



Returnee migrant signing up for support to cover his travel costs for returning to his home community after quarantining near Myawaddy, Myanmar.



Demonstration for Village Chiefs and government officials on how to use IOM-donated loudspeakers for COVID-19 awareness-raising efforts, Lao PDR.

OVERVIEW

The rates of COVID-19 cases in the Asia-Pacific region continue to vary by country, **with several countries starting to recover from second waves of infections**, while in other countries, **there are concerns regarding ongoing upward trends in cases**. Daily case numbers in India, which remain the highest in the region, have started to decrease but still represent the largest proportion of cases in the region. Daily new cases in Indonesia, Iran, Malaysia, Nepal and Sri Lanka are reflecting an upward trend, in certain countries after months of stability. Numbers of reported confirmed cases in Afghanistan, Australia, Bangladesh, Japan, Maldives, Myanmar, Pakistan, Philippines, and Republic of Korea have remained stable or decreased in recent weeks and months.

Tens of thousands of migrants continue to return to their countries of origin and many others remain stranded abroad. From 4-17 October, 41,016 undocumented Afghans returned from Iran through the Nimroz (Milak) and Herat (Islam Qala) borders and 254 undocumented Afghans from Pakistan through Nangarhar (Torkham) and Kandahar (Spin Boldak). An estimated 450 Cambodian migrants are returning from Thailand each day; in total, more than 118,000 have returned since March. More than 116,000 Nepalis have been repatriated from 32 different countries, while more than 473,000 Filipinos have returned to the country since February. In Sri Lanka, a recent COVID-19 outbreak has led the government to place restrictions on commercial flights into the country, and the ongoing return of up to 50,000 migrant workers who have requested support to return was paused.

Still other countries continue to remove COVID-19 related restrictions and push new initiatives in an effort to revitalize their economies. In Indonesia, the National Agency for the Protection of Indonesian Migrant Workers announced the reopening of formal migrant worker placement for additional destination countries, increasing the list from 12 countries to 23 as of mid-October. In Japan, the government-led domestic travel incentive programme to stimulate the tourist industry has been used by more than 16 million people with discounts provided to travelers by the Government. The Government of Japan also lifted border restrictions to allow entries of resident status holders and cross-border business travelers from all countries.

CONTACTS

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IOM RESPONSE

COORDINATION AND PARTNERSHIPS

IOM **Afghanistan** attended the health cluster meeting at the Central level, which provided updates for health partners on the essential services and the latest developments on testing and vaccines, as COVID-19 case numbers continue to rise and utilization of health services is decreasing compared to Q2. There has notably been an increasing number of COVID-19 infections in schools and among health workers. IOM is supporting the provincial response through screening and testing by Rapid Response Teams, raising awareness and information campaigns, installing hand washing stations, and distributing Personal Protective Equipment.

IOM **Cambodia** participated in this year's virtual 2020 Global Shelter Cluster Meeting and updated participants on IOM's role in the Humanitarian Response Forum as the Shelter Leader with presentations on 2019 flood responses and the current COVID-19 response.

In Bogor and Makassar, **Indonesia**, IOM coordinated with the government office for social affairs, District Disaster Management Agency, the Government office for child protection and women empowerment, and local NGOs to map the current COVID-19 response efforts and identify opportunities for IOM to support. IOM health teams held meetings with the local Puskesmas, District Health Offices, Provincial Health Offices, and public and private health providers on COVID-19 management for refugees. Stakeholders discussed referral mechanisms, contact tracing, use of government isolation facilities and financial management of refugees in need of care. Additionally, IOM coordinated with Refugee and COVID-19 Task Forces to discuss quarantine management in community housing in Makassar and Medan.

In Chuuk, IOM **Micronesia** attended weekly task force meetings, biweekly RCCE meetings coordinated by the national government, and weekly state RCCE team meetings. In Pohnpei, IOM attended National Task Force and RCCE meetings. IOM additionally participated in a meeting held by the Yap RCCE Working Group to plan and finalize arrangements for the Gagil COVID-19 survey.

IOM **Nepal** held coordination meetings in six municipalities (Lamkichuwa, Bardagoriya, Dhangadhi, Bhajani, Gauriganga, Ghodaghodji) of Kailai District for an activity to screen migrants for tuberculosis and COVID-19. IOM Viet Nam facilitated an inter-ministerial meeting among the Ministries of Health, Foreign Affairs and Labour, Invalids and Social Affairs to discuss joint project activities under IOM's health project for Vietnamese labour migrants living abroad amid the pandemic.

IOM Thailand published a Displacement Tracking Matrix report, "[Rapid Assessment: Covid-19 Related Vulnerabilities and Perceptions of Myanmar Migrants in Mueang Ranong District.](#)"



IOM deployed vehicles and solar-powered, transportable refrigerators for cold-chain management in Bangsamoro Autonomous Region of Muslim Mindanao, Philippines.

TRACKING MOBILITY IMPACTS

IOM **Lao PDR** continued a survey to understand the inflow and outflow of labour migration between Vientiane Capital and other provinces. So far, 75 inflow interviews and 86 outflow interviews are completed. IOM also finalized its Returning Migrant Survey #2, which provides insights into the conditions of 326 returnees who were in quarantine centres at the time of the interviews. Questions were asked on their profiles, migration journey, onward plans, and how COVID-19 has impacted their lives.

IOM **Nepal** completed Population Mobility Mapping in 9 municipalities in 3 provinces, conducting 45 focus group discussions following standard operating procedures (SOPs) and infection, prevention and control (IPC) measures. These discussions included 220 key informants, including government officials/employees; agency representatives (NGOs, INGOs); community workers; drivers/transportation representatives; and vendors/private sector.

IOM **Thailand** published a DTM Rapid Assessment Report, "COVID-19 Related Vulnerabilities and Perceptions of Myanmar Migrants in Mueang Ranong District, Ranong Province, Thailand." IOM surveyed 164 Myanmar migrants to understand their situation and vulnerabilities during COVID-19, focusing on migrant profiles; drivers of migration; employment; impacts of COVID-19; COVID-19 related vulnerabilities; and return intentions.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM **Afghanistan** conducted COVID-19 awareness campaigns and distributed informational materials in schools. IOM trained more than 150 community health workers (CHWs) in Nimroz and Nangarhar Provinces to support community engagement and help increase community adherence with COVID-19 prevention efforts. IOM reached 286 individuals and households (99% of Protection Monitoring respondents) with COVID-19 messaging to counter rumors and misinformation.

IOM RESPONSE

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (CONT.)

In Cox’s Bazar, **Bangladesh**, IOM organized a ‘go and see’ visit to a quarantine facility for 24 community leaders from Camp 20 Extension and ten Imams from Camp 20 so community and religious leaders can see how facilities function and what treatment entails. CHWs and implementing partners completed nearly 100,000 door-to-door visits and organized more than 4,600 courtyard meetings, reaching more than 200,00 people.

IOM **Cambodia** led a Training of Trainers on COVID-19 prevention and key messages for 84 members of Village Health Support Groups (VHSG) and 8 commune counselors from 4 communes in Stung District. IOM also facilitated 8 awareness campaigns on COVID-19 prevention in 5 villages of Pouk District with 209 village chiefs, members of VHSGs and Commune Committees for Women and Children (13 men, 196 women). In Prasat Sambo District, 264 migrants and their families (243 women, 21 men) received COVID-19 information from VHSGs.

IOM Cambodia’s Migrant Resource Center in Poi Pet organized a series of safe migration outreach with the provincial authority and Cambodian Red Cross in Banteay Meanchey Province to educate migrants and aspirant migrants on how to make an informed choice on migration, especially during COVID-19. Key messages included how to travel through regular means, the risks and benefits of migration, financial management, and how to seek support throughout the migration cycle. The outreach was conducted in 12 villages in Sangkat Poi Pet, reaching 427 participants (233 women, 194 men).

IOM **Indonesia** shared information through WhatsApp with refugees, including safety measures and positive coping mechanisms and dispelling misinformation. In Makassar, IOM conducted a journey mapping exercise to capture citizens’ stories about urban health issues, including COVID-19, and then raised these issues with the relevant departments of Makassar City. IOM Indonesia also hosted virtual communications with individuals, focal points and groups of refugees to share updated information about COVID-19, reply to queries and concerns, carry out health promotion, and provide counselling services. IOM is also posting and distributing COVID-19 posters, leaflets, and booklets to beneficiaries in community housing, as well as to travelers (resettlement cases, returnees, local movement cases) in multiple locations.

IOM **Lao PDR** conducted safe migration trainings in Vangveing District, Vientiane Province for 52 officials (6 women, 46 men) at the provincial, district and village level; 3 Village Chiefs who received safe migration training themselves delivered safe migration community campaigns in 3 villages in Vientiane Province, reaching 245 villagers (156 women, 89 men).



Training of Trainers on COVID-19 prevention for Health Center Management Committees and Village Health Support Groups, Cambodia.

In Yap, **Micronesia** the RCCE Working Group continues the COVID-19 knowledge, attitudes and practices (KAP) survey. With improved maps developed by IOM, the survey was completed within a day and reached 195 households. In the Municipality of Gagil, 164 households were interviewed for the KAP survey.

IOM **Nepal** has started sharing COVID-19 awareness messaging specific to the Nepali festive season through social media, such as discouraging travel, large family and social gatherings and visiting relatives. In **Papua New Guinea**, IOM teams in Oro and Milne Bay Provinces led awareness-raising sessions in 50 schools reaching at least 17,000 students and 100 teachers.

DISEASE SURVEILLANCE

IOM **Afghanistan** activated 15 Rapid Response Teams with over 250 staff seconded to Provincial Public Health Directorates and screened 54,810 individuals via community-based surveillance.

The IOM **Bangladesh**-managed severe acute respiratory infection (SARI) isolation and treatment centre (ITC) in Leda and three temporary isolation facilities collected 714 samples for laboratory testing of suspected SARI cases. Additionally, 25 contacts of COVID-19 positive patients were traced, monitored and quarantined by IOM’s contact tracing and medical support teams. New KoBo tools for contact tracing and laboratory data management were developed and operationalized by IOM to streamline COVID-19 information management.

Ten teams of SARI ITC staff and CHWs are reaching out to beneficiaries in their own communities, enhancing community surveillance and risk communication, strengthening continuity of health services through health promotion and referrals, and connecting to home-quarantined positive COVID-19 cases. Outreach teams conducted 9,803 household visits and 133 group sessions (targeting specific groups such as women, youth, and community leaders) and referred 998 individuals to health facilities.

IOM RESPONSE

DISEASE SURVEILLANCE (CONT.)

IOM **Nepal** assessed more than 630 sites identified as vulnerable priority locations through direct observations and collected GPS coordinates for mapping the areas. Sites included points of entry, health centres, traditional healing centers, schools and colleges, entertainment centres, market centres, migrant worksites, transport stations and places of worship.

IOM **Philippines** provided the Ministry of Health (BARMH) and Integrated Provincial Health Offices in Maguindanao and Lanao del Sur with vehicles with solar mobile refrigerators, which were used to transport more than 1,100 COVID-19 specimens, collected from more than 110 households in 73 communities, for testing.

POINTS OF ENTRY (POE)

IOM **Bangladesh** led a workshop on “Development of standard operating procedures (SOP) for land ports and railway stations” with 16 experts from the Communicable Disease Control of the Directorate General of Health Services, the Institute of Epidemiology Disease Control and Research, health authorities from land ports and railway stations, and WHO. The SOP will be used to screen, detect, interview, report and refer suspected ill passengers at railway stations and land border crossing points in Bangladesh. IOM also organized the sixth crisis management team meeting at Dhaka’s Hazrat Shahjalal International Airport with 23 participants from different government authorities and UN agencies to assess the ongoing health situation at the POE. Additionally, IOM Bangladesh installed five metal detectors with temperature measurement gates at four POEs. Nine health screening desks were donated to three international airports to support health officers.

IOM **Cambodia** and the General Department of Immigration (GDI), General Commissariat of National Police (GCNP) and Provincial Health Departments have trained 743 frontline border police officials (8 women, 735 men) on COVID-19 SOPs, including proper use of personal protective equipment (PPE). Trained officials included 520 from the GCNP (working at the local border checkpoints and unofficial POEs in Battambang, Banteay Meanchey and Pailin) and 223 from GDI (working at the O’Smach, Poi Pet and Battambang international border checkpoints).

IOM **Lao PDR** met with Provincial Public Security in three provinces, as well as authorities from five frequently used POEs, to better understand POE needs during COVID-19 and how IOM can support border management to ensure safe and orderly migration. IOM also conducted five rapid assessments at Lao-Thai Friendship Bridge II and III, Savannakhet International Airport, Vangtao-Xongmek Checkpoint, and Pakse International Airport to identify border management needs. Based on the findings, IOM will develop relevant SOPs and design trainings for frontline officials.



Point of Entry Mapping Exercise at Lao-Thai Friendship Bridge II, Lao PDR.

IOM **Nepal** conducted feasibility assessments for establishing health desks at 11 POEs in 4 provinces with representatives of the Epidemiology and Disease Control Division and the Department of Health Services, Ministry of Health and Population. Of those, 10 out of the 11 POEs have the required space for adding a health desk, and the local governments support this effort. POEs also need improved management systems, standardized screening systems, relevant materials, such as screening forms and PPE items, and COVID-19 specific training for health workers.

IOM **Thailand** conducted a COVID-19 session for 48 frontline immigration officials at Chiang Saen POE and Maesai POE, as well as for 13 immigration officials in immigration detention centers.

IOM **Viet Nam** handed over PPE to the Quang Binh Provincial Border Guard at Cha Lo Port of Entry, Quang Binh Province. Additionally, 100 frontline officials from the Border Guard and other working agencies were provided with COVID-19 information and instructed by a doctor from Quang Binh Centre for Disease Control and Prevention on proper use of PPE. IOM provided best practices on self-protection for frontline officials, as well as SOPs at POEs, including screening, detection, and interview and referral procedures for suspected or positive COVID-19 cases. IOM also presented about the pandemic’s impact on mobility and migration and provided recommendations for reducing discrimination towards individuals who have suspected/positive cases and addressing gender concerns that migrants face during their travel.

INFECTION PREVENTION AND CONTROL (IPC)

In Cox’s Bazar, IOM **Bangladesh** distributed 7,526 reusable cloth masks to 3,763 committee members from 60 committees in seven camps in Kutupalong Balukhali Extension. IOM additionally distributed 13,250 masks, 1,500 gloves, 1,500 biohazard bags, 570 face shields, 140 soaps and 30 goggles to IOM-supported health facilities, as well as 10,474 soap kits and 2,347 household hand-washing devices through door-to-door visits.

IOM RESPONSE

INFECTION PREVENTION AND CONTROL (CONT.)

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IOM **Cambodia** provided a new quarantine center in Prey Veng Province with WASH supplies, including five handwashing facilities, IEC materials, waste bins and soap. WASH items have also been procured to support new COVID-19 facilities in Kampong Thom, Battambang and Oddor Meanchey. IOM additionally provided sleeping kits, food packages and hygiene kits to 57 newly returned migrants (15 women) who were in Chong Porm Provincial Quarantine Center and Prey Phao Commune QC in Prey Veng Province. Furthermore, IOM installed two 200-liter water tanks for hand-washing facilities at O'Smach POE, Oddar Meanchey Province.

In **Indonesia**, IOM's Migration Health Assessment Center provides refugees who are being resettled, or otherwise traveling, with sanitizer packages, informational leaflets, and cloth-based or surgical masks and also teaches hand hygiene and proper approaches for donning and doffing masks. In Makassar, IOM distributed hygiene kits (hand washing soap and disinfectant) to all refugee community housing (22 locations).

IOM **Nepal** provided online capacity building training on COVID-19 IPC for 17 frontline workers, volunteers, coordinators, and shelter staff from a partner NGO (Pravasi Nepali Coordination Committee) who are providing direct protection assistance to vulnerable Nepali migrant workers in Gulf Cooperation Council countries & Malaysia and upon arrival in Nepal. Participants were from Kingdom of Saudi Arabia, United Arab Emirates, Qatar, Bahrain and Nepal. The capacity building training focused on COVID-19 prevention/protection, home quarantine standards, stigma/fear associated with COVID-19 and migrants, and psychosocial counselling services.

IOM **Philippines** distributed PPE and hygiene materials (face shields, face masks, alcohol, foot bath, thermal scanner, hand soaps and foot-operated alcohol dispenser) to the Bangsamoro Islamic Women Auxiliary Brigade cooperatives and associations to use in community-based trainings.

IOM's Migration Health Division released an infosheet on [IOM's Health, Border and Mobility Management Framework](#), which is used to empower governments and communities to prevent, detect and respond to health threats along the mobility continuum and has been central to IOM's COVID-19 response.



Migrants who accessed health services washing their hands at IOM-donated handwashing facilities in Prey Veng, Cambodia.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM **Afghanistan** continues basic health services (outpatient consultations for general illnesses, maternal, child and neo-natal health care, reproductive health, family planning services and COVID-19 response) at selected POEs through deployment of 7 Health Teams in Nimroz, Helmand, Ghor, Herat, Kandahar and Nangarhar provinces, reaching 91,273 patients with outpatient consultation and free medicines. Furthermore, 2,872 critical patients were managed at higher level facilities and 7,557 persons benefitted from psychosocial counselling services.

In Rakhine State, IOM **Myanmar** provided referral support packages for 218 positive patients in Pauktaw, Buthidaung and Maungdaw, including 80 who are being treated in hospitals. IOM also provided meal allowances, hygiene kits and drinking water for 54 individuals in quarantine in Maungdaw who had recently returned from Sittwe.

LOGISTICS, SUPPLY AND PROCUREMENT

IOM **Indonesia** procured a second round of hygiene kits to support refugees and local community members to prevent the spread of COVID-19 in various locations. IOM additionally provided PPE for 15 POE and led selection of six NGOs for community empowerment activities for refugee and host communities to support COVID-19 IPC efforts.

CAMP COORDINATION AND CAMP MANAGEMENT

IOM **Indonesia** trained 39 TAGANA (community disaster response volunteers) from Banten District on Camp Coordination and Camp Management (CCCM) during the COVID 19 pandemic at the request of Ministry of Social Affairs. IOM **Philippines** capacitated 922 camp managers and IDP leaders on CCCM in 39 sites. Furthermore, 210 individuals, mostly women, were engaged in cash for work (CfW) activities on care and maintenance of communal facilities in 11 sites.

IOM RESPONSE

PROTECTION

In **Afghanistan**, IOM considered 44 persons with specific needs (including unaccompanied and separated children, women at risk, single parents and persons with disabilities) cases across six provinces for COVID-19 Cash for Protection assistance. IOM additionally conducted COVID-19 protection monitoring with 288 respondents (individuals and households).

IOM **Bangladesh's** mental health and psychosocial support (MHPSS) teams arranged a series of community engagement activities in Cox's Bazar to mark World Mental Health Day. In the Cox's Bazar ITCs, 104 inpatient and outpatient beneficiaries received psychological first aid and basic emotional support.

Additionally, 58,667 beneficiaries were reached through face-to-face and pre-recorded MHPSS key messaging and dissemination of the MHPSS hotline number. MHPSS staff provided support to 384 children and 192 caregivers and distributed the 'My Hero is You' storybook to raise awareness on COVID-19. IOM also reached 1,297 individuals in 196 sessions on COVID-19 prevention, as well as the risks of trafficking during the pandemic.

IOM **Indonesia** and the Deputy for Protection of Women's Rights of the Ministry of Women Empowerment and Child Protection (MOWECP) are developing the Guidance on Gender Responsive Shelters Management for Community-Based Shelter During the COVID-19 Pandemic. This Guidance will be used as complementary material to the Handbook on the Preparation of Shelter Facility for Self-Quarantine and Isolation of COVID-19 Based on Community issued by the Ministry of Social Affairs and the Protocol on Assistance of Violence Against Women Cases During the COVID-19 Pandemic issued by the MOWECP.

IOM **Lao PDR** interviewed 40 Victims of Trafficking to determine the impacts COVID-19 has had on this vulnerable group.

IOM **Philippines** distributed CfW materials and equipment in 10 sites, and five groups started CfW activities, such as sewing protective face masks and dignity items (e.g., malong, washable sanitary pads). Additionally, psychosocial support activities were conducted for children aged 8-14 during the distribution. IOM also trained 94 internally displaced persons (IDPs, 61 women, 33 men) from 9 sites in Davao del Sur on peer support and handling of the MHPSS Hotline and installed 9 MHPSS hotlines in North Cotabato. Furthermore, IOM provided face-to-face psychosocial support to 16 IDPs in need of care.

IOM **Sri Lanka** did a rapid assessment to look at how unethical recruitment practices can lead to human exploitation and human trafficking and how lockdowns, border closures and travel restrictions during COVID-19 may impact these trends.



A group of young women participated in an arts and crafts session organized as part of World Mental Health Day, Cox's Bazar, Bangladesh.

ADDRESSING SOCIO-ECONOMIC IMPACT

IOM **Bangladesh's** hotline provided information support to 2,138 migrants. In the past two weeks, the number of requests from migrants within Bangladesh looking for support or information on how to return to work in countries they were working in before the COVID-19 outbreak increased by 188 per cent.

IOM **Cambodia** provided dried food packages to 5,568 newly returned migrants at the three main POEs (Doung POE in Battambang; Osmach POE in Odor Meanchey; Obeychoun and Poi Pet POE in Banteay Meanchey).

IOM **Lao PDR** provided direct assistance to stranded Mongolian nationals and facilitated their return to Mongolia through coordination with the Mongolian Embassy and IOM Mongolia. The support included expenses for their immediate needs (accommodation, electricity bill, food, medicines, visa overstay fees) and COVID-19 information sheets. The four migrants safely arrived at Mongolia on 19 October 2020.

IOM **Nepal** carried out an assessment of vulnerable returnee migrant workers affected by COVID-19 through a rapid phone survey, screening for 360 migrant workers and their families in Province 1 who have been affected by COVID-19 to receive recovery support.

IOM **Philippines** provided 827 families (4,135 persons) with the first tranche of multi-purpose cash assistance of PHP 5,000 each. IOM also provided these families with handwashing kits that contained soap, sanitizer, a soap holder and jerry cans for water storage.

In Cambodia, IOM supported development of the [UN Cambodia framework for the immediate socio-economic response to COVID-19](#), which details the coordinated UN effort to support Cambodia through recovery from COVID-19.