



Dissemination of COVID-19 awareness message by Basic Health Staff in an urban area of Northern Rakhine State, Myanmar.



Distribution of COVID-19 information, education and communication materials to migrants at a quarantine center, Lao PDR.

OVERVIEW

While several countries in the Asia Pacific region have started to reduce COVID-19 related restrictions, many others are facing significant increases in COVID-19 cases, highlighting the **necessity of sustained public health responses, community engagement and ongoing vigilance**. Thailand, Cambodia, Myanmar and Vietnam have reported few or even no cases in the past weeks. However, cases in Afghanistan, Iran, India, Indonesia, Nepal, Pakistan and Philippines continue to increase, with concerns for migrants and other vulnerable populations, both within, as well as departing or returning to, these countries.

After more than three months of extensive mobility restrictions, several countries in the region are preparing or continuing to resume some international travel, including first and foremost **repatriation of migrant workers**, as well as cautious resumption of other travel for foreign workers. There remains heterogeneity in the requirements for additional travel documents, health checks and quarantine procedures across the region, demonstrating the need for cross-border collaboration, outreach and information campaigns for migrants, and support to states to facilitate safe border re-opening. Thousands of migrant workers remain stranded outside their countries of origin, within and outside of the region.

All countries are focused on **socioeconomic recovery in the short and long term**. Many countries in Asia and the Pacific have been **severely impacted by the loss of remittances** due to reduced opportunities for migrant workers abroad. In Myanmar, domestic remittance income dropped by 30% between the first and second quarters of the year, and international remittance income is estimated to have dropped by 50%. In Nepal, the Central Bank estimates a loss of more than USD 1 billion in remittances this year, and the hardest hit industries in the country – wholesale and retail trade, manufacturing, construction and transport – employ approximately 4.4 million workers.

Furthermore, the **influx of returning migrants** is placing pressure on domestic labor markets that have had to scale down due to COVID-19 restrictions. For example, in Malaysia, approximately one third of foreign workers are employed in sectors such as agriculture, manufacturing, and construction. However, recently, the Human Resources Ministry announced a freeze on the recruitment of foreign workers until the end of the year in a move to free up jobs for Malaysians and reduce unemployment in the country. In Malaysia, more than 50,000 migrant workers have returned from abroad and been placed under mandatory quarantine. In Nepal, an estimated 512,000 migrant workers have returned from abroad, and Philippines has seen nearly 93,000 migrant workers return since February.

IOM country offices are supporting member states to **analyze and respond to the socioeconomic impacts of the COVID-19 pandemic** on migrants and other vulnerable groups, as well as to determine the impacts of disrupted migration on countries' economies. IOM is also providing more immediate support through humanitarian and health interventions, creation of community-based pooled funds for migrants to access interest-free loans, and cash-for-work programs.

CONTACTS

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IOM RESPONSE

COORDINATION AND PARTNERSHIPS

IOM **Bangladesh** is working closely with the government and partners on the development and dissemination of risk communication materials to encourage mask wearing, adapt health assistance seeking behaviors, and address stigma and discrimination against people with COVID-19 symptoms.

In Yap, **Micronesia**, IOM is supporting the government RCCE efforts, including through a community survey to gauge level of COVID-19 understanding and inform decision making by the health officials. In Rakhine State, **Myanmar**, IOM organizes the Buthidaung Township Health Working Group meetings to coordinate COVID-19 response activities between implementing partners, with oversight from the Township Medical Officer.

A UN **Nepal** team led by IOM Chief of Mission conducted a COVID-19 response and recovery field monitoring visit in Province 1, meeting with Ministers, as well as other provincial and municipal authorities. During that visit, IOM donated 20,000 surgical masks and 250 liters of hand sanitizer. Site observation visits were also organized to nine Migrant Holding Centers in Kathmandu, Lalitpur and Bhaktapur districts managed by the COVID-19 Crisis Management Committee.

TRACKING MOBILITY IMPACTS

IOM **Afghanistan** continues to monitor and report ongoing cross-border population movements, cross-analysed with regional COVID-19 case data, to identify destination areas at greater risk of cross-border transmission of COVID-19 to inform better-targeted, evidence-based health response and recovery programming. IOM is conducting nationwide mobility and needs assessments in over 11,670 settlements hosting returnees and internally displaced persons. The mission is also engaging communities and mobilizing community leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and stigma surrounding COVID-19 in each assessed community. As of 6 July, 10,571 villages had been reached.

IOM **Nepal** held meetings with the UN Country Team and the health-focused External Development Partners to present findings from the recently conducted Population Mobility Mapping phone survey across 753 municipalities. In the **Philippines**, IOM completed Round 8 of the Displacement Tracing Matrix (DTM) covering North Cotabato and Davao del Sur evacuation centers, as well as barangays with IDPs in self-settled sites.

IOM Afghanistan's COVID-19 Response Page, indicating districts of highest severity of COVID-19 returns can be accessed [here](#). IOM Afghanistan's RCCE Working Group Page, showing settlements reached for risk awareness, infection prevention and control measures is available [here](#).



A refugee in Tangerang washes his hands at a newly installed hand washing station after a community outreach session on hand hygiene, Indonesia.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In Cox's Bazar, **Bangladesh**, IOM arranged for community members to visit an isolation and treatment center (ITC) to improve community perceptions of ITCs. The visits were open to Imams, Mahjis, Para Development Committee members, youth, Women's Committee members, Persons with Disabilities, selected individuals from at-risk groups and representatives from key community-based groups, including the Rohingya film school, Rohingya students union, and the Future of Rohingya and Rohingya Women's Education Initiative. A short video on the ITCs is being developed and will be circulated within the community to raise further awareness. Furthermore, WASH staff completed 39,310 door-to-door awareness-raising visits for a total of 143,691 beneficiaries; IOM-trained Disaster Risk Reduction teams disseminated key COVID-19 messages to 17,266 individuals in the camps and neighboring host communities of Cox's Bazar.

In **Indonesia**, as part of the coordinated emergency response with government and civil society responders, IOM organized RCCE sessions on COVID-19 with 99 Rohingya women, men and children who disembarked in Aceh on 25 June after a purported four months at sea. The sessions were provided in Rohingya-native language through IOM interpreters.

As part of the RCCE Group, IOM **Marshall Islands** continues to lead on Private Sector coordination for COVID-19 preparedness training, and has developed and implemented a 'why wear a mask' campaign to prepare the general public for if and when COVID-19 arrives in Majuro. In Chuuk, **Micronesia**, IOM and government partners participated in COVID-19 outreach to 15 communities, including 12 elementary schools. In Yap, IOM continues to support RCCE with the development of surveys and procurement of necessary equipment to conduct community surveys.

IOM RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT CONT.

In **Myanmar**, Basic Health Staff continue delivering health care messages with loudspeakers on cars in Pauktaw Township (Rakhine State) and Maungdaw Township (Northern Rakhine State) with support from IOM. The **Nepal** RCCE team launched an awareness campaign on stigma, discrimination and fear against returnee migrants, health workers and COVID-infected persons. IOM leads development of anti-stigma messages, particularly for migrants, and has mobilized civil society organizations sheltering vulnerable women returnee migrants to promote the anti-stigma campaign.

IOM **Papua New Guinea** supported and participated in COVID-19 RCCE initiatives, including facilitating transportation and Public Announcement systems and distributing materials developed by the PNG National Department of Health, reaching 6,806 people (3,792 males and 3,014 females). IOM **Viet Nam** has been assisting IOM UK to [translate COVID-19 information](#) targeting Vietnamese migrants abroad.

LOGISTICS, PROCUREMENT & SUPPLY

In Cox's Bazar, **Bangladesh**, IOM provided the Moheshkali Upazila ITC with 3,000 cloth masks, 3,000 hand sanitizers, 2,000 gloves and 50 infrared thermometers. Additionally, 47,550 cloth masks were distributed to Government officials and camp beneficiaries, and 25,000 locally manufactured face shields were distributed to health care workers. Through IOM's livelihood support program, beneficiaries are producing 100,000 face shields for law enforcement agencies, Government officials, health care workers, emergency responders and other frontline workers.

IOM **Indonesia** procured personal protective equipment (PPE) to support the Government of Indonesia in various cities, as well as for IOM Health Facilities. The country office also assisted IOM Timor-Leste to procure laboratory equipment for the National Health Laboratory (COVID-19 Lab). In **Myanmar**, IOM provided Maungdaw Township Health Department with 1,000 boot covers, 1,000 surgical masks, 3,400 cloth masks and 3,400 face shields.

IOM **Sri Lanka** provided equipment to Bandaranaike International Airport, including skin temperature detection cameras, modern communication systems, infrared thermometers, and protective equipment ahead of the planned opening for international arrivals. The country office also donated Public Address Systems to the MOH and Indigenous Medical Services to share health information. IOM also provided 8 health inspection and interview counters, 50 full-duplex counter communication system for immigration counters, four temperature screening thermal sensor cameras, 15 hand-held infrared thermometers, KN95 masks, disposable surgical masks and PPE overalls, examination gloves, alcohol hand sanitizers, disposable face shields and reusable surgical boots.



Inspection of newly procured ventilators at the Indonesia National Disaster Mitigation Agency's warehouse in Jakarta, Indonesia.

POINTS OF ENTRY (POE)

IOM **Bangladesh** prioritized refurbishment of the Dhaka Cantonment railway station with construction of two screening booths and an isolation room after members of the POE Task Force and POE authorities highlighted an urgent need for quick-screening processes for returning passengers that were identified as particularly vulnerable due to pre-existing medical conditions. IOM **Marshall Islands** hosted a meeting with the POE Working Group to plan additional preparedness activities, such as infrastructure and infection prevention and control improvements, as well as additional trainings.

IOM **Micronesia** and WHO are working with state and national partners to test the preparedness of airports to receive passengers and organized a simulation of a plane landing with passengers in Pohnpei. The exercise allowed involved parties to better analyze new processes and potential improvements to prevent COVID-19 transmission. In Pohnpei, IOM participated in an SOP development workshop for passenger processing at the airport and printed information, education and communication materials to install at the airport. IOM **Myanmar** supports Basic Health Staff conducting temperaturescreeningamongworkersatMaungdawcommercialport.

IOM **Nepal** supports the Government in managing quarantine and holding centres at POE, including distribution of non-food items. IOM is also providing returnee migrants with allowance for travel from holding/quarantine centers to their villages. IOM will reach 9,500 vulnerable migrants and 1,000 quarantine and management committee members over six-months. IOM **Philippines** provided the Overseas Workers Welfare Administration (OWWA) with two buses to transport returning overseas Filipinos and the Philippines Coast Guard (PCG) with 18 vans to transport COVID-19 testing teams to quarantine facilities. Protective equipment was provided to OWWA and PCG for frontline workers at ports and quarantine facilities. IOM is helping PCG develop a data management system and will train PCG staff once system development is complete.

IOM RESPONSE

NATIONAL LABORATORY SYSTEMS

IOM **Bangladesh** is collecting samples for COVID-19 testing from four primary health care facilities for laboratory testing of suspected and acute respiratory infection cases; during the reporting period, 86 samples were collected and transported to testing laboratories. Laboratory staff working at IOM-run ITCs attended a training on Biosafety and infection prevention and control (IPC) during COVID-19 Sample Collection and Transportation.

Testing booths supported by IOM **Myanmar** have played a crucial role in collecting swabs in Kachin State and have allowed for escalated testing of suspect COVID-19 patients. IOM Myanmar is also supporting the Maungdaw Township Health Department with real-time surveillance information sharing in Northern Rakhine State; contact tracing teams in Buthidaung Township are supported through provision of PPE and boat rentals.

INFECTION PREVENTION AND CONTROL (IPC)

In Cox's Bazar, **Bangladesh**. IOM has started to construct Temperature Screening Points (TSPs) in Camps 22, 24 and 25; TSPs are already operational in Camps 19 and 14. 15,490 washable face masks were distributed in Camps 8E, 8W, and 16 together with awareness messaging on utilization and cleaning. In Camps 9, 10, 13, and 24, approximately 9,100 beneficiaries received household handwashing kits to reduce the need to visit communal facilities or handwashing points. IOM convened a meeting of WASH partners to discuss the findings of the functionality monitoring survey of 862 latrines that was completed during June. Partners agreed to prioritize repairs, recognizing that constant monitoring of sanitation facilities is essential to support hygienic facilities and help prevent the spread of communicable diseases.

With support from the UK Emergency Medical Team, an SOP on infection prevention and control in quarantine facilities has been developed. To ensure staff safety, PPE is distributed at health facilities, comprising 4,500 pairs of gloves, 100 gowns, 10,500 face masks, 950 face shields, 1,950 respirators, 227 bottles of hand sanitizer and 770 coveralls.

IOM **Indonesia** is providing refugees and asylum seekers with tools and materials to produce cloth masks as a means of utilizing their tailoring and sewing skills and contributing to infection prevention and control efforts. 6,686 cloth masks have been distributed among refugees, asylum seekers, and surrounding host communities in Medan, Pekanbaru, Semarang, Batam, Tanjungpinang and Kupang.

In Chuuk, **Micronesia**, IOM delivered five portable handwashing stations to communities in the Lower Mortlocks and eleven portable handwashing stations within the Chuuk lagoon as part of IPC activities. IOM in Pohnpei installed a handwashing station at the dispensary in Sokehs.



Temperature checks and other infection prevention and control precautions are taken before entering venues for workshops and trainings, Bangladesh.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

At IOM-supported primary health care facilities in Cox's Bazar, **Bangladesh**, 11,266 consultations were carried out, 53 babies were delivered, and 20 patients were provided with emergency referral support to secondary and tertiary care outside of the camps. Construction, procurement, and recruitment are ongoing to scale up the capacity of Leda ITC to 100 beds within the next month. Camp-based health facilities received essential items and medicine, including 4,000 Ceftriaxone injections, 50 boxes of gloves and 80 nebulizer machines. 17 nurses, 16 translators, six medical assistants, two clinical supervisors, and one medical officer have recently been recruited to strengthen the capacity of health teams to respond to COVID-19.

Fifty-eight staff from ITCs in Leda and Camp 2W participated in simulations and training on patient and staff management, IPC processes, waste management, cleaning and disinfection, day-to-day management, and fire safety procedures. The Dispatch and Referral Unit responded to 64 requests for ambulance support. 56 individuals were assisted: 33 were confirmed COVID-19 cases, 11 were suspect cases and 12 were contacts provided with transport to quarantine facilities.

In **Indonesia**, approximately 7,800 refugees and asylum seekers are under IOM care. IOM health teams have supported more than 150 refugees who have or are at-risk of contracting COVID-19 due to close contact with a confirmed case, history of traveling or staying in area with local transmission.

IOM **Myanmar** supports COVID-19 positive patients hospitalized in Maungdaw and Buthidaung hospitals with per diem, food, personal equipment, hygiene kits and transportation support. The country office is also supporting renovation and installation of an isolation ward in Myawaddy Hospital (Kayin State).

IOM RESPONSE

CAMP COORDINATION AND CAMP MANAGEMENT

IOM **Bangladesh's** Shelter team in Cox's Bazar is coordinating with religious leaders in the camps to identify elderly persons for non-food item (NFI) support, aiming to provide greater protection to vulnerable individuals by limiting their risk of exposure. A total of 15,151 eligible beneficiaries have been identified and over 1,560 individuals have received support so far. The NFI package includes a blanket, tarpaulin, a floor/sleeping mat, a solar light, a mosquito net, a 3mm rope, and cloth face masks. 21,194 liquefied petroleum gas cylinders were distributed to beneficiaries to ensure their access to cooking fuel. Staff working on Site Development have prioritized emergency repairs to shelters and key infrastructure damaged by heavy rainfall in the past week. In Camp 9, teams completed construction of 500 square meters of roofing at the HAEFA health post. 2,400 bamboo poles were treated at the Bamboo Treatment Facility in Nhila for use in ITC and health centre renovation and construction projects.

IOM **Philippines** provided remote technical assistance and mentoring for camp managers at 17 sites in North Cotabato on COVID-19 Operational Guidance. The country office also provided technical assistance to government officials on new transitory sites and relocation sites in Kidapawan with consideration for COVID-19 Operational Guidance on sites, including distancing and PoE controls. Site refurbishments were conducted in five evacuation centers through cash-for-work across North Cotabato, contributing to construction of 20 facilities, including 10 dedicated WASH facilities. Additionally, 10 camp managers from the Municipality of Pikit participated in an emergency course covering CCCM and COVID-19 Operational Guidance.

PROTECTION

In **Afghanistan**, IOM's Protection unit completed case management and COVID-19 protection monitoring assessments for 143 persons with special needs in Ghor, Faryab, Sar-i-Pul, Nimroz, Balkh, Kabul, Takhar, and Kunduz provinces, including 74 special cases, 37 unaccompanied migrant children, 20 poor families, and 12 deported families. All cases received specific information related to COVID-19 awareness and prevention.

In Cox's Bazar, **Bangladesh**, 40 new clinical staff attended a three-day training on Infection Prevention and Control and Protection Principles, including protection from sexual exploitation and abuse (PSEA). Additional staff deployed as child carers at ITCs, received training from the Child Protection and Health partners. IOM teams reached 51,620 beneficiaries with information on the impacts of the pandemic on mental health and psychosocial wellbeing. In coordination with UNHCR and Save the Children, training modules are being translated into Bangla ahead of a media training on how to report on suicides during the COVID-19 pandemic, facilitated by the Suicide Prevention subgroup of the Health Cluster.



Migrants at a quarantine center receive direct assistance packs, Lao PDR.

Gender-Based Violence (GBV) and General Protection staff in Cox's Bazar, **Bangladesh** began a series of workshops to train 200 staff and volunteers in the ITC in Camp 24. This training covered Protection principles, GBV, Counter-Trafficking, Psychological First Aid, safe referrals and PSEA. As movement restrictions limit staff access to the camps, IOM is working with trained volunteers and Women's Committee members to support the provision of GBV services, awareness-raising on COVID-19, and monsoon-preparedness.

During the reporting period, a total of 40 members from Community-Based Child Protection Committees received one-on-one guidance on how to prevent and respond to family separations in the event of an emergency. IOM also partners with the Center for Disability in Development to offer assistive devices and therapeutic services to Rohingya and Bangladeshi host community persons with disabilities.

IOM **Marshall Islands** supported the Shelter Cluster to assess alternative care sites around Majuro Atoll and build capacity of 40 frontline workers (35 Female/5 Male) from partner organizations that manage shelters accommodating vulnerable women migrants returning from the Gulf Cooperation Council Countries. The capacity building training focused on COVID-19 prevention/protection, use of masks, stigma/fear associated with COVID-19 and migrants, psychosocial counselling services and GBV. IOM is also conducting screening interviews in these shelters as part of a needs and risk assessment, supporting necessary referrals and providing the most vulnerable women with immediate cash assistance to meet basic necessities. This support includes covering transportation fees so that these women are able to return to their home districts.

IOM RESPONSE

PROTECTION CONT.

IOM **Sri Lanka** participated in the Responsible Business and Human Rights Forum (Pandemics and Migrant Workers) and [spoke on migrant vulnerabilities during COVID-19](#). The country office also led a training at the Sri Lanka Bureau of Foreign Employment on labour migration and human trafficking for the Labour Attachés serving for Sri Lankan Missions Overseas.

IOM **Viet Nam**, in collaboration with the Department of Labour, Invalids and Social Affairs of Nghe An province, organized a training on “Counselling Skills on Safe Migration, Emergency Preparedness and Responses” for nearly 35 provincial officials specialized in counselling and supporting migrant workers from six mountainous districts bordering Lao PDR in Nghe An province.

ADDRESSING SOCIO-ECONOMIC IMPACT

The IOM **Regional Office for Asia and the Pacific** has created a task team dedicated to socioeconomic response and initiated discussions with country offices to assess priority needs. The team created five workstreams: (1) international labour migrants, (2) internal migrants, (3) forced migrants and displaced populations, (4) livelihoods and (5) social cohesion and countering xenophobia. The most pressing issue for the region is the programmatic and policy needs for returning labour migrants at both individual reintegration and community levels. IOM is also analyzing the effect on poverty rates in countries of origin as unemployment increases and remittance flows decrease, combined with family dependence on this income and debts that may go unpaid and cause further loss of assets and land that had been presented as collateral. Several countries are conducting surveys from returning migrants to assess these impacts.

In May 2020, IOM **Bangladesh** launched a survey to assess the needs and vulnerabilities of returnee migrants in 12 districts. IOM interviewed 2,700 returning migrants, including both internal migrants (47%) and international migrants (53%), and will use the data to design evidence-based recovery and accelerated reintegration programmes for vulnerable returning migrant workers. IOM is also helping the Government collect information on returning migrant workers at the Hazrat Shajalal International Airport in Dhaka to develop targeted support for vulnerable returnees.

IOM **Malaysia**, in partnership with national NGOs, is providing food aid and hygiene supplies for approximately 208 migrant households – including children, the elderly and pregnant women – living on the outskirts of Kuala Lumpur. Many of these migrants come from Afghanistan, Bangladesh, Cambodia, India, Indonesia, Nepal, Pakistan, Philippines, Myanmar and Sri Lanka and have been left without jobs and income due to the COVID-19 pandemic. Additionally, IOM is providing food aid and hygiene items to forty vulnerable migrant workers in Kuala Lumpur who are without work and income due to the COVID-19 movement control order.



IOM's nutrition support in Mawlamyine Hospital Quarantine for migrant returnees from Thailand, Myanmar.

To mark International Day of Family Remittances, IOM **Nepal** authored an op-ed for *The Himalayan Times* and *My Republica*. Testimonies from returnee migrants successfully running small-scale businesses were collected and shared through social media to celebrate the use of remittances. The country office also organized a webinar on ‘Impacts of COVID-19 on remittances and Nepali economy’ and aired a related radio programme that discussed possible alternatives for remittance receiving Nepali households. IOM is also screening returnee migrants to determine their need for financial support and is undertaking a Return Intention Survey of Nepali migrant workers planning to return to Nepal.

IOM **Philippines** provided financial support to 40 IDP families through cash-for-work; 393 IDP families have been assisted since the outbreak of COVID-19. IOM **Viet Nam** is conducting a rapid assessment on the socioeconomic impact of Covid-19 on returnee migrant workers in Nghe An Province. The exercise gathers information regarding returnees’ experience before, during and after migration and identifies the socio-economic impacts of COVID-19, as well as specific social protection needs of returnee migrant workers and their households.

FURTHER RESOURCES

- IOM recently released the policy paper, “[Cross-border Human Mobility Amid and After COVID-19](#),” about the future of cross-border human mobility given the challenges governments and migrants are facing due to COVID-19.
- The United Nations recently released an “[Inter-Agency statement on violence against women and girls in the context of COVID-19](#).”
- The United Nations manages a [central site on the COVID-19 response](#), which includes policy briefs of specific thematic areas, as well as information about funding the United Nations’ preparedness and response plans.