As of 11 April 2020, over 201,300 COVID-19 cases and more than 8,700 deaths have been reported in the region. Confirmed cases have been reported in 28 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, have 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.

Of particular concern are COVID-19 related mass migrant movements; high numbers of COVID-19 cases in Iran have pushed more than 163,000 Afghans to return to Afghanistan in just a three-week period. During 6-8 April, approximately 70,000 Afghans returned from Pakistan to Afghanistan following several weeks of border closure. In the Greater Mekong Sub-Region, following the announcement of lockdown measures in Thailand, over 170,000 cross-border migrants from neighboring countries returned to their home provinces or countries, including Cambodia, the Lao People’s Democratic Republic and Myanmar. Such 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.

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OVERVIEW

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*Afghanistan, 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**

**PILLAR 1 - COORDINATION & PARTNERSHIPS**

**IOM Afghanistan** continues its long-running support to the Ministry of Refugees and Repatriation for registration of all returning Afghans into the online Afghan Returnee Information System database and is providing the ministry’s provincial directorates with PPE and other supplies for its staff. The mission is also working closely with the Ministry of Public Health and its provincial public health directorates to respond to requests for equipment and technical assistance.

**IOM Cambodia** has been designated to lead the response efforts to support returning migrants in coordination with the UN and government. The mission is also part of the working group for protection of returning migrants and is planning a rapid assessment on health and protection together with UNFPA and WHO.

In **Indonesia**, IOM is liaising regularly with migrant focal points and has built partnerships in Medan and Pekanbaru with the regional task forces on COVID-19 that were put in place by the government to oversee case management and supply chain management in the regions. **IOM Lao People’s Democratic Republic** continues to coordinate with the UNCT Crisis Management Team and is a member of the Protection/Population, Urban & Rural Communities and Socio-Economic Analysis sub-groups.

**IOM Malaysia** is leading the UNCT effort to address the needs of 4 million undocumented migrants facing food insecurity. The mission is developing a joint plan for advocacy and action and has developed and disseminated a UNCT COVID-19 Rapid Needs Assessment Survey for the CSOs on Impact on Migrants, Refugees and the Stateless in Malaysia.

In **Micronesia**, IOM continues to work closely with National and State Governments and is participating in regional fora, including the Pacific Humanitarian Team, Joint Incident Management Team and regional clusters. **IOM Myanmar** is chairing a UN Core Group on Returning Migrants to coordinate the UN’s response in support of the government to assist returnees. The group is coordinating immediate response measures – particularly assistance to quarantine facilities hosting returnees in Myanmar – as well as looking at medium- to long- term interventions.

**IOM Nepal** continues to coordinate with the UN system for the Country Preparedness and Response Plan with the Ministry of Health for COVID-19 response, as well as external development partners. **IOM Pakistan** is providing technical support to the National Disaster Management Authority for COVID-19 response. **IOM Papua New Guinea** is active in the WASH, Shelter, Protection and Logistics Clusters and is providing technical assistance to the National Emergency Operations Center.

**IOM Thailand** organized an ad-hoc UN Migration Network Working Group COVID-19 meeting to coordinate responses and identify concerns. The mission is also coordinating with the Ministry of Labour to get timely information about government decisions and recommendations that may affect migrant workers in Thailand. **IOM Viet Nam** is actively participating in the UN Crisis Management Team and the UN Technical Committee on COVID-19 Response. IOM’s Corporate Responsibility in Eliminating Slavery and Trafficking (CREST) program continues to offer ongoing advisory for the business community and partner companies on how to address migrant worker protection during COVID-19.

**IOM Regional Office for Asia and Pacific (ROAP)** is convening a Regional Technical Working Group on Migrants, Refugees and COVID-19 for Asia Pacific. The working group has regular participation by OCHA, WHO, IFRC, UNDRR, OHCHR, UNHCR, ILO, UN Women and international NGOs.

On 9 April, UNDRR, IOM ROAP and the International Council of Voluntary Agencies co-hosted a webinar on “Reducing COVID-19 Vulnerability Amongst Displaced Populations and Migrants” with guest speakers from Afghanistan, Bangladesh and India.
**PILLAR 2 - RISK COMMUNICATION & COMMUNITY ENGAGEMENT**

**IOM Afghanistan** is engaged in large-scale community mobilization for Mobility and Needs Assessments in 25 provinces/ 9,441 villages. This includes direct community outreach with IEC materials and risk awareness sessions, IPC training, myth busting and accessing health assistance through field staff and informant networks. An additional 100,000 COVID-19 leaflets are being printed for distribution by public health authorities in Kandahar province.

In **Bangladesh**, community health workers and volunteers in Cox’s Bazar completed 32,140 awareness-raising sessions, as well as 35,399 door-to-door messages, 402 courtyard sessions and 18,553 peer discussions for a total of 113,931 beneficiaries. IOM’s protection, site management and WASH teams also conducted awareness-raising activities that reached 281,443 beneficiaries.

**IOM Cambodia** has distributed 500 MOH-UNICEF posters on hygiene practices for COVID-19 prevention to border authorities at Poi Pet and Doung border control points. **IOM Indonesia** is conducting meetings with refugees via WhatsApp and online platforms to disseminate prevention information and receive comments. The mission also developed RCCE materials for returned Indonesian migrant workers in collaboration with the Ministry of Women Empowerment & Child Protection and the Ministry of Social Affairs.

**IOM Malaysia** has contributed to and reviewed five COVID-19 RCCE documents prepared by WHO, increased the number of languages of the Migrant Health Alert Poster from 14 to 19, and has produced an audio version of the Migrant Health Alert Poster in the Rohingya language.

In **Marshall Islands (the)**, IOM is working closely with the RCCE interagency group on a risk communications plan and providing direct support to the Ministry of Health and Human Services and National Disaster Management Office through technical support for translation and production of awareness materials, including outreach on a COVID-19 hotline. **IOM Myanmar** is supporting distribution of hygiene kits/items and IEC materials reaching an estimated 12,500 beneficiaries so far, primarily returning migrants from Thailand and China.

In **Palau**, IOM is coordinating with the Ministry of Justice to ensure that migrants have translated awareness materials. **IOM Sri Lanka** continues to run its Health Assessment Programme call center, as well as its safe migration and counter trafficking hotlines, which it is using to provide information on COVID-19 and related health services.

**IOM Thailand** is supporting the Ministry of Public Health COVID-19 hotline. In **Viet Nam**, IOM is actively disseminating public health messages and travel advisories to migrants and their families through existing social media and programs. The mission has also shared IEC materials with other IOM missions in destination countries for regular and irregular migrants, including Australia, Poland, Netherlands, Czech Republic, the UK, Slovakia and Hungary.

**PILLAR 3 - SURVEILLANCE**

Due to movement restrictions, **IOM Bangladesh** is making use of public audio forums and radio programs to communicate hygiene and health-related messages. Having observed group gatherings at certain refugee camps in Cox’s Bazar, IOM launched a rapid assessment to determine where and why social distancing is not being consistently observed. IOM is working with community leaders in these camps to encourage behavioral change in line with the guidance provided by health partners. Furthermore, 26 IOM staff have received Rapid Investigation Team (RIT) training by WHO.
IOM RESPONSE

**PILLAR 4 - POINT OF ENTRY**
IOM continues to co-convene weekly POE working group meetings in Afghanistan and recently assessed all four major POEs with Iran and Pakistan together with UNHCR and WHO. The mission is providing technical assistance to the district hospital at the Spin Boldak border point to manage large incoming migrant populations and to secure the facility and its medical supplies. **IOM Bangladesh** and WHO are designated co-leads of the POE task force within the national response mechanisms, which includes representatives from the Airport Authority, Customs and Immigration, the Ministry of Health and CDC, the Directorate General of Health Services and the Ministry of Civil Aviation and Tourism.

IOM Cambodia has been working with the National Committee for Counter Trafficking and other key civil society organizations at the Poi Pet Transit Center (PTC) to provide reception and screening of migrants returning from Thailand. This includes provision of meal support, distribution of hygiene kits and sleeping materials for migrants in quarantine.

IOM Indonesia has developed a video campaign on COVID-19 prevention measures and protocol for return migrants arriving at points of entry to support the work of the Ministry of Social Affairs and the National Board for the Protection of Indonesian Migrant Workers. **IOM Marshall Islands** is working with the Points of Entry working group to operationalize the standard operating procedures. **IOM Myanmar** continues to support health screenings at a number of border crossing points with Thailand and China.

**PILLAR 5 - NATIONAL LABORATORY SYSTEMS**
**IOM Myanmar** is supporting the National Laboratory in Yangon for sample collection for COVID-19 tests from Kachin and Rakhine States.

**PILLAR 6 - INFECTION PREVENTION & CONTROL**
To ensure staff safety, **IOM Bangladesh** distributed personal protection equipment across IOM-managed health facilities in Cox’s Bazar.

IOM Indonesia has prepared a response plan to assist with potential COVID-19 cases among migrants in the accommodation facilities. To encourage hygiene practices amongst migrants and host communities, handwashing stations are being built in migrants’ accommodation, as well as nearby public places. As a community engagement initiative, migrants are making cloth masks to be utilized by their fellow migrants, as well as for donations to the host community. **IOM Timor-Leste** is working with the Ministry of Health to improve quarantine center standards by supporting the assessment of eight quarantine facilities in the Dili Municipality.

**PILLAR 7 - CASE MANAGEMENT**
**IOM Bangladesh** is working with Ministry of Health and Refugee Relief and Repatriation Commissioner to set up two isolation and treatment centers in Cox’s Bazar with 200 beds. In addition, four IOM-managed Primary Health Centers were identified to serve as isolation units for suspected COVID-19 cases in the camps.

IOM’s Site Development teams in Cox’s Bazar are also supporting the renovation and upgrading of an existing 16-bed Primary Health Care Center/isolation unit through Cash-for-Work. IOM is coordinating with the Directorate General of Health Services’ coordination cell, the Civil Surgeon Office, and the World Bank on the arrangement/management of Government-run isolation centers in Chakaria and Ramu. **IOM Mongolia** is working with national and local authorities to repurpose some of the existing social infrastructure for eventual use as quarantine space and COVID-19 patient care facilities.

**PILLAR 8 - LOGISTICS, PROCUREMENT & SUPPLY**
**IOM Indonesia** is working together with the Government to procure PPE for use by the IOM health unit and at Migrant Isolation Centers.

**IOM Myanmar** distributed pandemic supplies, including PPE sets, hand sanitizers, non-touch thermometers, sterilizers and waste disposal bags to Mon, Kayin, Kachin and Rakhine State Health Departments.

Beneficiaries attending an awareness-raising program in Bangladesh.

Health screening at Thailand/Lao PDR border.
PILLAR 9 - PROTECTION

IOM Bangladesh’s emergency shelter for high-risk protection cases continues to operate: 139 people were sensitized on COVID-19 and the heightened risks of human trafficking; child protection teams sensitized 129 minors and 92 caregivers on social distancing and hygiene practices. In Cox’s Bazar, the Mental Health and Psychosocial Support (MHPSS) staff have introduced remote counselling through the MHPSS hotline and online applications.

IOM Indonesia is formulating a protocol on child refugee protection in relation to COVID-19 and continues to provide education support for children and adults migrants under its care through online learning platforms. IOM Viet Nam, through the CREST program, developed a regional Overview of Government Response to Ensure Safety and Wellbeing of Migrant Workers Affected by the COVID-19 Outbreak. This information is updated on a weekly basis and is available on the CREST website.

PILLAR 10 - CAMP COORDINATION & CAMP MANAGEMENT

In Cox’s Bazar, Bangladesh, handwashing areas have been installed at the entrances of all 10 IOM-managed Women and Girls Safe Spaces. The installation of these handwashing stations was part of a broader effort by WASH teams to install an additional 43 handwashing stations in communal areas. IOM Philippines is finalizing the operational guidelines for Camp Managers in Evacuation Centers in earthquake-affected areas in Mindanao.

PILLAR 11 - DISPLACEMENT TRACKING MATRIX

26 missions in the region are providing regular inputs for COVID-19 mobility impact. The live dashboard can be accessed here.

IOM Afghanistan’s DTM team has carried out Flow Monitoring Registration at the borders with Pakistan at Torkham and Spin Boldak, recording more than 70,000 returning Afghans during 6-9 April, following the temporary re-opening of the Afghanistan-Pakistan border crossing(s).

IOM Mongolia has extended implementation of the DTM Flow Monitoring until 1 May at six checkpoints around Ulaanbaatar; almost 1.5 million movements have been captured since inception of this exercise in February. IOM Myanmar is supporting the Department of Labour with the collection of data on mobility and the needs and intentions of returning migrants, both at points of entry and in communities of origin.

IOM Thailand is carrying out a “Migrant Presence, COVID-19 Vulnerabilities and Perceptions” survey. The DTM team is also carrying out an assessment to collect structured data on COVID-19 related policy implementation in Ranong Province to gather information on stranded migrants and their future intentions.

PILLAR 12 - ADDRESSING SOCIO-ECONOMIC IMPACT

As part of a livelihoods initiative in Cox’s Bazar, Bangladesh, 6,000 cloth masks were produced by host community members for community mobilizers. The masks, produced in line with WHO guidelines, have been approved by the Directorate General of Health Services and local health authorities.

INNOVATIVE RESPONSES

IOM Marshall Islands has launched a special health and hygiene initiative for taxi drivers. As shared taxis are the main form of transportation in the country, taxis are equipped with disinfectant and drivers provided with hygiene awareness as part of a public-private partnership.

FURTHER RESOURCES

IOM has contributed to:

- COVID-19: Guidance for employers and business to enhance migrant worker protection during the current health crisis
- IOM COVID Camp Management Operational Guidance
- Frequently Asked Questions

Temperature screening at the Spin-Boldak Chaman border in Afghanistan.

Installation of a handwashing station in Kupang, Indonesia.