Asia and the Pacific
20 May 2020

Overview

The past week saw the first reported cases of COVID-19 in the Rohingya refugee community in the camps around Cox’s Bazar, Bangladesh. Those who tested positive are currently receiving treatment in MSF facilities. Government and WHO rapid investigation teams are carrying out contact tracing and quarantining of refugees. UNHCR’s COVID-19 isolation and treatment centers in two camp locations will be completed this week.

UNHCR Bangladesh has received information of another boat offshore seeking to land in the Teknaf area. With the approaching cyclone, seawaters are getting rough, placing boats at sea at severe risk. UNHCR has renewed the offer to support the safe quarantine of refugees in the camps, instead of Bhasan Char, where 306 Rohingya refugees have already been taken.

A serious attack occurred on the MSF maternity hospital in Kabul on 12 May, reportedly killing 24 mothers, children, and hospital personnel. There are concerns that this may discourage individuals from going to medical facilities for COVID-19 testing and treatment. This is especially concerning for Afghan women, who already face difficulties in accessing medical services for a variety of reasons, including limitations on movements outside the home and limited availability of female medical personnel.

Highlights by country

South-West Asia

Afghanistan

• According to an updated food security analysis, an estimated 13.4 million people are currently severely food insecure. Of these, approximately 9.1 million were classified as falling under the crisis phase and approximately 4.3 million people in the emergency phase (Integrated Food Security Phase Classification Phases 3 and 4, respectively). The increased food insecurity, in part due to COVID-19, is of great concern for vulnerable populations, including IDPs and the urban poor.

Islamic Republic of Iran

• UNHCR has resumed voluntary repatriation activities from Dogharoun, ensuring appropriate preventive health and hygiene measures. In line with expectations, the number of refugees returning has remained low (10 individuals in the past week), as the Afghan population in Iran have access to free COVID-19 health care (testing, treatment, and hospitalization) and the situation remains precarious in Afghanistan.

• To respond swiftly to the increasing needs of refugees, UNHCR rolled out simplified targeting criteria for cash assistance along with adjusted standard operating procedures. The Office has assisted some 270 refugee households between 4 April and 10 May with one-off cash payments (for three months) to meet their basic needs.

Pakistan

• The cash assistance agreement between the Pakistani Post Office and UNHCR Pakistan was signed on 12 May. While verification of households continues, the first 1,882 household names have been shared with Pakistan Post to commence cash disbursement. SMS messages are being disseminated to refugees, with information on cash collection and UNHCR helpline numbers. The first recipients will be receiving cash early next week.

• While construction works have resumed for the Refugee Affected and Hosting Areas (RAHA) project in Khyber Pakhtunkhwa, one site has been affected by the presence of COVID-19 cases in the
adjacent communities. In Baluchistan, while many programme activities remain suspended, UNHCR continues to respond with COVID-19-related activities in close coordination with partners and authorities. Movement continues to be restricted, although restrictions in some sectors were lifted (such as construction). A significant portion of partner activities remains suspended.

**South Asia**

**India**
- UNHCR worked closely with UNICEF on the draft guidance note for reopening schools, which is a contextualized version of the global framework on public health and education planning processes.

**Nepal**
- UNHCR provided medical items and an ambulance to government hospitals as part of its COVID-19 emergency response.

**South-East Asia**

**Bangladesh**
- Over 600 families were affected by two fires in the Kutupalong camps in the past two weeks. Extreme congestion and the density of shelters, combined with conditions at the end of the dry season, facilitate the spread of fires in camps. UNHCR is in discussion with local authorities in Cox’s Bazar to rebuild the area of last week’s fire in order to reduce congestion, improve access and strengthen services, particularly water and sanitation.
- UNHCR and partners are also preparing for the impact of cyclone “Amphan”. Emergency preparedness/response plans and protocols are being updated. Refugee volunteers have received refresher orientation sessions. More than 87,000 pre-monsoon kits have been provided to refugees in UNHCR-managed camps. Relief supplies are also prepositioned in forward locations in (or close to) camps, to ensure rapid response.
- The Protection Sector in Bangladesh, led by UNHCR, has released a brief on emergency protection trends related to COVID-19, recommending advocacy points and the way forward to address key issues, which was widely shared through the humanitarian community in Cox’s Bazar. At the Child Protection Case Management Technical Working Group, UNHCR presented a guidance note developed jointly with IOM on case management for boat arrivals. UNHCR, as the chair of the Community Health Working Group, is supporting WHO in the development of a home-based care system to be implemented at the peak of the outbreak.
- Thirty-five refugee women in camps in Cox’s Bazaar are engaged in mask production, aiming to reach 32,000 by June. The same project commenced in the host community this week, with the same target.

**Myanmar**
- Myanmar Armed Forces announced a four-month ceasefire on 9 May, linked to COVID-19 and the UN SG’s call for a global ceasefire. However, this excludes conflict in Rakhine and southern Chin states, where a significant amount of active fighting is ongoing.

**Indonesia**
- UNHCR met with the Indonesian Ministry of Foreign Affairs and the National Refugee Task Force to discuss possible boat arrivals and Indonesia’s response plan. As boats have previously arrived in Aceh, staff in Medan remain in contact with local NGOs and local media to obtain timely information on arrivals.

**Philippines**
- On 5 May, UNHCR convened the Self-Reliance and Social Welfare Cluster of the IASC to ensure continuity of protection and services to UNHCR’s persons of concern during the COVID-19 situation. In collaboration with the protection cluster, UNICEF and the Commission on Human Rights, UNHCR also conducted a webinar for protection actors on GBV and Child Protection during COVID-19, which was attended by 1,224 participants from the Government as well as NGOs and other organizations.
Funding needs

UNHCR’s revised COVID-19 emergency appeal was launched on 11 May, in line with the revised Global Humanitarian Response Plan. Of the USD 745 million total revised financial requirements for UNHCR, the total needs in Asia-Pacific stand at USD 96.3 million. The key activities to support COVID-19 preparedness and response in the region are as follows.

Afghanistan
Revised COVID-19 requirements: USD 11,085,150
- Provision of personal protection/hygiene kits to frontline government and partner staff
- Support to local authorities to strengthen registration and monitoring at border crossing points
- Provision of Refugee Housing Units and tents for hospitals and government institutions to strengthen response capacity
- Construction of water and sanitation facilities
- Awareness-raising campaigns in the priority areas of return and reintegration
- Support to vulnerable households through cash assistance and hygiene kits
- Protection monitoring through household level interviews on the impact of COVID-19
- Provision of medical equipment to health facilities

Islamic Republic of Iran
Revised COVID-19 requirements: USD 16,199,400
- Provision of protective equipment and hygiene products for distribution through the national primary health care system, with a focus on refugee hosting areas and refugee settlements
- Provision of medical equipment and medicines to address critical shortages in the primary health care system
- Distribution of cash assistance for refugees and other persons of concern affected by COVID-19
- Communication and community engagement through information dissemination to refugees and other persons of concern to UNHCR, on hygiene practices and recommended health practices

Pakistan
Revised COVID-19 requirements: USD 19,256,030
- Support to health facilities through the provision of medical supplies and sanitation materials, including personal protective equipment
- Support to schools and health facilities by upgrading WASH facilities (e.g., toilets, hand wash basins, waste bins, water pumps)
- Provision of cash grant assistance to the most vulnerable refugees, in line with national systems criteria for assistance to vulnerable households

Bangladesh
Revised COVID-19 requirements: USD 25,487,008
- Procurement and distribution of personal protective equipment and supplies
- Renovation and enhancement of health facilities, including construction of isolation and treatment facilities, as part of inter-agency efforts, with an initial target of providing 1,000 beds
- Training on health and nutrition for health staff and refugee volunteers
- Provision of support to local hospitals, including staffing, medical supplies and equipment, renovation of health facilities and the addition of Intensive Care Units
- Procurement of emergency medicine
- Installation of hand washing stations at communal facilities, such as healthcare facilities and aid distribution points
- Improvement of solid waste management
- Construction of gender segregated latrines and bathing spaces and regular cleaning and disinfecting
- Training of refugee hygiene volunteers to conduct outreach and messaging to the community
- Procurement and distribution of hygiene kits and soap
Myanmar
Revised COVID-19 requirements: USD 8,900,000
- Provision of PPEs to health workers, partners and State-level hospitals
- Provision of test kits, in close collaboration with other UN partners
- In support of the national health response, provision of WHO-designed COVID-19 commodity packages (including 75 types of medicines, medical supplies and equipment) to support an outbreak for 40,000 people with various degree of treatments
- Support to State-level authorities on the development of isolation centers and support for a preventative health response, particularly in areas near IDP sites
- Provision of shelter and core relief items to support health actors with ready-to-deploy solutions

Indonesia
Revised COVID-19 requirements: USD 3,536,871
- Cash assistance to vulnerable and impoverished refugees to meet increased food prices, rent and utilities as well as primary healthcare fees
- Support for addressing life-threatening medical interventions
- Provision of surgical masks and N95 masks for hospitals and medical staff in Jakarta (including those working in hospitals frequented by refugees) and hand sanitizers for refugees
- Support to refugee children with online learning possibilities by providing tools to access such platforms as well as support to refugee learning centres on language classes
- Increased support to refugee communities with digital technology and tools
- Supporting grassroot initiatives targeting local communities where refugees reside
- Establishing linkages with previous livelihood projects for refugees and local Indonesians, and supporting such projects to target local communities with COVID-19 prevention activities such as production of cloth masks

Malaysia
Revised COVID-19 requirements: USD 4,526,273
- As part of the public health response, support to the government through provision of medical supplies
- Tele-interpretation in public referral government hospitals for persons of concern approaching designated health facilities
- Support to community-based organizations to disseminate awareness information and establishment of additional hotlines to provide information and counselling to persons of concern
- Procurement of PPE for health clinic partners, and hygiene supplies for UNHCR reception centre
- Improvement of registration and interview arrangements to decongest the UNHCR reception centre
- Emergency protection responses to individuals with specific needs
- Support for the government in the context of COVID-19 crisis for asylum-seekers arriving by sea/land
- Cash assistance for 16,000 vulnerable affected families (one-off grant for one month)
- Targeted support to enable remote education

Thailand
Revised COVID-19 requirements: USD 2,139,090
- Identification of secondary referral facilities and provision of support to these facilities in line with existing guidelines and the national health response plan by the Ministry of Public Health
- Provision of multi-purpose monthly cash assistance to 4,000 persons of concern for 6 months to address the absence of coping mechanisms
- Support to vulnerable refugees including improving mobile connectivity and providing critical case management to SGBV survivors, vulnerable children, and other emergency protection cases
- Dissemination of WHO and Ministry of Public Health information as well as of hygiene supplies as part of the risk communication campaign

Philippines
Revised COVID-19 requirements: USD 450,000
- Implementation of quick impact projects on rehabilitation of WASH facilities (communal latrines and toilets, tube wells, etc.)
- Provision of hygiene kits/cash assistance for hygiene items
Risk communication and community engagement with emphasis on hand hygiene and respiratory hygiene and symptoms, signs, referral mechanism, household infection prevention information and materials for suspected or confirmed cases

India
Revised COVID-19 requirements: USD 2,077,500
- Procurement and provision of essential hygiene supplies as a preventive and mitigative measure for NGO partners
- Individual support to persons of concern including cash support, health, WASH
- Support to health facilities (capacity building), distribution of sanitary materials and soap

Nepal
Revised COVID-19 requirements: USD 1,461,200
- Installation of pit latrines and soak pits to support 240 households in Rohingya refugee settlements in Kapan/Kathmandu
- Procurement of 50 water filters to which will benefit 150 individuals in Damak
- Procurement of one solid waste truck to support 700 individuals in Damak
- To support all persons of concern residing in Nepal to have equal access to public services and emergency assistance
- To support the Tribhuvan University Teaching Hospital (and potentially other hospitals identified by the Government of Nepal for COVID-19 response) through hospital equipment and supplies
- Cash support for three months targeting 7,100 individuals

Central Asia
Revised COVID-19 requirements: USD 1,180,000
[Kazakhstan: USD 270,000, Kyrgyzstan: USD 470,000, Tajikistan: USD 440,000]
- Support of the national health system through coordinated UN response
- Provision of cash-based assistance to persons of concern affected by the deteriorating economic situation (loss of jobs and income-generating activities) as a result of quarantine and lockdown for COVID-19
- Enhanced medical assistance for prevention and treatment of COVID-19
- Support with access to distance-learning education

UNHCR partners carry out awareness-raising activities for IDPs in central Rakhine, Myanmar.
UNHCR remains grateful for the robust support from donors on the COVID-19 response including the Governments of the US, Germany, the UK, Japan, Denmark, Canada, Australia, as well as the EU (ECHO and DEVCO) and CERF. We also appreciate the support from private donors who have rallied swiftly to provide a range of in-kind donations for COVID-19 response in the region.

We are also grateful to donors who provide unearmarked contributions to UNHCR, which help support operations in Asia and enable us to respond in a timely and flexible manner. These donors include Sweden, Norway, the Netherlands, Denmark, the UK, Germany, Switzerland, and private donors in Spain and the Republic of Korea.

UNHCR continues to appeal to donors not to deprioritize funding for the regular programmes in Asia-Pacific as our ongoing activities are critical to support the over 9.2 million persons of concern in the region.

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