



COVID-19 public awareness campaign on bus routes that were identified as having high usage among migrants in Vientiane, Lao PDR.



Community awareness activity providing information about COVID-19 in Siem Reap, Cambodia.

OVERVIEW

The rates of COVID-19 cases in the Asia-Pacific region continue to vary by country, with several countries experiencing new outbreaks after several months of well-controlled cases. Daily **cases in India, Indonesia, Myanmar and Nepal continue to increase**, and cases in Japan, Papua New Guinea, Republic of Korea and Viet Nam have risen after months of stability. Numbers of reported confirmed cases in Afghanistan, Australia, Bangladesh, Iran, Malaysia, Pakistan and the Philippines remained stable or decreased in recent weeks.

In countries facing new spikes of COVID-19 cases, **governments are reinstating previous restrictions and developing new ones** to control the spread of the virus. In some countries, these measures include restricting migrants from working in specific places or sectors, further affecting the impact of the pandemic on migrant workers. While migrants have been unable to access health services in some countries, several governments – such as the Government of Sri Lanka – have opened health services to migrant workers free of charge.

Migrant workers also continue to be impacted by **new government policies as countries develop and roll out their socioeconomic response plans**. Initially, Malaysia had placed a limit on the hiring of foreign workers to preserve employment opportunities for citizens. However, this restriction was recently lifted. In Pakistan, the government is providing USD 75 to approximately 12 million Pakistani families through the Pakistan Social Protection programme (Ehsaas) to help improve access to healthcare and support economic conditions. In a parallel effort, the government is developing specific support initiatives for Afghan migrants – in particular Afghan Citizenship Card holders and undocumented Afghans living in Pakistan – and has enlisted IOM’s support to provide cash-based programming and improve infection prevention and control efforts.

IOM continues to **monitor repatriation and return efforts** for migrants during the pandemic, included for stranded migrants abroad. For example, in some countries in the region, tens of thousands of migrants are being held in immigration detention centers for extended periods as deportation/repatriation efforts have been complicated due to continued travel restrictions. In Sri Lanka, the government has set up a website through which overseas migrants can register for repatriation support, and more than 50,000 have made such requests since the start of the pandemic.

CONTACTS

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IOM RESPONSE

COORDINATION AND PARTNERSHIPS

IOM **Lao PDR** is monitoring and sharing information with the government and other partners on the situation of migrant workers returning from neighboring countries. The country office held coordination meeting with Skills Development and Employment Department, Ministry of Labour and Social Welfare to discuss further support for migrants in the coming months. IOM also met with WHO to discuss and share experiences on supporting returned migrants and addressing protection concerns at points of entry (POE) and Quarantine Centres, as well as in communities.

IOM **Marshall Islands** was the lead coordinator and facilitator for the COVID-19 Tabletop Exercise (TTX) and Simulation in mid-August, with 296 participants representing 14 clusters or committees. The TTX tested the preparedness and response mechanisms in relation to repatriation of citizens in a COVID-19 context, and the full day simulation walked participants through a repatriation scenario from POE to quarantine. This training also for the first time addressed contact tracing in the Pacific.

IOM **Micronesia** met with the Tomil Health Board of Directors to discuss and share a template for a Community Preparedness and Response Plan in emergencies. IOM also met with the Yap State Disaster Coordination Office. In Pohnpei, IOM participated in the regular RCCE meeting, in which designs were adopted for 12 different advisories reflecting state guidelines on social and physical distancing. IOM continues to work in close coordination with the FSM Protection Cluster, including in the development and review of referral pathways, and the design of dignity kits.

IOM **Pakistan** is coordinating with the Ministry of Health Services and Regulations and Coordination and the National Disaster Management Authority (lead agency for COVID-19 response as well as co-convenors of the Protection Sector Working Group) on program implementation. In addition, IOM has advocated for inclusion of Afghan Citizen Card Holders and undocumented Afghans in the Global Humanitarian Response Plan for the COVID-19 Pandemic.

LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

IOM **Myanmar** is procuring patient beds and partitions for Maungdaw Hospital's ward for persons under investigation. The country office also provided 20 handwashing stations to quarantine facilities in Rakhine State, renovated the electricity supply for Maungdaw Hospital, renovated a room for a rapid response team in Kayin State, and provided bedding and personal protective equipment (PPE) for a quarantine facility. Following a request from health posts based at POEs, IOM **Pakistan** initiated procurement of PPE, including N-95 and K-95 masks, protective goggles and face shields for teams engaged in surveillance operations.



Training for community front-line responders in Cox's Bazar led by IOM's Mental Health and Psychosocial Support team, Bangladesh.

TRACKING MOBILITY IMPACTS

IOM **Lao PDR** is conducting a Flow Monitoring Survey as the border with Thailand remains closed. Data collection focuses on the busiest bus routes and the interprovincial bus stations in Vientiane Capital and is coordinated with the Vientiane Capital State Bus Enterprise. The survey team is reaching out to passengers, screening for migrants and providing information, education and communications materials on COVID-19 prevention.

IOM **Nepal** completed a rapid phone assessment (730 phone interviews) with Chief Administrative Officers, Health Coordinators, Deputy Health Coordinators, Information and Technology Officers, COVID-19 Focal Persons and Mayors to gather baseline information on both returnees and migrants and understand the public health and socioeconomic challenges spurred by the pandemic. The country office [published a report](#) with their findings.

IOM Nepal also led a second population mobility mapping (PMM) training in Dhangadi Municipality for Nepal Red Cross Society staff (15 enumerators + 1 coordinator) to support IOM in the implementation of the project in Province 7.

Data being collected by the Displacement Tracking Matrix (DTM) team in **Sri Lanka** indicates that Sri Lankan migrants continue to arrive back from Kuwait, Qatar, Hong Kong, United Arab Emirates, Germany, Maldives and India; more than 26,000 migrants have returned to date.

IOM **Timor-Leste** has been supporting the Ministry of Defense to strengthen cross-border mobility monitoring and establish 20 surveillance monitoring points in Covalima and Bobonaro municipalities. Trained Border Officers have been engaged in data collection and updating the Flow Monitoring Dashboard, which analyzes trends in population movements. The Flow Monitoring Dashboard is available online.

IOM RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

In Cox's Bazar, **Bangladesh**, ten health outreach teams were formed with community health workers (CHWs) and staff from the Severe Acute Respiratory Infection Isolation and Treatment Centers (SARI ITCs) to enhance community-based surveillance, RCCE and home-based care for COVID-19 cases. The teams also help strengthen continuity of other essential health services through community outreach and referral. CHWs completed 107,476 door-to-door visits and organized 4,451 court-yard meetings, reaching a total of 207,970 people.

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

IOM **Marshall Islands** is supporting the RCCE working group to prepare a nation-wide mask campaign. IOM **Micronesia** launched a nation-wide face mask competition that encourages all individuals, including youth, to design and create face masks and share pictures or videos to the IOM Micronesia Facebook page. The competition is spreading awareness on the importance of wearing masks and practicing respiratory hygiene. In Kosrae, IOM and government partners led community engagement sessions in two municipalities.

IOM **Nepal** developed and shared awareness raising messaging through social media for flood/landslide affected people in the context of the COVID-19 pandemic. IOM **Thailand** organized trainings on COVID-19 response for Immigration Officials at immigration detention centers (IDCs), with sessions covering general knowledge on COVID-19, terminology for COVID-19, preventing COVID-19 in IDCs, protecting themselves from infection, undertaking risk assessments, and effective communication.

CAMP COORDINATION AND CAMP MANAGEMENT

With a spike in COVID-19 cases in Province 1 of **Nepal**, IOM is coordinating with the Provincial Health and Emergency Operation Centers, Provincial WASH cluster and Ministry of International Affairs and Law to support 16 quarantine centres, 3 holding centres and 8 isolation centres across four districts on the border with India. IOM is providing NFIs and infection prevention materials, including mosquito nets, sanitizers and cloth masks. IOM also provided NFIs to shelter homes in Kathmandu Valley that are housing and supporting vulnerable women returnee migrants.



CCCM training for internally displaced persons focusing on activities to prepare for, prevent, and protect from COVID-19, Cotabato, Philippines.

DISEASE SURVEILLANCE

In Cox's Bazar, IOM **Bangladesh** collected 808 COVID-19 samples and transported them to the laboratory in Cox's Bazar. IOM is streamlining its collection of COVID-19 information by deploying new Kobo tools for contact tracing data and laboratory data.

With use of IOM's Flow Monitoring data reports, IOM **Pakistan** identified geographical zones in Pakistan and Afghanistan to track potential cross-border disease transmission. The data was used to classify POEs by project activities at two official border crossings, Torkham and Chaman, due to increases in COVID-19 cases reported at these points. IOM is also procuring medical equipment to upgrade existing healthcare facilities at Torkham and Chaman and providing capacity building trainings to health teams responsible for Emergency Resuscitation and intensive care services to patients.

NATIONAL LABORATORY SYSTEMS

IOM **Myanmar** provided transportation for COVID-19 testing samples from community-based facility quarantine sites to township health departments, as well as from township health departments to Sittwe. IOM staff from Mon State are supporting the COVID-19 data recording and reporting system in close collaboration with the Mawlamyine Hospital laboratory unit.

Additionally, IOM Myanmar supported renovation of a GeneXpert room for COVID-19 testing at Hpa-an, Kayin State. In Maungdaw, Rakhine State, IOM supported "Orientation training for specimen collection of COVID-19," which was facilitated by the Township Health Department.

As part of the UN First Line of Defense project and Resettlement programming, IOM **Thailand's** medical and lab staff are being accredited by the Ministry of Public Health to begin COVID-19 testing for migrants and other groups.

IOM RESPONSE

POINTS OF ENTRY (POE)

IOM **Bangladesh** led capacity building workshops for 81 POE personnel (22 women, 59 men) at Akhaura Land Border Crossing Point (BCP) and Dhaka Cantonment Railway Station. The trainings covered 'health screening and management of ill travelers at POE', 'proper use and disposal of PPE' and 'SOP for frontline workers'. IOM also completed 'Rapid Needs and Capacity Assessment' of four POEs, including Cox's Bazar Airport, Teknaf, Tamabil, and Zakiganj land BCPs. Additionally, 154,000 health declaration forms, 14,000 pairs of gloves, 7,000 surgical masks, 100 bottles of hand sanitizer, 200 units of soap, and 100 gowns were donated to four PoEs.

IOM **Marshall Islands** manages a booth at the airport and supports outbound travelers on the monthly flight currently available (to Hawaii and Guam). In August, IOM advised 77 outbound travelers on quarantine restrictions and COVID-19 rates in destination locations. IOM is also helping the Division of Immigration (DoI) to draft the "Preparedness and Response Plan Covid19" with guidance to border officials on preventing disease transmission and COVID-19 contamination in working and living premises.

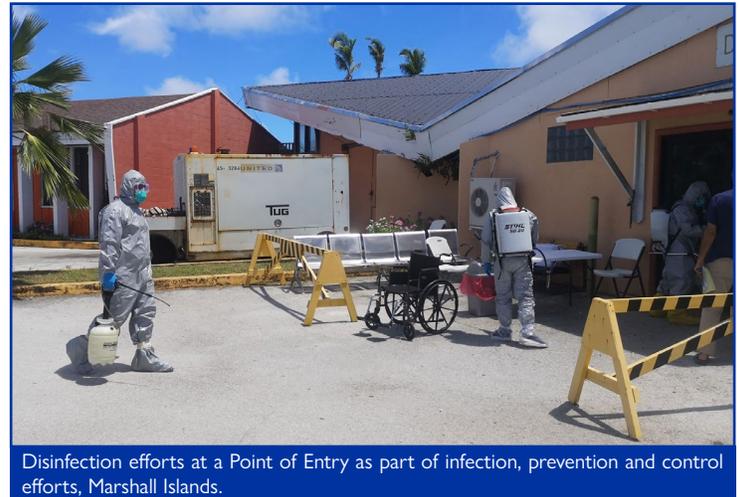
IOM **Micronesia** is assisting the Yap POE Task Force with a Response Framework to guide improvements and strengthen existing SOPs for responding agencies. A Tabletop Exercise was conducted in Yap by the Department of Health Services for the POE management teams and border officials. In Pohnpei, IOM continued the POE SOP training for police officials in the Department of Justice and conducted the same training remotely for national, state and local police in Kosrae. IOM **Myanmar** is coordinating with the Karen Department of Health and Welfare (KDHW) to support POEs where KDHW is providing COVID-19 health education and distributing PPE for volunteers and returnees.

INFECTION PREVENTION AND CONTROL (IPC)

In Cox's Bazar, **Bangladesh**, IOM teams completed 79,087 awareness-raising sessions and distributed 8,765 soap kits to beneficiaries. Every week, thousands of people are screened at IOM-installed Temperature Screening Points before entering the camps. Identification of additional screening sites is on-going.

IOM **Marshall Islands** has installed four handwashing stations at schools on Majuro and is supporting the local outreach group in Ebeye to raise awareness and distribute WASH kits in communities. In Pohnpei, IOM **Micronesia** engineers continue to oversee water system works at dispensaries.

IOM ROAP staff contributed to the CSEAS Corona Chronicles, a joint programme run by IOM and the Center for Southeast Asian Studies at Kyoto University, with the commentary, "[No One is Safe, until Everyone is Safe: Migration and COVID-19 in the Greater Mekong Sub-region \(GMS\).](#)"



Disinfection efforts at a Point of Entry as part of infection, prevention and control efforts, Marshall Islands.

IOM **Myanmar** provided several Township Health Departments and contact tracing teams with essential PPE and medical equipment, including aprons, face shields, gloves, goggles, surgical caps, surgical masks, gowns, hand sanitizer, patient monitors, glucometers, and test strips. The country office distributed 70 hygiene kits to Maungdaw THD for confirmed COVID-19 patients and provided essential non-food items for the Yangong Facility Quarantine Center, including mattresses, mosquito nets, blankets, bed sheets, pillows, towels, toothbrushes, plate ware and utensils.

IOM **Thailand** is conducting medical check-ups for detained migrants in IDCs to detect possible early signs of COVID-19 and other medical conditions for further referrals and testing.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM **Afghanistan's** seven Mobile Health Teams provided 15,843 patients in need with basic health services. Additionally, 12,853 undocumented Afghans were screened for tuberculosis in IOM Transit Centers. more than 500 community health workers have also been trained on COVID-19 awareness and personal protective measures in Nimroz, Helmand, Herat, Kandahar and Nangarhar.

IOM **Bangladesh** staff provided 601 migrants with telemedicine support through the Probashi Helpline, as well as 2,866 migrants with information support. A total of 200 requests for information and support were made by migrants calling from Lebanon, and there was a notable increase in the request for food and medical support from migrants calling from the Kingdom of Saudi Arabia. In the past two weeks, over 1,400 new users used the website.

In Cox's Bazar, a new ITC in Camp 20 Extension was officially opened with current capacity to admit 58 patients and the potential to scale up to 120 beds if needed. IOM trained 85 SARI ITC clinical staff on case management and infection prevention and control, as well as 23 SARI ITC clinicians on "Palliative Care at SARI ITC."

IOM RESPONSE

PROTECTION

IOM **Afghanistan's** Protection Unit completed case management assessments for 65 cases of persons with special needs. In addition, COVID-19 protection monitoring assessments were conducted for 100 cases, who also received information related to COVID-19.

In Cox's Bazar, **Bangladesh**, Feedback and Information Centers (FIC) continue to operate and FIC outreach teams make regular visits at the block-level to engage with the elderly, people with disabilities, pregnant women and other at-risk groups who are unable to attend the FIC in person. The FICs and the FIC outreach teams play an important role in identifying gaps in service delivery, which is especially important while humanitarian agencies have a reduced footprint in the camps due to COVID-19 restrictions.

IOM's Protection team trained 60 clinical and non-clinical staff (medical officers, medical assistants, pharmacists, nurses) working in ITCs on Protection, GBV, counter-trafficking, Psychological First Aid, and safe referrals. IOM also led a Training of Trainers for 26 Protection staff on the "Self-Care and Coping Skills in Stressful Situations" and "Hope in the Time of Adversity" modules to help Rohingya and Bangladeshi communities with risk mitigation, resilience and healthy coping strategies during COVID-19. Protection teams reached 23,997 individuals with outreach messages on COVID-19 and Protection-related issues.

As thematic lead for Migrant Protection under the National Cluster, IOM **Nepal** provided inputs for the Joint Programming for Gender Based Violence being devised by the Emergency Technical Working Group led by UNFPA. IOM raised the need for interventions that support protection of returnee migrant women and their communities, including both immediate provision of protection services and longer-term socio-economic reintegration assistance.

IOM **Sri Lanka** collaborated with implementing partner SAFE Foundation to provide eight shelters with kits of dry food rations, baby items and hygiene items. The shelters support 300 individuals and are safe houses for orphans, differently abled persons, elders and victims of sexual and gender-based violence.

SPOTLIGHT STORY

With a prospect of higher income via a Bangladeshi broker, 68 Bangladeshi nationals came to Viet Nam with short-term work visas, working at construction sites in Southern provinces of Viet Nam. After arrival, the broker confiscated their passports and deducted monthly commissions from their salary. Due to the COVID-19 pandemic, the workers lost their jobs and faced financial difficulties. IOM **Viet Nam** provided meals and accommodation for these workers at the request of the Immigration Department, Ministry of Public Security and coordinated with the Bangladeshi Embassy in Hanoi to organize a repatriation flight for them in mid-August.



Distribution of food, non-food items and hygiene kits to vulnerable COVID-19 affected families in Anuradhapura District, Sri Lanka.

ADDRESSING SOCIO-ECONOMIC IMPACT

IOM **Bangladesh** supported 304 vulnerable migrants with a one-time stimulus grant of EUR 110 to meet their basic and immediate needs concerning food, accommodation/rent, and medical support. IOM **Malaysia** in partnership with local organization(s) provided food aid and hygiene supplies to 232 migrants in Petaling Jaya, on the outskirts of Kuala Lumpur city center. The migrants are documented migrants who have lost their jobs due to COVID-19. IOM **Nepal** provided immediate cash assistance to 200 vulnerable migrant workers, as well as recovery support to 360 returnee migrant workers and their families. IOM is coordinating with local authorities to identify additional beneficiaries for assistance.

IOM **Sri Lanka** coordinated with Sri Lankan diplomatic mission(s) to support the return of migrant workers who lost their jobs due to COVID-19. After mandatory quarantine, IOM will assist them to return to their respective homes. In Anuradhapura District, at the request of the District Secretary, IOM and partners provided approximately 200 families with food, non-food items, hygiene kits and dignity kits. This included families with returnee migrant workers, as well as highly vulnerable families in the community.

In July and August, IOM **Thailand** provided 250 migrants in Pathum Thani and Chonburi provinces with food and hygiene supplies to address immediate basic needs resulting from loss of livelihoods due to the pandemic. In **Timor-Leste**, IOM successfully advocated for migrants inclusion in the COVID-19 Economic Recovery Plan, including increasing economic and livelihood opportunities for returnees and their communities, and creating a conducive environment for diaspora engagement and remittance transfers.

IOM published the paper, "[COVID-19 and women migrant workers: Impacts and implications](#)," which discusses the impacts of COVID-19 for migrant workers on the frontlines, women migrant workers' needs for support services, and the need for equity and an inclusive approach to COVID-19 response.