Reported COVID-19 cases in Asia and the Pacific continue to increase, though at a relatively stable pace, with countries streamlining measures, and gradually beginning to relax internal mobility restrictions. As of 18 May, over 467,000 cases and over 19,000 deaths have been reported in the region. Confirmed cases have been reported in 28 countries, territories and/or areas. Afghanistan, Bangladesh, India and Pakistan continue to report an upward trend in new daily cases, whereas Indonesia, Japan, Maldives, Philippines, Thailand, Singapore and Sri Lanka have witnessed relative stability in new cases identified.

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.

CONTACTS
For more information contact: ROBangkok/MigrationHealth@iom.int

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 Mongolia has started data collection for the Knowledge, Attitude and Practice (KAP) survey, which will be used to interview 500 existent and prospective migrants in the capital city Ulaanbaatar and rural areas of Mongolia. The survey will help assess the impact of the government’s restrictions on the public and the effectiveness of information delivered by the government. The KAP will also help to better target and increase the overall effectiveness of communication campaigns on COVID-19.

IOM Myanmar is providing outreach health workers and community-based volunteers with job aids, health screening assessment tools, personal protective equipment (PPE). Awareness raising activities are under way through public address (PA) systems in cars around Rural Health Centers in Northern Rakhine State. The mission is also helping to distribute informational posters and pamphlets to these Rural Health Centers.

In Nepal, the sixth episode of “Talk of the Town” aired on the National Television as part of an ongoing media action program about COVID-19 preparedness and response. The latest broadcast focused on the Government of Nepal’s preparation to repatriate Nepali migrant workers stranded in various countries of destination in the wake of the COVID -19 pandemic. The episode especially highlighted the measures taken to control the spread of the virus, including use of well-equipped quarantine centers to accommodate returnee migrants and managing employment opportunities within the country. The complete episode can be accessed here.

In Lao PDR, IOM provided information sheets, as well as 100 face masks and 28 hand sanitizer dispensers, to the I-Job recruitment agency selected by the Ministry of Labour and Social Welfare to provide direct assistance to returning migrants at border/quarantine centres in Vientiane Capital, Savannakhet and Xaignabouli Provinces. IOM Marshall Islands is updating information on community billboards in Majuro, as well as working with partners to reach outer island communities with risk communication messaging. The mission is also implementing a COVID-19 household rapid vulnerability assessment in Majuro, reaching over two thirds of the population. During the exercise, IOM is also distributing information, education and communication materials with information regarding COVID-19 and sources of accurate, up-to-date information.

In Lao PDR, IOM provided information sheets, as well as 100 face masks and 28 hand sanitizer dispensers, to the I-Job recruitment agency selected by the Ministry of Labour and Social Welfare to provide direct assistance to returning migrants at border/quarantine centres in Vientiane Capital, Savannakhet and Xaignabouli Provinces. IOM Marshall Islands is updating information on community billboards in Majuro, as well as working with partners to reach outer island communities with risk communication messaging. The mission is also implementing a COVID-19 household rapid vulnerability assessment in Majuro, reaching over two thirds of the population. During the exercise, IOM is also distributing information, education and communication materials with information regarding COVID-19 and sources of accurate, up-to-date information.
DISEASE SURVEILLANCE

In Cox’s Bazar, 8,940 community members entering local administration offices were screened by IOM-trained Cyclone Programme Preparedness (CCP) volunteers using equipment donated by IOM. IOM is also supporting WHO-led contact tracing activities for COVID-19 surveillance in refugee camps in Cox’s Bazar; staff has already identified and trained contact tracing supervisors from the communities in 13 camps. IOM and partners have identified and trained an additional 130 volunteers and community health workers to support tracing efforts. The training covers locating and interviewing possible contacts, providing status alerts, information counselling, procedures to submit interview feedback and measures to provide follow-up support.

IOM Mongolia is working with the Office of the Deputy Prime Minister (Chair of the State Emergency Commission) to set up an inter-agency working group, tasked with designing a system to monitor internal movements during emergency situations, based on IOM’s displacement tracking matrix model. IOM Myanmar is providing PPE to a surveillance team of Kachin State. IOM field staff conducted health screening in Kayin State and followed referral mechanisms to direct the individuals with suspected COVID-19 cases to the designated clinic.

LOGISTICS, PROCUREMENT & SUPPLY

In Bangladesh, procurement remains an ongoing challenge, as there are severe market shortages of good quality PPE. During the reporting period, IOM Bangladesh received 5,000 respirators, which are essential for the protection of staff working at IOM-supported medical facilities.

POINTS OF ENTRY (POE)

IOM’s Regional Office for Asia and the Pacific organized an internal webinar on the “SOP for Front-line Border Officials at the Point of Entry in Response to COVID-19 Outbreak.” The online session was attended by 81 staff from 23 IOM Country Offices and was facilitated by the regional Integrated Border Management (IBM) unit. The webinar covered standardized terminology for Points of Entry (POE); listed most relevant POE activities from IOM’s IBM, Migration Health Division, Emergency and Post-Crisis and Displacement Tracking Matrix teams to facilitate cross-thematic synergies; discussed recommendations for implementing the SOP, and provided guidance on SOP-related projects and best practices for engaging with stakeholders in the short and medium term.

During the reporting period in Bangladesh, IOM hosted two POE Task Force meetings at Benapole and Darshana land ports. Since March 2020, IOM has completed rapid needs and capacity assessments at eight PoEs across the country. IOM has also convened seven Health Border Mobility Management POE Task Force meetings attended by 155 participants from relevant POE authorities. Also in Bangladesh, to help the Government build capacity at POEs, IOM is training POE personnel to identify, screen and refer ill travelers, procured one ambulance and engaged medical support staff to assist with screening at Chittagong Airport and donated equipment to CDC staff in Dhaka to meet data entry and information sharing needs.

IOM Marshall Islands has rolled out the training, “Management of Ill Travelers in the Context of COVID-19 Outbreak,” with all Division of Immigration staff. In Majuro, IOM is working with the POE group to improve WASH facilities at relevant locations. IOM Myanmar is distributing crucial surveillance materials and infrastructure, such as testing booths, with the goal to cover every official POE in Kachin State, support the government health capacities and facilitate more testing.

NATIONAL LABORATORY SYSTEMS

IOM Bangladesh in Cox’s Bazar is collecting samples for COVID-19 testing from four primary health care facilities; during the reporting period, 47 samples were collected and transported to testing laboratories.

On 12 May 2020, the IOM Media and Communications Division released the IOM Public Communication Campaign Toolkit, which provides tools and templates for producing effective and responsive campaigns in unique and challenging migration contexts.
INFECTION PREVENTION AND CONTROL (IPC)

In Cox’s Bazar, IOM distributed 40,588 cloth masks, 4,665 sanitizers, 4,855 soaps, 128 thermometers, and five waste bins to the local government, camps, and law enforcement agencies. A team of five experts from UK-Med has arrived in Bangladesh to provide technical support and expertise to IOM in case management and infection prevention and control at IOM-managed isolation and treatment centers (ITCs). 22 ambulances were disinfected at the IOM-managed Ambulance Disinfection Centre in Cox’s Bazar, which is open 24 hours a day and has 12 volunteers working in shifts to ensure uninterrupted service. IOM also installed 135 hand washing devices in communal areas, and WASH teams finalized a beneficiary satisfaction survey of handwashing devices in 13 camps. The survey showed that 86 percent of beneficiaries were satisfied with availability and function of handwashing devices, while 14 percent listed concerns, such as water and soap availability, waiting times/overcrowding, timely repairs, height of taps and water overflow into nearby roads and footpaths. IOM teams are working to address these concerns.

IOM Myanmar is distributing liquid soap and hand sanitizers to local counterparts, targeting more than 20,000 beneficiaries from 35 IDP camps in Kachin, including a large influx of returning migrants due to COVID-19. Also, IPC efforts are supported at three camps and a market in Buthidaung (Northern Rakhine State).

With IOM Viet Nam’s support, the Migrant Resource Center (MRC) in Nghe An, Viet Nam has been equipped with necessary protective products, such as hand washing basins, masks, hand sanitizers, thermometers, posters and banners with information related to COVID-19, as well as infection prevention methods.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM Bangladesh distributed PPE to staff at health facilities in Cox’s Bazar, including 1,600 pairs of gloves, 120 gowns, 202 coveralls, 20 goggles, 250 medical masks, 52 face shields, and 74 respirators. During the reporting period, 8,456 consultations were conducted at IOM-supported primary health care facilities. The construction of a 100-bed ITC in Camp 20E continues, and to limit the number of labourers on site, IOM divided the 300 labourers into three teams working at different locations. During the reporting week, the structure has been set-up and installed, and the roof secured. In Camp 22, IOM is helping Médecins Sans Frontières upgrade an ITC, including with fixes to the drainage system and structural reinforcements. In coordination with UNHCR, IOM staff supported the last of the Rohingya, who arrived in Cox’s Bazar by boat, to return to their communities after completing their quarantine at the IOM-managed ITC in Leda. IOM also conducted a rapid needs and capacity assessment of the Government-run isolation and treatment centers in Ramu and Chakoria hospitals in Cox’s Bazar district.

Also in Cox’s Bazar, IOM’s dispatch and referral unit coordinated 33 requests for isolation bed capacity management and ambulance dispatch. Five additional ambulances have been added to the common pool and seven are assigned to transport potential COVID-19 patients. Intensive care equipment has been installed in two ambulances. A new hotline has been set up to provide direct telemedicine advice and COVID-19-related health information especially for Bangladeshi migrants abroad. The new hotline has 20 WhatsApp-based phone connections and a total of 2,644 migrants were supported. While some requests for information can be addressed over WhatsApp chat, 600 migrants received call backs with telemedicine advice from doctors and health professionals that volunteer their services for the hotline.

IOM Myanmar staff support a 20-patient bed isolation ward for the COVID-19 patients in Buthidaung Hospital, Northern Rakhine State.

CAMP COORDINATION AND CAMP MANAGEMENT

IOM teams in Cox’s Bazar, distributed 13,864 tie down kits in preparation for cyclone season, provided 11,498 hygiene kits, refilled 18,480 liquified petroleum gas (LPG) cylinders, and distributed 192 new LPG packages, including a stove, cylinder, and necessary accessories. IOM also coordinated with the American Red Cross to run an orientation session on cyclone preparedness for 288 disaster management unit volunteers (61 women; 277 men) across 17 of the 18 camps under IOM’s area of responsibility. In preparation for cyclone season, IOM site management teams are prioritizing drainage repair and reconstruction/ drainage network maintenance, slope stabilization, stairway reinforcement, bridge construction, and improving pedestrian access to critical facilities, especially those necessary in the COVID-19 response.

IOM Nepal is drafting a checklist for the local government to ensure provision of basic facilities, services and standards for COVID-19 response, and that all local governments across seven provinces have a common understanding. The mission is also supporting set up of quarantine centres/sites.
ADDRESSING SOCIO-ECONOMIC IMPACT

On 7 May, IOM Bangladesh organized a talk-show on Jamuna TV, a Bengali-language news channel, titled “The Impact of COVID-19 on Migrants and Migration,” and featuring a panel of guests, including the Secretary of Economic Welfare and Overseas Employment.

IOM’s Regional Office for Asia and the Pacific participated in a webinar by Minderoo Foundation on its paper, “Protecting People in a Pandemic,” about the roles of government and business and global good practice. IOM presented its guidelines for employers and labour recruiters, available in Thai and Khmer, and emphasized the need to safeguard the rights of migrant workers in migration management processes as part of socioeconomic recovery. Other panelists included representatives from Australian Border Force, the Responsible Business Alliance and Migrant Forum in Asia.

FUNDING UPDATE

USD 90.7 million requested for Asia-Pacific under IOM’s Global SPRP (Feb-Dec 2020)