



## SITUATION OVERVIEW

The International Organization for Migration (IOM) works with governments and partners to ensure that migrants – in regular or irregular situations – returnees and other displaced persons are included in efforts to mitigate and combat the pandemic's impact. As of 28 April 2020, over 301,000 confirmed cases and more than 14,000 deaths had been reported in Asia and the Pacific region. Confirmed cases have been reported in 28 countries, territories and/or areas in the region, with new cases reported on a daily basis.<sup>1</sup>

The COVID-19 pandemic is exacting a huge toll on individuals, families, communities and societies across the world. Daily lives have been profoundly changed, economies have fallen into recession, and many of the traditional social, economic and public health safety nets that people rely on in times of hardship have been put under unprecedented strain.

In just a short time, a localized outbreak of COVID-19 evolved into a global pandemic with three defining characteristics:

- **Speed and scale:** the disease has spread quickly to all corners of the world, and its capacity for explosive spread has overwhelmed even the most resilient health systems.
- **Severity:** overall, 20 per cent of cases are severe or critical, with a crude clinical case fatality rate currently over 3 percent, and even higher in older age groups and among those with certain underlying conditions.
- **Mobility, societal and economic disruption:** shocks to health and social care systems and measures taken to control transmission have had broad and deep socio-economic consequences.

These characteristics are inextricably linked with mobility and migration, and they highlight global, regional and local inequities and inequalities between migrants, refugees, internally displaced persons (IDPs) and host communities.

<sup>1</sup>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/>.

## COVID-19 IN ASIA AND THE PACIFIC

Specific regional factors exacerbate migrant vulnerability in the context of COVID-19, including high rates of urbanization and densely populated cities, which often lead to crowded living and working conditions for migrants. Furthermore, as a result of natural disasters and conflicts, large numbers of refugees and IDPs live in displacement sites or evacuation centres across the region, present extremely high-risk environments for COVID-19 transmission.

In addition to the direct health risks of COVID-19, migrants are facing significant and exacerbated socio-economic and protection challenges as a result of the pandemic. Localized outbreaks and mandated public health measures – such as lockdowns, business closures, travel restrictions and border closures – in the region have caused hundreds of thousands of migrants to lose their jobs, and led to sudden mass migration movements, exponentially increasing their vulnerability, including in terms of health safety, income and gender-based violence.

These increased and new mobility dynamics have led to new clusters of COVID-19 in areas of return and are heightening the risk of transmission among returnees in transit, at border crossings and in collective quarantine centers. In addition, closure of borders and mobility restrictions are also significantly impacting all countries with limitations to travel and trade beginning to have real time consequences for border communities, small island states and stranded migrants abroad. There are increasing reports of discrimination and stigma towards migrants at destination, transit and return locations due to fears of COVID-19 transmission or introduction.

Furthermore, travel restrictions and their impact on mobility across the region have left thousands of migrants stranded in critical situations as many are excluded from or unable to access support mechanisms, including preventive and curative health services, information on protective measures and

social protection mechanisms to maintain basic needs. Finally, interruptions to migrant labour will deeply impact families dependent on remittances for survival: five of the world's top 10 remittance-receiving countries in 2019 are in the region.

Although certain countries in Asia and the Pacific have robust, high-quality medical and laboratory services for responding to COVID-19, many others are vastly unprepared to contain a mass outbreak and lack the required public health or social protection mechanisms to mitigate impacts.

In particular, there are significant gaps in critical interventions to prevent and respond to COVID-19 risks, cases and impacts among migrants, refugees, IDPs and other people on the move. All countries must undertake specific efforts to actively include these populations in national, regional and global responses, otherwise collective efforts to control the virus will inevitably fail.

While short-term measures, such as travel restrictions, may limit importation of new cases and reduce transmission, there is a critical need to re-establish safe, rights-based and regular travel and trade across the region. This effort will require extensive and comprehensive interventions at points of entry, cross-border collaboration and inter-agency cooperation involving health, sanitation, immigration, border management, social services, travel and other relevant authorities.

In this context, devising adequate responses for migrants, refugees, IDPs, victims of trafficking in persons and associated violence, exploitation and abuse, returnees and other vulnerable groups remains the top priority for IOM. These approaches need to be flexible and adaptable to the rapidly evolving situation bridging humanitarian, health and development domains to deliver integrated solutions for affected populations.

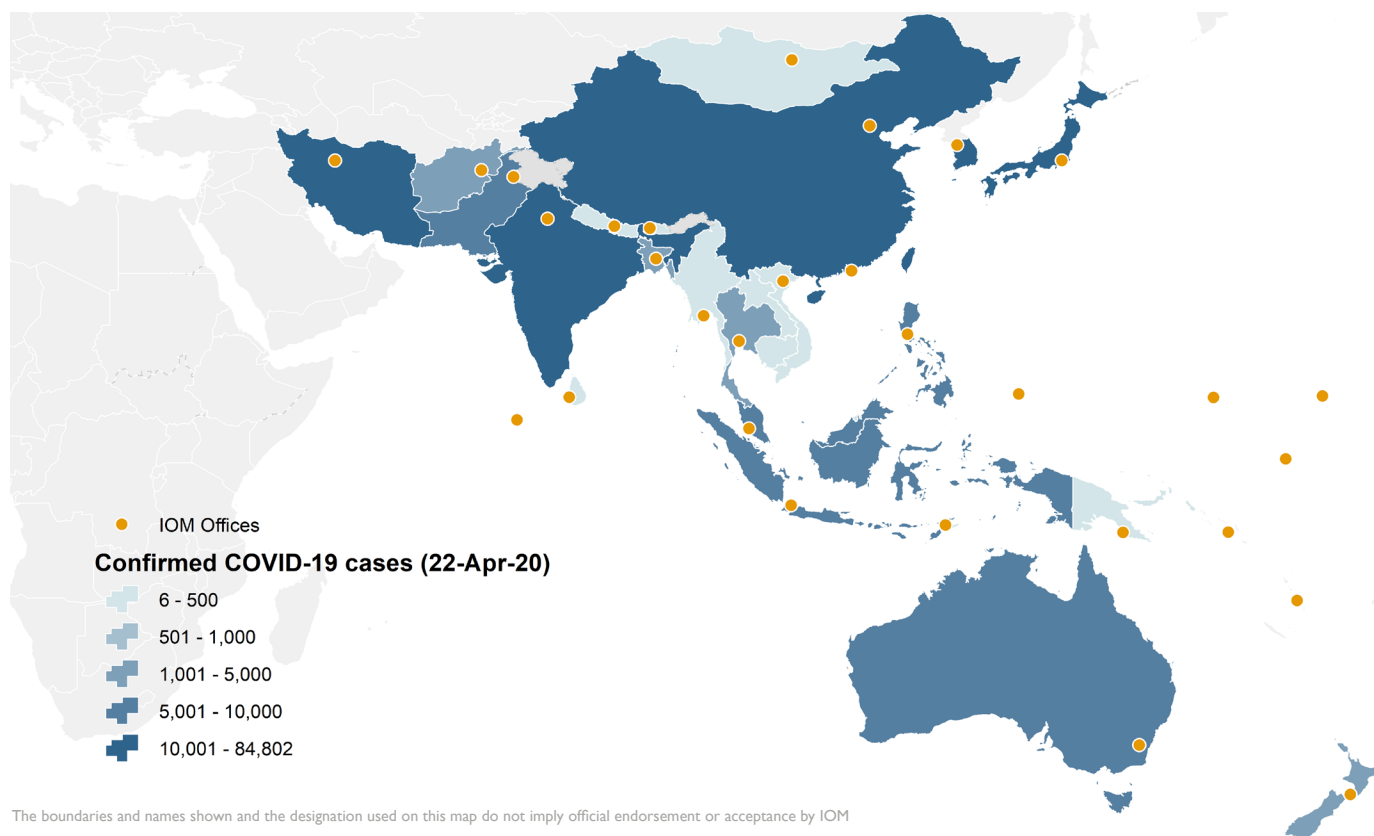
Asia and the Pacific has **7** of the **10** most populous cities in the world and the highest population density at **150** people per km<sup>2</sup> - **2.5 times** the global average



Asia and the Pacific has **4.6 BILLION** people, **84 MILLION** international migrants and **111 MILLION** of the world's international migrants in 2019 originated from the region



## IOM REGIONAL CAPACITY TO RESPOND TO COVID-19



The boundaries and names shown and the designation used on this map do not imply official endorsement or acceptance by IOM

### IOM Country Presence in Asia and the Pacific

As part of the Inter-Agency Standing Committee (IASC), and in partnership with WHO, other United Nations (UN) organizations and coordination groups, and non-UN stakeholders, IOM is assisting Member States and partners to prepare for and respond to COVID-19 with operational, technical and policy support. This document summarizes the country response plans from 28 countries in Asia and the Pacific to address COVID-19 and that cover the full spectrum of IOM activities in both humanitarian and development settings.

IOM has extensive experience working directly with communities and supporting governments to prevent, detect and respond to health threats along the mobility continuum while advocating for migrant-inclusive approaches that minimize stigma and discrimination. In Asia and the Pacific, IOM operates 99 offices with over 4,000 staff and leads an array of programmes covering the humanitarian and development spectrum, enabling the Organization to support all identified priority areas for COVID-19 response, including coordination and planning, risk communication and community engagement, disease surveillance, interventions at Points of Entry (PoE), case management, infection prevention and control, protection, mobility tracking and socio-economic assistance.

In each country where it is operational, IOM participates in the UN Country Team or the UN Humanitarian Team and coordinates with key humanitarian and development actors. IOM also serves as global co-lead on camp coordination and camp management and as coordinator of the UN Network on Migration. Such roles have prepared IOM to coordination responsibilities for migration and COVID-19 and help develop comprehensive response planning across health, humanitarian and development domains.

For the COVID-19 response, IOM is engaging different organizational divisions, including Migration Health, Emergency Preparedness and Response, Migrant Protection and Assistance, Immigration and Border Management, Transition and Recovery and Labour Mobility and Human Development. IOM's Regional Office in Asia and the Pacific comprises specialists with expertise in these areas that are streamlining responses across the region and ensuring best practices are shared and replicated. IOM offices are uniquely placed to coordinate and align their responses related to migrant mobility and PoE management. IOM is also being requested by the UN system and governments to lead multisectoral engagement for migrants, borders and mobility in the region.



## IOM REGIONAL APPROACH AND OPERATIONAL STRATEGY

IOM country offices across Asia and the Pacific are contributing to the overall objectives of IOM's revised Global Strategic Preparedness and Response Plan (SPRP). This plan presents a comprehensive, coordinated response that addresses both immediate and long-term health concerns, while limiting the humanitarian and socio-economic impacts of the pandemic, and aiding communities to prepare for recovery in a safe and dignified manner.

IOM's SPRP is tailored to the unique challenges arising from population mobility and cross-border dynamics and presents inclusive approaches targeting the needs of migrants, travelers, stranded migrants, displaced populations and local communities. These plans also aim to counter misinformation that can lead to anti-migrant sentiment and xenophobia.

When addressing a disease outbreak, IOM follows its Health, Border and Mobility Management framework, which combines population mobility with disease surveillance strategies and allows for both country-specific and cross-border health system strengthening responses. IOM ensures that its preparedness and response plans align closely with the 2005 International Health Regulations (IHR), as well as with the WHO's COVID-19 Strategic Preparedness and Response Plan.

All interventions proposed in this regional plan build on and contribute to IOM's global SPRP as well as the Global Humanitarian Response Plan (GHRP) and in support of WHO's Global Strategic response and Preparedness Plan and, where available, national COVID-19 preparedness and response plans. Furthermore, IOM's appeal takes into account the goals presented in the UN Secretary-General's COVID-19 Response and Recovery Multi-Partner Trust Fund, supporting governments and communities in low- and middle-income countries to suppress transmission of the disease, and limit the socio-economic impact of COVID-19, especially for the most vulnerable populations. IOM's response additionally reflects the priorities set out in the UN Sustainable Development Group COVID-19 framework titled "Shared Responsibility, Global Solidarity," which aims to address the immediate emergency, mitigate the social and economic impact of the pandemic and aid countries to "recover better," all with a focus on ensuring vulnerable populations – migrants and displaced in particular – are not left behind.

In line with IOM's revised SPRP, the regional plan for Asia and the Pacific focuses on four strategic priorities at the community, national and regional levels:

### STRATEGIC PRIORITIES



**STRATEGIC PRIORITY I:** Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.



Public health and hygiene messaging at the Islam Qala reception center, Afghanistan © IOM, 2020



## COORDINATION AND PARTNERSHIPS

IOM country offices responding to COVID-19 in Asia and the Pacific are supporting national and cross-border coordination with a focus on providing technical expertise to governments to develop evidence-based national COVID-19 preparedness and response plans and advocating for the inclusion of migrants, displaced populations and other vulnerable people in ongoing and planned interventions. IOM country offices across the region have also been coordinating closely with relevant government ministries – particularly the Ministries of Health, Ministries of Border/Immigration and National Disaster Management Authorities – and representatives at national, regional, provincial and township levels, as well as UN Country Teams and Humanitarian Teams to develop a comprehensive and streamlined response.

At the regional level, IOM is leading a **Regional Thematic Working Group for Migrants and Refugees and COVID-19** across Asia and the Pacific in partnership with WHO, UN Refugees (UNHCR), the International Federation of Red Cross and Red Crescent Societies (IFRC), the UN human rights office (OHCHR), International Rescue Committee (IRC), Plan International and other NGOs.

Additional interventions in the region include:

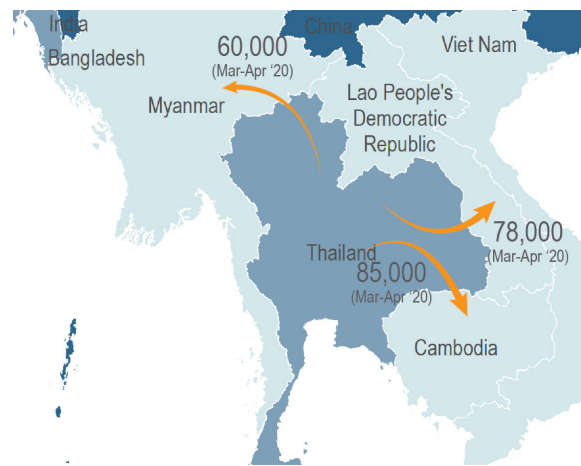
- Advocating for government responses to be inclusive of migrant needs, ensure migrant protection and dignity and actively work to counter stigma and discrimination.
- Working with governments and other actors including the private sector at the local, regional and national level to strengthen internal and cross-border engagement and coordination, including through regional-level disease surveillance, information-sharing and reporting.
- Building capacity of local health and border officials and national disaster management authorities to include mobility dimensions in response planning.
- Coordinating with governments to develop needs assessments, including to measure the impact of COVID-19 on migrants, displaced persons and other vulnerable groups to ensure response plans are adaptive and response to mobility and migrants' needs.
- Supporting national COVID-19 task forces, as well as a range of technical working groups relevant to the response, including for RCCE, returning migrants, migrant workers, and PoE.



## TRACKING MOBILITY IMPACTS



Afghanistan-Iran-Pakistan



Greater Mekong Sub-Region

### Cross Border Migrant Movement, March - April 2020

IOM country offices in Asia and the Pacific are working together with the relevant government ministries to gather and analyze flow monitoring data on population mobility dynamics related to COVID-19, including cross-border movements. IOM country offices are helping to design and carry out socio-economic impact and vulnerability assessments to understand the effect of COVID-19 on migrants and mobility patterns at the global, country and cross-border/inter-regional level.

In the Greater Mekong Subregion, following mass migrant returns from Thailand due to COVID-19 restrictions, IOM teams in **Cambodia, Lao People's Democratic Republic, Myanmar and Thailand** have been tracking these movements and, where feasible, supporting migrants with essential services. IOM Thailand is monitoring cross-border movements in Ranong Province and carrying out a survey on Migrant Presence, COVID-19 Vulnerabilities and Perceptions. **IOM Afghanistan** has been monitoring cross-border returns and documented record-high numbers of Afghan migrants returning from Iran (Islamic Republic of) and Pakistan in March and April in response to the worsening COVID-19 situation and movement restrictions. **IOM Mongolia** is implementing flow monitoring at seven checkpoints around Ulaanbaatar and has captured more than 2 million movements since starting this exercise in late February. Additional interventions in the region focus on:

- Increasing rapid and sustainable data production, visualization, and analytical components, as well as data access and sharing tools to facilitate information exchange to inform COVID-19 response and programming. This includes enhancing regional reporting on the IOM COVID-19 Mobility Impacts Portal.
- Enhancing country-level primary data collection for PoE mapping and monitoring to report up-to-date information on the assessed points. This information includes operational status, types of restrictions, duration of restrictions, population categories affected and public health measures amongst others.
- Collaborating with relevant government ministries on population movement data collection, including by training government personnel on mobility tracking, focusing on movements to and from countries and regions with higher prevalence of COVID-19.
- Providing up-to-date information on mobility restrictions being imposed by and on countries in the region, including total or partial closure of points of entry and restrictions of goods.
- Mapping, monitoring, and analyzing the impact of COVID-19 on migrants and other populations of concern whose situation have been affected by the pandemic, ensuring that their needs are considered in the overall response. This includes critical analysis to inform the medium and longer-term response to the broader socio-economic dimensions of the COVID-19 crisis affecting migrants and vulnerable populations.



**STRATEGIC PRIORITY 2:** Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.



COVID-19 awareness raising sessions for migrants in Tak Province, Thailand. © IOM, 2020.



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

IOM country offices in Asia and the Pacific are implementing risk communication and community engagement (RCCE) activities and working together with UN, government counterparts, NGOs and civil society to develop and/or tailor RCCE materials into nearly 30 languages in order to ensure that migrants have accurate, evidence-based and locally contextualized information on COVID-19 prevention. Vulnerable groups – including persons with disabilities, women and girls, and the elderly – are being consulted during the process to ensure that the messages are tailored to their needs.

**IOM Bangladesh** has led a comprehensive preparedness effort in the refugee camps in Cox's Bazar, where community health workers and staff from protection, WASH, and site management teams have completed awareness-raising sessions, door-to-door visits, peer discussions, and courtyard sessions, reaching more than 1 million beneficiaries. The IOM team is also using public audio forums and radio programs to communicate hygiene and health-related messages, and two IOM awareness-raising videos in Bangla have been shared on social media and viewed over 70,000 times. **IOM Afghanistan** field teams have conducted hygiene and COVID-19 awareness sessions in more than 1,775 communities and are supporting the RCCE core-group to tailor community level messaging.

RCCE interventions in the region include:

- Developing contextualized information, education and communication (IEC) materials for migrants, displaced populations and other related communities in coordination with Ministries of Health and WHO, including posters, videos, flyers, banners, pamphlets, social media posts, and radio spots.
- Engaging in health education and hygiene promotion for migrants, displaced populations and other communities in schools and communities, as well as through social media sites, to raise awareness about COVID-19.
- Consulting with female and male community members and associations, especially those led by vulnerable groups, to strengthen community engagement and outreach mechanisms to ensure messaging is taking into account different roles, limitations, communication methodology channels etc.
- Providing guidance to ensure that migrants, displaced populations and other vulnerable communities are included in outreach campaigns to avoid stigmatization, discrimination, xenophobia and marginalization.
- Supporting migrant outreach hotlines, social media channels and partnering with Civil Society Operations to disseminate information about COVID-19.



## DISEASE SURVEILLANCE

Several IOM country offices in Asia and the Pacific are working to enhance existing national-level disease surveillance systems by linking mobility information to surveillance data, particularly in border communities and migrant-dense areas.

Health Assessment Programmes across the region are screening migrants at IOM clinics and ensuring that any migrants requiring additional support are referred to the relevant national counterpart(s) for triage. In **Bangladesh**, IOM staff trained as part of WHO's Rapid Investigation Team for COVID-19, are prioritizing outbreak investigation and rapid response measures. Furthermore, field teams in border districts are employing an abridged flow monitoring to collect data on the frequency of irregular border crossings, the number of vulnerable people and access to basic services.

IOM teams in **Mongolia** and **Vanuatu** are utilizing recent mobility tracking data to support partners vis-à-vis targeting of COVID-19 interventions and preparedness plans, as well as to help national authorities build locally owned, comprehensive systems for public health-related surveillance of internal movements.

Disease surveillance interventions in the region include:

- Augmenting existing surveillance systems through participatory mapping exercises and needs assessments to identify high-risk transmission mobility corridors and areas.
- Training the national government and migrant communities on surveillance techniques including community event-based surveillance and contact tracing among migrant groups.
- Developing assessments to determine where and why additional measures to prevent COVID-19 transmission along mobility pathways may be required.
- When requested by the government, support national authorities through the recruitment of screeners and testing teams for surveillance at borders and within countries.



## LOGISTICS, PROCUREMENT AND SUPPLY CHAIN

IOM country offices are using existing stocks to support the COVID-19 response, as well as working with government agencies to determine additional needs for equipment. IOM's national- and regional-level activities are being implemented in coordination with IOM's centralized logistics, procurement and supply chain efforts led by Headquarters in Geneva and Global Procurement and Supply Unit in Manila.

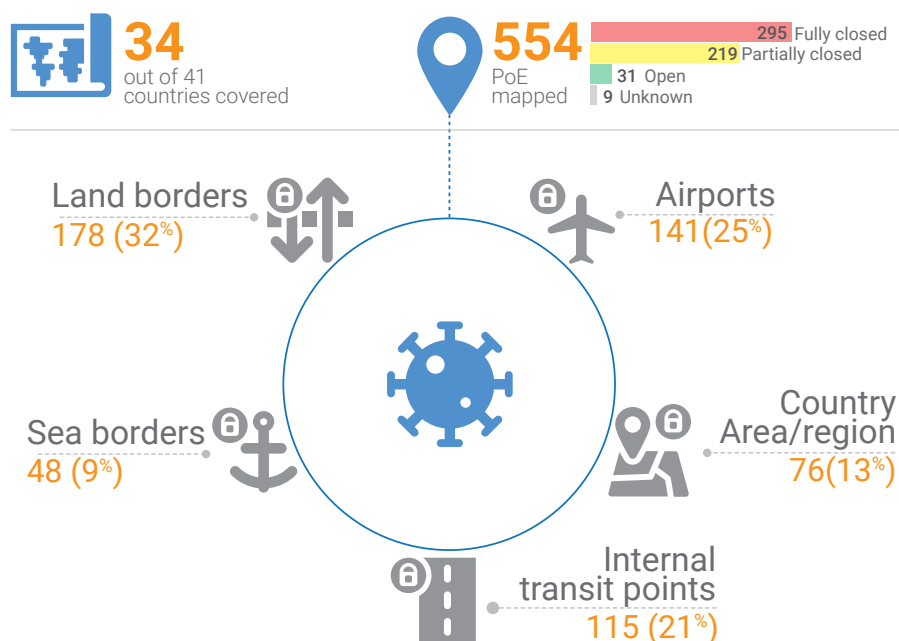
In **Myanmar**, IOM has been distributing pandemic-related supplies – including PPE sets, hands sanitizers, non-touch thermometers, sterilizers, and plastic bags for waste disposal – to Ministry of Health and Security staff and the Health Departments in Kachin and Rakhine States. **IOM Indonesia** is working together with the Government to procure PPE for use by hospitals, clinics and front-line officers. In **Bangladesh**, IOM and partners are working with the government and international vendors to source critical items, including PPE, to continue provision of assistance for communities in need. Overall logistics, procurement and supply chain activities in the region include:

- Supporting ministries of health and other national authorities in logistics and procurement of supplies for COVID-19 response
- Procuring personal protective equipment (PPE) for frontline health workers engaged in COVID-19 response, with a focus on those treating migrants, IDPs and people on the move.





## POINTS OF ENTRY



### Asia and the Pacific: Points of Entry Mapping and Mobility Impact

IOM country offices in the region are working closely with Ministries of Health, Immigration and other relevant national and local border and transportation agencies to build capacity of staff at air, land and sea PoE to implement COVID-19 preparedness and response strategies. IOM is unique in its multisectoral expertise and engagement at PoE and border areas, to address public health, immigration and cross-border coordination needs. For regional travel and travel to be re-instated, PoE mechanisms must be enhanced to support infection, prevention and control measures as well as to prepare, detect and respond to ill travelers and COVID-19 cases.

IOM country offices in **Afghanistan, Bangladesh, Cambodia, Myanmar, Nepal and Sri Lanka** have been designated as lead or co-lead agencies for point of entry (PoE) within national response mechanisms. IOM Afghanistan has mobilized health teams to conduct assessments of and provide support to PoE screening processes, with a focus on returnees from Iran and Pakistan. The country office also provided post-arrival humanitarian assistance to more than 25,000 undocumented Afghans at its Transit Centers in 2020, including unaccompanied migrant children, medical cases, single parent families, physically disabled persons and unaccompanied elderly persons.

IOM will undertake the following activities, in collaboration with relevant national and local authorities at Points of Entry. Specific interventions include:

- Supporting health screening, surveillance and monitoring, communicable disease identification, notification and management of ill travelers at PoE.
- Providing border and health officials with necessary equipment and supplies for health screening, including PPE and other supplies.
- Providing technical support and operationalization of SOPs for border personnel on infection prevention and control (IPC), management of ill travelers, and building capacity of front-line border officials in response to COVID-19 outbreak.
- Improving points of entry infrastructure, including physical distancing and crowd control measures, water, sanitation and hygiene (WASH) and health facilities, constructing and improving isolation and quarantine centers and the upgrading of hygiene infrastructure and water and sanitation facilities.



## NATIONAL LABORATORY SYSTEMS

IOM maintains a global network of 28 laboratories for Migration Health Assessments, operated in coordination with government and other partners. As part of COVID-19 response, several IOM country offices in Asia and the Pacific are in talks with multiple Member States about supporting national capacity for testing. IOM will provide testing equipment and devices, as well as trainings on and operational support for the packaging and transportation of laboratory samples.

Specific interventions in the region include:

- Utilizing existing infrastructure and systems at IOM laboratories to serve as testing centers in order to augment the capacity of National Laboratory Systems.
- Training laboratory staff on laboratory biosafety and appropriate use of personal protective equipment.
- Providing operational support for packaging and transporting clinical specimens for laboratory testing, including both national and cross-border support.
- Providing COVID-19 testing assistance once tests become available.
- Supporting radiology services by establishing teleradiology centers, building capacity and providing direct radiological services.



## INFECTION PREVENTION AND CONTROL

IOM country offices across Asia and the Pacific have put in place infection prevention and control (IPC) interventions to reduce the risk of COVID-19 transmission among migrants, displaced population, local communities and IOM staff. In coordination with government and humanitarian counterparts, programmes have also surveyed existing and potential quarantine and isolation spaces for the refugees and asylum seekers.

**IOM Bangladesh** deployed backpack sprayers in Cox's Bazar to disinfect communal areas and installed 56 handwashing stations within the camps. IOM teams also distributed over 579,000 additional units of bathing soap in Cox's Bazar to aid in handwashing and hygiene maintenance.

**IOM Micronesia** is collaborating closely with relevant State and National Government departments, as well as UN partners, to implement activities promoting IPC across the four states of FSM. To facilitate good hygiene practices and prevent the spread of COVID-19, IOM Micronesia also built more than 75 group handwashing stations across the country combined with community outreach and training. In **Indonesia**, to mitigate against transmission within refugee communities, existing and potential isolation spaces for the refugees and asylum seekers have been assessed.

IPC interventions in the region include:

- Providing adequate WASH services in health-care facilities, points of entry and camp and camp-like settings, including handwashing stations, and distribution of hygiene items.
- Strengthening the capacity of health workers, border authorities, education stakeholders and community members on infection prevention and control practices and hygiene management.
- Supporting the development of standard operating procedures and protocols for IPC activities in camps and camp-like settings.

**STRATEGIC PRIORITY 3:** Ensure access of affected people to basic services and commodities, including health care and protection and social services.



Doctors conducting outpatient consultation at IOM Healthcare Center, Cox's Bazar, Bangladesh. © IOM,2020.



## CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM teams in Asia and the Pacific are supporting both case management of COVID-19 cases and continuity of existing essential medical services within IOM health centers. **IOM Indonesia** is coordinating with the Task Force on the Handling of Foreign Refugees and health departments to ensure continued access to health services for refugees and asylum seekers, including for COVID-19 care and treatment. In **Cox's Bazar**, IOM teams have rapidly repurposed existing health facilities to serve as isolation and treatment units and is establishing two isolation and treatment facilities with a total capacity of 225 beds. Furthermore, 260 staff from IOM health facilities in Cox's Bazar have been trained on COVID-19 case management.

Case management activities in the region include:

- Ensuring the continuity of essential health services by providing life-saving primary health services, procuring critical medicines and medical supplies, and improving infrastructure, especially in countries with pre-COVID-19 humanitarian needs.
- Providing technical and operational support through short- to medium-term secondment of staff, including the deployment of IOM clinical staff to support national COVID-19 responses.





Members of the Rohingya refugee community practiced physical distancing while attending an awareness-raising session in Cox's Bazar, Bangladesh. © IOM,2020.



## CAMP COORDINATION AND CAMP MANAGEMENT

As co-lead of the global CCCM cluster, IOM in Asia and the Pacific is actively engaged in addressing the COVID-19 pandemic in camps and camp-like settings, in line with global guidance. IOM is working closely with governments and partners to ensure the continuation of existing services in displacement sites and that all actors participate in COVID-19 prevention and response efforts, including preparedness for increased or newly displaced populations.

As more than 250,000 Afghans have returned from Iran and Pakistan since in March and April, **IOM Afghanistan** has been providing post-arrival humanitarian assistance through its network of eight transit facilities on major border crossings, including overnight accommodation, basic medical screening and referrals for advanced care, multi-purpose cash grants, food packages, COVID-19 awareness raising sessions, and ambulance transfers for symptomatic cases.

In **Cox's Bazar, Bangladesh**, IOM manages 18 camps for Rohingya refugees, supporting approximately 450,000 beneficiaries. Within these camps, intensive preparedness activities focusing on health and hygiene, community engagement, review/upgrade of infrastructure are under way. In the **Philippines**, IOM's CCCM teams are providing remote mentoring and technical support to Municipal Social Welfare and Development Offices and camp managers in North Cotabato on COVID-19 prevention for displacement contexts. The IOM team also helped local government counterparts to develop Readiness and Response Plans and has supported the construction of 78 WASH and COVID-19 preparedness facilities in six North Cotabato displacement sites.

Specific interventions in the region include:

- Coordinating with relevant national and local authorities to establish contingency plans for continuation of ongoing services in displacement sites.
- Developing operational guidelines for, and providing support to, camp managers, governments and partners regarding COVID-19 and CCCM activities.
- Upgrading and improving displacement sites to ensure safety and hygiene to minimize the risks related to the spread of COVID-19.
- Constructing new WASH and COVID-19 preparedness facilities within displacement sites.



IOM supports refugee children's education through online learning and homeschooling in Pekanbaru, Indonesia. © IOM, 2020.



## PROTECTION

The COVID-19 pandemic is exacerbating pre-existing vulnerabilities, risks of trafficking in persons and associated violence, exploitation and abuse, as well as the discrimination and socioeconomic instability that migrants, refugees and displaced persons often face. Therefore, IOM country offices in Asia and the Pacific are working closely with government counterparts and other humanitarian and development actors to ensure that migrants, displaced persons and other vulnerable populations rights, dignity, interests and needs are reflected in COVID-19 preparedness and response interventions.

**IOM Bangladesh's** emergency shelter for high-risk protection cases continues to operate; in Cox's Bazar, the Mental Health and Psychosocial Support (MHPSS) staff have introduced remote counselling to Rohingya through the MHPSS hotline and online applications. **IOM Indonesia** continues providing education support for children and adult refugees and asylum seekers under its care through online learning platforms. **IOM Viet Nam**, through the Corporate Responsibility in Eliminating Slavery and Trafficking in Asia (CREST) program, developed a regional Overview of Government Response to Ensure Safety and Wellbeing of Migrant Workers Affected by the COVID-19 Outbreak. CREST teams in Vietnam and Thailand are also providing recommendations to companies on protecting the rights of migrants working within their supply chains.

Specific protection interventions in the region include:

- Conducting vulnerability and needs assessments through interviews and focus group discussions with migrants, and displaced people, including vulnerable groups.
- Strengthening the capacity of governments and implementing partners in gender-based violence in the context of COVID-19.
- Strengthening capacity of frontline responders and social workers working with migrants on psychological first aid and psychosocial support in the context of COVID-19.
- Identifying the most vulnerable households and individuals in need of support and gathering protection monitoring data – including about conditions for migrants in quarantine facilities at PoE – to provide tailored, multisectoral guidance and assistance.
- Supporting the continuum of critical protection mechanisms to provide appropriate assistance to those in need, including victims of human trafficking, GBV survivors and other vulnerable groups.
- Providing support to local women's groups that assist victims of human trafficking, including supporting infection and prevention control interventions in collective accommodation.



**STRATEGIC PRIORITY 4:** Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

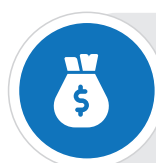


**ADDRESSING SOCIO-ECONOMIC IMPACT**

IOM country offices in the region are addressing both immediate and long-term socio-economic impacts that the COVID-19 pandemic is having on migrant populations. As delineated in the Global Compact for Safe, Orderly, and Regular Migration, IOM is committed to “minimize the adverse drivers and structural factors that compel people to leave their country of origin,” including socio-economic instability and lack of livelihood opportunity. Thus, in Asia and the Pacific, IOM is supporting relevant country offices to respond to the UN Secretary-General’s COVID-19 Response and Recovery Multi Partner Trust Fund (MPTF) focused on addressing the socio-economic impacts of COVID-19 in countries that are not covered by the COVID-19 Global Humanitarian Response Plan.

Specific interventions include:

- Supporting governments to develop strategies for addressing migrant concerns due to COVID-19, including food insecurity and loss of employment.
- Conducting assessments to identify the socio-economic impact of COVID-19 on migrants and returnees, as well as migrants’ needs and future intentions to inform project planning.
- Completing a regional socio-economic analysis of the impact of COVID-19 on migrants in Asia and the Pacific, which will contribute to advocacy ensuring that migrants are included in policy and response efforts.
- Facilitating livelihood and reintegration support for migrant workers who have lost their jobs due to the COVID-19 pandemic by providing livelihood opportunities, labour market information, employment coaching, cash grants for small and medium business recovery and MHPSS interventions.
- Improving remittance investment schemes and financial literacy among migrant households that still have family members abroad.
- Supporting targeted Cash Based Interventions for vulnerable migrants and advocating for the inclusion of migrants in social protection mechanisms.



**\$29 TRILLION**

GDP in Asia and Pacific in 2018

**5** out of the top **10**

remittance receiving countries are in Asia and the Pacific



In 2019, total remittances into Asia and the Pacific surpassed

**\$310 BILLION**

2020 remittances in South Asia and in East Asia and the Pacific could reduce by

**22%** and **13%** respectively





## REGIONAL FUNDRAISING REQUIREMENTS

IOM's funding requirement takes into account planned interventions in 28 countries to implement preparedness and response interventions for COVID-19. IOM also recognizes the continuously evolving nature of the pandemic and will review each country's funding needs periodically. IOM offices at the country, regional, and global level have worked together to estimate the expected funding needed building off IOM's previous experience responding to public health and other humanitarian emergencies. Regional and country offices have also ensured funding requirements take into account the capacity of each Member State, as well as emerging needs and mobility dynamics in the country. Furthermore, each country office has endeavored to determine any additional ways it can use existing funding and programming to address the pandemic.

### Funding requirement per country and intervention area

Country	Funding Requirement (USD)
Afghanistan	5,000,000
Bangladesh	32,476,000
Cambodia	2,500,000
China	400,000
Federated States of Micronesia	795,000
Fiji	1,810,000
Iran	1,080,000
India	200,000
Indonesia	10,000,000
Japan	200,000
Lao People's Democratic Republic	1,182,000
Malaysia	1,890,000
Maldives	123,000
Marshall Islands	591,000
Mongolia	830,000
Myanmar	4,000,000
Nepal	4,000,000
Pakistan	3,800,000
Papua New Guinea	574,000
Philippines	6,300,000
Republic of Palau	146,000
Solomon Islands	270,000
Sri Lanka	2,820,000
Thailand	4,597,000
Timor Leste	700,000
Tonga	290,000
Vanuatu	1,100,000
Vietnam	2,550,000
Regional Office	500,000
<b>Total</b>	<b>90,724,000</b>



ANNEX I

Country	Strategic Priority 1		Strategic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADDRESSING SOCIO-ECONOMIC IMPACT	
<b>Asia and the Pacific Sub-Total</b>	<b>\$ 4,520,000</b>	<b>\$ 4,320,000</b>	<b>\$ 5,834,000</b>	<b>\$ 2,561,000</b>	<b>\$ 13,468,000</b>	<b>\$ 952,000</b>	<b>\$ 11,955,000</b>	<b>\$ 10,679,000</b>	<b>\$ 1,390,000</b>	<b>\$ 15,634,000</b>	<b>\$ 7,000,000</b>	<b>\$ 12,411,000</b>	<b>\$ 90,724,000</b>
<i>Regional Office</i>	\$ 500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000
<i>Afghanistan</i>	\$ 500,000	\$ 1,000,000	\$ 500,000	\$ 500,000	\$ 1,000,000	\$ -	\$ -	\$ 1,000,000	\$ 200,000	\$ -	\$ 300,000	\$ -	\$ 5,000,000
<i>Bangladesh</i>	\$ 21,000	\$ 1,400,000	\$ 871,000	\$ 59,000	\$ 1,060,000	\$ -	\$ 7,781,000	\$ 6,054,000	\$ -	\$ 13,712,000	\$ 318,000	\$ 1,200,000	\$ 32,476,000
<i>Cambodia</i>	\$ 200,000	\$ 100,000	\$ 400,000	\$ 100,000	\$ 500,000	\$ -	\$ 300,000	\$ 250,000	\$ -	\$ 100,000	\$ 50,000	\$ 500,000	\$ 2,500,000
<i>China</i>	\$ 50,000	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 255,000	\$ 20,000	\$ 400,000
<i>Federated States of Micronesia</i>	\$ 171,000	\$ -	\$ 112,000	\$ -	\$ 42,000	\$ 70,000	\$ -	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ 795,000
<i>Fiji</i>	\$ 80,000	\$ -	\$ 280,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,000	\$ 1,250,000	\$ 1,810,000
<i>Iran</i>	\$ 367,000	\$ -	\$ 100,000	\$ 77,000	\$ 536,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,080,000
<i>India</i>	\$ 20,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 154,000	\$ 16,000	\$ 200,000
<i>Indonesia</i>	\$ 500,000	\$ 200,000	\$ 400,000	\$ 100,000	\$ 3,500,000	\$ -	\$ 1,700,000	\$ 1,350,000	\$ 250,000	\$ 500,000	\$ 500,000	\$ 1,000,000	\$ 10,000,000
<i>Japan</i>	\$ -	\$ -	\$ 80,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 70,000	\$ -	\$ 200,000
<i>Lao People's Democratic Republic</i>	\$ 292,000	\$ 50,000	\$ 170,000	\$ -	\$ 430,000	\$ -	\$ -	\$ 120,000	\$ 40,000	\$ -	\$ 60,000	\$ 20,000	\$ 1,182,000
<i>Malaysia</i>	\$ 50,000	\$ -	\$ 200,000	\$ -	\$ 70,000	\$ -	\$ 150,000	\$ -	\$ -	\$ 100,000	\$ 500,000	\$ 820,000	\$ 1,890,000
<i>Maldives</i>	\$ 20,000	\$ -	\$ 50,000	\$ -	\$ 50,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000	\$ -	\$ 123,000
<i>Marshall Islands</i>	\$ 121,000	\$ -	\$ 65,000	\$ -	\$ 45,000	\$ 40,000	\$ -	\$ 280,000	\$ -	\$ -	\$ 40,000	\$ -	\$ 591,000
<i>Mongolia</i>	\$ 25,000	\$ 100,000	\$ 100,000	\$ 75,000	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ 100,000	\$ 300,000	\$ 30,000	\$ 830,000
<i>Myanmar</i>	\$ 100,000	\$ 250,000	\$ 400,000	\$ 100,000	\$ 500,000	\$ 50,000	\$ 500,000	\$ 250,000	\$ -	\$ 200,000	\$ 250,000	\$ 1,400,000	\$ 4,000,000
<i>Nepal</i>	\$ 200,000	\$ -	\$ 200,000	\$ 700,000	\$ 400,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ 500,000	\$ 1,700,000	\$ 4,000,000
<i>Pakistan</i>	\$ 200,000	\$ 150,000	\$ 500,000	\$ 500,000	\$ 1,000,000	\$ 100,000	\$ 200,000	\$ 500,000	\$ -	\$ 200,000	\$ 100,000	\$ 350,000	\$ 3,800,000
<i>Papua New Guinea</i>	\$ 30,000	\$ 24,000	\$ 60,000	\$ -	\$ 250,000	\$ -	\$ 146,000	\$ -	\$ -	\$ 24,000	\$ 40,000	\$ -	\$ 574,000
<i>Philippines</i>	\$ 150,000	\$ 125,000	\$ 200,000	\$ -	\$ 900,000	\$ 125,000	\$ 500,000	\$ 200,000	\$ 900,000	\$ -	\$ 1,200,000	\$ 2,000,000	\$ 6,300,000
<i>Republic of Palau</i>	\$ 50,000	\$ -	\$ 86,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 146,000
<i>Solomon Islands</i>	\$ 70,000	\$ -	\$ 60,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 25,000	\$ 25,000	\$ 270,000
<i>Sri Lanka</i>	\$ 50,000	\$ 200,000	\$ 180,000	\$ 350,000	\$ 1,000,000	\$ 200,000	\$ 100,000	\$ 50,000	\$ -	\$ 200,000	\$ 90,000	\$ 400,000	\$ 2,820,000
<i>Thailand</i>	\$ 443,000	\$ 531,000	\$ 260,000	\$ -	\$ 390,000	\$ 367,000	\$ 458,000	\$ -	\$ -	\$ 148,000	\$ 1,280,000	\$ 720,000	\$ 4,597,000
<i>Timor Leste</i>	\$ 50,000	\$ 40,000	\$ 150,000	\$ -	\$ 135,000	\$ -	\$ -	\$ 125,000	\$ -	\$ -	\$ 200,000	\$ -	\$ 700,000
<i>Tonga</i>	\$ 70,000	\$ -	\$ 60,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 25,000	\$ 45,000	\$ 290,000
<i>Vanuatu</i>	\$ 90,000	\$ 50,000	\$ 65,000	\$ -	\$ 50,000	\$ -	\$ 40,000	\$ -	\$ -	\$ -	\$ 40,000	\$ 765,000	\$ 1,100,000
<i>Vietnam</i>	\$ 100,000	\$ 100,000	\$ 200,000	\$ -	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500,000	\$ 150,000	\$ 2,550,000

For more information please contact: [ROBangkokMigrationHealth@iom.int](mailto:ROBangkokMigrationHealth@iom.int)