SITUATION OVERVIEW & EMERGING NEEDS

- Confirmed COVID-19 cases continued to rise with a record number of new daily cases reported on 9 July (2,657). The Provinces of East Java, Central Java, and Special Region of Jakarta interchangeably report the highest increases of daily cases.
- More than 162,000 Indonesian migrant workers have returned to Indonesia since the beginning of the pandemic. Following dramatic World Bank predictions of a global decrease in remittances (up to 20%), according to the Bank of Indonesia, the total amount of remittances received in the 1st quarter of 2020 decreased 10.3% compared to the 4th quarter of 2019. The National Agency for the Protection of Indonesian Migrant Workers (BP2MI) is developing guidelines, including revised health protocols, for the relaxation of restrictions on the placement of migrant workers put in place in March 2020. Presently, there are approximately 43,000 migrant worker candidates awaiting to depart for employment to destination countries throughout East Asia, South East Asia, and the Middle East. IOM expanded pandemic response measures for migrant workers and their families, including through targeted programming at points of entry, measures to combat stigma against returnees, and maintaining continuity of services for victims of trafficking among returnees.
- On 25 June, 99 Rohingya women, men, and children disembarked in Indonesia’s northernmost province of Aceh weak from hunger and dehydration after having set off from Cox’s Bazar, Bangladesh and purportedly spending more than four months at sea. In coordination with the Joint Task Force for the Handling of Refugees, the Ministry of Foreign Affairs, and local government and civil society responders, IOM is providing humanitarian assistance to the group in line with COVID-19 mitigation protocols.
- IOM continued to support the integration of refugees and asylum seekers in COVID-19 responses measures, increased broad engagement with refugees on risk communication, reinforced infection prevention and control efforts, and continued case management services nationwide.

FEATURE STORY

FIGHTING STIGMATIZATION OF MIGRANT WORKERS RETURNING TO INDONESIA DURING THE PANDEMIC

“During my travel back to my home, a little cough made me shunned” said JM, one of returning migrant workers to Indonesia, and survivor of human trafficking.

JM (not his real name) went abroad hoping to improve his family’s quality of life and financial situation. Despite his best intentions and efforts, his hopes were ultimately dashed. Hailing from Lombok, West Nusa Tenggara, he migrated to Malaysia in 2003. He soon found work at a plantation where the first few years went smoothly and he was able to send money home.

Fast forward to 2008, when JM was being exploited, forced to endure increasingly harsh working conditions, and was unable to leave. After more than 10 years, he finally escaped and could return home to Indonesia. However, his pain and suffering did not end immediately as he had hoped.

The COVID-19 pandemic restricted people’s ability to return to their hometowns, including Indonesian migrant workers like JM who were trafficked.

Moreover, fear of the virus has led to stigmatization of returnees as supposed carriers of COVID-19.

“I am not a virus,” JM recalls thinking during his journey home. “After all that happened, I was forced to return home and now I just want to be back with my family.”

Story continued on page 2
HIGHLIGHTS FROM IOM ACTIVITIES ACROSS INDONESIA

**LHOKSEUMAWE, ACEH**
As part of wider COVID-19 mitigation measures, IOM organized awareness raising sessions for the Rohingya women, men, and children in Aceh in their native language.

**SURABAYA, EAST JAVA**
In Surabaya, IOM donated 50 additional hand washing stations and hygiene supplies to local communities and health clinics. Paintings by refugees added artistic flair and beauty to the hand washing stations.

**JAKARTA**
IOM Indonesia donated cloth masks and bottles of hand sanitizer to organizations working tirelessly hard to support victims of human trafficking in Indonesia.

**BATAM, RIAU ISLANDS**
In Batam, IOM organized bi-weekly webinars for refugees during the pandemic with voluntary speakers from diverse backgrounds to build community and collective resilience.

**FEATURE STORY**
“The pandemic has affected Indonesian migrant workers — and their families — in various ways,” said Among Resi, IOM Indonesia’s national programme coordinator for counter trafficking and labour migration. “More than 162,000 Indonesian migrant workers have returned to the country, and thousands more are waiting for the placement process to reopen, as jobs are limited in Indonesia, especially during the pandemic.”

“In addition to the new stigma faced by migrant workers, a combination of factors puts migrant workers in a dangerous situation: at risk not only to unethical recruitment, but also to the possibility of human trafficking,” Resi added.

Upon his return to Indonesia, JM went into quarantine for 19 days at a shelter in Tanjung Pinang, Riau Islands run by the Ministry of Social Affairs, before he could be reunited with his family in Lombok.

Quarantine measures were put in place in border areas and ports in March 2020, and IOM has provided support to government partners to mitigate the transmission risks of COVID-19 at shelters and points of entry, and to maintain critical services for survivors of human trafficking among the significant numbers of Indonesians returning to the country.

With government partners, IOM produced videos and posters to spread awareness about precautionary measures for migrant workers and families about COVID-19, as well as informational campaign materials about recognizing and avoiding stigma of migrant workers for dissemination to cities and villages through the country.

The assistance provided by IOM to the survivor of trafficking was made possible with funding from the United States Department of State’s Office to Monitor and Combat Trafficking in Persons (J/TIP).

Story by Astried Sarah & Dayinta Pinasthika, IOM Indonesia
SNAPSHOT OF IOM RESPONSE IN INDONESIA

Strategic Priority 1: 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

- IOM continued coordination with the national and local COVID-19 task forces to address the multifaceted health, social, and mobility impacts of the COVID-19 outbreak.
- Following the Ministry of Health circular letter on the inclusion of refugees to access COVID-19 mitigation measures, virtual coordination meetings were held with health departments and local community clinics to enhance the management and referral mechanism for indications of COVID-19 within the refugee community in Indonesia, including on the use of isolation facilities, epidemiological surveys, and contact tracing.
- Through the National Cluster on Displacement and Protection, IOM facilitated weekly multi-sectoral cluster coordination meetings on the COVID-19 response alongside the Ministry of Social Affairs. Additional coordination meetings between the cluster member agencies and local governments in West Nusa Tenggara (NTB) and Central Sulawesi were held to support the multi-stakeholder COVID-19 responses at the provincial level.

Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality

- Following the disembarkation of 99 Rohingya women, men, and children in Aceh, IOM response teams were immediately deployed to coordinate and support the local government in providing emergency assistance to the group upon arrival. The district health office conducted rapid tests for all individuals and none of them showed indications of COVID-19.
- IOM coordinated with the local government agencies and task forces in Pontianak, Bali, Tanjung Pinang, and elsewhere to enhance responses towards the specific challenges faced by returning Indonesian migrant workers at the respective points of entry.
- IOM distributed essential medical equipment and supplies to provincial and district level health offices, community health clinics (Puskesmas), and hospitals in a dozen cities in coordination with the National Disaster Management Agency (BNPB). The distributions included ventilators, defibrillators, hospital beds, personal protection equipment, including surgical masks, hand sanitizers, face shields, hazmat suits, goggle glasses, and other items.
- Expanding upon earlier infection prevention and control efforts, IOM installed and supplied 50 additional handwashing stations inside and around refugee housing complexes and conducted regular disinfection in refugee accommodations in nine cities throughout the country.
- In Tangerang, Semarang, Pekanbaru, Medan, Makassar, and elsewhere, refugees in IOM’s programme continued to produce cloth masks in collaborative efforts with local communities. Building upon initiatives in previous months, nearly 5,000 new cloth masks were produced this month and distributed to the local health centres, frontline responders, safe houses and community shelters, and directly to underprivileged groups and persons with disabilities.
- In Semarang, refugees produced and distributed an additional 300 bottles of hand sanitizer to neighbouring community members in an ongoing collaboration with the local task force and district health forum.
- In Jakarta, IOM distributed 500 cloth masks and 50 half-litre bottles of hand sanitizer to NGOs and faith-based groups based in Jakarta actively providing support to victims of trafficking.
IOM continued cooperation with the Ministry of Social Affairs and other national actors, including the National Agency for the Protection of Indonesian Migrant Workers (BP2MI) to increase awareness on COVID-19 among returning Indonesian migrant workers and their families. In early July, community engagement in this realm extended to West Sumba and South West Sumba (East Nusa Tenggara, NTT), where IOM distributed posters and brochures to the migrant worker communities on COVID-19 prevention and mitigation measures.

IOM field teams throughout Indonesia provided on-the-spot and online targeted information sessions for nearly 8,000 refugees under IOM care on COVID-19 prevention and mitigation measures in their native languages. IOM facilitated refugee access to testing and health care services.

On surveillance efforts, IOM collaborated with the city health office in Makassar on epidemiologic surveys and contact tracing within refugee communities. In addition, the online self e-health assessment tool has been continuously utilized by refugees following its launch in May 2020.

Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services

- Rapid assessments on quarantine facilities were initiated by IOM to support the National Cluster on Displacement and Protection and local governments in ensuring the maintenance of standards and availability of multi-sectoral services for quarantined individuals, including services such as WASH, food and nutrition, protection, and the overall management of quarantine facilities.
- IOM concluded a Camp Coordination and Camp Management (CCCM) training for 36 practitioners from 9 national NGOs to strengthen local capacities on CCCM, including in the era of COVID-19. As part of the immediate actions following the training, a joint action was initiated between IOM and several of the trained NGOs to support CCCM efforts as part of the emergency response for the group of 99 Rohingya who disembarked in Aceh.
- Nationwide, IOM continued to ensure refugees’ access to COVID-19 health care and actively conducted rapid tests and PCR tests in collaboration with local health service providers. The tests were performed based on the indications of COVID-19 suspects, screening, requirement prior to medical interventions and/or surgeries, resettlement health check, as well as international or domestic travel arrangements.
- For refugees under quarantine and/or isolation, IOM provided quarantine/isolation well-being kits to help maintain individual mental and psychological health. Counselling services are also provided to individuals and their families to help ensure that they are well informed, able to maintain communication with each other, and better able to cope.
- Through the National Protection Sub-Cluster, IOM contributed to the development of the Protocol on Child Protection for Specific Vulnerable Groups in the Context of COVID-19 led by the Ministry of Women Empowerment and Child Protection, integrating essential aspects related to protection issues around child refugees.
- Following the Joint Decree Letter of four Ministries issued on 15 June 2020 on Learning Guidance for the Academic Year of 2020/2021 during the COVID-19 Pandemic, IOM continued to provide internet allowances for children and young-adult students to support home learning. A total of 506 refugee children and 261 adults actively participated in online education programme conducted by formal schools, NGO partners, as well as Indonesian and refugee volunteer teachers.
- In Batam, Tanjung Pinang, Kupang, and Makassar, IOM organized a series of online webinar sessions for refugees to support their psychological well-being and health. Sessions touched on various topics based on refugees’ interest, such as guided meditation, identifying stress drivers and basic responses during the pandemic, management of emotions, addressing stigma, as well as other varied topics such as waste recycling, storytelling and the power of fairy tales, and others.
- IOM organized an online training on Psychological First Aid (PFA) for 28 refugees in Makassar identified as peer helpers among their community. The training aimed to enhance the capacities in providing practical care and support to their community, and promoting connection, social and emotional support among the refugee community, especially in the pandemic situation.
- IOM maintained continuity of critical services to victims of trafficking in persons during the pandemic, assisting survivors with return to their homes, and initiating tailored reintegration support including legal assistance, psychosocial counselling, and economic reintegration services.

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<tr>
<th>Case Management</th>
<th>Protection</th>
<th>Camp Coordination &amp; Camp Management</th>
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In coordination with the Ministry of Women Empowerment and Child Protection, IOM organized a virtual workshop attended by 95 participants from national and sub-national government and civil society counterparts, to identify key challenges in providing assistance to survivors of human trafficking amid the pandemic. IOM will support MOWECP and other stakeholders in the follow-up actions to remedy the ongoing protection challenges and empowerment programmes for survivors of trafficking.

Following the lifting of the temporary global halt to third-country resettlement of refugees, IOM re-initiated resettlement movements with newly incorporated COVID-19 protocols in June 2020. IOM also maintained coordination with the relevant national authorities, hospitals, and countries of origin for the reopening of assisted voluntary return programmes.

Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19

• Remittances sent to Indonesia dropped by 10% between the first quarter of 2020 compared to the fourth quarter of 2019. Updated national estimates indicate that total remittance receipts for the year will decrease by at least 13% due to reduced opportunities for Indonesian migrant workers to go and maintain their livelihoods abroad. The World Bank estimated a decrease of 20% in remittances globally, which would induce a significant financial shock for households in Indonesia reliant upon family members abroad, further exacerbated by indebtedness from migration experiences.

• In collaboration with the Ministry of Women Empowerment and Child Protection, IOM developed a public video campaign to address the stigma against returning Indonesian migrant workers. A video series titled “Avoid the Virus, not the Person” was posted on government websites and distributed through civil society partners and migrant advocacy groups.

• In Semarang, women from a support group of persons with disabilities nearby an IOM-supported refugee accommodation who recently lost their livelihoods due to the pandemic were welcomed by refugees to join trainings on home farming to promote community resilience and self-sufficiency.

RESOURCE REQUIREMENTS & FUNDING APPEAL

FUNDING RECEIVED: USD 2,436,384 (24%)  INITIAL FUNDING APPEAL: USD 10,000,000

IOM Indonesia’s initial funding request of USD 10,000,000 currently stands at 24% resourced, with financial contributions from the United States Department of State Bureau of Population, Refugees and Migration, the Australian Department of Home Affairs, and the European Union Civil Protection and Humanitarian Aid.

Within the wider framework of IOM’s Global Strategic Preparedness and Response Plan, IOM Indonesia is responding to both humanitarian and development priorities to ensure that displaced and vulnerable mobile populations are not left at risk to the impacts of the COVID-19 pandemic; and to meet requests for assistance from Government partners to mitigate the impacts of COVID-19.

Urgent priorities requiring additional financial resources include, among others:

• Improving COVID-19 mitigation measures and capacities at Points of Entry to Indonesia to facilitate the safety of internal and international mobility and trade as part of wider socio-economic recovery efforts
• Further augmenting government capacities to support the safe return and stabilization of Indonesian migrant workers – including seafarers and fishers – cut off from their economic livelihoods, including addressing protection needs and strengthening recovery prospects.

• Addressing the needs migrants stranded in Indonesia to safely, voluntarily return to their home countries.

Read the full IOM Indonesia’s Strategic Preparedness & Response Plan for details.

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DONORS

[Images of donors logos]