Distribution of IEC material in Lao PDR (the).

Sanitization of camps in Cox's Bazar, Bangladesh.

Partner staff showing hand-washing in Bangladesh.

IOM staff supporting returnees in Cambodia.

OVERVIEW

COVID-19 cases continue to follow an upward trend across Asia and the Pacific with countries stepping up response, as well as intensifying mobility restrictions. As of 3 April, over 163,000 cases and more than 7,000 deaths have been reported in the region. Confirmed cases have been reported in 28[1] countries, territories and/or areas, with new cases reported on a daily basis.

In addition to the immediate health risks of COVID-19, the situation poses significant socio-economic and protection challenges for migrants excluded from or unable to access support mechanisms. Localized outbreaks and the implementation of public health measures such as lockdowns and social distancing across the region has led to multiple instances of sudden mass migrant movements, exacerbating individual and community vulnerability and potentially driving further transmission. There are also increasing reports of stigma and discrimination towards migrants at destination, transit and home locations upon return, due to fears around COVID-19 transmission. Devising adequate responses for migrants, refugees, IDPs, returnees and other vulnerable groups remains the top priority for IOM. These approaches need to be flexible and adaptive to the rapidly evolving situation.

High numbers of COVID-19 cases in Iran have pushed more than 115,000 Afghans to return to Afghanistan in just a two-week period – the largest number on record in the recent past. In the Greater Mekong Sub-Region (GMS), following the announcement of lockdown measures in Thailand, over 100,000 cross-border migrants from neighboring countries returned to their home provinces or countries, including Cambodia, the Lao People's Democratic Republic and Myanmar. These kinds of migration movements may have the unintended effect of driving transmission in areas with less capacity to provide testing, isolation and treatment, as well as increase vulnerability for migrants during their journey and in their home communities.

CONTACTS

IOM RESPONSE

PILLAR 1 - COORDINATION & PARTNERSHIPS

Over 20 IOM missions in Asia-Pacific are actively engaging with national and sub-national response and coordination mechanisms partnering with the government, civil society, NGOs and UN agencies.

In GMS, following the mass returns of migrants from Thailand, missions in **Cambodia**, **Lao People's Democratic Republic**, **Myanmar** and **Thailand** have been engaging with humanitarian-development actors, donors, and respective government(s) to support returning migrants, with special focus on the situation at Points of Entry (POE) and assessing needs in Communities of Origin.

IOM Indonesia is partaking in ongoing consultations and meetings with the Task Force on the Handling of Foreign Refugees and health departments at the national and local levels to ensure continued access to health services for refugees, including for COVID-19 care and treatment. In **Malaysia**, IOM coordinates closely with the UNCT and, together with UNHCR, ILO, and RCO, has developed a needs assessment and mapping of migrant needs and NGO response in the country.

IOM Papua New Guinea is providing technical assistance to the National Emergency Operations Center. **IOM Republic of Marshall Islands** is partnering with the Risk Communications and Community Engagement (RCCE) working group, the National Emergency Operations Center, and several clusters and working groups for WASH, POE and Protection.

In the **Solomon Islands**, IOM has been engaged by National Disaster Management Office (NDMO) to assist in the development of SOPs relating to quarantine sites and their overall management. **IOM Tonga** is working with cluster leaders on planning, as well as participating in National Disaster Management Committee meetings. In **Vanuatu**, IOM is supporting inter-agency efforts to develop a national preparedness and response plan and providing support to the NDMO on COVID-19 responses, including logistical support and information management.

Health briefing for staff and partners in Bangladesh.

PILLAR 2 - RISK COMMUNICATION & COMMUNITY ENGAGEMENT

IOM Afghanistan field teams have conducted hygiene and COVID-19 awareness in 1,052 communities and are supporting RCCE core-group to tailor community level messaging through key informant interviews. In **Bangladesh**, IOM has trained 600 staff in Cox's Bazar on recognition of COVID-19 clinical symptoms, prevention of disease transmission and considerations for working with beneficiaries. Two awareness-raising videos in Bangla have been developed and shared on social media and viewed over 70,000 times. Moreover, COVID-19 awareness-raising materials have been translated into Bangla for distribution in Bengali-speaking communities in Malaysia, Vanuatu, Bahrain, Maldives.

IOM Lao People's Democratic Republic has developed IEC material for Lao migrants remaining in Thailand and those returning home on basic hygiene practices, precautions, and national regulations; 3,000 copies have been printed for distribution and display at border checkpoints. In **Malaysia**, IOM has translated posters into 14 migrant languages and provided them to NGOs, CSOs, embassies and the Ministry of Health, in addition to sharing on social media.

IOM Micronesia is supporting RCCE through participation in regular workgroup meetings, guidance, print materials on COVID-19 awareness and hygiene promotion, translation, and direct support to the COVID-19 Task Force.

IOM Timor-Leste is working with MoH to ensure counterparts take mobility into account during RCCE and information is communicated to migrants and mobile populations, including taxi drivers, micro-let drivers, truck drivers and travelers in coordination with the national transport authority. **IOM Indonesia** initiated RCCE responses with the migrant population, approaches include meetings and counseling with migrants, posting information in communities and frequently visited areas, and messaging via social media in migrants' native languages. 80 facilities that serve as accommodation for the refugees and asylum seekers have been supported.

In **Vanuatu**, IOM is translating Public Health Messaging on COVID-19 into common migrant languages and ensuring migrants and displaced communities have access to timely and correct information. IOM Vanuatu is working with the Gender and Protection Cluster to distribute messaging to communities – including people in informal settlements – on Efate, Santo, Ambae, Maewo, Pentecost and other islands.

> **IOM has launched a global, online interactive platform which shows the impacts of the COVID-19 pandemic on human mobility at the global, regional and country levels, The platform can be accessed at the following link.**

IOM RESPONSE

PILLAR 3 - SURVEILLANCE

In Bangladesh, eleven IOM staff from Cox's Bazar attended a WHO-led training session in preparation for the launch of the Rapid Investigation Team for COVID-19 that will prioritize outbreak investigation and rapid response measures. The IOM team comprises epidemiologists, medical officers, medical assistants, community health supervisors and logistics staff.

IOM Micronesia has provided FSM Department of Health with IR thermometers for medical screening at points of entry. In a joint effort between UNICEF and IOM, each state's Department of Health has been provided with a 'classroom' tent for the purpose of supporting health screening efforts.

PILLAR 4 - POINT OF ENTRY

IOM is engaged as a key player for Port of Entry (POE) together with Ministry(s) of Health (MoH) in several countries – **Bangladesh**, **Nepal**, **Afghanistan**, **Sri Lanka**. In **Afghanistan**, IOM, WHO and UNHCR have formed a POE Working Group to ensure effective coordination of planning and response across the four major border crossing points with Iran and Pakistan.

IOM Bangladesh staff were trained for deployment from the emergency operations cell in Dhaka to eight POEs (Akhaura, Benapole, Chittagong, Cox's Bazar, Dhaka, Sonamasjid, Shylet and Tambail), which were selected in consultation with the Government of Bangladesh as high-risk areas/points of transmission. The training covered management of infected travelers at POEs, the operational considerations for managing COVID-19, basic protective measures against COVID-19, and Infection, Prevention and Control (IPC) measures. **IOM Republic of the Marshall Islands** is working with the POE Working Group on developing SOPs for improved POE preparedness and response.

PILLAR 5 - NATIONAL LABORATORY SYSTEMS

Discussions are ongoing with multiple member states to support national capacity for detection through the provision of testing equipment and support via IOM's existing network of laboratories across Asia that support Migration Health Assessments.

COVID-19 health awareness sessions in Kandahar, Afghanistan with participation of frontline workers.

PILLAR 6 - INFECTION PREVENTION & CONTROL

IOM Bangladesh has engaged 30,000 households in Cox's Bazar in awareness-raising sessions on the prevention of disease transmission. Furthermore, IOM's Non-Food Items and Shelter teams implemented infection mitigation measures by rearranging distributions into small batches for beneficiaries at all distribution points.

To mitigate against transmission within refugee communities, **IOM Indonesia** has surveyed existing and potential quarantine and isolation spaces for the refugee population. **IOM Micronesia** is supporting hygiene promotion through public awareness and installation of handwashing stations.

IOM Timor-Leste is working with the Ministry of Health to improve quarantine center standards through provision of necessary equipment and hygeine supplies; 50 hygiene kits were distributed to migrants in quarantine facilities in Dili.

PILLAR 7 - CASE MANAGEMENT

In **Cox's Bazar**, 260 staff from IOM health facilities have been trained on COVID-19 case management, IPC and RCCE. Through the reporting period, Personal Protective Equipment (PPE) was distributed, including 500 disposable gowns, 14,000 examination gloves, 7,750 face masks, 450 face shields, 20 goggles, 50 pairs of gum boots and 900 N95 respirators. IOM is in the process of reinforcing the Mobile Medical Team hotline in the Ukhiya and Teknaf communities to coordinate isolation bed capacity management and ambulance dispatch for the COVID-19 response in the area. Staff at the hotline are responsible for coordinating the emergency dispatch of 12 ambulances. Furthermore, IOM and WHO trained 19 ambulance staff, including drivers, medical escorts and hotline operators on infection prevention and control in ambulances. IOM has designated two ambulances to support the referral of COVID-19 cases from triage centers to quarantine/isolation facilities.

In **Papua New Guinea**, IOM provided technical guidance on the standing-up of Mobile Storage Units to be used for a referral clinic. IOM Papua New Guinea is also assisting in the construction of a multipurpose COVID-19 monitoring, testing and quarantine facility.

PILLAR 8 - LOGISTICS, PROCUREMENT & SUPPLY

Procurement of essential equipment for COVID-19 response is under way by several missions in coordination with IOM HQ. In **Bangladesh**, IOM and partners are working with the Government of Bangladesh and international vendors to source critical items to continue provision of assistance for communities in need. **IOM Vanuatu** is providing logistical support to NDMO for the COVID-19 response.

PILLAR 9 - PROTECTION

IOM Bangladesh operates an information hotline for migrants abroad, and since March 2020 each caller receives information on COVID-19. Bangladeshi migrants in 106 countries can access COVID-19 emergency related numbers in their country of residence by viewing the website https://www.probashihelpline.com. **IOM Solomon Islands** has contributed to the Protection Committee key COVID-19 messaging being used widely across the country. The mission is advocating for use of more gender-sensitive terms and inclusive language in COVID-19 messaging to ensure outreach to the most vulnerable and marginalized people.

In **Vanuatu**, IOM is working with partners to develop SOPs on GBV in Emergencies (including COVID-19) through the Gender and Protection Cluster and Spotlight Programme. IOM also ensures that stranded migrants in Vanuatu receive ongoing support, for example, trafficking victims who now are unable to travel back to their country(s) of origin. This support includes regular distribution of food and cooking gas and psycho-social support. **IOM Viet Nam** is developing a guidance document outlining recommendations to employers of migrant workers in the context of COVID-19 pandemic.

PILLAR 10 - CAMP COORDINATION & CAMP MANAGEMENT

IOM Bangladesh deployed 13 backpack sprayers to disinfect communal areas and installed 56 handwashing stations within the camps which use a disinfectant solution of High-Test Hypochlorite (HTH) chlorine mixed with water. IOM distributed enough HTH chlorine to produce 8,442 litres of solution, both for handwashing stations and for the cleaning of camp-based health facilities. IOM teams have also distributed 579,082 additional units of bathing soap to aid in handwashing and hygiene maintenance.

IOM partners in Cox's Bazar trained community health workers that have subsequently conducted 48,359 door-to-door visits, held 468 courtyard sessions, facilitated 15,957 peer discussions and reached 101,778 beneficiaries with face-to-face communications about COVID-19 preparedness. IOM site management teams additionally reached 20,981 beneficiaries (10,572 men; 10,409 women) across the 18 camps under IOM's Area of Responsibility through discussion forums, leaflet distribution, and door-to-door visits.

FURTHER RESOURCES

IOM contributed to:
- [WHO Handbook for public health capacity-building at ground crossings and cross-border collaboration](#)
- [Risk Communication and Community Engagement (RCCE) Action Plan Guidance for COVID-19.](#)

PILLAR 11 - DISPLACEMENT TRACKING MATRIX

Through displacement tracking, **IOM Bangladesh** is working to enhance existing national-level disease surveillance systems by linking mobility information to surveillance data, particularly among border communities in Kurigram and Satkhira, and in the migrant and refugee dense areas of Cox's Bazar. Ten enumerators in these districts employ an abridged flow monitoring tool to collect data on the frequency of irregular border crossings, the number of vulnerable people in each union, access to water and the condition and availability of sanitation facilities.

In Lao People's Democratic Republic, IOM has adapted a data collection tool, which was piloted on 28 March at the Friendship Bridge I in Vientiane Capital. The mission plans to scale up at other key border crossing points to better understand the origin and destination of migrant journeys for integrated support. **IOM Malaysia** is gathering daily updates on status of entry and exit points at airports and along the Thailand-Malaysia land border.

IOM Myanmar is supporting the Department of Labour in data collection and meeting immediate needs of returnees upon return and in communities of origin.

Provincial TB Director delivering health awareness session for local health workers, Afghanistan.

IOM staff interviewing migrants returning to Lao PDR (the).