



WASH and hygiene supplies were distributed to Rohingya refugees in Cox's Bazar, Bangladesh. © IOM, 2021

ONE YEAR ON: IOM REGIONAL DIRECTOR'S FOREWARD



2,241,969

direct beneficiaries reached



9,769,184

beneficiaries reached via RCCE



188,544

returnee migrants provided assistance and services



703,889

people reached with critical WASH supplies and services



4,592

officials at PoEs trained

The COVID-19 pandemic has taken an unprecedented toll on families, societies and economies around the world. Like all other regions, Asia and the Pacific witnessed lockdowns, border closures and business disruptions as countries stepped up measures to counter the spread of the virus.

Many countries have also struggled to respond to natural and man-made crises in addition to the pandemic. Migrants and displaced populations have been particularly affected as many migrant dependent industries shut down and caused millions to lose jobs and the often-crowded living spaces where migrants and displaced populations reside presented increased health risks. Women broadly fared worse in the pandemic than men, as they work in sectors disproportionately impacted by government shutdowns and had to take on additional childcare and housework burdens.

In recent months, efforts to develop effective vaccines have brought renewed hope to the world; 26 countries in the region have already administered more than 209 million vaccinations. Governments are beginning to loosen restrictions, open borders and allow international travel.

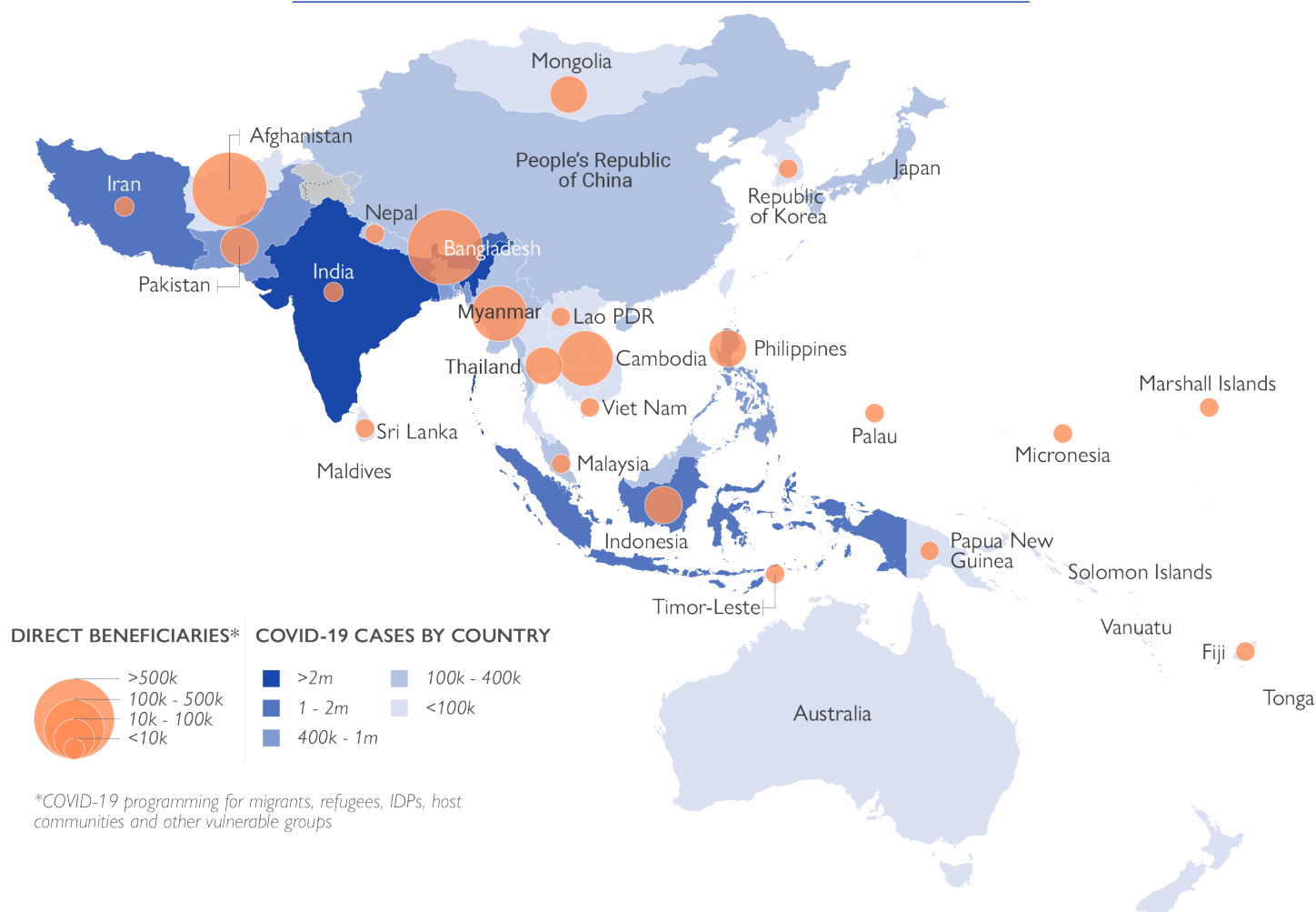
As IOM, we are committed towards implementing innovative and context-based approaches towards recovery, while continuing to save lives. Building on the achievements set out in this document, we will continue our work in diverse settings across Asia and the Pacific, while responding to the longer-term effects of the pandemic on human mobility, and on migrants' physical, socioeconomic and mental well-being.

Looking back on the first year of the COVID-19 response, I express my sincere gratitude to all the frontline workers within and outside of IOM, who put the well-being and safety of others first; to IOM staff for their commitment to stay and deliver; to Member States and communities for their trust and partnership; and to donors for their contributions that have enabled the Organization to deliver the results showcased in this report, and whose support remains critical for recovery. I look forward to our continued collaboration in 2021 and beyond.

Nenette Motus

Regional Director, IOM Asia Pacific

DIRECT BENEFICIARIES OF IOM COVID-19 RESPONSE (2020)



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

DIRECT BENEFICIARIES BREAKDOWN

	621,572 REFUGEES/ASYLUM SEEKERS
	531,999 LOCAL/HOST COMMUNITY MEMBERS*
	462,247 INTERNALLY DISPLACED PERSONS
	299,718 MIGRANT FAMILY MEMBERS
	246,048 RETURNEE MIGRANTS
	74,661 INTERNAL MIGRANTS
	6,856 INTERNATIONAL MIGRANTS
	75 FORMER COMBATANTS

*including government stakeholders, border officials and health workers that IOM trained

GLOBAL HUMANITARIAN RESPONSE PLAN

In Asia and the Pacific, **Afghanistan, Bangladesh, Iran, Myanmar, Pakistan, Philippines** were included in the Global Humanitarian Response Plan coordinated by OCHA and released on 25 March 2020. As part of the 2020 COVID-19 response in these countries, IOM reached refugees, IDPs and migrants particularly vulnerable to the pandemic with COVID-19 assistance.

445,346 most vulnerable individuals received livelihood support

individuals received essential healthcare services **1,361,083**

827,569 individuals reached with critical WASH supplies and services

individuals provided mental health and psychosocial support services **53,660**

169,766 individuals provided protection services

COVID-19 RESPONSE INNOVATIONS AND ACHIEVEMENTS

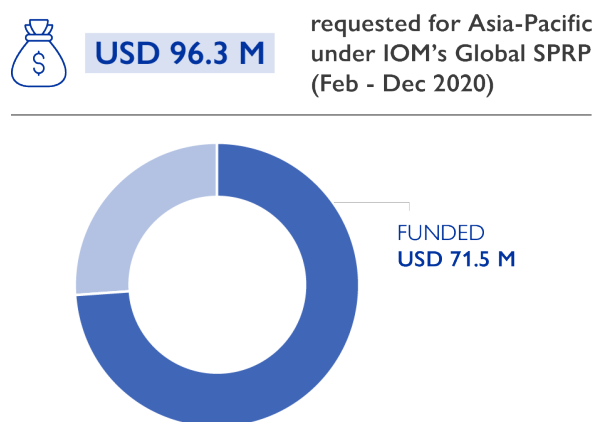
In response to the COVID-19 pandemic, IOM's offices in Asia and the Pacific launched a multi-sectoral response in coordination with governments, other UN agencies, and implementing partners. This Achievement Document highlights milestones and best practices from IOM Country Offices across Asia and the Pacific as they supported people, communities, vulnerable groups and host governments.

At the outset of the pandemic, IOM stepped up its **engagement with host governments and other UN agencies for a streamlined COVID-19 response**: IOM Country Offices in the region participate in National COVID-19 Taskforce/Consultation Mechanisms, Points of Entry Working Groups, Risk Communication and Community Engagement Working Groups, and Returnees Working Groups. Many IOM Country Offices hold leadership and co-leadership positions within these groups. Through these coordination mechanisms, including UN Country Teams (UNCTs) and bilateral collaboration, IOM supported national and cross-border coordination, providing technical expertise to governments to develop evidence-based national COVID-19 preparedness and response plans that included migrants, displaced populations and other vulnerable people.

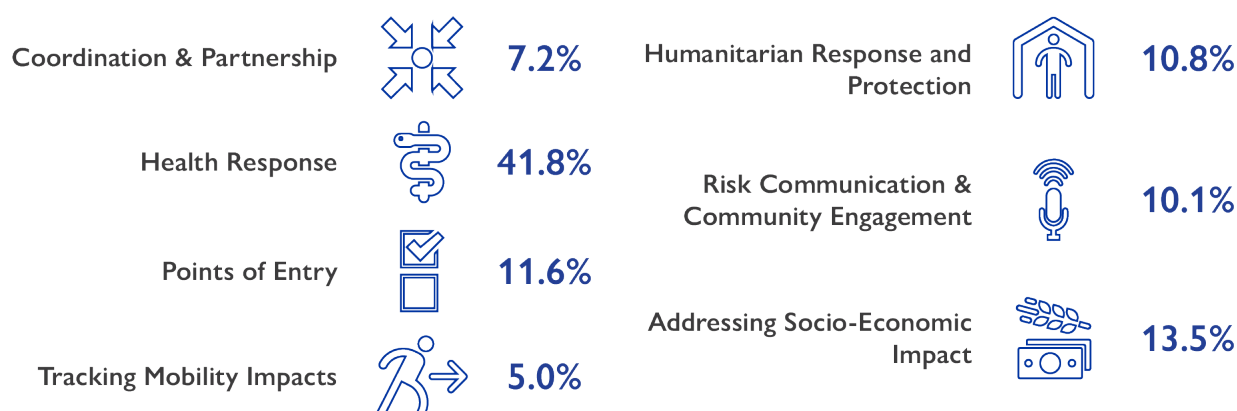
At the regional level, IOM led the **Regional Thematic Working Group for Migrants and Refugees and COVID-19 in Asia and the Pacific**. This platform brought together various actors working in support of migrants and refugees across the region to share information and best practices and **advocated for the inclusion of migrants and refugees in national vaccination plans**. Recognizing that a broad range of factors will affect the of future migration and cross-border mobility the working group recently released a statement of support for inclusion of essential workers on the move, e.g., seafarers and air crews in national vaccination plans.

As part of IOM's Global Strategic Preparedness and Response Plan, 28 Country Offices in the region developed comprehensive COVID-19 response plans, **receiving in total \$71.5 million in funding – 74% of IOM's appeal request for the region**. This funding covered a breadth of activities, including pandemic preparedness, immediate health response, support for crisis-affected populations, infection prevention and control, risk communication and community engagement, protection programming, mainstreaming health protocols at Points of Entry and socio-economic support for returning migrants, vulnerable individuals and communities.

Throughout 2020, IOM engaged directly via instruments and tools initiated to respond specifically to COVID-19, such as IOM's Global Strategic Preparedness and Response Plan, OCHA's Global Humanitarian Response Plan, WHO's COVID-19 Response Plan and the UN Framework for the Immediate Socio-Economic Response to COVID-19. Moving into 2021, these frameworks serve as a foundation for **IOM's Strategic Response and Recovery Plan (2021)** and continued collaboration with Member States, partner organizations and the private sector, as well as for mainstreaming COVID-19 activities across IOM's standard programming.



FUNDING BREAKDOWN BY RESPONSE AREA





Participants in Lapan, Kidapawan City attended a CCCM Training focusing on activities to prepare for, prevent, and protect from Covid-19, Philippines. © IOM, 2020

HUMANITARIAN RESPONSE AND PROTECTION



316,803

individuals living in camps/camp-like settings and host communities supported with WASH activities



561,753

people in camps/camp-like settings benefitted from COVID-19 related site upgrades



6,194

local leaders/ authorities/ camp managers in camps and camp-like settings trained on COVID-19 prevention and response

OVERVIEW

With approximately 80% of natural disasters worldwide occurring in the Asia Pacific region, disaster response operations have been complicated during the pandemic due to travel restrictions, impacts on supply chains, and the need to incorporate infection prevention and control measures for COVID-19 mitigation. Countries with ongoing conflict have also struggled to balance the compounding impacts of the pandemic on the economy, stability and peacebuilding efforts. Movement restrictions in countries with large refugee populations reduced the ability of refugees to meet daily needs, hindered humanitarian programming, and worsened refugees' economic vulnerabilities and feelings of insecurity.

Furthermore, protection concerns have increased. Returnee migrants experienced discrimination and stigma as COVID-19 became associated with travel. Migrant workers reported unpaid wages, physical and verbal abuse and discrimination, abandonment by recruiters, forced accrual of debt, and unsafe and undignified working conditions. Risks of trafficking have increased with rising poverty and as border closures lead to more irregular migration. Job loss and family disconnection have heightened psychosocial support needs. Refugees in camp-like settings reported rising gender-based violence, as well as an increase in theft and other forms of violence.

IOM RESPONSE

Disaster Preparedness

In Cox's Bazar, **Bangladesh**, IOM adapted cyclone preparedness training for nearly 2,000 volunteers to include COVID-19 awareness raising activities. Volunteers trained host community leaders on COVID-19 preparedness, encouraging them to share key messages, including the importance of good hygienic practices and frequent hand washing, the necessity for physical distancing, and the proper way to wear and handle masks.

As lead of the National Cluster for Displacement and Protection, IOM **Indonesia** provided technical assistance to the government, including for COVID-19 Response Plans for the Ministry of Social Affairs' Tagana Responders (community-based disaster preparedness responders). IOM trained 492 responders to assist vulnerable populations in the pandemic, including in urban areas and in displacement settings following natural disasters in West Java and South Sulawesi.

IOM **Marshall Islands** led a COVID-19 Tabletop Exercise and Simulation in August 2020 with over 200 participants representing 14 clusters or committees. The exercise provided participants a chance to analyze, plan, and coordinate response strategies that their respective group would implement in the face of a COVID-19 outbreak.



Distribution of dignity kits to Rohingya refugees, Cox's Bazar, Bangladesh. © IOM, 2020

Integrated Assistance for IDPs, Refugees, Migrants and Host Communities

IOM **Indonesia** coordinated with the COVID-19 National Task Force, key ministries, and partners to reduce the health and socioeconomic impacts of the pandemic on refugees, migrant workers and IDPs. IOM secured inclusion of refugees in the government's COVID-19 response measures and provided essential support to 7,800 refugees and asylum seekers in IOM's integrated community assistance programme. Refugees in IOM's programme had access to robust prevention, testing, contact tracing, and case management services.

IOM **Philippines** delivered 493,622 equipment and supplies, such as PPEs, and trained 2,002 individuals including camp managers and IDP representatives on site management during COVID-19. IOM's interventions reached 19,619 individuals with WASH services and supplies and 4,931 with multi-purpose cash assistance. IOM also delivered lifesaving humanitarian assistance to communities affected by Typhoon Goni and Vamco in the Bicol Region.

In **Sri Lanka**, 1,253 refugees and asylum seekers (773 men, 480 women) were supported with medical and psychosocial services and COVID-19 awareness. IOM managed a hotline, sent informational messages to them daily and provided medical care and medicines, including through 77 telemedical counselling sessions.

Through the IOM **Pakistan**-led Natural Disaster Consortium, assistance was provided to 77,018 host community members facing livelihood loss and financial insecurity during the pandemic. Support included multi-purpose cash assistance, cash for work schemes, and distribution of direct assistance packs with crucial items, such as food, hygiene supplies, etc.



26,847

vulnerable or stranded migrants provided with case management assistance

68,550



international and internal migrants stranded due to COVID-19 received return support



169,230

individuals oriented on safe migration

Support to Stranded Migrants

IOM **Malaysia** provided 1,335 vulnerable migrants, refugees and stateless individuals with food, PPE, and hygiene kits to help them face the economic and health challenges due to COVID-19. IOM **Lao PDR** assisted five stranded migrants to return to their home country despite not having specific programming on AVRR.

IOM **Mongolia**, working with the Ministry of Foreign Affairs, supported the return of 612 Mongolians stranded abroad in 24 different countries, including through IOM's AVRR programme. Reintegration assistance included vocational training courses; formal education for adults and children; language courses; information on and access to job placements; and advice and referrals to local services. IOM Mongolia also worked with UNDP to support a special government operation for the safe return to their home towns of approximately 60,000 persons stranded internally in the capital city of Ulaanbaatar due to the COVID-19 lockdown, an extensive operation involving 1,600 chartered bus routes with 3,200 drivers.

Protection of Migrants and Combatting Xenophobia and Stigma

IOM **Bangladesh** in Cox's Bazar used a community-based protection strategy with 70 Rohingya volunteers to support outreach in the camps when the government applied strict lockdown measures. IOM also incorporated COVID-19 programming into the normal operations of 10 Women and Girls Safe Spaces and one safe shelter for high-risk Protection cases. Counter-trafficking teams similarly adapted their messaging and outreach to inform Rohingya refugees of added risks during the pandemic.

In Cox's Bazar, IOM provided specialized protection services to 14,574 individuals, led psychosocial activities for 24,524 individuals, and distributed protection-related NFIs – such as dignity kits – to 19,283 people. IOM reached 467,672 people with protection and COVID-19 prevention measures. 1,050 IOM staff were trained on PSEA and Protection principles, and 945 Rohingya community leaders, implementing partners, and other Bangladeshi humanitarian actors were trained on PSEA.

IOM **Indonesia** assisted 154 victims of trafficking, in line with COVID-19 protocols, and expanded capacity of national/sub-national government actors in multiple ministries to combat trafficking in persons. IOM **Myanmar** partnered with the largest independent news network in Myanmar, Democratic Voice of Burma, on talk shows via Facebook Live, to allow the public to pose questions to government, UN and private sector actors engaged in the pandemic response, as well as returnee migrants. These shows - which received half a million views on social media and millions via TV - raised awareness of COVID-19 impacts on returnee migrants and challenged anti-migrant stereotypes and discrimination.


2,341

staff trained in protection/GBV principles


465,288

individuals reached with GBV and protection messages


474,808

vulnerable individuals provided protection assistance and services


15,086

culturally appropriate MHPSS services and activities provided


3,548

community members, partners and government staff trained in MHPSS

As lead of the Migrants Protection thematic subgroup under the National Protection Cluster, IOM **Nepal** addressed protection challenges at Points of Entry, holding centers, quarantine facilities and shelter homes, including support to returnee and stranded migrants. At shelters for migrant workers in Kathmandu, the 250 most vulnerable returnee migrants (including VoTs) were provided immediate cash assistance to buy medicine, personal hygiene items, travel tickets, food, and accommodation costs on the journey home.

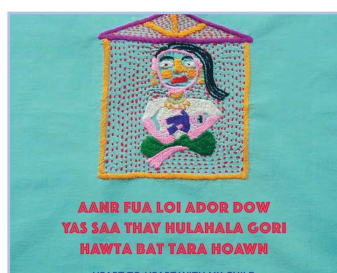
MHPSS TOOLS FOR CHILDREN AND ADULTS

IOM **Bangladesh** published and disseminated 14,000 copies of the *My Hero is You* children's book about COVID-19 in Bangla and Rohingya; 16,000 copies of *Heart-to-Heart with my Child* about child protection issues for Rohingya refugees; and 3,000 copies of *Be Safe, Be Happy*, a coloring book for children who were no longer attending temporary learning centers due to COVID-19 related closures. Furthermore, IOM released a *Self-Care and Coping Skills in Stressful Situations* booklet adapted for the refugee camp and host community context.

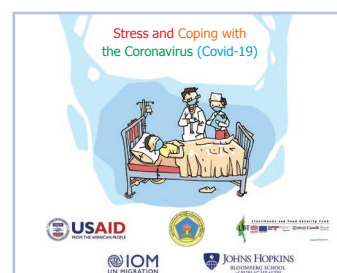
IOM **Myanmar** published a pictorial flipbook, *Taking Care of Ourselves and Each Other*, and a workbook, *Stress and Coping with the Coronavirus (Covid-19)*, to prompt reflection among adults and provide strategies for stress management, supportive parenting and positive coping mechanisms. The Country Office also published a children's coloring book, *Staying Safe, Happy, and Healthy*, which specifically addresses children's psychosocial needs during the pandemic.



Colouring Book for Children during COVID-19 by IOM & Metanoia, Myanmar.



Heart to Heart with My Child, for use in Cox's Bazar, Bangladesh.



Stress and Coping with the Coronavirus (COVID-19) booklet, Myanmar.



Collection of blood samples for COVID-19 testing, Malaysia. © IOM, 2021

ESSENTIAL PUBLIC HEALTH MEASURES AND MOBILITY SENSITIVE HEALTH SYSTEMS

OVERVIEW

Countries across Asia and the Pacific continue to deal with evolving challenges associated with the pandemic. As the region is home to a number of economic hubs that employ and attract migrant workers, measures to prevent widespread transmission of the virus have disproportionately affected people on the move. COVID outbreaks particularly affected migrant workers in factories, migrant accommodations and immigrant detention centers. Furthermore, weak health systems, especially in rural areas with high numbers of returning migrants, have struggled to deploy adequate health responses. Abnormally high numbers of returning migrants have also put particular strain on Points of Entry and newly established quarantine centers.

IOM RESPONSE

Strengthening Health System Capacity

IOM **Afghanistan** supported recruitment of 386 COVID-19 response staff (137 women, 213 men), including for the Ministry of Public Health Rapid Response Teams, for disease surveillance at Afghanistan's borders. Additionally, over 700,000 pieces of PPE were distributed to staff in health facilities across the country. To enhance the reporting and data management capacity of the Provincial Public Health Directorates, IOM seconded more than 230 staff and donated IT equipment. More than 1,174 Community Health Workers and 100 schoolteachers were trained on COVID-19 awareness, prevention, identification and referrals. The Country Office additionally conducted status assessments at 44 PoEs.

2,394



community health workers supported to maintain essential services



55

participatory mapping exercises conducted to inform COVID-19 public health interventions

2,907



healthcare staff trained on COVID-19 prevention



9

disease surveillance systems supported

IOM **Pakistan** worked with the Ministry of National Health Services, Regulation and Coordination and the National Institute of Health to train 15 staff at healthcare facilities (11 men, 4 women) and 100 staff at PoEs, including three airports and two land crossings.

IOM **Philippines** supported 35 provincial and city hospitals and Rural Health Units in BARMM, including through technical trainings and donations of 1 sea ambulance, 3 land ambulances, 3 cold chain vehicles and 38 bio-safety refrigerators. In total, 2,859 frontline responders, government stakeholders and community leaders received capacity building on cold chain management, psychological first aid, GBV and PSEA, and basic psychosocial skills in the context of the pandemic.



Community campaign on COVID-19 infection prevention and control, Prey Veng Province, Cambodia. © IOM, 2020

Infection Prevention and Control

In Cox's Bazar, **Bangladesh**, three severe acute respiratory infection isolation and treatment centers (SARI ITCs) were established with a combined 120 beds. These camp-level facilities also have two maternity wards and link to key services, such as MHPSS. All three SARI ITCs and two Primary Health Care centers collected samples for laboratory testing of suspected cases and worked as sentinel sites for sample collection from acute respiratory infection / influenza like illness (ARI/ILI) patients for better surveillance and case identification. During 2020, 14,173 samples were collected and transported to the laboratory in Cox's Bazar from these facilities.

While the **Federated States of Micronesia**, has remained free of COVID-19, IOM worked to enhance IPC measures at health facilities, particularly in Chuuk and Pohnpei State, to prevent the possible spread of COVID-19 or other infectious diseases. In Pohnpei, rainwater catchment systems were provided to five dispensaries within the municipalities, as well as accompanying 1,500-gallon food-grade polyethylene water tanks, sinks, and taps for handwashing stations. The handwashing stations were designed by IOM using only materials that can be procured locally to avoid shipping delays on imported materials.



6,412,569

supplies procured and distributed to support the response for COVID-19



2,291

handwashing facilities installed or rehabilitated

In **Marshall Islands**, IOM and the WASH cluster, the Marshall Islands persons with Disabilities Organization and the Economic Policy, Planning and Statistics Office conducted a Rapid Vulnerability Assessment for every house in Majuro (approximately 2,700) and 800 households in Ebeye so that the National Emergency Operations Center could target the most vulnerable households for COVID-19 preparedness and response.

IOM **Thailand** distributed hygiene supplies (e.g., soap, sanitizer, hygiene kits) to nearly 2,000 migrants, including in detention settings, so they could adopt COVID-19 prevention measures, as well as distributed food supplies to nearly 1,300 individuals.

IEC MATERIALS DEVELOPED ON INFECTION PREVENTION AND CONTROL



Nepal



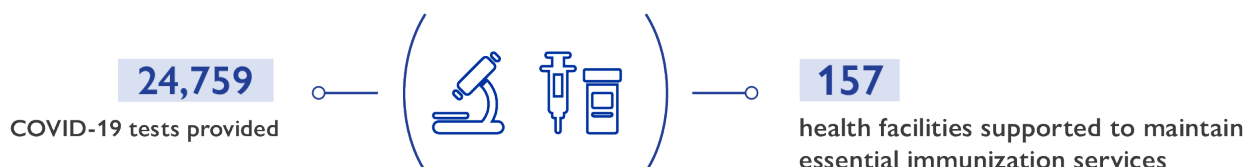
Lao PDR



Viet Nam



COVID-19 Rapid Response Teams provide medical services to returnee migrants, Herat Province, Afghanistan. © IOM, 2021.



Provision of Essential Health Services

IOM **Afghanistan's** Migration Health Unit served 575,564 patients in Nimroz, Helmand, Ghor, Herat, Kandahar and Nangarhar provinces with basic health care service, including outpatient consultations, maternal, child and neo-natal health care, reproductive health, family planning and COVID-19 screening and consultations.

IOM **Bangladesh** supported the health sector through a Dispatch and Referral Unit (DRU) in Cox's Bazar to manage live isolation bed capacity and ambulance dispatch for the COVID-19 response. With 22 vehicles (nine contributed by other agencies), DRU transported 1,060 individuals, including COVID-19 patients to isolation and treatment centers, contacts and travelers/new arrivals to quarantine centers, humanitarian workers to testing sites, discharged individuals back to their shelters and deceased bodies back to the community.

In Cox's Bazar, Bangladesh, IOM additionally responded to emergency health needs of Rohingya refugees and vulnerable Bangladeshi communities through 25 camp-based and 10 local government healthcare facilities, including with structural and operational adjustments to incorporate COVID-19 infection prevention and control. In 2020, IOM-supported facilities provided 792,325 consultations, offering both lifesaving and comprehensive primary services to both Rohingya refugees (78%) and host community members (22%). Furthermore, IOM provided child health services, including integrated management of childhood illnesses and routine immunizations, as per the National Expanded Programme for Immunization. Community Health Workers supported by IOM conducted routine home visits and referred mothers for antenatal and post-natal care, as well as facility-based deliveries.

VIRTUAL SUPPORT DURING COVID-19

IOM **Myanmar** supported health facilities to continue providing live-saving emergency referral support while minimizing the risk of COVID-19 transmission through use of digital payment via [Wave Money](#). Wave Money services are available through a mobile phone app that allows users to send and receive money, purchase phone credit, pay bills and more. Using this platform during the pandemic allowed patients to receive referral support and coordinate the payment process with IOM staff virtually.

FIRST LINE OF DEFENCE

Globally, within the United Nations "[First Line of Defence](#)" (FLoD) framework, IOM was designated as a health services provider to eligible United Nations staff and dependents in countries and contexts where health systems may be overwhelmed. IOM has FLoD memoranda of understanding with governments and the UN in **Cambodia, Nepal, the Philippines, Sri Lanka and Thailand**. Services include laboratory services, clinical services, telehealth, and medical movement support.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

In **Afghanistan**, IOM led RCCE activities in more than 12,600 communities through over 67,000 key informants and through multiple programmes to increase community-level awareness of the threats posed by COVID-19 and methods to combat its spread. IOM **Lao PDR** and the Ministry of Labour and Social Welfare supported more than 9,100 migrants and provincial officials across 9 provinces with safe migration trainings, community campaigns, direct assistance packs and IEC materials.

IOM **Malaysia** produced COVID-19 related information, education, and communication materials translated into 18 languages for migrant workers during the pandemic and disseminated them to over 80 private sector partners, 35 civil society organisations, and 16 embassies. The materials explained the regulations for Malaysia's Movement Control Order and government Standard Operating Procedures during COVID-19. A "Let's Talk Facts" poster series in four languages was developed, which aimed to combat xenophobia in the country.

IOM **Mongolia** collaborated with the government, UNICEF and WHO to reach more than 1 million people with RCCE activities. IOM led a COVID-19 anti-stigma campaign and helped reduce discrimination against COVID-19 patients as the government took measures to prevent the spread of COVID-19 transmission.

REACHING MOBILE POPULATIONS

IOM **Timor-Leste** facilitated a series of RCCE activities with key stakeholders from the Ministry of Health to ensure communication of COVID-19 information to mobile populations, migrants and border communities. The project reached 32,566 individuals (16,586 men, 15,980 women) in Bobonaro and Covalima Municipalities with key messages in local dialects in order to effectively transfer messages to citizens who were elderly and/or illiterate.



449

unique IEC materials produced for COVID-19, that are adapted to local languages and contextually appropriate



2,006,575

print IEC materials adapted to local contexts and distributed for COVID-19 (pamphlets, posters etc.)

IOM **Pakistan** implemented RCCE activities in coordination with the government for both migrants and host communities, to communicate public health information in accessible and culturally appropriate ways. IOM produced 21 unique IEC materials in the form of posters, flyers and brochures and translated into relevant languages. These awareness raising efforts reached more than 240,000 people.

IOM **Thailand** reached over 31,000 individuals through COVID-19 risk communication and community engagement efforts. The Country Office also reached 5,000 private sector stakeholders with information on Government policies affecting migrant workers during the pandemic.

PEER-TO-PEER AWARENESS RAISING

IOM **Indonesia** produced migrant-to-migrant video-logs on how migrant workers overcame challenges during the pandemic and to build awareness on COVID-19 prevention among migrant worker households. The videos were viewed more than 137,000 times. IOM also produced IEC materials for refugees, migrant workers and the public on COVID-19 health protocols, non-stigmatization, safe return procedures, and use of family remittances during the pandemic.



Dissemination of COVID-19 risk communication messaging, Myanmar.
© IOM, 2020

IOM carried out assessments at Points of Entry to determine capacity and needs for addressing COVID-19, Lao PDR. © IOM, 2020



POINTS OF ENTRY

Enhancing Capacity at Points of Entry

IOM **Bangladesh** worked with CDC of DGHS, Institute of Epidemiology Disease Control and Research and WHO to develop training materials and SOPs on PPE use and detection, notification, management, and referral of ill travelers, as well as to train 661 PoE officials (559 men, 102 women) on these topics. IOM also convened 30 Health Border and Mobility Management PoE task force meetings in 20 PoEs and donated two ambulances to Shah Amanat International Airport and Cox's Bazar Airport to transport ill travelers to health facilities. Additional donations included PPE, laptops, passenger information forms, 16 thermal gates, 35 screening desks, and 24 foot-operated handwashing stations. In priority PoEs, 14 health screening booths and 2 isolation rooms were constructed to screen and isolate travelers with suspected COVID-19 symptoms.

IOM **Indonesia** provided screening equipment, supplies, and PPE to 14 PoEs after assessing their COVID-19 mitigation capacities. Additionally, 170 PoE staff and frontline officers (19 women, 151 men) were trained on mitigating the risks of COVID-19, facilitated by a public health expert. Additional border management engagement was undertaken to enhance identification of vulnerable migrants at PoEs and counter migrant smuggling.

IOM **Lao PDR** collaborated with Ministry of Public Security (MoPS) to strengthen immigration and border management (IBM) at ten PoEs with high mobility flow during COVID-19. IOM conducted ten PoE mapping assessments across eight provinces, produced flow diagrams to highlight existing gaps, developed an SOP for frontline officials, conducted SOP trainings for over 460 participants, and handed over 217,653 pieces of supplies - including PPE, technology equipment, handwashing stations, and NFIs - to frontline officials and returnee migrants. Approximately 6,000 printed IEC materials were distributed to PoEs to ensure effective risk communication on COVID-19 and safe migration for migrants. This initiative strengthened the partnership between IOM and MoPS, paving the way for future collaborations in IBM.

IOM **Thailand** and the Ministry of Public Health organized on-the-job awareness sessions on COVID-19 for frontline immigration officials, in line with national health guidance, reaching 260 immigration officials from 8 PoEs. According to the post-training evaluation, 99 per cent of participants reported the training met their needs and expectation, and 98 per cent of participants reported that the contents could be applied to their daily work.

SUPPORT TO REOPEN AIRPORTS SAFELY

IOM **Sri Lanka** supported Bandaranaike International Airport (BIA) to strengthen effectiveness and efficiency of COVID-19 testing, including providing advanced equipment — RNA/DNA Extractor (MagNa Pure 96), the first of its kind in Sri Lanka — to significantly improve turnaround time. This equipment, combined with training for laboratory officers at BIA, contributed to the safe operation of the airport and reduced passenger waiting time.

Points of Entry Assessments

IOM **Bangladesh** conducted rapid needs and capacity assessments in 20 of the 28 PoEs (12 land ports, 4 airports, 2 seaports, 2 railway stations) in coordination with the Communicable Disease Control (CDC) unit of Directorate General of Health Services (DGHS).

IOM **Nepal** assessed 20 PoEs designated by the government to facilitate return of migrants and coordinated with the Ministry of Health and Population to design a 2-day training for PoE frontline workers. Feasibility assessments on the establishment of a health desk prototype were additionally conducted at 15 PoEs.


282

PoEs assessed by IOM (includes reporting on POE Tool, sole assessments, joint assessments)

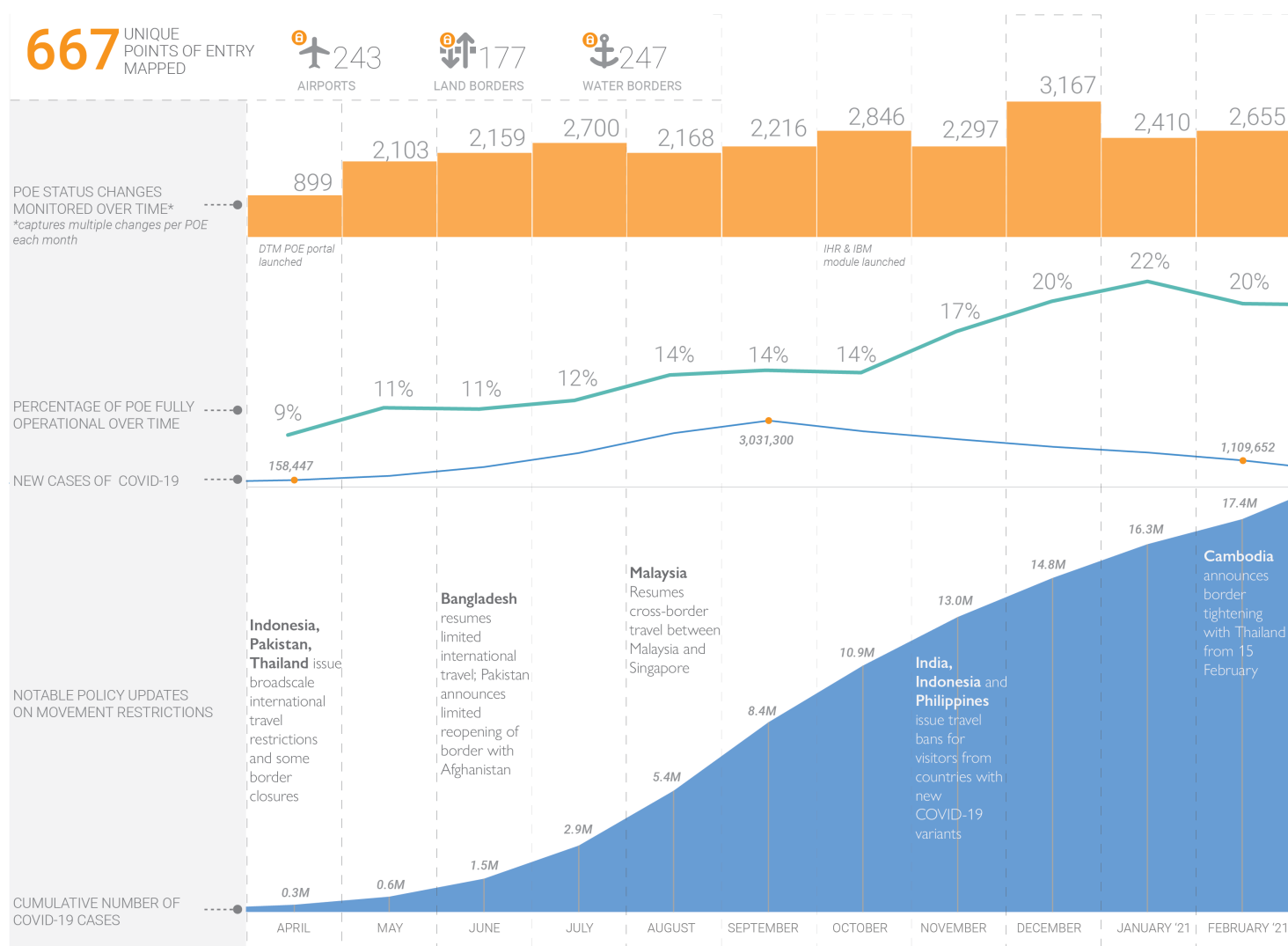

184

PoEs supported to undertake COVID-19 preparedness and response measures

RISK ASSESSMENT TOOL FOR RESUMING OPERATIONS AT POINTS OF ENTRY

IOM developed a PoE Risk Assessment Tool to support border authorities to reopen air, land and sea PoEs in the context of the COVID 19 pandemic. The tool facilitates IOM's coordination with counterparts to assess PoE conditions with an aim to adopt all necessary measures prior to and during the reassumption of operations. The tool directly contributes to developing and implementing protocols that incorporate public health concerns, ensuring that public health authorities are among the key stakeholders for decision making in cross border mobility.

POINTS OF ENTRY MAPPING: APRIL 2020 - FEBRUARY 2021





Mask and face shield distribution
at a market, Sittwe, Myanmar. ©
IOM, 2020

SOCIOECONOMIC RESPONSE AND RECOVERY



188,544

returnee migrants provided
assistance and services



23,131

migrants and community members
provided livelihood support



22,758

communities with high volumes of
returnee migrants supported

OVERVIEW

Every country in Asia and the Pacific experienced severe economic impacts from the pandemic. Governments across the region report significant contractions in their economies, with 2020 GDP decreasing from 1 per cent in Lao PDR and Tuvalu to a high of 18 per cent in Fiji. The widespread socioeconomic impacts of the pandemic have had a particularly strong impact on migrants, who have reported extremely high rates of job loss and unemployment, often leading to negative coping mechanisms such as reduced food consumption.

Sectors with high proportions of migrant workers - such as tourism and hospitality, restaurants, construction, and manufacturing - were particularly hard hit. In Bangladesh, nearly one million workers from the ready-made garments sector were left unemployed when factories closed during the Government-imposed lockdown.

Some countries report devastating impacts on their poverty rates: as much as 90 per cent of the population of Afghanistan lives on less than \$2 a day, while Sri Lanka lost its new-found status as an upper-middle income country and reverted to middle income due to the effects of the pandemic. In Bangladesh, the national upper poverty rate rose from 23 to 35 per cent and an additional 2.1 million people fell below the poverty line in 2020.

IOM RESPONSE

Direct Assistance for Returnee and Vulnerable Migrants

IOM **Cambodia** led the UN Joint Programme, which provided a comprehensive assistance package to 322,809 returnee migrants, increasing awareness and utilization of essential health and MHPSS services among migrants. IOM **Mongolia** delivered immediate assistance to the most vulnerable internal migrants in urban settings in Mongolia affected by the first strict lockdown (especially those without proper residency registration). A total of 2,500 households in Ulaanbaatar, Darkhan and Erdenet benefitted from food and coal packages to cover immediate survival needs.

IOM **Myanmar** partnered with the government and CSOs to support 145,843 migrants and family members (62% men, 38% women) returning from Thailand and China in quarantine facilities and communities. IOM provided health services, hygiene kits, WASH supplies, MHPSS, nutrition support, potable water and upgraded WASH infrastructure (toilets, mobile toilets, water tanks and plumbing systems). IOM **Sri Lanka** supported 3,700 (2,266 women, 1,497 men) individuals with NFIs, WASH and dry food rations in areas of migrant return and COVID-19 affected areas in Anuradhapura district.

Livelihood Support

IOM **Afghanistan's** reintegration and development programme provided community assistance to:

- 3,120 households (24,960 people) through construction of 21 basic and economic infrastructure projects
- 217 returnees secured gainful employment through the support of 14 small and medium sized enterprises.
- Seven innovative start-ups were created, securing new jobs for 42 returnees across 8 provinces.
- The provision of technical and vocational education and training enhanced the knowledge and skills of 345 returnees, improving their chances of employment or starting their own business.

IOM Bangladesh:

- Provided 6,752 host community households in Cox's Bazar District, Bangladesh with unconditional cash grants to address the impacts of the countrywide lockdown on these households' income and livelihoods.
- Collaborated with local communities to produce cloth-masks, face-shields and hand sanitizers: 1,000 people made 856,648 face masks, 80 produced 91,015 bottles of hand sanitizer and 100 produced 95,520 face-shields. These initiatives enabled individuals to earn income at a time when their livelihoods options were limited.

IOM **Cambodia** supported migrants and their communities to build economic resilience through income generating opportunities. With UNDP and UN Women, IOM implemented an MPTF COVID-19 recovery fund project, which supported migrant women with economic development opportunities. In total, 727 of the most vulnerable returnee migrants, especially women/female-headed households, were provided with an economic reintegration package in the form of cash grants for small business opportunities.

IOM **Marshall Islands** drafted a workplace toolkit to help local businesses prepare for COVID-19 and potential lockdowns. The mission also led a national competition via local papers, education networks and social media for households to share stories and drawings of their COVID-19 preparations.

IOM **Nepal** partnered with a bank to provide 410 migrant individuals/households affected by COVID-19 with loans against zero collateral upon submission of compelling business plans. The Country Office also conducted a mapping exercise of potential employers to link returnee migrants with employment opportunities in the private sector and provided financial and business education services to returnee migrant workers and their families.

SERP FRAMEWORK CONTRIBUTIONS

With the pandemic spreading across the globe, IOM and all UN agencies had to respond immediately. From a policy and planning perspective, UNCTs were tasked to bring together UN agencies, government and other partners to develop and implement socioeconomic response plans (SERPs) to support fundraising and to coordinate the integrated response to COVID-19.

These guiding documents took stock of national level humanitarian and/or development planning already in place and needed to address the five key pillars outlined by the UN Secretary General in the socioeconomic response to COVID-19. The pillars included health; protecting people; economic response and recovery; macroeconomic response; and multilateral collaboration, social cohesion and community resilience.

IOM ROAP and IOM Country Offices worked closely together to integrate migration and advocate for migrants across the five pillars. The results of this close collaboration resulted in migration and migrants incorporated into national-level SERPs across the Asia Pacific region. The SERPs and their proposed activities will continue to guide UNCTs and IOM into 2021.

IOM PROMISE

The Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement in Cambodia, Lao PDR, Myanmar and Thailand (PROMISE) project seeks to define a clear pathway to promote better employment opportunities and working conditions for migrants, especially women, through safe migration and skills development in partnership with the private sector, training institutions, civil society and governments.

In **Thailand**, IOM PROMISE joined with UN women, the Migration Working Group and private sector stakeholders to establish MitrThai.com, an online hub that equips migrants with information in their native languages on COVID-19 prevention, access to social protection and healthcare, procedures for changing employers, and how to extend stay and work permits during the pandemic. More than 30,000 people received information on how to extend stay and work permits. The site also provides free skills development opportunities, including labour rights training and 10 hours of Thai language training.

PROMISE additionally assessed the socioeconomic impact of COVID-19 on women and men migrant workers in **Cambodia, Lao PDR, Myanmar and Thailand** to inform medium- to long-term recommendations for private and public sector actors on building back better related to debt and remittances; employment and employment protection; access to information, social protection and services; return and reintegration; and re-migration and re-employment, including ethical recruitment.



Safe migration community campaign meeting, Lao PDR. © IOM, 2020

IOM CREST

The IOM Corporate Responsibility in Eliminating Slavery and Trafficking (CREST) is a regional initiative with the private and public sector to uphold migrant workers' rights.

- Rapid assessment with 19 recruitment agencies and three recruitment industry associations in **Bangladesh, Cambodia, Hong Kong SAR in China, Nepal, the Philippines, Thailand and Viet Nam**.
- Negotiated with employers to protect migrant workers from COVID-19, respect employment conditions and labour rights during the pandemic, and maintain migrant worker jobs and job orders.
- Provided relevant COVID-19 and migration related information, PPE, transportation, food and quarantine accommodation to migrant workers.
- Developed [guidance](#) for employers and labour recruiters to help them more effectively respond to the impact of COVID-19 and enhance protections for migrant workers in their operations and supply chains.

IOM INDIA CREST FASHION PROJECT

The **India** CREST Fashion Project addressed the rising vulnerabilities of migrant workers, especially internal migrants working in the garment sector. IOM led online trainings - organised with Sphere India - for more than 3,600 NGO workers on migrant vulnerabilities, ethical recruitment, best business practices and safe migration. Additionally, the Country Office organized two trainings on IOM's International Recruitment Integrity System (IRIS), as well as six multi-stakeholder coordination meetings on supporting migrants' empowerment and mobility.

Policy Support & Technical Assistance

In collaboration with the Bureau of Emigration's National Emigration and Welfare Policy for Overseas Pakistanis, IOM **Pakistan** assisted in drafting labour migration related policies. These policies addressed labor migration concerns that have shifted during the COVID-19 pandemic, including labor market assessments, ethical recruitment and recruitment principles (IRIS) and assessing new challenges and opportunities in countries of destination given changing market/supply chain structures as a result of COVID-19 impacts.

IOM **Thailand** provided policy advice and convened private sector stakeholders to contribute to the Royal Thai Government's policy allowing eligible migrant workers to remain in the country during the COVID-19 pandemic. This provision extended migrant workers' work and stay permits through to 31 March 2022. Consequently, more than 170,000 migrant workers have had their work permits renewed and are able to maintain regular migration status in Thailand.

UNDERSTANDING THE FUTURE OF LOW SKILLED MIGRATION IN ASIA

International migration is shaped by changing economic, geographic, demographic and other factors, resulting in distinct migration patterns. Some migrants have more personal, social, situational and structural vulnerabilities, which may worsen in crises, such as the COVID-19 pandemic. IOM CREST initiated a factor analysis study at the regional level to identify the different factors that could potentially impact future migration patterns in Asia with a focus on lower-skilled migration.



Cloth face masks were sewn by Rohingya refugees as part of a livelihood program, Cox's Bazar, Bangladesh. © IOM, 2020

21,804

internal and international migrants surveyed as part of COVID response



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external publications/strategies/plans produced focused on migrants and COVID socioeconomic recovery

Socioeconomic Assessments and Surveys

In **Hong Kong, SAR of China**, IOM developed a project to assess the impact of COVID-19 on the tourism and hospitality industry to support Hong Kong SAR position itself as a strong destination for future migrant workers.

In **Pacific** countries, a Rapid Assessment was conducted to understand the socioeconomic impacts of COVID-19 on labour migration, including a closer look at seasonal worker's programs, remittances and impact of COVID-19 on local economies.

IOM **Sri Lanka** developed a rapid assessment during COVID-19 to examine exploitative recruitment practices and their association with human trafficking. IOM Sri Lanka's AVRR and Counter Trafficking units also undertook a virtual rapid assessment interviewing returnees, stranded migrants, local NGOs and government stakeholders on the socio-economic impact of COVID-19 on migrants and returnees. The assessment addressed employment, mobility restrictions, access to social protection schemes and health care, remittances, challenges faced by undocumented migrants, stigma, human trafficking risks and reintegration.

IOM **Tuvalu**, together with ILO and other partners, designed and conducted a national survey targeting the unemployed, enterprises and households with a focus on seasonal workers and remittance dependant households.

STUDY ON THE IMPACT OF COVID-19 ON REMITTANCES ACROSS 12 COUNTRIES IN ASIA AND THE PACIFIC

Remittances are an economic lifeline to many migrant households across the Asia Pacific region, as they provide direct support to families to deal with the impact of the crisis and to cover everyday expenses. At the beginning of the pandemic, there were alarming predictions about the potential drop in annual remittance inflows, with some forecasts predicting a 20% decline in 2020 remittances compared to 2019 levels.

IOM commissioned a regional study to explore the impact of COVID-19 on migrant remittances by analyzing central bank data and considering nuances, such as currency fluctuations, formal versus informal channels and transaction price drops. The study also examined policies implemented by governments to keep remittances flowing (e.g., in the Philippines).

Early findings indicate remittances for 2020 showed resilience (although not uniformly across the region), underscoring their counter-cyclical nature in crises and elucidating specific trends, such as increased use of digital channels. COVID-19 exacerbated the vulnerabilities of migrants; however, as remittances appeared to remain strong during the first year of the pandemic, IOM will continue to strengthen the evidence base on the short- and long-term impact of COVID-19 on remittances and the sustainability of these trends.



Displacement Tracking Matrix Flow Monitoring at checkpoints around Ulaanbaatar, Mongolia. © IOM, 2020

TRACKING THE IMPACTS OF COVID-19 ON MOBILITY AND MIGRANTS

OVERVIEW

International and internal mobility have been severely affected by the pandemic as countries aimed to curb the spread of the disease. Suspended international travel and closed Points of Entry significantly hindered labor migration in a region that in 2019 had an international migrant stock of more than 65 million people and included six of the top ten countries of origin of the largest diaspora populations.¹ Ongoing travel restrictions continue to limit international migration, though many countries in the region have resumed limited entry for foreign nationals.

Furthermore, millions of internal migrants have also been affected by regional border closures and job losses, with many returning to their states/provinces of origin or in some cases becoming stranded internally. In the context of travel restrictions and broader closures of economies worldwide, millions of migrants returned to their countries of origin in the early months of the pandemic and continuing through 2020. In Asia and the Pacific, as many as 8 million migrants returned to their countries of origin, with many governments organizing repatriation flights for their citizens.

ASSESSING INTERNAL RETURN MIGRATION

In response to widespread internal return migration in **Bangladesh** after the government instated mobility restrictions, IOM implemented a phone-based mobility tracking observation exercise with key informants in 29 districts across the country. This exercise aimed to understand the flow of internal migration from 30 March to 15 April 2020. Findings from the exercise were published in a situation snapshot, "[Mobility Tracking Observations: District Level Internal Returnees](#)."

IOM Bangladesh and the Ministry of Expatriates' Welfare and Overseas Employment developed a Returnee Rapid Assessment (RRA) and carried out two rounds of data collection from [May to June 2020](#) and [August to September 2020](#) in 12 districts with both internal and international returnees. The reports focus on the demographic and socio-economic profile of the returnees, their livelihoods and employment, their migration and return experiences and practices, and their economic and social challenges and aspirations.

POINTS OF ENTRY DASHBOARDS

In order to assess the impact of the COVID-19 pandemic on population mobility in Afghanistan, Bangladesh, Iran (Islamic Republic of) and Pakistan, the Displacement Tracking Matrix (DTM) Regional Evidence for Migration Analysis and Policy (REMAP) team published reports on the [findings of a PoE exercise](#) carried out by IOM in 2020. This exercise involved mapping and collecting data on locations, statuses and restrictions at common PoEs, such as airports and land and blue border crossing points.

REMAP Country PoE dashboards:

- **Bangladesh:** [COVID-19 Point of Entry \(PoE\) Analysis](#) (March-December 2020)
- **Iran (Islamic Republic of):** [COVID-19 – Point of Entry \(PoE\) Analysis](#) (March-December 2020)
- **Pakistan:** [COVID-19 Point of Entry \(PoE\) Analysis](#) (March-December 2020)

¹ India, China, Bangladesh, Pakistan, Philippines, Afghanistan: UN DESA 2020, [Monitoring Global Population Trends](#).



Focus group with migrant workers, India. © IOM, 2020

Flow Monitoring and Population Mobility Mapping

At the onset of the pandemic, IOM **Mongolia** collaborated with the Municipality of Ulaanbaatar to carry out a DTM Flow Monitoring exercise at six checkpoints around the capital city. Collected data were used to identify potential community transmission patterns and inform preparedness and prevention actions. At the checkpoints, IOM-trained enumerators and data entry personnel collected non-personal data for three-months, tracking 3.5 million population movements.

IOM's analysis of these data and subsequent recommendations helped better structure the checkpoints and ensure safer flow in and out of the capital city. Mongolia was the first country in the world to use DTM for COVID-19 prevention, thus leading by example in creating an evidence base for informed decision making in an emergency context. Crucially, this exercise detected the first case of COVID-19 community transmission in the country. An example of one of the Flow Monitoring situation reports can be found [here](#).

IOM **Nepal** Conducted Population Mobility Mapping from August-October 2020 in nine municipalities with designated PoEs, including 800 individual interviews and focus group discussions. IOM also selected and assessed 644 sites with high population mobility, including PoEs, health centers, traditional healers, schools and colleges, entertainment centers, market centers, migrant worksites, transport stations, and places of workshop. Interactive maps for each location were developed and findings were provided to local government stakeholders to inform COVID-19 and other future pandemic interventions.



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reports published related to the impact of COVID-19 on displaced persons, other migrant populations and mobility

IOM **Timor-Leste** worked with the Ministry of Interior to strengthen cross-border mobility monitoring and establish 19 surveillance monitoring points in Covalima and Bobonaro municipality. The deployment of DTM flow monitoring along Timor-Leste's land border with Indonesia supported the Government to enhance COVID-19 response interventions and develop preparedness plans.

NEEDS AND VULNERABILITY ASSESSMENTS

Several IOM Country Offices in the region carried out periodic assessments detailing the vulnerabilities and perceptions of migrant populations during the COVID-19 pandemic.

- IOM **Afghanistan** - [Community-Based Needs Assessment: Summary Results, Round 10 \(January—June 2020\)](#).
- IOM **Lao PDR** - [COVID-19-Related Vulnerabilities And Perceptions Of Non-Lao Populations In The Lao People's Democratic Republic \(June-September 2020\)](#).
- IOM **Thailand** - [Rapid Assessment: COVID-19 Related Vulnerabilities And Perceptions Of Non-Thai Populations In Thailand Round 3 \(November 2020\)](#).

Returnee Migrant Assessments

Following the success of the RRA in Bangladesh, the model was adapted and used in other countries in the region, including Cambodia and the Philippines. In **Cambodia**, IOM and UNFPA launched the report, “[Rapid Assessment on Social and Health Impact of COVID-19 on Returning Migrant Workers in Cambodia](#).” Findings include: nearly 60% of migrants have no source of earnings in Cambodia and more than 50% have debts; women migrant workers are more likely than men to have no money; only 25% of migrants have an IDPoor Card (which provides subsidies for social services for impoverished households); more than 50% of migrants have problems accessing health care due to lack of money or distance to health care providers. IOM used these findings to present actionable recommendations for policy changes. IOM additionally published the report, “[Cambodian Returning Migrants Survey \(2020\)](#)” with findings from a phone-based survey with returnee migrant workers conducted in June 2020.

From October to December 2020, IOM **Indonesia** surveyed more than 2,000 returnee migrants to understand the socioeconomic impacts of the pandemic. The research showed how the loss of remittances and lack of employment opportunities led to significant drops in income: 87% of respondents indicated that they foresaw their monthly income dropping between 20% and 60%.

Working with the government, IOM **Lao PDR** surveyed 326 returnee migrants, finding the top reasons they returned were: they were worried about COVID-19 (32%), their family wanted them to come back (18%), and they were told to leave Thailand by their employer due to COVID-19 (11%). IOM also interviewed returnee migrants in quarantine centres as part of two DTM surveys regarding vulnerabilities of migrants amid the pandemic. As IOM is one of the few entities allowed to conduct data collection activities in quarantine centres, these reports played a pivotal role in informing development partners and the government of gaps in existing response efforts.

IOM conducted a socioeconomic impact assessment of 2,300 **Myanmar** returnees and found that 26% of men and 19% of women reported having experienced violence/threats, discrimination, exploitation or wage theft. Of the migrant workers surveyed, 43% of women and 47% of men returned home because they lost their jobs following the COVID-19 outbreak. IOM Myanmar additionally coordinated with the UN Core Group to conduct an assessment, “Understanding the Experiences of Returning Migrants Affected by the COVID-19 Pandemic in Myanmar.” Assessment findings on the experiences, challenges and future intentions of returnee migrants and communities of return were shared with relevant actors to inform programming.

IOM **Nepal** coordinated with the National Planning Commission of Nepal to conduct a rapid phone survey on the vulnerabilities, return intentions, aspirations and reintegration plans of Nepali migrant workers during the pandemic. The study reached 3,000 migrant workers who had either returned to Nepal or were working in destination countries, as well as those who received government approval to work abroad but failed to travel due to COVID-19 related mobility restrictions. Findings were shared with the Nepal Planning Commission to support policy development.

IOM **Philippines** conducted a socioeconomic impact assessment of more than 8,000 returnee migrant workers, covering employment, household income and remittances. Over 90% of respondents reported they had sent remittances home regularly before they returned, and 48% reported a 60% drop in income upon return.

IOM **Thailand** conducted a rapid assessment with migrants that identified loss of livelihoods and insufficient income as the biggest challenges facing non-Thai people in Thailand. Approximately 10% of migrants reported job loss and more than 75% reported reduced income as a result of the economic downturn and lockdown measures.



Returnee migrants supported in Herat Province, Afghanistan. © IOM, 2020



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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 the meeting of 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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