The Asia-Pacific region was the first in the world affected by COVID-19, which was identified in China in December 2019. As of November 2020, more than 12.2 million confirmed cases and more than 224,000 deaths had been reported in 28 countries, territories and/or areas in the region, with varied levels and trajectories of infection rates; however, with limited testing capacities in multiple contexts, the true number of cases is likely much higher.

Governments across the region instituted a suite of restrictions and policies to curb the spread of the virus, including partial or total closure of Points of Entry (PoE), travel bans, widespread business and school closures, intranational movement restrictions, curfews and lockdowns. While many measures were successful at reducing the spread of the virus, they also had significant economic impacts, including a weakened tourism industry, significant decreases in remittances, interruptions to migrant labour that upholds key industries, and overall reductions in labour force participation.

Mobility is a critical and defining feature of the pandemic and will continue to be inextricably linked with national and international COVID-19 response, mitigation and recovery efforts. Migrants are facing multiple simultaneous crises - the COVID-19 health risks and a lack of access to health services in many destination countries; job loss and financial precarity due to the socioeconomic crisis resulting from global economic downturn; and a protection crisis with border closures, entry restrictions, travel bans and limitations, and exclusionary actions putting vulnerable populations at even greater risk of exploitation and harm. Job loss and border closures led to sudden mass migration movements, further increasing migrants’ vulnerability, including in terms of health safety, income and gender-based violence.

Nearly 7 million migrants returned to their countries of origin in Asia and the Pacific. Travel restrictions and their impacts on mobility have complicated this process, and more than 2 million migrants face extended uncertain situations in transit and destination countries, including those that are stranded as they wait for governments and international organizations to support their return travel. Governments in the region have mobilized to coordinate chartered flights and establish quarantine centres to facilitate migrants’ return.

Specific regional factors exacerbate migrant vulnerability in the context of COVID-19, including high rates of urbanization and densely populated cities, leading to cramped and crowded living and working conditions for migrants. Due to natural disasters and conflicts, large numbers of refugees and internally displaced persons (IDPs) live in displacement sites or evacuation centres, presenting extremely high-risk environments for COVID-19 transmission.
REGIONAL OUTLOOK

COVID-19 CASES AND MIGRANT RETURNS IN ASIA AND THE PACIFIC

RETURNEE MIGRANTS*
- >500k
- 150k to 500k
- 70k to 150k
- 50k to 70k
- <50k

COVID-19 CASES
- >400k
- 100k to 400k
- 10k to 100k
- <10k

*reflects multiple groups, including labor migrants, family members and students.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.

12,223,500 TOTAL CASES
224,900 TOTAL DEATHS
6,980,000 TOTAL RETURNEE MIGRANTS

IOM COUNTRY OFFICE COVID-19 RESPONSE COORDINATION ROLES

Afghanistan | Marshall Islands | Philippines
Bangladesh | Micronesia | Republic of Palau
Cambodia | Mongolia | Republic of Korea
Fiji | Myanmar | Sri Lanka
Iran | Nepal | Thailand
Lao PDR | Pakistan | Timor-Leste
Malaysia | Papua New Guinea | Viet Nam

National COVID-19 Taskforce/Consultation Mechanism | Lead | Co-Lead
PoE Working Group | RCCE Working Group | Returnees Working Group
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. IOM country offices quickly mobilized at the outset of COVID-19 to address the emerging needs associated with the pandemic.

IOM drew on expertise from different divisions of the Organization, including Migration Health, Emergency Preparedness and Response, Migrant Protection and Assistance, Immigration and Border Management, Transition and Recovery and Labour Mobility and Human Development.

A new internal, coordinated response structure was created, built around the six strategic pillars: humanitarian, health, points of entry, socioeconomic response, stranded migrants and tracking mobility impacts. Additionally, internal working groups were created within Regional Office for Asia and the Pacific for improved coordination, including a Points of Entry Working Group and a Socioeconomic Task Team.

At the regional level, IOM led the Regional Thematic Working Group for Migrants and Refugees and COVID-19 across Asia and the Pacific in partnership with WHO, UNHCR, the International Federation of Red Cross and Red Crescent Societies, OHCHR, International Rescue Committee, Plan International and other NGOs.

With regional technical oversight, IOM country offices initiated new response activities by mobilizing financial resources, as well as adapting existing programs to integrate COVID-19 response activities - 28 country offices developed comprehensive COVID-19 response plans as part of IOM’s Global Strategic Preparedness and Response Plan, requesting $96.3 million in funding.

Country operations were aligned with global objectives, including the strategic objectives and operational pillars from the Global Strategic Preparedness and Response Plan, as well as the UN Framework for the Immediate Socio-Economic Response to COVID-19. Additionally, the six countries in the region included in the Global Humanitarian Response Plan (GHRP) harmonized their plans, activities, and reporting mechanisms with the GHRP. 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.

IOM country offices in Asia and the Pacific successfully mobilized funds towards their COVID-19 response plans, with funding allocated across each of the twelve operational pillars for a comprehensive approach toward addressing the needs of migrants, IDPs, refugees and other vulnerable populations during the pandemic.

**SUMMARY**

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. IOM country offices quickly mobilized at the outset of COVID-19 to address the emerging needs associated with the pandemic.

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**ALLOCATION OF RECEIVED FUNDING BY OPERATIONAL PILLAR**

<table>
<thead>
<tr>
<th>Operational Pillar</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management &amp; Continuity of Essential Services</td>
<td>20.2%</td>
</tr>
<tr>
<td>Addressing Socio-Economic Impact</td>
<td>13.5%</td>
</tr>
<tr>
<td>Points of Entry</td>
<td>11.6%</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td>11.1%</td>
</tr>
<tr>
<td>Risk Communication &amp; Community Engagement</td>
<td>10.1%</td>
</tr>
<tr>
<td>Coordination &amp; Partnerships</td>
<td>7.2%</td>
</tr>
<tr>
<td>Logistics, Procurement &amp; Supply Management</td>
<td>7.2%</td>
</tr>
<tr>
<td>Protection</td>
<td>6%</td>
</tr>
<tr>
<td>Tracking Mobility Impacts</td>
<td>5%</td>
</tr>
<tr>
<td>Camp Coordination &amp; Camp Management</td>
<td>4.8%</td>
</tr>
<tr>
<td>Disease Surveillance</td>
<td>3.2%</td>
</tr>
<tr>
<td>National Laboratory Systems</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

CONFIRMED USD 71.5 M
USD 96.3 M requested for Asia-Pacific under IOM’s Global SPRP (Feb - Dec 2020)
HEALTH

OVERVIEW
The COVID-19 pandemic has exacerbated and highlighted the existing inequities in provision of, and access to, healthcare for migrants across Asia and the Pacific. IOM’s health response for COVID-19 is designed to support all vulnerable populations including migrants and refugees and people on the move regardless of their legal status, to ensure equal access to health and social support services and promote inclusion in national and regional responses to COVID-19, for prevention, testing and treatment and for socio-economic response measures. Meaningful inclusion will help to protect the rights of refugees and migrants and is a necessary requirement to protect public health and stem the global spread and impact of COVID-19.

IOM RESPONSE
CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL HEALTH SERVICES
IOM health teams mobilized and expanded to provide COVID-19 related care to beneficiaries. At PoEs and in refugee and IDP camps, ambulances were provided to transport individuals suspected of having COVID-19 to quarantine facilities.

Health teams adapted their modes of service delivery to the COVID-19 context, creating mobile health teams in response to reduced numbers of individuals seeking care at facilities, and providing telemedicine services when possible. IOM also constructed new quarantine and isolation centers and refurbished health care facilities with isolation rooms for treatment of refugees, migrant and IDPs.

QUARANTINE CENTRE SUPPORT TO MINISTRIES OF HEALTH
IOM Timor-Leste provided technical and operational support to the Government in management of COVID-19 quarantine and isolation facilities in border communities, including with assessments of Suai Quarantine Facility at Bairo Costa, Debos; Suai Isolation Facility within Suai Referral Hospital; and Batugade Quarantine Centre.

In Indonesia, IOM assessed COVID-19 quarantine facilities managed by District Health Offices, assessing COVID-19 awareness, management capacity of the quarantine facilities, available facilities, protection considerations, access to services in the quarantine facilities, and communication and feedback mechanisms.

In coordination with provincial government authorities, IOM Cambodia assessed quarantine centres for newly arrived returnee migrants to map their needs and ensure migrants received information about COVID-19 prevention and safe migration.

DISEASE SURVEILLANCE ASSISTANCE
In Cox’s Bazar, Bangladesh, health workers formed outreach teams to enhance community-based surveillance, improve risk communication and community engagement (RCCE) and ensure continuity of services through referrals, reaching 32,600 beneficiaries. In Sri Lanka and Myanmar, IOM supported the Ministries of Health to transport samples and conduct COVID-19 surveillance. IOM Cambodia worked with Provincial Rapid Response Teams at PoEs and quarantine centers to monitor surveillance efforts and ensure accurate data collection.

Using Flow Monitoring, IOM marked geographical zones in Pakistan and Afghanistan in order to track potential cross-border disease transmission and identify high-risk areas. In Afghanistan Mobile Health Teams screened and provided health services to more than 200,000 individuals in border provinces, rural areas and IDP camps through community based surveillance. Additionally, more than 200 health staff were seconded to Rapid Response Teams to bolster capacity of the Provincial Public Health Directorates.

Globally, within the UN “First Line of Defence” framework, IOM was designated as a health services provider to eligible UN staff and dependents in countries and contexts where health systems may be overwhelmed. IOM has First Line of Defence memoranda of understanding with governments and the UN in Cambodia, Nepal, the Philippines, Sri Lanka and Thailand. Relevant services include laboratory services, clinical services, telehealth, and medical movement support.

NATIONAL LABORATORY SERVICES AND DISEASE SURVEILLANCE
Country offices worked with Ministries of Health and provincial and district health departments to provide logistics support and additionally seconded specialized staff for disease surveillance and contact tracing. IOM also supported the government with reporting and data management. In some countries, laboratory staff were seconded to government-run laboratories to enhance their capacity.

1,921 handwashing stations constructed/installed overall
859 handwashing stations constructed/installed in health facilities
143 healthcare facilities provided with handwashing stations
52 handwashing stations constructed/installed in points of entry
**HEALTH**

**INFECTION PREVENTION AND CONTROL**

IOM country offices led a multi-pronged effort to implement infection prevention and control (IPC) measures across the region, including training of staff at health care facilities and PoEs, distribution of hygiene and protective materials, construction and installation of handwashing stations and sanitization efforts in communal spaces.

Handwashing stations were added to sites most frequented by migrants, refugees and IDPs, including at PoEs and healthcare facilities, as well as within camps and camp-like settings. Recipients of hygiene materials included returnee migrants in quarantine centers, refugees and IDPs in camps and camp-like settings, and other migrants accessing IOM services.

Medical-grade personal protective equipment (PPE) was distributed to health professionals in healthcare facilities, including more than 46,000 full PPE sets. Temperature screening points were established at the entrances of refugee and IDP camps, screening hundreds of thousands of individuals entering and exiting the sites. IOM also procured backpack sprayers to spray disinfectant in community centres, healthcare facilities, water, sanitation and hygiene (WASH) facilities, PoEs and quarantine centers.

These supplies played a crucial role in protecting health care staff, border officials, IOM staff, and individual beneficiaries from COVID-19 infection and reducing the spread of the virus. Health care staff were also trained in key standard operating procedures (SOPs) for IPC, including proper techniques for donning and doffing PPE, waste disposal, quarantine and isolation.

**IMPROVING HYGIENE FOR COVID-19 PREVENTION**

IOM Micronesia engineers designed a handsfree handwashing station so that each component could be procured locally, as shipping times to Micronesia are lengthy and were delayed during COVID-19. IOM also installed rainwater catchment systems at nine dispensaries (four in Chuuk and five in Pohnpei), which include the installation of sinks and new gutters, to ensure that dispensaries have adequate water supply for proper COVID-19 hygiene and infection prevention measures.

In Marshall Islands, IOM and the Gender and Protection Cluster focused on local procurement by meeting with female entrepreneurs and local business owners to design and locally produce reusable menstrual pads for dignity kits. In Cox’s Bazar, Bangladesh, hand sanitizer, face shields and cloth face masks were produced by beneficiaries from Rohingya and host communities as part of adapted livelihood programs.

**Handwashing education session with Rohingya refugees, Indonesia.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>masks</td>
<td>2,335,527</td>
</tr>
<tr>
<td>gloves</td>
<td>1,655,240</td>
</tr>
<tr>
<td>PPE sets</td>
<td>46,736</td>
</tr>
<tr>
<td>face shields</td>
<td>139,574</td>
</tr>
<tr>
<td>ventilators</td>
<td>8</td>
</tr>
<tr>
<td>goggles</td>
<td>14,700</td>
</tr>
<tr>
<td>thermometers</td>
<td>389</td>
</tr>
<tr>
<td>hand sanitizers</td>
<td>100,740</td>
</tr>
<tr>
<td>soaps</td>
<td>5,097,780</td>
</tr>
<tr>
<td>n-95 masks</td>
<td>23,675</td>
</tr>
<tr>
<td>gowns/coveralls</td>
<td>53,408</td>
</tr>
<tr>
<td>household hand washing devices</td>
<td>55,412</td>
</tr>
</tbody>
</table>

527,849 individuals received hygiene supplies (e.g., soap, sanitizer, hygiene kits)
Country offices in the region implemented RCCE activities and worked together with UN and government counterparts by extensively leveraging and expanding community networks to ensure public health information is communicated in accessible and culturally appropriate ways to migrants and mobile populations, regardless of their status. At the regional level, IOM created an RCCE Social Media Group for country offices to rapidly share materials for specific migrant groups, including over social media.

IOM advocated with relevant stakeholders for migrant inclusion in RCCE interventions. Information, education and communication (IEC) materials were produced in the form of posters, brochures, animations, video clips, radio broadcasting pieces, TV programming, hotlines, webpages and social media posts to ensure migrants were widely reached and received accurate information on COVID-19 in their native languages.

Specific messaging was developed and disseminated to counter rumors, misinformation and myths about COVID-19 and to combat stigma and discrimination against migrants.

Migrants, refugees, IDPs and other vulnerable groups were reached with RCCE messages about COVID-19 through a range of activities: holding awareness-raising sessions; broadcasting over radio and television and over loudspeakers in villages; distributing IEC materials to beneficiaries; placing informational posters, flyers and billboards in buses, town centers, quarantine centers, and PoEs; messaging beneficiaries directly over WhatsApp; posting on social media, and going door-to-door to the homes of refugees and IDPs in camps.

IOM also shared these materials to government agencies, partner organizations, other UN agencies, and community-based organizations for further distribution to reach a range of people with key COVID-19 messages. These RCCE activities ensured that migrants, refugees and displaced populations have accurate, evidence-based and locally contextualized information about preventing COVID-19 infection.

**Contextually appropriate IEC materials were developed and disseminated in local languages**

Audiovisual products, such as videos, radio spots, social media posts etc.

| unique products developed | 111 |
| copies disseminated | 294 |

Print products, such as brochures, pamphlets, posters, billboards etc.

| unique products developed | 198 |
| copies disseminated | 1,670,070 |

**19 country offices distributed IEC materials to partners**

| Government agencies | 17 |
| NGO partners | 15 |
| Community Based Organizations | 11 |
| UN agencies | 10 |

**Broadcasting COVID-19 Awareness Messages**

In Nepal, IOM mobilized a radio network to broadcast radio jingles in seven languages on reducing stigma, discrimination and xenophobia related to COVID-19, broadcasting over 200 Frequency Modulation (FM) radio stations across Nepal. IOM Nepal also broadcast six dedicated radio programs on migration and migration health during COVID-19, with guest interviews from government ministers, secretaries and joint-secretaries, and Ambassadors of five countries that are common destinations for labor migrants.

In Timor-Leste and Myanmar, IOM used local community radio stations, as well as pre-recorded messages broadcast from vehicle-mounted public address systems to disseminate key messages for COVID-19 prevention in border communities.
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

CONTEXT-SPECIFIC, ACCESSIBLE RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

In Lao PDR, IOM collaborated with the Skills Development and Employment Department in the Ministry of Labour and Social Welfare to launch a public awareness campaign on bus routes with high usage among migrants in Vientiane Capital City. Seven different posters were created, with messages on basic COVID-19 precautionary measures, COVID-19 symptoms, physical distancing, the definition of quarantine, safe channels, official COVID-19 news sources, and no discrimination.

IOM Bangladesh used an Interactive Voice Response mass communication tool to spread COVID-19 information with 36 pre-recorded messages and gather feedback from refugees in Cox’s Bazar, reaching an estimated 112,000 refugees. For those that could not be reached by phone, IOM staff went into communities on bicycles, using megaphones to broadcast messages and reaching approximately 67,000 beneficiaries.

In Thailand, Bangladesh, Myanmar and Nepal, IOM reached migrants in relevant languages through targeted websites with up-to-date information about COVID-19, including information regarding access to health services and the impacts of the pandemic on migration and migrant status.

EXAMPLES OF PRINT IEC MATERIALS DEVELOPED

- Campaign to counter discrimination against migrants, Nepal.
- Instruction for proper handwashing techniques, Viet Nam.

Community COVID-19 awareness raising in local languages, Rakhine State, Myanmar.

Demonstration on the proper way to wear a face mask for COVID-19 prevention, Cox’s Bazar, Bangladesh.
**POINTS OF ENTRY**

**OVERVIEW**

International human mobility has been drastically reduced, with border closures and travel restrictions of unprecedented scale. With a few exceptions, almost all countries in the Asia Pacific region put in place restrictions on international mobility. These measures have been regarded as essential by many states, particularly in the absence of targeted therapeutics and vaccines and to enable health systems to cope with this novel disease.

There have already been severe impacts on communities reliant on trade, tourism, migrant labour, remittances, and mobility linked livelihoods; travel restrictions or additional government-mandated travel requirements are also linked to exacerbating vulnerabilities of migrants, as well as increased irregular migration and transnational organized crime (e.g., migrant smuggling and trafficking in persons). A carefully coordinated approach to opening and closing of borders is vital to the future management of international and cross border mobility.

**IOM RESPONSE**

IOM supported Member States to ensure systematic integration of health and cross border mobility approaches to facilitate the safe and secure lifting of travel restrictions and border closures. IOM country offices built government operational capacities by providing timely information, mapping mobility impacts and providing immediate humanitarian assistance, among others, at land, airports and port PoEs and within border communities.

Within the PoE context, IOM has unique multisectoral presence and capacities encompassing Immigration and Border Management, Displacement Tracking Matrix (DTM), Migration Health, Emergency Operations and Protection.

With this expertise, IOM supported member states across the region, as well as globally, to track mobility restrictions and border crossings, assess PoE status and capacities, provide technical and material support to border posts and health facilities in border areas, and train a range of immigration, health and border officials in COVID-19 awareness and response measures.

Additionally, more than 200 Points of Entry in 19 countries were assessed to determine border management related needs, inform training for border officials and tailor COVID-19 related SOPs.

**TECHNICAL ASSISTANCE TO GOVERNMENTS IN MANAGEMENT OF POINTS OF ENTRY**

“Standard Operating Procedures for Frontline Officials in response to COVID-19 Outbreak,” were developed, translated into multiple languages and operationalized at several PoEs in the region. Within this SOP, IOM included a “Risk Assessment Tool for Resuming Operations at Points of Entry in the Context of COVID-19,” which is designed to support governments in decision-making and implementing protocols, as well as identifying risks and priorities to ensure the health and safety of all individuals at the PoE.

Additionally, a “Training Curriculum for Border Officials on COVID-19 Response at Points of Entry” was created to standardize training operations. Nearly 2,700 border officials in 10 countries were trained on relevant SOPs about COVID-19; adequate use of PPE and disinfection equipment; management of ill travellers; occupational health, wellbeing and psychological first aid; and migrants’ rights and vulnerabilities during COVID-19.
OVERVIEW
There are millions of refugees and IDPs in Asia and the Pacific who have fled conflict and natural disasters. The COVID-19 pandemic presented specific challenges to these populations: many camp-like settings have very high population density, making physical distancing difficult, and these populations often have limited access to health care services, hygiene materials and water and sanitation infrastructure. Each year, as much as 80% of sudden onset natural disaster-induced displacement worldwide occurs in the Asia-Pacific region, and responding to these disasters during the COVID-19 pandemic presents new challenges for humanitarian programs.

Migrants, refugees, IDPs and other vulnerable populations face myriad protection risks, including gender-based violence (GBV). Evidence already shows that many of the risks and impacts of COVID-19 have disproportionately affected women and girls worldwide, including in the Asia-Pacific region, as the pandemic deepens pre-existing inequalities and exposes vulnerabilities in social and economic systems, which in turn amplify the impacts of the pandemic.

Multiple IOM offices in the region have reported increased numbers of reported cases of GBV and calls to IOM’s protection and COVID-19 related hotlines. This increased demand for support is complicated by simultaneous reduced access to key support services as a result of movement and physical distancing restrictions.

IOM RESPONSE
DISPLACEMENT SETTINGS
As co-lead of the global Camp Coordination and Camp Management (CCCM) cluster, IOM’s teams in Asia and the Pacific were actively engaged in addressing the incidence of COVID-19 within camps and camp-like settings. IOM worked closely with governments, other UN agencies, and implementing partners to ensure that existing services in camps continue and that all actors participate in COVID-19 prevention and response efforts, including preparedness for increased or newly displaced populations.

CCCM, Shelter, WASH and other teams adapted existing SOPs and operations to the COVID-19 context. IOM’s Regional Office for Asia and the Pacific developed and disseminated guidance on COVID-19 preparedness in camp-like settings. Camp managers and IDP/refugee leaders were trained on new CCCM and Shelter guidelines, including through remote training sessions to follow physical distancing restrictions. Site assessments were conducted to determine additional needs for WASH facilities to improve hygiene management or rearrangement of shelters for better physical distancing.

COVID-19 RESPONSE IN GHRP COUNTRIES

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most vulnerable individuals received livelihood support</td>
<td>242,574</td>
</tr>
<tr>
<td>Individuals reached with critical WASH supplies and services</td>
<td>625,503</td>
</tr>
<tr>
<td>Individuals provided mental health and psychosocial support services</td>
<td>31,795</td>
</tr>
<tr>
<td>Refugees, IDPs and migrants particularly vulnerable to the pandemic provided assistance</td>
<td>1,715,622</td>
</tr>
<tr>
<td>Individuals received essential healthcare services</td>
<td>886,498</td>
</tr>
</tbody>
</table>

IOM teams also supported local governments to find additional evacuation centers to allow for appropriate physical distancing during an emergency evacuation.

Six countries in the region - Afghanistan, Bangladesh, Iran, Myanmar, Pakistan and the Philippines - were included in the GHRP, which focused on COVID-19 response in contexts already facing other humanitarian crises.

ENSURING CONTINUITY OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES
Mental Health and Psychosocial Support (MHPSS) teams in multiple countries expanded their programming to address the added stresses associated with COVID-19, including by releasing information and education materials about managing stress and anxiety during the pandemic. They also adapted service provision to follow COVID-19 physical distancing guidelines.

In Indonesia and Bangladesh, IOM managed MHPSS hotlines to reduce face-to-face contact and provide remote counselling and COVID-19 information, as well as referrals to specialized GBV services in case of a GBV disclosure.

IOM Sri Lanka’s safe migration and counter-trafficking hotlines continue to take protection-related calls and also provide information on COVID-19 to trafficking victims, migrants and stranded migrants.
**HUMANITARIAN**

**ADAPTING GBV AND PROTECTION PROGRAMMING DURING COVID-19**

IOM teams in Asia and the Pacific adapted existing programs in response to widespread reported increases in GBV, as well as heightened protection risks among migrants and other vulnerable populations. New approaches were also put in place to respond to simultaneous emergencies, including tropical cyclones, floods, and increased conflict, while fighting the spread and impact of COVID-19 on migrant women, men, boys and girls, including stranded and returning migrants, refugees and IDPs.

Protection teams developed specific messaging related to protection and GBV, as well as COVID-19. These teams also trained health professionals and other staff in displacement settings on topics such as Protection principles, GBV and safe referrals, Counter-Trafficking, Psychological First Aid, and Protection from Sexual Exploitation and Abuse.

Survivor-centered, multisectoral services were provided to survivors of GBV, with creative adaptations to ensure that essential services continued and women could be reached remotely, including through remote case management support. Trained Protection and GBV teams provided specialized protection services to more than 162,000 vulnerable individuals.

Several IOM country offices also manage shelters for GBV survivors and other vulnerable migrants or work closely with local shelters supporting these populations. As part of COVID-19 response, IOM trained shelter staff on COVID-19 prevention, stigma/fear associated with COVID-19 and migrants, psychosocial counselling and GBV.

The Regional Protection and GBV Specialist trained 130 IOM and partner staff on topics ranging from GBV in Crises to Safe Distributions during humanitarian response, with recommendations for adapting to the COVID-19 context. Capacity building support was also provided to global and regional inter-agency efforts, including supporting the GBV Guidelines Implementation Support Team facilitating a regional stocktaking workshop for Asia and the Pacific on GBV risk mitigation during the COVID-19 pandemic, which focused on food security, social protection and cash sectors.

As one of the co-chairs of the regional PSEA Task Team for Asia-Pacific, IOM, together with UNFPA, UNICEF and OCHA, delivered webinars and provided support to technical PSEA documents to UN country teams in the region.

In Cox’s Bazar, Bangladesh, IOM manages women and girls’ safe spaces (WGSS), where protection and GBV teams provide individual case management and counselling services. During the pandemic, staff continued offering lifesaving GBV services, combining GBV activities with COVID-19 awareness raising efforts to meet government requirements.

Some women reported increased difficulty coming to the WGSS as they were more restricted to their homes, which also exposed them to an increased risk of GBV. IOM GBV teams adapted their response so survivors could continue to receive needed support, including by providing remote services and engaging existing Women’s Committees.

Women’s Committees in Cox’s Bazar – comprising more than 100 female Rohingya refugee and host community members – were trained to take on a greater role in the community as program staff faced restrictions accessing the camps. Members learned about COVID-19 public health and physical distancing measures, which they then disseminated to hundreds of women in the camps through outreach and awareness raising activities. The women also work to shift cultural acceptance of male violence against women and contribute to programming in the camps.

**REACHING PERSONS WITH DISABILITIES WITH INFORMATION AND SERVICES**

In Cox’s Bazar, Bangladesh IOM operated Feedback and Information Centers (FIC), and FIC outreach teams visited the elderly, persons with disabilities, pregnant women and other at-risk groups in the camps who were unable to attend the FIC in person. The FICs and outreach teams identified gaps in service delivery, especially as humanitarian agencies had a reduced footprint in the camps due to COVID-19 restrictions.

In Solomon Islands, IOM incorporated inclusive and gender-sensitive language in COVID-19 messaging to reach the most vulnerable and marginalized people, including PWD. IOM Micronesia provided sign language interpreters during outreach activities and created COVID-19 informational videos in sign language.

**GENDER-BASED VIOLENCE AND PROTECTION**

Protection and GBV teams provided specialized protection services to more than 162,000 vulnerable individuals.
OVERVIEW

COVID-19 related border closures and travel bans have left a significant number of migrants stranded in destination countries and at heightened risk of trafficking. On the other hand, large numbers of migrants have returned without access to reintegration support, with financial insecurity leaving them and their host communities exposed and vulnerable to exploitation.

Stranded migrants include seasonal workers, temporary residence holders, international students, migrants that travelled for medical treatment abroad, beneficiaries of Assisted Voluntary Return and Reintegration (AVRR) and seafarers, among others. Globally, IOM estimates that nearly 3 million migrants are still stranded abroad or face uncertain situations of varying vulnerability; in the Asia-Pacific region the estimate is more than 2 million. The majority of the migrants from this region are stranded within Asia and the Pacific or the Middle East. An estimated 600,000 Nepalese migrants remain abroad facing an uncertain situation, as well as 300,000 Malaysians, 300,000 Pakistanis, 233,000 Filipinos, 170,000 Indians and 50,000 Sri Lankans.

Migrants in countries of origin, transit and destination are struggling to make informed decisions due to continually evolving information on mobility restrictions, which is usually presented in a language not well understood by migrants. Migrants and those who have returned need dependable access to relevant information on mobility restrictions, as well as services available to them, to facilitate safe and orderly migration.

Surveys conducted by IOM among returnee migrants in Asia and the Pacific found that a majority were struggling to find employment and also that a majority planned to remigrate as soon as it is feasible. A considerable number also returned without their full wages having been paid, often in debt still from having paid for the migration.

IOM RESPONSE

IOM directed its assistance to the most vulnerable stranded and returnee migrants. With support from the Bali Process AVRR programme, which prioritizes returns for Bali Process member states, 72 migrants were directly assisted to return since the start of the pandemic. In particular, vulnerable migrants from non-traditional AVRR countries were assisted through the COVID-19 Return Fund, which supported 420 migrants stranded in the region, as well as through Emergency Victim Assistance support for victims of trafficking.

Country offices in Afghanistan, Bangladesh, Cambodia, Indonesia, Malaysia and Viet Nam, among others, held safe migration training sessions to ensure that aspirant migrants understood opportunities for migrating through regular channels, avoiding risks of exploitation and human trafficking. IOM also supported its partners to increase their presence on social media platforms and hotlines to ensure relevant information, self-identification of victims of trafficking, and referral pathways remain open to potential victims of trafficking during mobility restrictions.

Other interventions included psychosocial counselling for migrants at quarantine centres and Isolation and Treatment Centres, as well as protection sensitive training to frontline officials. To build an evidence base on vulnerabilities of returnee migrants allowing more targeted future response, protection sensitive questions were increasingly included in flow monitoring surveys from Bangladesh to Mongolia, Timor-Leste and the Philippines.
SOCIOECONOMIC RESPONSE

OVERVIEW
The socioeconomic consequences of COVID-19 restrictions have placed undue hardship on migrants. Hundreds of thousands of migrants across the region have been forced to return to their home countries, thereby increasing the burden on social systems, many of which were already struggling or at capacity. Other migrants are not able to return: stranded in destination countries without employment and/or the means to cover basic necessities. For both returnee migrants in countries of transit and destination, rising xenophobia and fears of migration contributing to the spread of infections has exacerbated the challenges of each migrant’s journey.

IOM RESPONSE
Recognizing the scale of the pandemic and the impact on millions of migrants across Asia and the Pacific, IOM Regional Office worked horizontally across several thematic areas in order to maximize support to country offices and streamline planning and coordination. A regional Socioeconomic Response Task Team was created to coordinate with country offices on development of Socioeconomic Response Plans (SERP) and the design of other socioeconomic response activities.

IOM programmes provided direct assistance to migrants 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, clothing items and masks. Much of this assistance was provided to migrants who had returned to their countries of origin due to COVID-19, including those under government-mandated quarantine.

Livelihood and entrepreneurship trainings were organized for returnee migrants to address financial insecurity brought on or worsened by the pandemic. Capacity building sessions were additionally held for government officials on designing and implementing socioeconomic response programming, as well as for local authorities and civic agencies on supporting returnee migrants with livelihood and reintegration activities.

Furthermore, IOM coordinated with international financial institutions to support the socioeconomic needs of migrants; for example, through the establishment of a joint Task Force on labour migration in the Greater Mekong Subregion with the Asia Development Bank.

PROTECTING THE RIGHTS OF LABOUR MIGRANTS
IOM country offices in Asia and the Pacific partnered with government and private sector actors to uphold labour migrant rights during the COVID-19 pandemic. IOM Thailand joined an advisory committee for Policy and Monitoring on Management of Foreign Workers affected by COVID-19, which advises the Government on its labour migration strategy and ensures that migrant needs and solutions for safe journeys are considered. IOM Thailand also participated in the Migrant Working Group, comprising migrant workers, as well as representatives from businesses and Chulalongkorn University, to discuss governance and management of recruitment of migrant workers during the pandemic, including discussions on medical testing, quarantine entry procedures and procedures for re-employment.

In Lao PDR, Thailand and Viet Nam, IOM engaged with private sector employers and recruiters on migrant rights to strengthen migrant protection and access to decent labour during COVID-19. IOM’s PROMISE program (Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement in Cambodia, Lao PDR, Myanmar and Thailand) successfully advocated for the rights of Lao migrant workers in Thailand’s hospitality sector by providing recommendations on adapting to the COVID-19 pandemic, including through flexible working hours.

IOM’s Corporate Responsibility in Eliminating Slavery and Trafficking in Asia (CREST) programme mobilized a rapid assessment with recruiters in Bangladesh, Cambodia, Hong Kong Special Administrative Region, China, Nepal, the Philippines, Thailand and Viet Nam, with the participation of 19 recruitment agencies and three recruitment industry associations.
IOM COVID-19 RESPONSE ACHIEVEMENTS IN ASIA AND THE PACIFIC

SOCIOECONOMIC RESPONSE

Additionally, rapid assessments of returnee migrants and other affected populations were conducted to determine the socioeconomic impact of the pandemic on these groups, as well as their needs and vulnerabilities. In the Pacific sub-region, an assessment on COVID-19’s impact on labour mobility highlighted the difficulties for Pacific Islanders that were fully prepared to participate in seasonal worker programs but were unable to travel restrictions related to the pandemic. This assessment also underscored the critical role of Pacific Island labour in Australia’s and New Zealand’s agricultural industries during the crisis. These and other assessments were then used to inform development of the national Socioeconomic Response Plans.

**ASSESSING COVID-19 IMPACTS ON MIGRANTS**

IOM Nepal conducted rapid phone assessments in 753 municipalities and used the findings to plan activities focused on supporting returnee migrants.

IOM Pacific countries joined the Pacific Regional Response to COVID-19, which was able to adapt a large regional program on climate change and human security to implement a comprehensive rapid socioeconomic impact assessment. This assessment provided the evidence base for the design of potential socioeconomic recovery programming.

**MIGRANT ASSESSMENTS AND TECHNICAL SUPPORT**

<table>
<thead>
<tr>
<th>Country</th>
<th>Assessments to inform SERP development</th>
<th>Health</th>
<th>Labour migration</th>
<th>Immigration and border management</th>
<th>Protection/IDP and migrant rights</th>
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*Distribution of direct assistance packs at a quarantine centre, Lao PDR.
Farming training for refugees and host community members, Indonesia.*
Both international and internal mobility have been severely impacted by the COVID-19 pandemic. As governments closed points of entry as a measure to prevent the spread of the virus, international travel came nearly to a complete stop, leaving millions of migrants scrambling to return to their countries of origin on short notice and millions of others stranded in their destination countries. Some countries in the region, such as Australia, China and Thailand additionally limited intra-state travel between Provinces or Regions in response to localized COVID-19 hotspots.

IOM country offices in Asia and the Pacific worked together with relevant government ministries to gather and analyze flow monitoring data on population mobility dynamics related to COVID-19. In the Asia Pacific region, IOM country offices tracked COVID-19 related mobility impact at PoEs, including land borders, sea borders, airports, internal transit points, and area/sub-national points. Additionally, COVID-19 related movement restrictions in the region were tracked, including through a comprehensive mapping of PoEs. Data from these mapping exercises are published through the global COVID-19 Mobility Impacts portal.

Additionally, DTM teams in 15 countries across the region conducted 52 primary assessments, including community-based needs assessments, flow monitoring surveys, return intention surveys, perception and vulnerability assessments, and surveys with returned migrants. Flow monitoring surveys were conducted at PoEs and along key land transportation routes that migrants frequent. DTM teams adapted their data collection techniques to address COVID-19 related restrictions and safety precautions, for example, by conducting surveys over the phone. Furthermore, existing surveys were modified to include COVID-19 specific indicators in order to account for impacts unique to the pandemic context.

### Flow Monitoring for COVID-19

IOM Mongolia was the first in the world to implement DTM Flow Monitoring at checkpoints around Ulaanbaatar for COVID-19 prevention and preparedness. From 27 February - 31 May 2020, 3.5 million movements were tracked and analyzed in 90 daily situation reports, 4 analytical reports and 1 final report. A COVID-19 specific module was included in research on internal migration. Government officials, health care specialists and resident doctors in Ulaanbaatar were trained on DTM data collection to contribute to these efforts.
COORDINATION AND PARTNERSHIPS

The foremost feature of IOM’s engagement with partners and coordination fora across the region has been sustained advocacy to ensure that considerations of vulnerable migrant populations - including labor migrants, internally displaced persons, refugees and other affected groups - are integrated in COVID-19 response and recovery efforts led by host governments and at the inter-agency level by UN and Humanitarian Country Teams.

This has included provision of technical assistance to member states in the region for COVID-19 response and recovery planning and implementation. Together with UNFPA, UNICEF and OCHA, IOM is also one the co-chairs of the regional PSEA Task Team for Asia-Pacific.

NEW INTER-AGENCY AND MULTI-SECTORAL PARTNERSHIPS

IOM partnered with WHO to lead an effective COVID-19 response at Points of Entry in Bangladesh, and in areas of transit and border communities in Timor-Leste.

Also in Bangladesh, IOM partnered with Amazon to strengthen health response efforts in the Rohingya refugee settlements of Cox’s Bazar, Bangladesh by supporting frontline health workers with adequate personal protective equipment.

In Myanmar, IOM participated in the UN Core Group on Migration and COVID-19, and in Pakistan, IOM built partnerships with WHO, UNICEF and FAO to coordinate on COVID-19 response. In Viet Nam, IOM joined the multi-sector Health Thematic Partnership Group with the Ministry of Health, UN agencies and NGOs.

MULTI-PARTNER TRUST FUND

IOM country offices in Asia Pacific pursued wide-ranging partnerships to establish coordinated and comprehensive responses to the COVID-19 pandemic, including on a range of inter-agency collaborations as part of the Multi-Partner Trust Fund for COVID-19 response. In Papua New Guinea, IOM partnered with UNFPA and UNICEF on a WASH, Nutrition and Maternal Health intervention, while in Lao PDR, IOM, WHO, UNODC, UNDP, and UN-Habitat launched a project to support provincial health preparedness and surge capacities, including at PoEs.

IOM Nepal, ILO, UNDP and UNESCO developed a livelihoods program for those most affected by COVID-19, and IOM Cambodia, WHO, UNICEF and UNFPA were funded to strengthen national preparedness, response and resilience to COVID-19. In Micronesia, IOM partnered with UNICEF to work with the government on a COVID-19 contingency plan, and in Tuvalu, IOM, FAO and ILO initiated a food security and socio-economic resilience project.

Meeting with Philippine Coast Guard and the Task Group on Overseas Foreign Workers, Philippines.

IOM ASIA-PACIFIC ACTIVITIES ARE SUPPORTED BY