



Migrant families receive food assistance from the IOM Migrant Assistance and Counter Trafficking Unit, Thailand.



Basic Health Staff lead an HIV, TB and COVID-19 prevention session for migrant workers in Shwe Myawaddy quarantine center, Myawaddy, Kayin State, Myanmar.

OVERVIEW

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 25 May, over 584,200 cases and more than 21,700 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.

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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

IOM Marshall Islands in Majuro participated in a Chamber of Commerce meeting to support the refinement and implementation of the workplace toolkit and training needs assessment. IOM Micronesia continues to attend regular task force and risk communication meetings with government counterparts in Micronesia and Marshall Islands.

IOM Myanmar is coordinating with local and regional health authorities to provide COVID-19 related assistance in Rakhine, Kachin, Mon, Sagaing and Kayin states. In Timor-Leste the country office had a meeting with the law enforcement counterparts to strengthen COVID-19 response, particularly in border areas.

In the **Pacific**, IOM is establishing emergency telecommunications coordination mechanisms, together with telecommunications regulators and telecommunications line ministries. In countries that don't have adequate mechanisms, IOM is building capacity on how to effectively use telecommunications for COVID-19 preparedness and response, as well as how to maintain continuity of service as countries move into the response phase.

TRACKING MOBILITY IMPACTS

COVID-19 related mobility impact is being tracked by 34 country offices at 852 Points of Entry (POE) in the region, including 218 land borders, 134 sea borders, 191 airports, 115 internal transit points, and 194 area/sub-national points. IOM has also ramped up its Displacement Tracking Matrix (DTM) information consolidation exercise globally to capture the impact of COVID-19 on Internally Displaced Persons (IDPs). This information is then used by the DTM team to produce regular sitreps on the situation of IDPs vis à vis COVID-19 and related DTM activities.

IOM Bangladesh released a snapshot of internal migration based on key-information interviews with representatives from local government, civil society organizations and the media. The report indicates that 620,220 internal migrants returned to their districts of origin between 30 March and 15 April 2020. Out of the 29 districts, Satkhira recorded the highest number of internal return migrants. Dhaka was the most reported district of departure and that 82.1 per cent of migrants were male.

IOM is tracing migrants that returned to Bangladesh through ten reintegration service centres to get more information on vulnerability, provide COVID-19-related information and counselling assistance on how to cope with the adverse impacts of the pandemic, including mobility restrictions and unemployment. From 23 March to 16 May, 856 migrants were traced (131 female; 725 male; including 4 children), returning mainly from countries in the European Union and Gulf Cooperation Council.



An enumerator collects data for a Knowledge, Attitude and Practice survey on the outskirts of Ulaanbaatar, Mongolia.

IOM Mongolia and the heads of eight departments in the Municipality of Ulaanbaatar approved the outline of the Guidelines for the institutionalization of Displacement Tracking Matrix (DTM) Flow Monitoring (FM) for emergency response. The Municipality of Ulaanbaatar is also taking over information management for the currently implemented DTM FM. Enumerators started data collection for the Knowledge, Attitude and Practice (KAP) survey, including on the edges of Ulaanbaatar, where urban migrants often reside due to lack of available land. The KAP is targeting urban migrants who are between 25 to 40 years old and migrated within the last two years.

IOM Pakistan DTM teams stationed at Torkham and Chaman border are carrying out flow monitoring of migrants and assessing migrants' wellbeing.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

In **Cox's Bazar**, IOM staff is engaging community and religious leaders in awareness-raising activities to help control the spread of rumors and misinformation. IOM and partners developed key messages about the distribution of reusable cloth masks to all households. These messages were relayed to 15,000 users registered with the Interactive Voice Response system.

IOM Malaysia produced the first issue of the 'Let's Talk Facts' poster series in four languages (English, Malay, Mandarin, Tamil) to address hate speech, xenophobia, stigma and discrimination against migrants and vulnerable populations. The mission has shared the posters on its Facebook page and with more than 120 partners (CSOs, private sector and embassies). IOM staff will speak at an upcoming webinar organized by Responsible Business Alliance about IOM Malaysia's communication efforts.

IOM RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) - CONTINUED

IOM Marshall Islands is contributing to the national RCCE plan, including development of a communications plan. IOM has been working with the RCCE Working Group to present a Workplace Toolkit with the Chamber of Commerce and conduct a training needs assessment on COVID-19. The mission is also working to ensure risk communication messages are culturally and linguistically tailored for the general public, businesses, health workers and vulnerable groups, including migrants, persons with disabilities and youth. IOM procured AM/FM radios for target households to ensure vulnerable migrants have access to RCCE information during lockdown situations. IOM staff in Majuro developed new awareness raising materials about trafficking risks during COVID-19.

IOM Micronesia in Chuuk is supporting government partners to conduct community WASH/COVID-19 training and awareness-raising campaigns within the Chuuk Lagoon. This week, IOM visited two communities and trained 31 community members. In Pohnpei, IOM translated materials regarding tobacco use in relation to COVID-19. IOM together with local partner in Ebeye facilitated a youth workshop regarding priority issues including COVID-19.

In order to promote unity and mutual support and combat discrimination and negative attitudes during the implementation of COVID-19 preparedness and response measures, **IOM Mongolia** has produced and circulated a video that features one of the returning students from Wuhan city, China.

IOM Myanmar distributed 50 portable loudspeakers to the Kachin State Public Health Department for community-level RCCE activities including quarantine facilities. The project staff from IOM Myawaddy Sub-office (Kayin State) attended the risk communication training organized by Save The Children in collaboration with UNICEF.

In **Nepal**, the seventh episode of the TV show “Talk of the Town” on COVID-19 preparedness and response was broadcasted through the National Television and Image Channel Television. In the latest episode, the Chief Minister for Gandaki Province was interviewed to discuss COVID-19 preparedness and response and challenges at the provincial level.

IOM Sri Lanka is managing a 24/7 hotline to support refugees and asylum seekers in coordination with UNHCR. In addition to providing health advice, referrals are made to government sector hospitals for outpatient or inpatient care. Interpretation is provided for health consultations as necessary. Hotline staff share risk communication messages in line with recommendations from the MOH. With the recent lifting of the curfew, IOM has gradually been able to resume reintegration assistance to returnees.



In Camp 23, a volunteer demonstrates the proper way to wear a mask, Cox's Bazar, Bangladesh.

DISEASE SURVEILLANCE

IOM Bangladesh is supporting WHO-led contact tracing for COVID-19 surveillance in Cox's Bazar. An additional 35 volunteers have been identified for contact tracing training, bringing the total number of volunteer contact tracers to 165. This intervention ensures capacity to respond as the first cases of the disease have been noted within the refugee community during the last week. 6,772 people (5,624 men; 1,148 women) were screened while accessing services from Government offices in the district.

IOM Mongolia is providing equipment to the National Emergency Management Agency to strengthen data management as part of the COVID-19 response measures. In **Myanmar**, IOM equipped the surveillance team in Kachin State with examination gloves, surgical gowns, hand sanitizer and thermometers.

LOGISTICS, PROCUREMENT & SUPPLY

IOM Cox's Bazar donated 21,408 cloth masks, 5,250 soaps, 1,460 hand sanitizers, and 44 infrared thermometers to representatives from local Government offices, Disaster Management Committees, Fire Services, the Cyclone Preparedness Programme, and health facilities at the upazila-level. IOM also provided 50 kitchen sets, 50 floor mats and 50 solar lamps to the Moheshkhali Upazila Health Complex. Procurement remains an ongoing challenge as there are severe market shortages of good quality PPE.

IOM Marshall Islands procured two portable x-ray machines – one for Majuro and one for Ebeye – for improved patient care. **IOM Myanmar** distributed 215 medical-grade PPE overalls to three Point of Entry (POE) townships in Kachin State, as well as to healthcare providers from Township Health Departments in Buthidaung and Maungdaw (Northern Rakhine State). IOM has also partnered with Save the Children to distribute surgical masks and hand gel in Kayin and Mon States.

IOM RESPONSE

POINTS OF ENTRY (POE)

On 11 May, the **IOM Bangladesh** team completed a rapid needs and capacity assessment at Akhaura POE, which was prioritized due to high mobility – the POE managed approximately 1,000 daily travelers prior to the COVID-19 outbreak. IOM is working with the Government to strengthen surveillance and response systems at busy border points. IOM also participated in several workshops to develop standard operating procedures for handling ill travellers on aircrafts and in airports. Participants included the Communicable Disease Control Unit of the Directorate of General Health Services, WHO, the Institute of Epidemiology Disease Control and Research, and the Hazrat Shahjalal International Airport Authority.

IOM Marshall Islands, working closely with the Ministry of Works, Utilities and Infrastructure, as well as the POE group, is contributing to enhanced sanitation measures at the Majuro Airport to facilitate the operations of essential services. **IOM Mongolia** is receiving daily situation updates from the Border Protection Agency and is engaged in consultations to define the technical assistance and capacity development needs for the “new reality” of managing border crossings once the borders reopen.

IOM Timor-Leste is engaged at points of entry together with the Ministry of Interior, Ministry of Defense and Ministry of Health. IOM is supporting the Government of Timor-Leste to improve COVID-19 interventions and preparedness plans through data-related technical assistance and flow monitoring in border sukus (villages) and aldeias (sub-villages) in Bobonaro and Covalima, in coordination with Immigration, Border Police and Chefe Suku's (village leaders). These mapping exercises will be used to inform regional and national preparedness and response plans.

IOM Solomon Islands is providing technical guidance for management of quarantine spaces for migrants at POE. **IOM Pakistan** is actively engaged with WHO on POE interventions, and the two agencies have agreed to carry out a needs assessment at designated land crossing, sea ports and airports.

NATIONAL LABORATORY SYSTEMS

IOM Timor-Leste is coordinating with the National Health Laboratory to increase capacity for COVID-19 detection through provision of essential laboratory equipment. This effort aims to help the national laboratory systems to meet the demands of responding directly to the COVID-19 outbreak, while simultaneously maintaining existing national laboratory services.

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



COVID-19 Orientation Session for Community Health Workers in Kandahar Province, Afghanistan.

INFECTION PREVENTION AND CONTROL (IPC)

In **Cox's Bazar**, IOM distributed 40kg (65%) HTH chlorine to WASH agencies to prepare 5,195 litres of 0.5% chlorine solution for the disinfection of communal areas and health centres. The mission also distributed two backpack sprayers for disinfection, installed 52 hand washing devices in communal areas and distributed 4,230 masks to 2,115 people. The masks are produced by Rohingya women engaged in IOM's livelihood initiatives/programmes.

IOM Micronesia constructed five handwashing stations in Pohnpei, as well as 75 WASH stations in Chuuk, Yap and Kosrae. IOM is also distributing pre-positioned supplies for cleaning solutions to hospitals in Yap and Chuuk, as well as in Majuro, Marshall Islands. **IOM Myanmar** donated 1,000 bottles of liquid soap to Kachin State Public Health Department for IPC. IOM HIV clinics in Kayin State have modified operations to follow IPC guidance for COVID-19 in accordance with government recommendations.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

The first case of COVID-19 has been confirmed in **Cox's Bazar**, which hosts over 850,000 Rohingya refugees. While the number of confirmed cases remains low, IOM and partners are scaling-up efforts to construct treatment and isolation centers, repurpose existing health facilities, and procure high-grade PPE to protect health staff. The ambulance Dispatch and Referral Unit coordinated 60 requests for isolation bed capacity management and ambulance dispatch. IOM has also arranged transport for family members and other contacts of COVID-19 patients to quarantine facilities and back home once they have completed their quarantine.

In **Japan**, returns of migrants under the on-going counter-trafficking programme were postponed due to cancellation of international flights. IOM Tokyo is closely monitoring flight availabilities and the COVID-19 situation in Japan and destination countries and is providing information and pre-departure assistance, including counselling, to victims of trafficking.

IOM RESPONSE

CAMP COORDINATION AND CAMP MANAGEMENT

In **Cox's Bazar**, 9,425 consultations were conducted, 51 babies were delivered, and 13 patients were given emergency referral support to secondary and tertiary care out of the camps. Cyclone preparedness efforts scaled up with distribution of 723 Tie Down Kits and 3,914 refilled liquified petroleum gas canisters. IOM teams are also reinforcing structures, improving drainage infrastructure, and securing shelters. Teams constructed a retaining wall for the Nutrition Center in Camp 9, two stairways in Camp 10, bridges, stairways and slope stabilization in Camp 20, and bamboo bridges and fences in Camp 23. IOM is also supporting relocation of beneficiaries to mid-term shelters for those in locations at high-risk for extreme weather, congestion issues or protection concerns.

PROTECTION

Together with Young Power in Social Action and the Bangladesh National Women Lawyers' Association, **IOM Cox's Bazar** carried out 77 home visits and group meetings for 516 people on health messages and the risk of trafficking during the outbreak. The ten Women and Girls Safe Spaces (WGSS) made and distributed 91 masks and remain open for COVID-19 awareness-raising and hygiene promotion, as well as individual case management. IOM and PULSE Bangladesh sensitized 2,779 individuals on COVID-19 and gender-based violence (GBV) risks.

IOM's volunteers in Cox's bazar are relaying messages about access to emergency services, key hotline numbers and the need to assist the most vulnerable during evacuation in the event of extreme weather. Staff attended a webinar on remote GBV case management during the pandemic, adapted to the local context. IOM's emergency shelter for high-risk protection cases continues to operate; 83 people received remote mental health and psychosocial support (MHPSS) services.

IOM Cox's Bazar is also carrying out a rapid assessment on the current psychosocial needs, existing coping strategies and gaps in the available mental health support services among refugees and host communities. Data is being collected from Cox's Bazar Sadar, Ramu, Ukhiya Sadar and Teknaf Upazila. Under the technical supervision of IOM staff, MHPSS-trained community volunteers provided psychological first aid to 12 survivors (6 male; 6 female) of a fire in Camp 1E.

IOM Marshall Islands, the WASH Cluster and Gender and Protection Cluster are supporting the National Emergency Operations Center, on a household-level COVID-19 rapid vulnerability assessment. The survey is approximately 60% complete in Majuro, with approximately 2,500 people surveyed. The mission is also helping to develop and disseminate community-based GBV mitigation messaging. **IOM Sri Lanka** developed guidance on "Support to vulnerable migrants including victims of human trafficking." The counter-trafficking team drafted a policy brief, "COVID-19 and its implications on human trafficking in Sri Lanka."



Staff from a local government health clinic (Puskesmas) demonstrate proper handwashing techniques for refugees in Bekasi, Indonesia.

ADDRESSING SOCIO-ECONOMIC IMPACT

In **Bangladesh** the Ministry of Expatriates' Welfare and Overseas Employment convened the first working committee on "welfare and re-integration of returnee Bangladeshi workers from different countries due to the coronavirus pandemic." IOM serves as the secretariat for the working committee and the Bangladesh UN Network on Migration and will be providing technical support to create and maintain a database to capture information on migrants registered with High Commissions in countries of destination and those returning through POEs in Bangladesh. 1,457 migrants were provided with telemedicine support and 5,388 received general information on COVID-19 resources and support in countries of immigration. Through the helpline, IOM is also engaging diaspora communities to assist stranded migrants; 800 migrants received food support from diaspora communities in the Kingdom of Saudi Arabia, United Arab Emirates, Bahrain, Oman and Malaysia.

In the **Pacific Region (Fiji, Tuvalu, RMI, Vanuatu and Tonga)**, IOM is carrying out a rapid assessment on the socio-economic impacts of COVID-19 on labour mobility to contribute to the joint-UN assessment.

FURTHER RESOURCES

IOM published the COVID-19 Response Issue Brief, "[Mobility Crisis and Response in the Time of COVID-19: The Republic of Korea's Approach](#)" on the country's testing and tracing strategies, infectious disease alert levels, and immigration and border management approach.

IOM published a "[COVID-19 Guidance and Toolkit for IOM Mental Health and Psychosocial Support](#) (MHPSS) Teams," to provide recommendations on both mainstreaming of MHPSS and specific actions MHPSS teams can take.

For latest information on IOM tools and resources for COVID-19 pandemic response visit www.iom.int/covid19