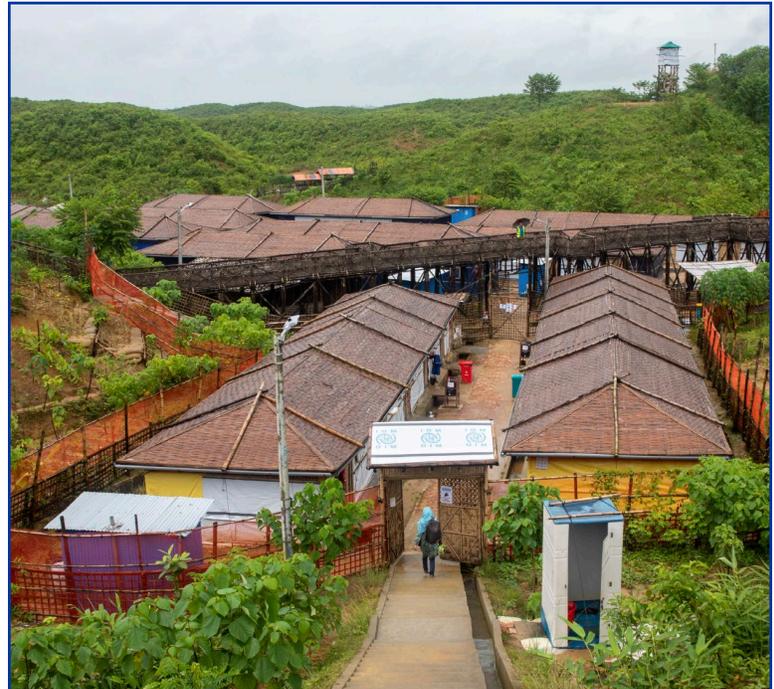




Conducting a rapid assessment at Wattay International Airport (VTE) to better understand the needs of border officials and returnees, Lao PDR.



Mid-term shelter units have been converted into a Quarantine Centre in Cox's Bazar, Bangladesh.

## OVERVIEW

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

Several countries are preparing for new spikes in cases in the coming months, aiming to balance efforts to reduce the spread of the virus with the need to push forward economic recovery. With ongoing travel restrictions between countries, some governments are taking extra measures to prevent irregular migration through borders and checkpoints, especially among the borders of countries with recent spikes in COVID-19 cases. These and other restrictions continue to restrict labor migration between countries, with some countries continuing to maintain closed borders.

Discussions are ongoing to adopt a Ministerial-level Declaration of the Colombo Process Member States on the impact of COVID-19 on migrant workers, with a focus on the effects of the pandemic on labor migration and the need to uphold protection of these workers. The draft Declaration is currently being reviewed by Colombo Process Member States. The Governments of Sri Lanka and Pakistan have already provided inputs. IOM Nepal in their capacity as the Secretariat of the Colombo Process, is coordinating with the Member States with support from IOM Sri Lanka (through the Colombo Process Technical Support Unit).

One of the primary protection risks for migrants, refugees and other vulnerable populations is gender-based violence. During COVID-19, 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 COVID-19 related movement and physical distancing restrictions. Risks of human trafficking have also increased, especially as people lose their jobs and become desperate for livelihood opportunities. IOM teams across the region are leading Safe Migration Campaigns to educate migrants and aspiring migrants about the risks of trafficking and opportunities for regular migration.

## CONTACTS

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## IOM RESPONSE

## COORDINATION AND PARTNERSHIPS

IOM **Afghanistan** successfully advocated for inclusion of migrants and mobility in all the COVID-19 preparedness planning and response documents, including the National Multi-Sector Response Plan, the revised Humanitarian Response Plan 2020, and the ONE UN Health Plan. IOM participates in the Emergency Response Preparedness meetings together with WHO, OCHA and Health Cluster partners in the four target provinces of Nimroz, Herat, Nangarhar and Kandahar.

IOM **Cambodia** organized three Provincial-level meetings to obtain inputs for socio-economic recovery of returning migrants in Siem Reap. The country office also held two Trainings of Trainers on COVID-19 preventive measures in Kampong Thom Province for more than 150 health workers, local authorities, volunteers, and members of Village Health Support Groups. IOM also participated in a joint visit to Prey Veng with the WHO Country Representative, H.E Secretary of State from the Ministry of Health and Provincial health officials to learn about prevention measures related to COVID-19 in the province, reinforce the functions of Provincial Health Departments, Referral Hospitals and Provincial Response Committees and develop joint action plans to ensure preparedness for ongoing return of migrants.

IOM **Lao PDR** met with World Vision to discuss and share experiences on supporting returnee migrants at Quarantine Centres and in communities, with a specific focus on collaboration for addressing protection issues at quarantine centers.

IOM **Micronesia** participated in a joint RCCE virtual conference with UNICEF about sharing the “human story” and how to capture relevant data for RCCE surveys. In Kosrae, IOM supported an SOP training with the state and national police. In Chuuk, IOM attended the Department of Education/Chuuk State Safe School Protocol Training in preparation for the reopening of schools with principals, teachers, the community, mayors, and traditional leaders.

IOM **Nepal** has been coordinating with the Ministry of Health and Population, Epidemiology and Disease Control Division, Provincial Health Directorate for Province 7, as well as the local governments, for the successful implementation of a Population Mobility Mapping intervention.

IOM **Pakistan** has been actively involved in supporting the COVID-19 social media campaign run by the National Disaster and Management Authority.

IOM **Philippines** held a coordination meeting with the Ministry of Trade, Investment and Tourism to identify focal persons for preparation and design of the provincial/municipal-level emergency price monitoring training.



Distribution of direct assistance packs to migrants at Savannakhet Provincial Quarantine Centre, Lao PDR.

## TRACKING MOBILITY IMPACTS

COVID-19 related mobility impact is being tracked by 34 country offices at 854 Points of Entry (POE) in the region, including 222 land borders, 135 sea borders, 190 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.

From March to August, IOM **Bangladesh** traced 1,152 migrants (991 men, 161 women, 4 children) who returned to Bangladesh through ten Reintegration Services Centres and conducted needs and vulnerability assessments to identify eligible migrants for medium- to long-term reintegration assistance. In July, IOM published a report on the needs and vulnerabilities of 2,765 migrants (international and internal) who returned to their home districts between February and April 2020. Subsequent of data collection has been completed, and analysis is underway to determine how these migrants have fared recently vis-à-vis employment, income, debt, food security, challenges, and re-migration aspirations.

IOM **Indonesia** is tracking international and internal migrant workers returning to Central Java Province due to the COVID-19 pandemic. IOM **Lao PDR** is coordinating with the Skills Development and Employment Department, Ministry of Labour and Social Welfare to increase the number of DTM survey interviews with returned migrant in quarantine centers.

IOM **Nepal** has successfully completed Population Mobility Mapping activities in three selected municipalities of Sudurpaschim Province. The team facilitated 15 focus group discussions with 75 participants. More than 180 sites were assessed, including formal and informal points of entry, health facilities, traditional healers, schools and colleges, places of worship, places of entertainment, migrant worksites and transport stations.

## IOM RESPONSE

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**

IOM **Afghanistan's** DTM field teams have reached more than 61,405 community leaders among host, IDP and returnee populations, including humanitarian partners and providers of essential services, with RCCE messaging in almost 12,000 villages across 34 provinces. Furthermore, 199 billboards, 113,100 brochures and 39,261 banners and posters have been distributed/ displayed in all four provinces bordering Pakistan and Iran. Staff have also reached 147,964 people (47,288 men, 98,676 women) with awareness raising sessions on hygiene practices and COVID-19 prevention.

In Cox's Bazar, **Bangladesh**, IOM's WASH teams completed 67,014 awareness-raising sessions, while Community Health Workers (CHWs) completed 199,274 door-to-door visits and organized 7,863 court-yard meetings to understand community perceptions of COVID-19, promote relevant services, and strengthen community participation. To build community trust in COVID-19 services, IOM and partners led 73 engagement meetings for 732 participants, including community leaders, members of mosque committees, women's groups, youth groups and disaster management units.

In **Cambodia**, Commune Committees for Women and Children and Village Health Support Groups (VSHG) in Kampong Thom province conducted awareness raising events in six villages on COVID-19 prevention. At least 240 community members, including migrants, attended the events. Supported by IOM Cambodia and monitored by Siem Reap's Provincial Health Department, the Operational Health District and Health Center delivered trainings to 51 Health Center Management Committee and VSHG members (39 females, 12 males) in Pouk and Krolang districts.

IOM **Lao PDR** distributed more than 22,000 infosheets to migrant returnees, communities, quarantine centres, POE, and provincial governments on employment, COVID-19 Prevention, psychosocial support, dengue fever, parenting, relieving stress under COVID-19, reproductive health, malaria and avian flu. The team also visited quarantine centres in Savannakhet and Khammouan Provinces to distribute 350 direct assistance packs for returnee migrants and disseminate safe migration and HIV/AIDS prevention messages.

IOM **Micronesia** conducted a workshop with selected members from five municipalities in Pohnpei to develop public health strategies during emergencies for their communities within Municipal Disaster Preparedness Plans (MDPPs). Of the surveyed participants, 85% said the workshop provided them with a better understanding of public health strategies, and 100% thought the updated MDPP would better help their community respond to COVID-19.



Community hygiene awareness campaign for infection prevention and control, Prey Veng Province, Cambodia

IOM **Nepal** released a video message through social media focusing on Home Quarantine protocol based on the protocol endorsed by the Ministry of Health and Population.

**DISEASE SURVEILLANCE**

IOM **Afghanistan** has deployed 17 Rapid Response Teams with 66 staff in target provinces. To enhance the reporting and data management capacity of the Provincial Public Health Directors (PPHD), IT-equipment has been donated to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces. Surveillance and screening teams at the major border crossing points are being supported with comprehensive one-stop service delivery for all returnee Afghans.

In Cox's Bazar, **Bangladesh**, IOM Site Management teams assigned contact tracing volunteers, and Health teams have provided contact tracing supervisors and medical support teams in 13 camps. Through the first half of September, 55 contacts linked to 14 confirmed cases were successfully traced, monitored and quarantined. IOM staff supported the Rapid Investigation and Response Team to identify COVID-19 positive cases with the support of contact tracing volunteers and provided support to the Dispatch and Referral Unit (DRU) to monitor isolation and home quarantine for suspected contacts that chose to quarantine at home.

IOM **Cambodia** is working closely with the Banteay Meanchey Rapid Response Team to ensure the surveillance system collects data accurately from points of entry and quarantine centers segregated by age, sex, number of children and number of migrants referred to quarantine centers.

IOM **Lao PDR** Produced a [video](#) on IOM's COVID-19 Response with information about available support services for migrants. The video reached over 4,800 people on Facebook.

## IOM RESPONSE

**POINTS OF ENTRY (POE)**

In **Afghanistan**, IOM has deployed 12 Mobile Health Teams (MHTs) and 4 TB/COVID-19 screening teams to major POE, as well as 98 screening staff to oversee temperature checks and screening activities. IOM supported procurement and distribution of supplies to frontline workers in the Afghan Border Police, Ministry of Refugees and Repatriation and other POE authorities and provincial health workers.

IOM **Bangladesh** completed rapid needs and capacity assessments of Sonamasjid and Bibir Bazar border crossing points, which were closed between March to June and are now witnessing almost-regular levels of crossings. IOM also convened Health, Border and Mobility Management POE taskforce meetings at both POEs. An additional eight health screening desks have been donated to Hazarat Shajalal International Airport, where passengers will be screened and provided with information on symptom identification, the importance of quarantine and modalities to seek treatment.

IOM **Indonesia** initiated a joint assessment with the Ministry of Health, the Directorate General of Immigration, the National Border Management Authority and the National Agency for the Protection of Indonesian Migrant Workers at POEs to identify additional response measures and capacity needs to increase case detection capacity, improve case referrals, and reduce the risks for travelers and migrants moving through airports, seaports, and land borders, as well as frontline officers stationed at POEs.

IOM **Lao PDR** conducted a rapid assessment at two frequently used POEs in Vientiane Capital (Lao-Thai Friendship Bridge I and Wattay International Airport VTE) to better understand the needs of border officials and returnees. The team also met with POE authorities to discuss upcoming activities and coordinate strategies. IOM **Micronesia** contributed to the first draft of the Yap POE SOP, which has been submitted for review and comments. The team also attended a POE coordination meeting in Yap to develop a proposal to improve POE spaces and areas in line with the requirements of COVID-19 response.

In **Pakistan**, IOM has provided 35 quarantine rooms of single person occupancy with attached toilets for use at Torkham and Chaman borders, as well as COVID-19 specific medical equipment, personal protective equipment (PPE) and two fully equipped ambulances for transporting sick migrants between the border and designated health care facilities. IOM **Thailand** conducted a training at Suvarnabhumi airport with 20 Thai immigration officials on COVID-19, with representatives from the Ministry of Public Health and the US Centers for Disease Control also attending. Key areas covered included self-protection measures, identifying high risk areas at POEs, document examination and communicating effectively with passengers/migrants.



Handover of modular tents to the Philippines Coast Guard for returning migrants, Philippines.

**NATIONAL LABORATORY SYSTEMS**

IOM **Afghanistan** seconded 12 Laboratory Technologists to the new Provincial COVID-19 reference laboratory to work closely with the IOM Rapid Response Teams to collect samples, complete testing and coordinate follow-up treatment. IOM's Isolation and Treatment Center (ITC) in Leda, **Bangladesh** and three temporary isolation facilities are collecting samples for laboratory testing of suspected and severe acute respiratory infection cases. During August, 1,172 samples were collected and transported to the laboratory in Cox's Bazar of which 26 tested positive.

IOM **Myanmar** in Mawlamyine is supporting the COVID-19 related data recording and reporting system with Mawlamyine Hospital laboratory unit in Mon State. IOM continues to transport COVID-19 samples from community-based facility quarantine sites to the relevant Township Health Department.

As part of IOM's contribution to the UN's [First Line of Defence](#) (FLoD) against COVID-19, IOM **Nepal** finalized an agreement with the Nepal UN Country Team and the Government of Nepal to offer COVID-19 laboratory services, specifically COVID-19 testing, including sample collection, for UN personnel and recognized dependents in the country.

**INFECTION PREVENTION AND CONTROL (IPC)**

IOM **Afghanistan** has supplied more than 38,849 sets of PPE to Provincial Public Health Directorates, Directorate of Refugees and Repatriations and Afghan Border Police in six provinces.

IOM **Bangladesh** installed 44 hand washing devices in ITCs in Ukhiya and Teknaf. The team also distributed 2,070 gowns, 5,100 face shields and 21,000 face masks to IOM-supported health facilities. Furthermore, over 19,247 individuals were screened at four IOM-managed Temperature Screening Points. All workers employed in the cash-for-work program have been provided with washable cloth masks and guidance on how to minimize the risk of infection whilst performing essential maintenance in the camps.

## IOM RESPONSE

**INFECTION PREVENTION AND CONTROL (CONT.)**

IOM **Indonesia** has distributed over 2,200 hygiene kits to refugees and vulnerable host communities in Tangerang, Semarang and Kupang. Teams also delivered 2,500 hygiene kits and information packages for Risk Communication to Indonesian migrant workers returning from Malaysia at the border crossing point in Pontianak, West Kalimantan. In Chuuk, **Micronesia**, IOM installed a set of Handsfree Handwashing Stations (HHS) at Sapuk Community Health Center. Each set contains dedicated sinks for adults and children, or those needing access to a lower sink. This is the fourth set of HHS that IOM has installed at health facilities in Chuuk.

IOM **Myanmar** provided 15,000 surgical masks, 30,000 surgical gloves, 400 examination gloves, 100 hand sanitizers, 200 liquid soaps, and 400 disposable gowns to Kachin State Health Department for frontline workers in quarantine facilities. IOM **Philippines** distributed 3,420 sets of PPE to Overseas Workers Welfare Administration, Philippines Coast Guard and the Department of Social Welfare and Development for frontline personnel.

**CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES**

IOM **Afghanistan's** MHTs have trained more than 500 CHWs on COVID-19 awareness, prevention, identification and referrals. IOM Afghanistan provides primary care through MHTs (including routine vaccinations, treatment and screening services), and is planning to expand the scope of mobile services as the number of people seeking health care at static facilities has dropped due to fear of COVID-19 transmission.

IOM **Bangladesh** in Cox's Bazar operates three Severe Acute Respiratory Illness (SARI) ITCs with capacity to treat cases, featuring more than 115 beds. In the last two weeks, 31 suspected and 10 confirmed cases were admitted to these ITCs, and 17 clinical staff have been trained on case management, IPC, PSEA and psychological first aid. To improve community perceptions and trust of the SARI ITC, IOM conducted community "go and see" visits to the Camp 20 Extension SARI ITC for participants to learn about the facility and provide feedback on ways to enhance trust with the community. In Camp 22, a central patient triage point was established at the community center to speed up access to services and to prevent crowding outside the health facilities in the camp. During the reporting period, 39,579 consultations were conducted at the 35 IOM-supported primary health care facilities.

IOM **Cambodia** conducted refresher trainings for VHSGs and health center staff on TB active case finding among migrants. The country office provided 5 trainings to 50 villages and 13 health centers, reaching 122 participants (49 female) in Poipet district (Banteay Meanchey province). IOM continues TB screening at Poipet Transit Center (310 migrants screened).



A woman and a child wait in a triage area of a Severe Acute Respiratory Infection Isolation and Treatment Centre in Cox's Bazar, Bangladesh.

**LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT**

IOM **Afghanistan** continuously fills supply gaps for target provinces (Herat, Nimroz, Nangarhar, and Kandahar), by procuring medicines, PPE items, sanitizing solutions and sterilization materials. IOM **Indonesia** provided over 2000 hygiene kits to refugees, local community members and elderly homes in Tangerang and Semarang.

**CAMP COORDINATION AND CAMP MANAGEMENT**

IOM **Indonesia** and the government jointly assessed shelters for quarantine of returning Indonesian migrant workers in Tanjung Pinang and Jakarta vis-à-vis the guidelines prepared by the National Cluster for Displacement and Protection. Based on the assessment results, IOM will provide tailored shelter refurbishment and other technical support to address gaps. IOM **Nepal** as a co-lead of the CCCM cluster has supported with distribution of NFIs, particularly masks, sanitizers and mosquito nets; over 5,600 sets have been distributed amongst 22 quarantine centers, 3 holding centers, 13 isolation centers and 3 shelter homes (supporting vulnerable returnee migrants) in 7 districts and 22 local levels in Province 1 and Bagmati Province in Nepal.

IOM **Philippines** conducted remote technical assistance and mentoring of camp managers in 32 sites (16 in North Cotabato and 16 in Davao del Sur) and trained 190 IDP leaders on CCCM principles with specific guidelines related to COVID-19 in North Cotabato. 90 tarpaulins were distributed as emergency shelter for IDPs residing in poor conditions outside evacuation centers in Davao del Sur. Across the areas affected by the 2019 earthquakes in North Cotabato, assessments were conducted in 17 displacement sites to identify facilities for repair and refurbishment, for example, repair of existing WASH facilities, construction of latrines, bathing cubicles, handwashing stations, rearrangement of tents, establishment of registration and screening at POE sites and improvement of distribution areas.

## IOM RESPONSE

## PROTECTION

IOM **Afghanistan's** Protection unit is active in priority border provinces providing vulnerable migrant returnees with immediate assistance to facilitate reintegration.

IOM **Bangladesh** mental health and psychosocial support staff supported 133 beneficiaries (74 men, 59 women) with phone counselling. Reports indicate that most women calling were facing increased threats of domestic and/or intimate partner violence. Teams also provided one-on-one awareness-raising, emotional support and PFA to 107 beneficiaries at ITCs. Protection teams reached over 26,000 individuals with messages on COVID-19 and Protection-related issues. One-to-one sessions were provided to 298 beneficiaries (204 men, 82 women, and 12 girls). These awareness-raising sessions were conducted by members of Community-Based Child Protection and Faith-Based Leaders.

IOM **Cambodia's** Migrant Resource Center in Poi Pet organized safe migration outreach activities with the Provincial Authority and Cambodian Red Cross in Banteay Meanchey province, reaching more than 460 participants (including 230 women). The activities educated migrants and aspiring migrants on making an informed choice on migration, especially during the pandemic, including information about regular travel, risks and benefits of migration, financial management, and seeking support throughout the migration cycle.

IOM **Indonesia**, the Ministry of Women's Empowerment and Child Protection, and international agencies are working together to draft the Protocol on the Protection of Refugee Children and IDP Children during the COVID-19 Pandemic. A range of government agencies have been consulted during the process, including the Task Force for Refugees Handling, the Ministry of Social Affairs, and other relevant government and non-government agencies.

IOM **Lao PDR** collaborated with the Skill Development and Employment Department, Ministry of Labour and Social Welfare to conduct safe migration community campaigns in four villages with high migration flow in Savannakhet and Khammouan provinces, reaching 391 beneficiaries. 24 village chiefs who received safe migration training delivered safe migration community campaigns in their villages across these provinces, reaching 2,899 (1,623 female and 1,276 male) villagers. IOM also met with the Lao Women's Union (National Secretariat Committee for Trafficking in Person) to provide a safe migration training to 26 (3 women) Laotians who are residing in a shelter in Vientiane.

IOM **Philippines** partnered with the Professional Regulation Commission of the Department of Labor and Employment to conduct a webinar for 260 DSWD and PCG frontline responders on Basic Psychosocial Skills and self-care for COVID-19 Responders.



A COVID-19 volunteer prepares food for people quarantined at Shwe Myawaddy Facility Quarantine Center, Kayin State, Myanmar

## ADDRESSING SOCIO-ECONOMIC IMPACT

Supported by IOM **Cambodia**, Provincial Officers conducted a "Rapid Need Assessment and Beneficiaries Selection" for UN MPTF COVID-19 Recovery Joint Program at Angkor Chum and Sotr Nikum Districts in Siem Reap, with participation of 83 returnee migrants (44 women). Beneficiaries will establish a range of small businesses selling handicrafts, dessert and cane juice, as well as in agriculture (raising chickens, farming fish and growing vegetables) and trade services (electrician).

With national and local government partners, IOM **Indonesia** launched a data collection exercise about the socioeconomic impact of COVID-19 on Indonesian migrant worker households, including those who have returned to Indonesia and those who have been unable to migrate as originally intended. This effort includes a phone survey with international and internal migrant workers returning to Indonesia or their provinces of origin.

IOM **Lao PDR** distributed 350 direct assistance packs to returnee migrants in two provincial quarantine centres to support everyday needs and onward journeys. IOM **Nepal** is conducting an assessment of vulnerable returnee migrant workers affected by COVID-19 and implementing a rapid phone survey with migrant workers affected by COVID-19. The country office is also undertaking screening/selection of 360 migrant workers and their families for recovery support in Province 1.

IOM released a [revised version of the Global Strategic Preparedness and Response Plan for COVID-19](#) with updated funding requirements aligned with the immediate humanitarian needs outlined in the revised Global Humanitarian Response Plan from July 2020.

IOM developed a video, [Impacts of COVID-19 on Immigration and Visa Systems](#), which outlines IOM's set of recommendations to governments to address these challenges.