOR PRE-DEPARTURE ORIENTATION



1. Develop curricula and supporting activities with destination country.

Key messages should be identified in consultation with receiving countries, and include the cultural, linguistic and socioeconomic challenges that refugees will face.

2. Facilitate integration activities across the resettlement continuum.

Pre-departure and post-arrival activities need to be aligned through consistent messaging, standardized information and enhanced coordination between service providers at the different ends of the resettlement continuum.

3. Consider the timing of courses.

IOM recommends that the PDO be carried out over a period of minimum three days, though ideally more, to allow for sufficient time for the beneficiaries to reflect on the content and the life-changing event of moving to another country as well as give them the chance to address their concerns, worries and expectations. Courses should be scheduled within two-weeks prior to refugees' departure to destination countries in order to increase relevance of the lessons, and maximize refugees' focus and retention.

4. Develop trainings that are participatory and learner centred.

Refugees learn best and the lessons are more meaningful when the course is experiential and highly participatory. One example is for refugees to teach one another, an approach that increases retention and builds self-esteem and self-confidence. In order to achieve the best learning outcomes for beneficiaries, classroom sizes should be kept under 25 participants per session.

5. Address knowledge, skills and attitudes.

While accurate information about the country of destination is relevant, it is equally important to build productive attitudes for successful adaptation, including pro-activity, self-sufficiency and resourcefulness.

6. Train in refugees' native language.

Whenever possible, pre-departure orientation courses should be conducted in refugees' native language, ideally by trainers who share refugees' cultural background. Both of these points are particularly relevant when working with pre-literate and or vulnerable refugees.

Address psychosocial issues in pre-departure training.

Pre-departure orientation goes beyond dispensing information about receiving countries; it should also address the psychosocial well-being of participants, taking into account the social, anthropological, cultural and the psychological aspects of resettlement. As such, it is vital to develop pre-departure courses which are holistic and address the concerns of all participants, including youth, children and elderly. Topics include cultural adaptation, culture shock, communication, family dynamics, gender, and cross-generational issues among others.

A recent publication on providing mental health and psychosocial support to resettled refugees has been developed by IOM Brussels and is available here. These guidelines aim to support resettlement actors in understanding and addressing the mental health and psychosocial needs of refugees throughout the resettlement cycle, from pre-departure to post-arrival.

8. Create a non-threatening learning environment.

A welcoming training atmosphere of inclusion — in which all participants are shown respect — fosters a greater sense of belonging and encourages risk-taking and learning. Many refugees have little or no formal education, and therefore it is critical that trainers consider both the educational and cultural backgrounds of their participants in planning lessons.

9. Promote gender equality.

It is important to provide an open and secure learning environment in which gender equality is promoted. This sends an important message that the destination country values the role that both men and women play, and paves the way for future social interaction and learning opportunities where participation of all genders is not only encouraged but expected.

10. Reaffirm the dignity and positive contributions of every refugee.

Refugees should be made to feel valued for their rich cultural background and experiences and, conversely, receiving communities should be made aware of the positive contributions that refugees offer, including social, economic and cultural contributions.

SUSTAINABLE RESETTLEMENT AND COMPLEMENTARY PATHWAYS INITIATIVE (CRISP)

UNHCR and IOM jointly launched the Sustainable Resettlement and Complementary Pathways Initiative (CRISP) in 2019 to provide capacity- and systems- building to States with resettlement and complementary pathway programmes in varying forms of development — new, emerging, and established. CRISP aims to support States and key stakeholders to grow resettlement programmes and advance complementary pathways through the provision of targeted capacity building in partnership with relevant actors, to achieve quality, scalable and sustainable programmes.

This initiative is a direct outcome of recommendations made by resettlement States and key stakeholders during the Three-Year Strategy (2019–2021) on Resettlement and Complementary Pathways consultation process. Strengthening the capabilities of communities and individuals, institutions and infrastructure is a critical element to achieve the goals of the Three-Year Strategy.

The first two years of CRISP's implementation were marked by challenges and constraints linked to the COVID-19 pandemic. Despite these challenges, several important activities were carried out in 2021, notably:

- The analytical framework for the evaluation of the Three-Year Strategy and CRISP was developed.
- CRISP was presented at the virtual ATCR-WGR in 2021.
- Updates on CRISP were presented at the first High-Level Officials Meeting during the Spotlight Session on Resettlement and Complementary Pathways and the Three-Year Strategy.
- The CRISP Training Package was piloted for authorities in Ireland.

- Two CRISP Newsletters on a biannual basis in English, Spanish and Portuguese were released.
- CRISP website received over 7,750 views.
- Regional Workshop on Good Practices in Resettlement and Complementary Pathways was held virtually.
- The Swedish Migration Agency delivered a training for Argentinean, Brazilian and Uruguayan officials on use of virtual interviews.
- IOM's Mental Health and Psychosocial Support Manual for the Care of the Migrant and Refugee Population in Argentina (in Spanish) was launched.
- 90 Afghans were assisted under the humanitarian visa programme to Brazil.
- Seven refugees were resettled to Argentina and Uruguay.

CRISP Newsletters

UNHCR and IOM have continued to release CRISP Newsletters on a biannual basis in English, Spanish and Portuguese. Three Newsletters (Issue 1, Issue 2, Issue 3) have been released thus far and are distributed to donors, all key stakeholders, as well as being featured on the CRISP website and the GCR platform. The Newsletters highlight all the key activities undertaken by UNHCR, IOM and partners within the framework of CRISP.



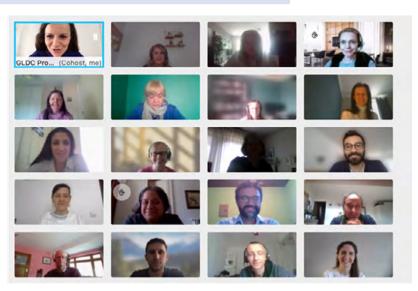
In 2021, there were 97 refugee arrivals supported by the CRISP. In Argentina, four Eritrean refugees were resettled on emergency grounds in July 2021. In August 2021, one Venezuelan refugee was resettled from Trinidad and Tobago on urgent grounds to Uruguay. He was reunited with two family members shortly after. Between October and December 2021, 90 persons accepted under the humanitarian visa scheme for Afghans travelled from Pakistan to Brazil. IOM provided support with the airline tickets, embarkation, transit, arrival assistance and with admission procedures. Pre-Embarkation Checks (PECs), polio and measles, mumps and rubella vaccines, and COVID-19 tests were also provided.

December 2021, Arrival of Afghans to the Guarulhos Airport in Brazil. © IOM Brazil 2021/ Periadro MORAIS

CRISP TRAINING PACKAGE WAS PILOTED FOR AUTHORITIES IN IRELAND

Training pilot for Irish authorities. © UNHCR/Ireland

The training was initially designed to be delivered face-to-face, however due to the COVID-19 pandemic it was adapted for online delivery in early 2021. The second course was piloted between 6–27 May with participants from the Irish Refugee Protection Programme (IRPP) and Child Care Performance and Social Work Unit within the Department of Children, Equality, Disability, Integration and Youth, the International Protection Accommodation Service (IPAS) and Tusla, the Child and Family Agency. Each session was tailored to the Irish context and training requirements through the involvement of thematic experts and IOM and UNHCR's country offices in Ireland.



Aspects of resettlement and complementary pathways, community sponsorship, refugee identification, State adjudication and missions, pre-departure arrangements, continuum of care, inter-cultural communication and mental health and psychosocial support (MHPSS), data protection and working with interpreters were covered during the pilot. The UNHCR Global Learning and Development Centre (GLDC) provided logistical support and facilitation for the virtual delivery. Participants were also given access to UNHCR's learning platform, in order to complete an e-learning on protection.

Regional Workshop on Good Practices in Resettlement and Complementary Pathways

The Regional Resettlement and Complementary Pathways Roundtable held on 27 and 28 July, to allow States to share experiences, exchange good practices and lessons learned in the design, implementation, monitoring and evaluation of resettlement programmes and complementary pathways for admission in the region. Government officials from Argentina, Brazil and Uruguay participated, as well as officials from Italy and Portugal who were invited to share their experiences of implementing resettlement during the COVID-19 pandemic. The workshop was attended by 42 representatives of national governments and the organizing institutions.

As a follow-up, in November 2021, a representative from the Swedish Migration Agency delivered a training for Argentinean, Brazilian and Uruguayan officials with the support of the CRISP. The objective of the workshop was to offer Argentina, Brazil and Uruguay the opportunity to learn about the use of virtual interviews as a tool during the resettlement selection process. Over 30 civil servants participated in this session. A Specialist of the Swedish Migration Agency shared the Swedish experience on the use of this format and highlighted its benefits and challenges, which were boosted by the COVID-19 context and the need to continue resettlement case processing during the pandemic.



The CRISP website was launched by IOM and UNHCR at the Annual Tripartite Consultations on Resettlement (ATCR) in May 2020. The website aims to support stakeholders through provision of trainings and other tools; creation of a network for partners; enable relevant resettlement and complementary pathways actors to request technical support; and provide statistical data on resettlement in new and emerging countries. By December 2020, the website had received 3,500 hits. The CRISP website is available at: https://resettle.org.

TWO PRINCIPLES FOR PROGRAMMING

On the basis of 70 years of experience, IOM advocates for two broad approaches as a foundation for any resettlement operation: refugee-centred programmes and strengthening the link between pre-departure and post-arrival orientation and support. Movement operations are complex and resource-intensive, involving the synchronized actions of many partners within and outside the State. Therefore, there is a need for close and regular consultation with concerned parties, as well as strong, informed partnerships.

REFUGEE-CENTRED PROGRAMMES

Successful resettlement programmes are refugee-centred and have protection as their main driver. Resettlement programming should include comprehensive and well-coordinated pre-departure and post-arrival assistance, and be designed and implemented to support refugees and counterparts at every phase of the resettlement process to maximize meaningful integration. This means caring for the health and well-being of refugees, arranging their safe and dignified travel, ensuring they are well informed about resettlement and prepared for integration into welcoming communities. The need to involve, empower and prepare refugees applies whether States are resettling one hundred people or one hundred thousand people.

Pre-migration health activities are an important tool for individual and public health promotion. Providing migration health assessments prior to resettlement enables refugees' health needs to be addressed early in the process and can also be cost-effective and facilitate migrants' integration into the receiving country health system post arrival. Health-related assistance before, during and after travel is a key requirement to ensuring a safe and dignified journey and maintaining the continuum of care for refugees with medical conditions or other health needs. Referrals for additional investigations or stabilization treatment prior to departure, special travel arrangements and the provision of medical escorts are important components in mitigating risk during travel. The confidential and timely exchange of medical information over electronic platforms also allows health providers and resettlement agencies to prepare for the arrival of refugees and ensure continuity of care. Pre-migration health activities contribute to IOM's goal of "healthy migrants in healthy communities" and, as such, positively impact migrants' capacities to successfully integrate into receiving societies.

Integration requires comprehensive and coherent policy approaches across sectors based on partnerships between States and various

stakeholders, including intergovernmental organizations, civil society organizations, private sector actors and migrants themselves. Integration policies are more effective when they take a "whole-of-community" approach, and when there is a clear understanding of expectations and obligations from all involved — the refugees and the receiving society, including authorities at the local, regional and national levels. IOM believes that integration is continuum and occurs across multiple dimensions: it begins before migrants set foot in the receiving country and can extend well beyond the initial stages of resettlement. Linking various integration stages through alignment of activities and improved coordination between pre-departure and post-arrival support facilitates trust and long-term integration outcomes.

Refugees are eager to learn as much as they can about the resettlement process and what awaits them in resettlement countries. Providing refugees with accurate, objective information about the process and the country of destination can help refugees make an informed decision about resettlement. Moreover, providing settlement actors with an accurate account of refugees' skills, strengths and desires can help place refugees in a location which offers a better chance of successfully integrating.

Pre-departure orientation goes far beyond simply sharing information about the receiving country; it prepares refugees by helping them to develop the skills and attitudes they will need in order to succeed in their new environment. It also addresses the psychosocial well-being of refugees, taking into account the social, anthropological, cultural and psychological aspects of resettlement. Orientation must address the real concerns of participants, and emphasize cultural adaptation, intergenerational communication, gender roles, changing family dynamics and other challenges.

LINKING PRE-DEPARTURE AND POST-ARRIVAL TO FACILITATE THE

INTEGRATION PROCESS

An important policy development is the increasing involvement in the preparation process of both countries of origin and receiving countries to ensure a continuum of care and services for refugees and enable receiving communities to plan for the integration of newcomers. This more joined up approach to preparing refugees for resettlement builds on the recognition that integration supports made available to migrants upon arrival are more likely to be effective when they continue an integration process that started prior to arrival. IOM developed a range of tools to strengthen the linkage between these pre-departure and post-arrival assistance.

Recognizing the importance of informing and preparing receiving communities for sustainable integration, IOM has developed a number of specific tools to assist municipalities and service providers better understand the profile and needs of the migrant population they are serving. Through direct access to the refugee, IOM has the unique ability to collect and mobilize rich data about specific characteristics of the refugee population (e.g. their history, experiences, culture,

psychosocial profile and skills) and tailor this information to the needs of the post-arrival service providers to support their planning of integration support. Tools include cultural and social profiles, comprehensive needs assessments and skills profiles to help inform post-arrivals measures in the area of social and labour-market integration. In addition, IOM supports active engagement of local residents early on in the resettlement process through dialogue and information sessions and awareness campaigns and strengthens the capacity of front-line officers in local administrations to cater for needs of diverse communities.

To enable the best opportunities for people to settle well and be productive requires comprehensive migration health assessments and interventions to address health needs for the benefits of both refugees and communities. Pre-migration health activities are an effective public health instrument, and when non-discriminatory and non-stigmatizing, benefit both the individual and community.



USCO classroom session in Amman, Jordan. A Syrian family participating in a cultural adaptation activity. © IOM 2021

ANNEXES

FLOW CHART OF ACTIVITIES

This chart is indicative of the resettlement process, from the point before a case is selected by a resettlement country until arrival in that country. Not all resettlement cases go through this exact process, and there may be some variation in the order of activities.

BEFORE AND DURING SELECTION

- Interview cases
- Complete government forms
- Logistical support during selection missions

AFTER SELECTION

- · Language/Literacy training
- Pre-departure orientation
- Review of medical and immunization history
- Counselling and health education
- Physical examination and mental health evaluation
- Radiological and laboratory investigations
- Administration of vaccines
- Referral for consultation with a specialist
- Provision of or referral for treatment for tuberculosis and other conditions

3 WEEKS BEFORE DEPARTURE

- Pre-departure evaluation of refugees with significant medical conditions
- Testing and treatment for parasites
- Provision of additional public health interventions, such as vaccinations

2 DAYS BEFORE DEPARTURE

- In-country transportation
- Transit centre accommodation
- Pre-embarkation check
- Pre-embarkation session

TRAVEL

- Assistance at departure, in transit and upon arrival
- Operational and/or medical escort and other health-related travel assistance

AFTER ARRIVAL

• Reception

• Integration post-arrival



In 1951, delegates from the 16 founding Member States gather in Brussels for the International Conference of Migration, during which the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME), now IOM, was founded. © IOM 1951



OVERVIEW OF ACTIVITIES IN 2021 BY RESETTLEMENT COUNTRY

Countries with resettlement operations in 2021	Argentina	Australia	Belgium	Brazil	Canada	Denmark	Finland
ote: Figures include predominantly persons with refugee status but also other vulnerable persons of concern. ²²	0	*			•	+	\blacksquare
Figures represent departures of individuals moving to the following resettlement countries in the table.	4	4,943	964	84	17,391	57	900

PRE-DEPARTURE CASE MANAGEMENT						
1. Refugee interviews						
2. Completion of government forms		•		•		
3. Translation and interpretation	•	•	•	•		•
4. Selection mission preparation, logistical support and scheduling	•	•	•	•		•
5. Case-file management	•					•
6. Database management, reporting and statistics			•		•	
7. Information campaigns	•					

PRE-MIGRATION HEALTH ACTIVITIES							
8. Physical exam and medical history-taking	•	•	•	•	•	•	•
9. Chest X-ray and radiologist interpretation	•	•	•	•	•	•	•
10. Diagnostic tests for TB	•	•	•	•	•	•	•
11. Other laboratory examinations	•	•	•	•	•	•	•
12. Immunizations	•	•	•	•	•		•
13. Pre-departure medical procedures	•	•	•	•		•	
14. Pre-embarkation check	•	•	•	•	•	•	•
15. Medical escort/medical travel arrangement		•	•		•	•	•
16. Selected conditions treatment/stabilization	•	•	•	•	•	•	•
17. Refugee groups morbidity profiling							

ADDRESSING INTEGRATION: PRE-DEPARTURE ORIENTATION AND POST-ARRIVAL											
18. Needs assessments social intake											
19. Cultural profiles of refugee populations	•			•							
20. Curriculum development	•	•		•	•		•				
21. Pre-departure orientation	•	•		•	•		•				
22. Language and/or literacy training							•				
23. Post-arrival integration	•										

MOVEMENT MANAGEMENT AND OPERATIONS											
24. In-country transportation	•	•	•	•	•	•	•				
25. In-country transit arrangements or centres		•	•		•	•	•				
26. Pre-embarkation flight orientation	•	•	•	•	•	•	•				
27. International airline bookings	•	•	•	•	•	•	•				
28. Passenger assistance at departure, transit and arrival airports	•	•	•	•	•	•	•				
29. Operational and/or medical escorts		•	•		•	•	•				
30. Reporting	•	•	•	•	•	•	•				

Who moved under resettlement and humanitarian admission programmes (excluding relocation, family reunification, special immigrant visas, etc.).

	France	Germany	Iceland	Ireland	Italy	Lithuania	Netherlands	New Zealand	Norway
			=					## .·	#
	1,847	5,370	110	63	0	17	451	572	1,521
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2.	•							•	
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27.	•	•		•	•		•	•	•
28.	•	•		•	•		•	•	•



OVERVIEW OF ACTIVITIES IN 2021 BY RESETTLEMENT COUNTRY

Countries with resettlement operations in 2021	Portugal	Romania	Spain	Sweden	Switzerland	United Kingdom	United States of America
Note: Figures include predominantly persons with refugee status but also other vulnerable persons of concern. ²³ Figures represent departures of individuals moving to the following resettlement countries in the table.	(9)		- 100	+	•		
	299	80	521	5,744	836	1,617	13,773

CASE MANAGEMENT							
1. Refugee interviews							•
2. Completion of government forms							•
3. Translation and interpretation		•	•	•		•	•
Selection mission preparation, logistical support and scheduling		•	•	•	•	•	•
5. Case-file management							•
6. Database management, reporting and statistics	•	•	•	•	•	•	•
7. Information campaigns							•

PRE-MIGRATION HEALTH ACTIVITIES							
8. Physical exam and medical history-taking	•	•	•	•	•	•	•
9. Chest X-ray and radiologist interpretation	•	•	•	•	•	•	•
10. Diagnostic tests for TB	•	•	•	•	•	•	•
11. Other laboratory examinations	•	•	•	•	•	•	•
12. Immunizations	•	•	•	•		•	•
13. Pre-departure medical procedures	•	•	•		•	•	•
14. Pre-embarkation check	•	•	•	•	•	•	•
15. Medical escort/medical travel arrangement	•	•	•	•	•	•	•
16. Selected conditions treatment/stabilization	•	•	•	•	•	•	•
17. Refugee groups morbidity profiling							•

ADDRESSING INTEGRATION: PRE-DEPARTURE ORIENTATION AND POST-ARRIVAL									
18. Needs assessments social		•							
19. Cultural profiles of refugee populations		•				•			
20. Curriculum development	•		•		•	•	•		
21. Pre-departure orientation	•	•	•		•	•	•		
22. Language and/or literacy training		•							
23. Post-arrival integration	•	•			•	•			

MOVEMENT MANAGEMENT AND OPERATIONS							
24. In-country transportation	•	•	•	•	•	•	•
25. In-country transit arrangements or centres	•	•	•	•	•	•	•
26. Pre-embarkation flight orientation	•	•	•	•	•	•	•
27. International airline bookings	•	•	•	•	•	•	•
28. Passenger assistance at departure, transit and arrival airports	•	•	•	•	•	•	•
29. Operational and/or medical escorts	•	•	•	•	•	•	•
30. Reporting	•	•	•	•	•	•	•

Who moved under resettlement and humanitarian admission programmes (excluding relocation, family reunification, special immigrant visas, etc.). Note: Some of the listed activities are only carried out for part of the caseload, as required.



A Syrian family resettled to Belgium on an IOM charter flight departure from Beirut. © IOM 2021

DESCRIPTION OF ACTIVITIES PER CORE AREA

PRE-DEPARTURE CASE MANAGEMENT

- Refugee interviews: Collection of biographical data and case histories in the refugees' native language and translated in English.
- 2. Completion of government forms: Data entry of resettlement country immigration forms, including application, Health Assessment and biometric forms.
- Translation and interpretation: Contracting, training and supervision of interpreters for interviews and translation of documents.
- Selection mission preparation, logistical support and scheduling: Accommodations, workspace, on-site clerical support, ground transportation for selection mission officials and refugees, arrangement of interview schedules.

- Case-file management: Creation, distribution and control of physical case files in secure storage facilities equipped with electronic inventory systems.
- Database management, reporting and statistics: Maintenance
 of resettlement country database systems and/or IOM
 proprietary databases used to generate real-time statistics
 and reports.
- 7. Information campaigns: In coordination with UNHCR and the countries of resettlement, implement information campaigns to promote resettlement or increase awareness of current programme requirements or developments.

PRE-MIGRATION HEALTH ACTIVITIES

- Physical exam (PE) and medical history-taking: Detailed physical examination, mental health evaluation and review of medical and immunization history. Counselling and provision of informed consent is a pre-condition for the service.
- Chest X-ray and interpretation: Systematic radiological screening for tuberculosis for those of a certain age (e.g. above 11 or 15 years); Certified radiologist interpretation of the chest X-ray images.
- Diagnostic tests for TB: Microbiological investigations of sputum samples, including drug susceptibility testing (DST), as well as molecular tests, performed in case of abnormal chest X-rays or clinical determination.
- 11. Other laboratory examinations: Based upon resettlement country requirements, e.g. for syphilis, HIV, hepatitis B and C, serology, urinalysis and stool parasitology.
- 12. Immunizations: Against a range of vaccine-preventable diseases, including measles, mumps, rubella, polio, hepatitis B, hepatitis A, Haemophilus influenzae type B, diphtheria, tetanus, pertussis, meningitis and tuberculosis, among others. Vaccination programmes are administered prior to

- departure and may differ from those offered in the country of resettlement.
- 13. Pre-departure medical procedures (PDMP): Array of procedures implemented shortly before a migrant's departure and aimed at preparation for safe and dignified travel. Includes provision of additional public health interventions, such as vaccinations; health education and counselling; surveillance for communicable diseases; testing and treatment for parasites; and other public health interventions. Also includes pre-departure evaluation (PDE), the physical reassessment of a migrant's physical and/or mental health condition with the potential for deterioration and, if necessary, referral for stabilization treatment to assist in the readiness and ability to travel.
- 14. Pre-embarkation check (PEC): A final action to assess refugees' fitness-to-travel to ensure that the individual is fit for travel and does not pose any health threat to themselves and/or to other passengers on the aircraft, during transit or immediately upon arrival in the country of resettlement. Consists of a review of any previous migration health assessment, a medical check, including brief history, review of vital signs and physical examination by a medical practitioner, and is usually performed within 24 to 72 hours before departure. Also provides the

- opportunity for public health interventions, such as vaccination and treatment for parasites, as well as stabilization of conditions that might pose a threat to travel.
- 15. Medical escort/health-related travel arrangements: The provision of care for migrants with significant medical conditions who need medical assistance during all phases of their journey under IOM's care, from pre-departure through to handover upon arrival. Special arrangements may include stretchers, ambulances, in-flight interventions, etc.
- 16. Treatment/referrals for select conditions and/or stabilization: Conditions include active, infectious tuberculosis, syphilis and other sexually transmitted infections (STIs), malaria, intestinal parasites and conditions requiring stabilization before travel.
- Morbidity profiling of refugee groups (other health data processing): Presentation of health profiles of refugee groups assisted by IOM. Data generated using IOM's MiMOSA database.

ADDRESSING INTEGRATION: PRE-DEPARTURE AND POST-ARRIVAL

- 18. Needs assessments: Designed to enhance integration potential, these surveys are conducted through refugee family interviews in collaboration with service providers in the country of resettlement prior to arrival.
- 19. Cultural profiles: Comprehensive, detailed descriptions of refugee groups designed to enhance integration. Contents include: daily lives, livelihoods, education, language, culture, religion, integration strengths/challenges.
- Curriculum development: Tailored to refugees' background.
 Content determined by country of resettlement to include priority messages.

- 21. Pre-departure Orientation (PDO): 3–5 day courses taught by cultural trainers in refugees' native language for adults, youth and children.
- 22. Language and/or literacy training: More recent language/ literacy trainings are conducted in Croatia, Finland and Iceland.
- 23. Post-arrival integration: Building capacity of local authorities, delivering information sessions to service providers working with refugee populations, conducting orientation for newcomers and developing evaluation and feedback mechanisms to assess the impact of pre-departure orientation programmed and improve their effectiveness.

MOVEMENT MANAGEMENT AND OPERATIONS

- 24. In-country transportation: Ground and air charter transportation from refugee-hosting sites to international airports.
- 25. In-country transit arrangements or centres: The accommodation for in-country transport is arranged for refugees, sometimes through a network of vendors such as hotels (for example in Latin America) and sometimes for larger caseloads through Transit Centres (such as Ethiopia, Kenya, Thailand and the United Republic of Tanzania).
- 26. Pre-embarkation flight orientation: Supplemental to the preembarkation briefing, this orientation provides itinerary-specific information.

- 27. International travel: IOM maintains an extensive network of agreements with airlines providing preferential fares to refugees travelling under the auspices of IOM.
- 28. Passenger assistance at departure, transit and arrival: IOM assists refugees to complete immigration, customs and baggage formalities and ensures that refugees board the assigned flights.
- 29. Operational and/or medical escorts: As required, IOM provides appropriate escorts to accompany vulnerable individuals or groups who require special assistance en route.
- 30. Reporting: Using its proprietary MiMOSA database and other reporting protocols, IOM keeps internal and external parties apprised of each movement in real time. The database generates a variety of reports and statistics.

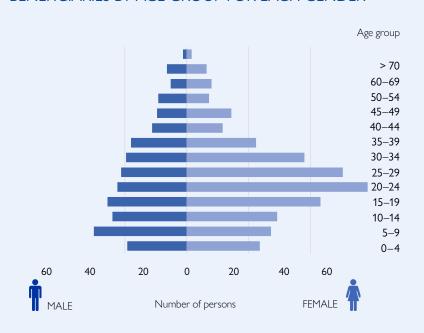
A DAY OF INTERNATIONAL AIR MOVEMENTS FOR RESETTLEMENT

On any given day, IOM staff are moving nearly a thousand migrants by air, with thousands more receiving assistance through ground and sea assistance.



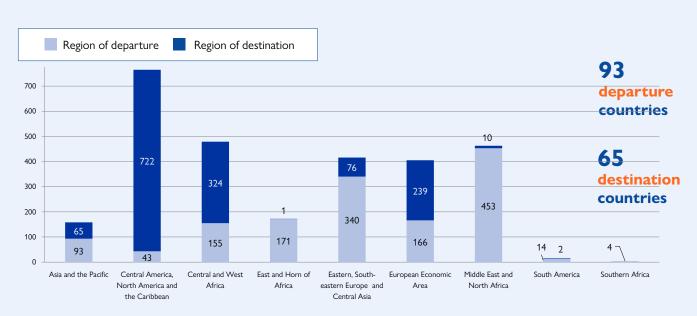
BENEFICIARIES BY GENDER AND BY AGE GROUP RANGE

BENEFICIARIES BY AGE GROUP FOR EACH GENDER





NUMBER OF PERSONS BY REGION



RESOURCES

Principles of Humanitarian Action

The Principles of Humanitarian Action (PHA) is a policy that clarifies IOM's humanitarian identity, spells out its role and rules of engagement in humanitarian action, and reaffirms its commitment to the core humanitarian principles.

Protection Mainstreaming

Protection Mainstreaming is the process of incorporating key protection principles in humanitarian response. IOM ensures that do no harm, promoting non-discrimination, meaningful access, safety, dignity, participation, empowerment and accountability measures become integral part of every response to migration crises.

Resettlement 2021

Providing essential support to States resettling refugees and other humanitarian entrants is a fundamental purpose of the International Organization for Migration (IOM) and among its largest ongoing activities. This book outlines and details IOM's global role in the refugee resettlement continuum.

IOM Migration Crisis Operational Framework

The Migration Crisis Operational Framework (MCOF) sets out measures at the individual, community and State levels across 15 sectors of assistance to be undertaken at the request and with the consent of States to prepare for, respond to and recover from different types of crises, including those that have triggered mass movements of internally displaced persons.

IOM Framework for Addressing Internal Displacement

This framework outlines the main tenets of the Organization's response to internal displacement. Aligned with prevailing external normative and legal instruments within the humanitarian architecture and grounded within the Organization's own robust set of dedicated and evolving policies and frameworks, it articulates IOM's ongoing principles, commitments, approach and operational objectives in relation to the changing and dynamic global landscape of internal displacement.

IOM Migration Governance Framework

The Migration Governance Framework (MiGOF) establishes a structure in which States and IOM can work together to address migration issues. The framework presents the ideal version of migration governance to which States can aspire and for which IOM can provide support and assistance. It offers a concise view of an ideal approach that allows a State to determine what it might need to govern migration well and in a way that fits its circumstances.

Progressive Resolution to Displacement Situations

This document frames IOM's broad and inclusive approach, which recognizes the increasingly protracted nature of crisis and its associated impacts on displaced populations, as well as on other migrants and affected communities.

Sustainable Development Goals

Migration in the 2030 Agenda: Sustainable Development Goals as seen through the lens of IOM.

Gender Equity Policy

The Gender Equality Policy is designed to formalize and codify IOM's commitment to identifying and addressing the needs of all beneficiaries of IOM projects and services and to ensuring equal opportunity and treatment of all staff members within the Organization.

Global Compact for Safe, Orderly and Regular Migration

The Global Compact for Migration is the first intergovernmentally negotiated agreement, prepared under the auspices of the United Nations, covering all dimensions of international migration in a holistic and comprehensive manner. It is a non-binding document that respects States' sovereign right to determine who enters and stays in their territory and demonstrates commitment to international cooperation on migration. It presents a significant opportunity to improve the governance of migration, to address the challenges associated with today's migration, and to strengthen the contribution of migrants and migration to sustainable development.

Please visit the IOM website for more detailed information on all IOM programmes, its ethos and overarching frameworks. www.iom.int

ACRONYMS

CRISP Sustainable Resettlement and Complementary Pathways Initiative

ETF Emergency Transit Facility ETM Emergency Transit Mechanism

EU European Union

ICEM Intergovernmental Committee for European Migration

IOM International Organization for Migration

MHD Migration Health Division

MiGOF Migration Governance Framework

MiMOSA Migrant Management Operational System Application

PDO Pre-departure Orientation

RMM Resettlement and Movement Management Division

SDGs Sustainable Development Goals

SOGIESC Sexual Orientations, Gender Identities, Gender Expressions and/or Sex Characteristics

UNHCR United Nations High Commissioner for Refugees

OUR TRAVEL INDUSTRY PARTNERS

Etihad

Everest Travel /

Deutsche SkyLink

Austrian Airlines

Avianca

The following companies composed of leading global airlines, travel technology and travel management partners have been key partners for many years and their assistance has contributed to helping hundred of thousands of migrants.

Aegean Airlines British Airways Avaiation and Travel Scandinavian Airlines **Brussels Airlines** GmbH

Air Algerie Spot Reisen GmbH Hunt and Palmer PLC Air Canada Buraq Air Swiss International Airlines Air Charter Service – France TAP Portugal Cathay Pacific Iberia

Air Contact China Airlines Japan Airlines Turkish Airlines

Customer Ground Services Ukraine International Airlines Air France Kenya Airways Delta Airlines KLM Royal Dutch Airline United Airlines Air Libya

Egypt Air Airplus Lufthansa Westlet Airlines Alitalia **Emirates** Yemen Airways Norwegian Air

Amadeus Ethiopian Airlines Qantas American Airlines

Qatar Airways

Royal Air Maroc

Royal Jordanian



