Countries in the Asia-Pacific region continue to face a diverse set of situations related to COVID-19. 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, Philippines, and Sri Lanka continue to increase, with concerns for migrants and other vulnerable populations and highlighting the necessity of sustained public health responses, community engagement and ongoing vigilance.

After more than three months of extensive mobility restrictions, several countries in the region are preparing or continuing to resume some international travel, prioritizing repatriation of migrant workers, with some additional exceptions for foreign workers. In Myanmar, more than 70,000 citizens have returned from Thailand, including on repatriation flights. Nearly 50,000 Filipino migrants returned just in the first two weeks of July as international airports started to accept more flights. The Government of Nepal conducted its first phase of repatriation between 5 June and 12 July, repatriating more than 27,000 migrants from 24 countries via the international airport. An additional 42 flights to Nepal will run between 15 and 21 July. In some countries, high numbers of COVID-19 cases amongst returnees have pushed governments to suspend their plans to repatriate migrants and carefully review their standard operating procedures for infection prevention and control among travelers. Countries across the region have varied sets of requirements regarding travel documents, health checks and quarantine procedures, necessitating cross-border collaboration, outreach and information campaigns for migrants, and support to states to facilitate safe border re-opening.

All countries are focused on socioeconomic recovery in the short and long term, especially to address the loss of remittances due to reduced opportunities for migrant workers abroad. For the thousands of stranded migrants from the region who have been unable to repatriate, many face difficulties finding work opportunities to support themselves and their families, and they often lack access to information about relevant services and assistance, for example, related to extending valid work visas or resident status. The Government of Nepal has prioritized creation of job opportunities for more than 700,000 citizens this year, recognizing the drastically increased need for jobs among both returning migrants and other citizens. The governments of Nepal and Bangladesh, among others, are also conducting return intention surveys among migrants abroad to monitor the volume of planned returns.

Furthermore, resumed economic activity can present serious protection risks for migrants and other vulnerable groups. Many migrant workers who have returned to their home countries or provinces since the start of the COVID-19 crisis are interested in re-migrating now that some travel restrictions are being eased. Among the migrants that continue to work, there have been reports of abuse and exploitation of workers during the COVID-19 crisis. These situations have prompted IOM to increase its partnerships with private recruitment agencies and employers, as well as Employment and Labor Ministries, to advocate for migrant worker protections and safe recruitment practices.
COORDINATION AND PARTNERSHIPS


IOM Cambodia collaborated with the Prey Veng Provincial Health Department and the Provincial Department of Rural Development to build capacity on COVID-19 prevention for the Provincial COVID-19 Response Committee, the Provincial Committee for Counter Human Trafficking and relevant departments in Prey Veng Province. The country office provides daily coordination and technical support to the Provincial COVID-19 Response Committee and NGOs to implement the May-October work plan in line with Ministry of Health (MOH) and WHO guidelines.

Lao PDR launched the project “Enhancing COVID-19 Pandemic Preparedness for Migrants and Mobility Affected Communities” with the Ministry of Labour and Social Welfare (MoLSW). The country office is also monitoring and sharing information on the situation of migrant workers returning from neighboring countries with relevant government counterparts and UN agencies. IOM Marshall Islands, together with WHO, is supporting the National Emergency Operations Center to plan and implement a 3-day COVID-19 Table Top Exercise and Simulation in early August.

In Yap and Chuuk, Micronesia IOM participated in the weekly task force coordination and RCCE meetings. In Kosrae, IOM attended the State task force meeting for an update on guidelines, governor declaration and the current state preparedness level. In Pohnpei, IOM attended weekly State Risk Communications meetings, where election advisories were finalized and distributed.

IOM Pakistan meets with the National Coordination Cluster, led by the government, to plan and coordinate COVID-19 interventions. IOM Thailand held webinars on labour protection in the fisheries sector together with the Ministry of Labour (MoL) and will submit a summary paper to the MoL with discussions and feedback from civil society organizations (CSOs) and the private sector, including health and safety of migrant workers during COVID-19 and future prospects for migrant worker recruitment.

IOM Viet Nam joined the Ministry of Health and WHO to host a kick-off workshop for a national action plan for migrant health with more than 70 delegates from the Ministry of Health and other relevant ministries involved in migration health. IOM staff delivered a presentation the importance of migrant inclusion in response plans during public health emergencies.

IOM RESPONSE

TRACKING MOBILITY IMPACTS

COVID-19 related mobility impact is being tracked by 34 country offices at 846 Points of Entry (POE) in the region, including 218 land borders, 135 sea borders, 186 airports, 115 internal transit points, and 192 area/sub-national points. IOM has also scaled up its Displacement Tracking Matrix (DTM) consolidation exercise globally to capture the impact of COVID-19 on Internally Displaced Persons (IDPs) to inform regular sitreps focusing on IDPs vis à vis COVID-19 and related DTM activities.

IOM’s DTM team in Afghanistan continues to monitor and report ongoing cross-border population movements in response to frequent borders opening for limited duration(s) allowing stranded Afghan migrants to return. This is information is also cross-analyzed with regional COVID-19 case data to identify destination areas that may be at greater risk of cross-border transmission; furthermore, this exercise has informed priority areas and actions for the Humanitarian Response Plan and enabled the MoPH and WHO to plan and adapt their response. From January-June, over 470,000 Afghans have returned from Iran and Pakistan (approximately 298,000 from Iran and 172,000 from Pakistan).

In Bangladesh, IOM’s Regional Evidence for Migration Analysis and Policy team, together with the Needs and Population Monitoring team in Cox’s Bazar, completed data collection on the needs and vulnerabilities of international and internal Bangladeshi migrant returnees and published a report with their findings. IOM Cambodia’s DTM team carried out a similar rapid needs assessment with 242 respondents from Banteay Meanchey, Battambang, Oddar Meanchey and Prey Veng provinces.

IOM’s global, online interactive platform shows the impacts of the COVID-19 pandemic on human mobility at the global, regional and country levels, including mobility restrictions.
**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

IOM Afghanistan has developed an RCCE strategy, guidance, and information materials and hosts the online compendium of materials from the RCCE Working Group. Field-level data collection on rumor tracking by IOM and RCCE WG partners has contributed to development and distribution of messages to spread awareness about COVID-19, counteract misinformation, and diminish stigma. To date, IOM has disseminated more than 200,000 Ministry of Public Health-endorsed Information, Education and Communication (IEC) materials, and Health Educators have reached over 146,000 persons (89,000 women and 57,000 men) with information about COVID-19 transmission and prevention.

IOM-trained Disaster Risk Reduction teams in Cox’s Bazar, Bangladesh disseminated key COVID-19 messages to more than 20,000 individuals in the camps and neighboring host communities.

IOM Cambodia has trained 685 frontline workers (including 285 females) on COVID-19 prevention and supported the Siem Reap Provincial Health Department to train 45 health workers. In Beantey Meanchey province, IOM collaborated with the Poi Pet Operational District Office to conduct a Training of Trainers on COVID-19 prevention for 17 health centers and 91 Village Health Support Group volunteers. The mission also collaborated with local Commune Committees for Women and Children and health centers to help Village Health Support Group volunteers conduct COVID-19 community awareness campaigns for 1,961 returned migrants, mostly from Thailand.

IOM Lao PDR visited the quarantine centre in Vientiane, distributed 260 direct assistance packs to returning migrant workers and disseminated safe migration and HIV/AIDS prevention messages. To date, IOM has disseminated more than 45,000 IEC materials on COVID-19 prevention, employment, psychosocial support, HIV/AIDS and Dengue prevention, and parenting during COVID-19.

IOM Marshall Islands continues to partner with Ministry of Health and Human Services in Majuro and the Kwajalein Atoll Nitibwili in Ebeye to conduct community awareness sessions, reaching over 300 individuals in the last two weeks.

In Chuuk, Micronesia, IOM and government partners completed COVID-19 outreach to 19 lagoon communities - including two elementary schools - reaching around 205 people. The mission also printed and provided advisories and handwashing posters in the Pohnpeian language to the State Election Commission for a special election in Madolenihmw, as well as posters in English and Pohnpeian for the airport with instructions to incoming passengers from future flights. IOM is creating a COVID-19 awareness movie to illustrate CDC guidelines to reduce spreading COVID-19 and is developing a nation-wide mask-making competition to encourage individuals to learn how to make masks.

IOM Nepal released a press note on migrant protection and inclusion in the UN Socio-economic Recovery Framework based on a virtual consultation with migrants (returnees and those currently abroad), Government counterparts, CSOs, research institutes, development partners and the UN. To promote an anti-stigma campaign, IOM is collaborating with CSOs and maintaining outreach through various social media outlets.

In Pakistan, IOM has developed linguistically appropriate IEC materials to distribute amongst border town communities’ border in Torhakam and Chaman districts. IOM Sri Lanka’s outreach and services to both inbound and outbound migrants through the Migrants Health Assessment Centres have resumed. COVID-19 prevention and protection information is shared with all health assessment visitors.

IOM Thailand developed an animation on COVID-19 response for “Quizrr”, an online training platform for workers. The mission also held an introductory session on IOM’s International Recruitment Integrity System for members of the Labour Import Association with the view to plan for post-COVID-19 support for stranded migrants and resumption of recruitment in compliance with IRIS principles. IOM’s guidance for labour recruiters to enhance migrant worker protection during the current health crisis was also shared with relevant counterparts.

IOM Timor-Leste is coordinating with National Border Police, MOH, and Migration Services on RCCE for migrants, mobile populations and border communities in Bobonaro and Covalima by broadcasting messages on community radio stations and vehicle-mounted public announcement systems. IOM reached 7,608 people with these messages and also distributed 1,000 posters and 500 stickers in local languages in the first two weeks of July.

IOM Afghanistan has published a suite of information, education and communications materials for the COVID-19 response on its website here.
IOM RESPONSE

DISEASE SURVEILLANCE

In consultation with national authorities and the Health Cluster, IOM Afghanistan has established nine Rapid Response Teams (16 women, 42 men) of doctors, nurses, laboratory technicians and information management assistants to collect surveillance data, support COVID-19 patients and ensure timely reporting for the surveillance systems in Herat, Nimroz and Kandahar provinces.

LOGISTICS, PROCUREMENT & SUPPLY

IOM Afghanistan procured and distributed over 36,000 pieces of personal protective equipment (PPE) for health workers in Nangarhar, Kandahar, Nimroz, Herat, Zabul and Helmand provinces and replenished provincial stockpiles of medicines, PPE and sanitizing materials. IOM Bangladesh distributed emergency hygiene materials to law enforcement agencies, government officials, health workers, and other emergency providers, including committees of the Islamic Foundation working on safe and dignified burials, and volunteers from the Extended Programme of Immunization and Cyclone Preparedness Programme. Distributions included 32,663 washable cloth masks and 32,000 face shields.

POINTS OF ENTRY (POE)

IOM Afghanistan supports surveillance at POEs with Iran and Pakistan in collaboration with the Ministry of Public Health, UNHCR and WHO. IOM Bangladesh held workshops for 112 POE personnel (23 women, 89 men) at Sylhet Osmani International Airport and Benapole and Darshana border control points on health screening and management of ill travellers at PoE, proper use and disposal of PPE and SOPs for frontline workers. The mission donated 400 pairs of cleaning gloves, 4,000 pairs of latex gloves, 3,500 surgical masks, 350 gowns and hand sanitizer and soap to the POE. IOM also installed an isolation tent and two screening booths at Dhaka Cantonment Railway Station and convened the second Health, Border and Mobility Management POE taskforce meeting, which included the Director of Communicable Disease Control Unit of the Directorate General of Health Services.

IOM Cambodia provided medical supplies, including PPE, to frontline border police officials at the O’Smach POE in Oddar Meanchey Province, as well as emergency meal packages to over 3,200 returning migrants. In line with findings of a needs assessment at O’Bei Choin POE in Banteay Meanchey Province, IOM is installing a waste management system, providing water for handwashing and improving latrines. IOM also translated the Regional SOPs for Frontline Border Officials at the POE in response to COVID-19 outbreak into the local language for the General Department of Immigration and the General Commissariat of National Police. IOM Lao PDR held a consultative meeting with the Department of Immigration (DOI) and the Department of International Relation, Ministry of Public Security regarding planned activities, including a POE assessment at six prioritized locations.

IOM Marshall Islands is coordinating with POE counterparts, the Ministry of Health and Human Services and the Environmental Protection Authority to train POE staff in Majuro and Ebeye. In Pohnpei, Micronesia, IOM met with immigration to discuss training on POE and supported a simulation exercise in re-opening the border and receiving passengers. IOM also provided supported the Pohnpei Port Authority to develop SOPs and is supporting the development of training sessions on implementation of SOPs for frontline officials in the context of COVID-19. The mission procured a 70” television to be placed in the baggage claim of the airport to play COVID-19 messaging and is helping develop signage for the Pohnpei airport to ensure safe flow of passenger movement once border operations resume.

IOM Myanmar has been working with the rapid response team of public health officials from the central level (Naypyitaw) to support returnees from Thailand, including with logistics, delivery of health-focused information sessions at the quarantine centers and transportation of patients to Myawaddy Hospital. IOM Nepal is supporting 3,000 irregular returnee migrants with transport allowance to reach their communities of origin from POE. The country office is building capacity of frontline workers and committees on management and operations of quarantine centers.

IOM Philippines is supporting returning Filipino migrants from Sabah, Malaysia, including by providing 400 sleeping kits to the local Department of Social Welfare and Development and the Ministry of Social Services and Development BARMM for the first returned group. IOM additionally provided nine vans to the Philippines Coast Guard to transport swabbing teams to go around quarantine facilities.

IOM Timor-Leste partnered with WHO to strengthen COVID-19 response in Timor-Leste’s border communities to provide equipment and supplies, including 399 hygiene kits to border police, local health clinics and quarantine centres in Covalima and Bobonaro municipalities.
NATIONAL LABORATORY SYSTEMS

In Cox’s Bazar, Bangladesh, the IOM-managed isolation and treatment center (ITC) in Leda and three temporary isolation facilities are collecting samples for laboratory testing of suspected and severe acute respiratory infection cases; these facilities are sentinel sites for sample collection from patients with acute respiratory infection or influenza like illness for surveillance and case identification. 250 samples were collected and transported to the laboratory in Cox’s Bazar, of which one sample was positive. IOM Myanmar supports the Township Health Laboratory Unit in Mawlamyine to capture the COVID-19 testing data as part of the standardized software reporting system launched by the Ministry of Health and Sports.

INFECTION PREVENTION AND CONTROL (IPC)

IOM Bangladesh is sharing design information and specifications for communal hand washing devices, as well as a WASH facilities functionality monitoring tool, with partners to help improve services in Cox’s Bazar camps. The mission is also constructing additional Temperature Screening Points at camp entrances and distributing household handwashing kits to reduce beneficiary need to visit communal facilities and has provided 4,300 host community households with cloth masks.

IOM Cambodia is distributing personal hygiene kits and IEC materials to quarantined migrants with suspected COVID-19 symptoms; as multiple quarantine facilities have been set up at provincial referral hospitals and school facilities that lack basic supplies, the hygiene kit includes sleeping materials and personal care items. The country office also provided two walkthrough specimen collection booths and two hand-washing stations to the Poi Pet Referral Hospital and is constructing permanent handwashing facilities in the Sray Antor Referral Hospital, which is now a nominated quarantine center. 55 mobile handwashing stations and 40 liters of soap have been provided to schools converted into quarantine centers in Puok, Kralanh, and Kampong Svay districts. In Siem Reap Province, 30 mobile handwashing stations have been provided to quarantine centers and One Window Service Offices visited by migrants and other groups.

IOM Myanmar procured 1,000 cloth masks and 1,000 face shields for caretakers and children, 500 PPE sets for Buthidaung Township Health Department, and patient beds, lockers and scrub suits for the ward for persons under investigation. IOM is also supporting ongoing COVID-19 infection prevention and control training conducted by the Township Health Department in Buthidaung.

The World Health Organization released an online course, “Controlling the Spread of COVID-19 at Ground Crossings,” as well as new guidance, “Considerations to relax border restrictions in the Western Pacific Region.”

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

In Afghanistan, seven Mobile Health Teams have supported over 28,000 patients (2,169 boys, 1,998 girls, 9,149 men and 14,764 women) with treatment and screening including referrals to MoPH for COVID-19 case management.

In Cox’s Bazar, Bangladesh, the Dispatch and Referral Unit (DRU) responded to 82 requests for ambulance support, supporting 53 individuals (26 Rohingya refugees, 27 from host communities) with transport to quarantine facilities: 27 confirmed COVID-19 cases, 14 suspected cases and 13 contacts. IOM also trained 37 ambulance drivers from eight agencies on the functioning of the DRU, their roles and responsibilities, IPC and safe vehicle decontamination procedures. At IOM-supported primary care facilities, 25,338 consultations were carried out, 87 babies were delivered and 42 patients received emergency referral support. IOM teams continue to support infrastructure development, such as health centre renovation and construction, treating bamboo poles at the Bamboo Treatment Facility and repairing pathways, fences, bridges, stairways, sanitation facilities, and more.

CAMP COORDINATION AND CAMP MANAGEMENT

Shelter teams in Cox’s Bazar, Bangladesh worked with religious leaders to identify 1,073 elderly beneficiaries in 13 camps in need of Non-Food Items (NFIs) and distribute packages with a blanket, tarpaulin, floor/sleeping mat, solar light, mosquito net, 3mm rope, and cloth face masks.

IOM Philippines provided remote technical assistance and mentoring support for camp managers in 17 sites in North Cotabato on COVID-19 Operational Guidance. The mission is also providing ongoing technical assistance to government officials on new transitory sites and relocation sites in Kidapawan, covering COVID-19 Operational Guidance, including distancing and POE controls. Furthermore, IOM provided site refurbishments in four evacuation centres through cash for work across North Cotabato.
PROTECTION

IOM staff in Cox’s Bazar, Bangladesh provided remote psychosocial counselling to 68 beneficiaries who cannot reach health centres or are afraid of COVID-19 exposure outside of their homes. A total of 33 beneficiaries received one-on-one support for COVID-19-related anxiety, while 68 received basic emotional support and referrals through the hotline. IOM also extended its mental health and psychosocial support (MHPSS) services to host communities through the Kutupalong Community Clinic, an IOM-supported government health facility.

IOM also trained 16 community leaders and members of teachers’ groups on mental health, wellbeing and COVID-19 prevention. IOM’s protection team reached 27,228 people with COVID-19 and protection messages and trained 36 clinical staff from ITCs on protection principles, gender-based violence, counter-trafficking (CT), psychological first aid (PFA), safe referrals, and protection from sexual exploitation and abuse (PSEA). IOM also developed and trained staff on a booklet, “Self-Care and Coping Skills in Stressful Situations” on positive coping skills during COVID-19.

IOM Cambodia developed a PFA poster, “Mental Care During Crisis,” approved by the MOH for distribution in six provinces (Battambang, Banteay Mean Chey, Siem Reap, Kampong Cham, Thboung Khmum and Steung Treng) as part of PFA training. More than 1,500 posters have been distributed so far. IOM Indonesia is facilitating enrolment of refugee children in schools for the new academic year in 8 cities (Tangerang, Jakarta, Medan, Pekanbaru, Batam, Semarang, Makassar and Kupang).

In Japan, IOM has resumed CT and assisted voluntary return and reintegration (AVRR) programmes and is providing necessary services, including counselling and return/reintegration assistance to vulnerable migrants, such as trafficking victims and stranded migrants. IOM Marshall Islands and the Gender and Protection cluster held two meetings with female entrepreneurs and local business owners on the design and local production of reusable menstrual pads for dignity kits. IOM staff also participated in a webinar to discuss human rights, trafficking in persons and COVID-19 in the fishing industry.

IOM Nepal interviewed 80 returnee women migrants from Gulf Cooperation Council countries and other countries in Asia to address immediate protection concerns and facilitate potential referrals. Women report they need longer-term accommodation, immediate medical assistance, MHPSS services, social protection services and long-term social rehabilitation and economic reintegration support. IOM co-leads the Social Protection Subgroup with UNICEF under Pillar 2 of the UN Socio-economic Response Framework. IOM Sri Lanka held a civil society and stakeholder consultation with Sri Lankan migrant workers affected by COVID-19 to plan for potential interventions upon their return.

ADDRESSING SOCIO-ECONOMIC IMPACT

IOM Bangladesh led a webinar with Elevate, Awaj Foundation, H&M, DBL Group, and Bangladesh Garment Manufacturers and Exporters Association to discuss strategies for protecting international and internal migrant workers in their operations and supply chains. IOM also provided cash grants to nearly 4,000 vulnerable host community households in Cox’s Bazar. IOM Cambodia is partnering with local NGOs to provide economic reintegration packages to returning migrants and host communities, especially women and women-headed households, supporting income-generating activities and small business ownership.

IOM Nepal gave cash assistance to 72 vulnerable returnee migrant women migrant. IOM is surveying returnee migrant workers, migrant workers in countries of destination and aspirant migrant workers on their intentions for returning to Nepal, reintegration plans, vulnerabilities, debt and recommendations for sustainable reintegration. IOM also led a Consultation Meeting on socio-economic vulnerabilities, recovery, and reintegration of returnees to inform the Nepal Socioeconomic Response Framework. IOM and the Rural Enterprise Remittance Program are working on reintegration and ethical recruitment of returnee migrant workers with the private sector and diaspora communities.

IOM Philippines received multiple donor funding for its Prepare, Prevent, Protect initiative in Mindanao (BARMEM) for at-risk and displaced communities, with WASH activities, health system support – e.g., cold chain management for laboratories – and cash-based initiatives to protect displaced populations and improve access to essential commodities. The programme also integrates disaster risk reduction activities by activating municipal disaster management committees to create contingency plans and integrate COVID-19 and other biological hazards into local preparedness.

The third revision of the Global Humanitarian Response Plan was released and includes a modified funding requirement with the aim of supporting 250 million people in 63 countries.