



Enumerators trained by IOM collect flow monitoring data at a checkpoint outside Ulaanabaatar, Mongolia.



Rohingya refugees are provided with IEC materials about reducing the spread of COVID-19, Cox's Bazar, Bangladesh.

OVERVIEW

Reported COVID-19 cases in Asia and the Pacific continue to increase, though at a relatively stable pace, with countries augmenting responses, as well as maintaining stringent mobility restrictions. As of 10 May, over **395,063 cases** and more than **17,173 deaths** have been reported in the region. Confirmed cases have been reported in 28 countries, territories and/or areas.

In the Asia and Pacific region, there are reports of stigma and discrimination towards migrants at destination, transit and home locations upon return due to fears around COVID-19 transmission, which may lead to further exclusion from or unwillingness to access health services. There are also increasing serious concerns regarding stranded and vulnerable migrants abroad – both in the region and outside of it – and their ability to satisfy basic needs.

Furthermore, hundreds of thousands of migrants have lost their jobs and are particularly vulnerable to the socio-economic impacts of COVID-19; as of 2019, the region is home to five of the world's top 10 remittance-receiving countries. There have also been some worrying reports in the region of concentrated clusters of cases in migrant settings, including among migrant workers housed in dormitory accommodation in Singapore, in immigration detention settings in Thailand and among migrant and refugee communities in Malaysia.

To address these challenges, IOM missions in the region are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness and response efforts. Crucially, IOM is also coordinating closely with governments on both immediate and long-term strategies for ensuring that travel remains safe, including through combined inputs from IOM's border management and health teams.

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¹Afghanistan, Australia, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Fiji, India, Indonesia, Iran (Islamic Republic of), Japan, Lao People's Democratic Republic (the), Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines (the), Republic of Korea (the), Singapore, Sri Lanka, Thailand, Timor-Leste and Viet Nam. Source: WHO Coronavirus situation reports: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>.

IOM RESPONSE

COORDINATION AND PARTNERSHIPS

With support from **IOM Bangladesh**, the Ministry of Expatriate Welfare and Overseas Employment (MoEWOE) and Ministry of Foreign Affairs (MoFA) have formed a Working Committee to provide immediate support and long-term reintegration assistance to vulnerable returning migrants. The Working Committee will be chaired by MoEWOE and also includes MoFA, Ministry of Home Affairs, Ministry of Health and Family Welfare, IOM, the World Bank and the International Labour Organization (ILO). IOM will be the Secretariat for the Working Group on returning migrants.

IOM Malaysia is engaging with the government regarding detention of irregular migrants due to concerns related to COVID-19. Together with the UNCT, the mission has developed a press release highlighting the issue. **IOM Mongolia** helped prepare for a government-led drill “COVID-19 pandemic response and coordination” that was implemented 6 to 8 May 2020.

IOM Sri Lanka is part of a technical committee with representatives from the Government of Sri Lanka (GoSL) Bureau of Foreign Employment and International Labor Organization (ILO). The committee provides technical assistance to GoSL to formulate an emergency response plan to support migrant workers, including with socio-economic reintegration. **IOM Thailand** is part of a UN Working Group that assists UN agencies in Thailand to return to office, using lessons from colleagues in China.

TRACKING MOBILITY IMPACTS

COVID-19 related mobility impact is being tracked by 34 country offices at 827 POEs in the region, including 217 land borders, 109 sea borders, 185 airports, 115 internal transit points, and 21 area/sub-national points.

IOM Bangladesh is finalizing a phone-based assessment to determine the needs and vulnerabilities of internal and returning migrants in the country’s top ten migrant-prone districts. Due to the national lock-down and restrictions on face-to-face contact, the assessment will use the snow-balling sampling method. During the reporting period, IOM traced 186 migrant workers (17 female; 169 male) returning mostly from Europe and Gulf Cooperation Council states. **IOM Mongolia** and the Municipality of Ulaanbaatar organized a Stocktaking Seminar to discuss implementation and institutionalization of IOM’s displacement tracking matrix flow monitoring in Ulaanbaatar Municipality.

IOM Republic of the Marshall Islands (RMI), together with the WASH Cluster, Economic Policy, Planning and Statistics Office, and Marshall Islands Persons with Disabilities Organization, trained Rapid Assessment Enumerators on conducting a vulnerability assessment for every house in Majuro to help the government and responders develop targeted COVID-19 interventions.



The Kayin State Health Department at Shwe Myawaddy quarantine center in Myawaddy Township receives personal hygiene kits, Myanmar.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Cox’s Bazar, Bangladesh** IOM has registered over 15,000 users to receive updates in Rohingya language through Interactive-Voice-Response (IVR), which shares government-approved information about COVID-19 and changes happening in the camps. IVR can be used to send SMS and record questions from people who call the number. This program helps reduce the number of staff travelling to camps and thus lower the risk of spreading COVID-19.

IOM Indonesia is implementing RCCE activities for refugees and asylum seekers in all Regional Cooperation Agreement locations, including meetings and counselling, posting information related to hygiene management in community housing and frequently visited areas, and messaging via social media in refugee and asylum seekers’ native languages.

IOM Lao PDR printed 2,000 information sheets for returning migrant workers to distribute in Migrant Resource Centres in five provinces. The mission also co-wrote the UN International Labour Day op-ed on migrant vulnerabilities amidst COVID-19.

IOM Myanmar is collaborating with Basic Health Staff to distribute 260,000 flyers, 32,000 pamphlets and 17,300 posters with COVID-19 prevention messages. The mission is also distributing educational materials in local languages to quarantine centers with returning migrants. The mission reached an estimated 246,965 (133,147 women, 113,818 men) returning migrants and community members since 1 April.

IOM Nepal developed messages on stigma and discrimination to share on social media and is engaging radio networks to broadcast jingles and a radio program about COVID-19 for migrants and the broader community. IOM also worked with the National Health Education Information and Communication Centers to develop and broadcast a public service announcement on national television in six languages targeting residents in quarantine sites.

IOM RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT - CONTINUED

IOM RMI is producing RCCE materials to address local issues around stigma and ensure COVID-19 terms are understood. IOM also supported the Ministry of Internal Cultures & Internal Affairs to develop posters explaining what the Migrant Community Group is and how migrants in RMI can join or get more information on COVID-19.

In **Thailand**, IOM produced videos for migrant workers on reducing infection risks during travel. IOM also presented about the risks for migrants during and after the pandemic to the Leadership Group on Responsible Recruitment. Through such efforts, IOM aims to mainstream migrant concerns and vulnerabilities in employers' planning and response activities and to encourage increased monitoring during the recruitment process. **IOM Viet Nam** is disseminating public health messages, country-specific measures and regulations from migrant-destination countries in the context of COVID-19 to Vietnamese migrants, their families and their employers through social media platforms and programmes.

DISEASE SURVEILLANCE

IOM Myanmar is supporting screening of migrant returnees in Mon State including facilitation of surveillance information sharing and reporting and contact tracing.

LOGISTICS, PROCUREMENT & SUPPLY

IOM Indonesia procured PPE for the IOM health unit and staff who are traveling within the country. IOM is also procuring three ventilators and nearly 600 cases of disposable nitrile gloves for other IOM missions. **IOM Myanmar** provided the State Health Departments in Kachin, Rakhine and Mon states and the Yangon Regional Health Department with 2,500 non-medical grade PPE, 6000 medical grade PPE, 400 surgical caps, 3,070 N95 masks, 62,000 surgical masks, 800 gowns, 55 goggles, 42,300 gloves, 330 non-contact thermometers and 4,905 hands sanitizer packs. The mission is also distributing hygiene kits, bedding, towels, and mosquito nets at quarantine facilities and providing meals and water to people in community and hospital quarantine facilities.



Rohingya refugees attend an awareness-raising session while practicing social distancing, Cox's Bazar, Bangladesh.

POINTS OF ENTRY (POE)

IOM Bangladesh finalized assessments at two POE: Darshana and Akhaura land borders. To date, IOM has assessed eight POEs at Dhaka, Chattogram, Sylhet, Benapole, Akhaura, and Darshana. Recruitment of medical staff is ongoing for Shah Amanat International Airport in Chattogram, so medical staff can assist border authorities to screen ill travelers. The Communicable Disease Control unit of the Directorate General of Health Services and Institute of Epidemiology, Disease Control and Research, provided a briefing and training session for 12 IOM staff on COVID-19 management, PPE use and handling of travelers displaying COVID-19 symptoms.

In **Republic of the Marshall Islands**, IOM hosted a training with the Division of Immigration for WHO's online courses, "Management of Ill Travelers at Points of Entry in the Context of COVID-19 Outbreak" and "Infection Prevention and Control (IPC) for Novel Coronavirus." IOM procured safety and communications equipment to improve POE surveillance and monitoring, particularly at sea. IOM is training immigration and border/port officers, including health staff, on screening and managing ill travelers and infection prevention and control to strengthen surveillance and risk communication capacities. The mission has also worked with partners to develop and translate IEC materials to communicate information about COVID-19 to travelers at PoE, including airports and sea ports.

IOM Myanmar is beginning to renovate an isolation ward for returnees in Lwelkyel Point of Entry. In **Solomon Islands**, IOM is providing operational guidance for management of quarantine spaces for migrants.

IOM Sri Lanka is part of the high-level task force for assessing the needs at POE convened by the Government of Sri Lanka through the National Border Management Committee chaired by Ministry of Defense (MoD). MoD requested that IOM support procurement of urgently needed items for COVID-19 preparedness at Sri Lanka's Bandaranaike International Airport for resumption of services.

NATIONAL LABORATORY SYSTEMS

In **Cox's Bazar, Bangladesh** IOM teams are collecting samples for COVID-19 testing from four primary health care facilities. During the reporting period, 43 samples were collected and transported to testing laboratories.

The Migration Health Evidence Portal for COVID-19, a repository of research publications and high-yield evidence briefs on COVID-19 and its intersection with migration health, can be accessed via the [Migration Health Research Portal](#). Feedback or queries can be sent to mhdroap@iom.int.

IOM RESPONSE

INFECTION PREVENTION AND CONTROL

IOM Cox's Bazar WASH staff developed an assessment tool to gauge levels of beneficiary satisfaction in the use of hand washing devices to determine potential improvements. Furthermore, the dispatch and referral unit (DRU) coordinated 25 ambulance support requests; 29,809 soap kits were distributed to beneficiaries, including 2,515 soap kits to vulnerable households in host communities. 109 hand washing devices and 310 tippy taps have been installed in communal areas, including all distribution points and an additional 36 backpack sprayers provided to enhance disinfection activities.

To protect staff from being exposed to COVID-19 while managing any potential cases in accommodation centers, **IOM Indonesia** procured and stocked necessary PPE material in field locations. Three areas in Indonesia (Semarang, Makassar and Kupang) have been engaging the local community in establishing, maintaining and advocating for the use of handwashing stations in the refugees' and asylum seekers' communities. IOM has installed 68 handwashing stations to public health centers, schools and refugee and asylum seekers' accommodations in several provinces.

IOM Myanmar has been distributing hygiene kits and WASH supplies to quarantine facilities, reaching an estimated 27,617 (12,848 women, 14,769 men) returning migrants primarily from Thailand and the People's Republic of China. **IOM Nepal** assessed 134 quarantine sites/ centers established by the Government of Nepal.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM teams in **Cox's Bazar, Bangladesh** upgraded triage and waiting areas at IOM-supported clinics in Camps 3 and 9 and worked with Health Cluster partners to establish community quarantine facilities in Camp 25. IOM staff attended WHO trainings of trainers on case management and infection prevention and control. The trainers will roll out further trainings for staff at three isolation and treatment centers and 35 IOM-supported primary health care facilities. Construction for a contact tracing quarantine facility that includes 93 shelters and has a capacity for 465 beneficiaries continues.

CAMP COORDINATION AND CAMP MANAGEMENT

In **Cox's Bazar, Bangladesh**, all IOM implementing partners have developed contingency plans, formed volunteer groups in the camps, oriented volunteers and have established mechanisms to ensure continued provision of critical WASH services in the camps, including access to spare parts, equipment and materials by the volunteers. The contingency plans are made to ensure that critical services, including water supply and latrine dislodgement, will continue even if there are further restrictions in access to the camps. **IOM Nepal** has been supporting assessment of government quarantine sites/centers and has so far assessed 134.



Families affected by Typhoon Tisoy are provided with relief packs, Nabua, Philippines

PROTECTION

The IOM Mental Health and Psychosocial Support (MHPSS) team in **Cox's Bazar, Bangladesh** (35 staff, 86 trained volunteers) continues to work with the Rohingya and members of host communities who are facing various challenges, including stress-related conditions, anxiety and depression. MHPSS staff and volunteers provide individual counselling, psychological first aid (PFA), psychoeducation, remote tele-counselling, group sessions and referrals to specialized services. To improve their reach, the MHPSS team is organizing training sessions for implementing partners and members of community support groups. MHPSS staff are also providing remote counselling to IOM and other UN staff to manage stress, avoid negative coping mechanisms and prevent burnout. MHPSS staff developed a tailored curriculum for a five-day training of volunteers and community health workers on basic psychosocial services, PFA and stress management for those quarantined at home or staying in isolation facilities.

IOM Indonesia is providing MHPSS services through online counseling to refugee and asylum seekers, addressing pre-existing mental health challenges, as well as stress brought on by the pandemic and quarantine situations.

IOM RMI and **Micronesia** are working on including sign language interpreters during outreach activities, as well as the creation of information videos in sign language videos. IOM Marshall Islands also disseminated key messages in the local language regarding communication with children about COVID-19, coping with stress, prevention of family violence and means to seek assistance. The mission has also trained social workers on understanding and addressing heightened risks of neglect, abuse and exploitation in the context of COVID-19, as well as adaptations they can make to case management, referral mechanism, psychological first aid. The mission distributed a resource package that includes tip sheets, guidelines, job aids, referral pathways and training packages to support identification, referral, treatment and response to survivors of GBV.

IOM RESPONSE

PROTECTION - CONTINUED

As the thematic lead on Migrants sub-group under the Protection Cluster, **IOM Nepal** hosted and chaired the first thematic meeting on 29 April 2020 to provide an overview on migration and protection concerns during COVID-19. The mission also disseminated IOM's "COVID-19: Guidance for labour recruiters to enhance migrant worker protection during the current health crisis" to Private Recruitment Agencies and the Nepal Association of Foreign Employment Agencies.

In partnership with the Vietnam Women's Union, **IOM Viet Nam** has been conducting a Knowledge, Attitude and Practices survey on safe migration and counter trafficking awareness among 2,000 Vietnamese migrants, including returnees and migrants planning to work abroad. The mission has been interviewing migrants to understand the extent to which COVID-19 is affecting their decision making, which will inform tailored safe migration messaging and help mitigate risks of exploitation and trafficking.

ADDRESSING SOCIO-ECONOMIC IMPACT

IOM Bangladesh continues to provide support and counseling to callers to the IOM-funded hotline for migrant workers in other countries, accessed through www.probashihelpline.com. To date, 111,470 migrants were provided with information on medical facilities, food access, employment status, money transfers, and information on how to return to Bangladesh. 73 per cent of migrants were calling from Gulf Cooperation Council countries.

IOM Indonesia's Tangerang Office led a survey to identify challenges refugees and asylum seekers face in accessing IOM's online learning opportunities for children (language class, school subjects, and cultural orientation) and adults (language/literacy classes). Three main challenges included an increase in the need for internet quota, language barriers that hindered parental support for children's school assignments, and limited availability of electronic devices.

IOM Indonesia is thus raising awareness about internet allowance and supporting parents to help children with assignments. Refugee and asylum seeker participation has significantly increased in several locations, and parents' involvement in and encouragement of their children's education notably improved with IOM's contribution to internet allowance. On 23 April 2020, IOM's Medan Office provided an online training on using the Edmodo platform to facilitate the e-learning class. There were 22 participants consisting of IOM staff, on-call teachers, and refugee volunteers from other offices.

IOM Malaysia together with local partner is providing food aid and hygiene supplies for approximately 100 migrant families of various nationalities and status, many of whom are stranded without any source of income and have limited access to food and other supplies during Malaysia's Movement Control Order.



IOM staff and the Municipality of Ulaanbaatar discuss implementation of DTM flow monitoring in Ulaanbaatar Municipality, Mongolia.

INNOVATIVE RESPONSES

In Indonesia, as part of RCCE responses, IOM is leading awareness raising activities with refugees and asylum seekers through a video logging and poster competition. Videos or v-logs are a tool for self-expression among refugees and asylum seekers and encourage positive outlook amongst peers and community members.

FURTHER RESOURCES

IOM Bangladesh leads the Communication with Communities (CwC) Working Group, which is producing risk communication messages in coordination with the Office of the Civil Surgeon and the Inter Sector Coordination Group. IOM's CwC and ACAPS released the [fifth edition of COVID-19 Explained](#), exploring the range of understanding and impact of COVID-19 on men and women, within different age groups, and within differently abled groups in both the camps and host communities.

IOM IN THE NEWS

On 7 May 2020, IOM Director General António Vitorino conducted a press conference about the impacts of COVID-19 on migration. The Director General addressed the risks of misinformation and discrimination against migrants and other vulnerable groups, IOM's concerns about stranded migrants and displaced populations, the outsized socio-economic impact on migrants and the need to ensure that global mobility systems adapt to address health concerns. The Director General's remarks and answers to questions from the media can be found [here](#).

On 29 April 2020, IOM's Regional Office for Asia and the Pacific launched its Strategic Preparedness and Response Plan COVID-19, which can be accessed at the following [link](#).