

COVID-19 EXTERNAL UPDATE

Asia and the Pacific

3 June 2020



4.4 million Refugees and Asylum seekers

7→ 2.9 million Internally displaced persons

83,930Returnees

2.3 million Stateless persons

Overview

On 21 May, UNHCR opened a second Severe Acute Respiratory Infection Isolation and Treatment Centre in the camps in Bangladesh. The 144-bed facility near the Malaysian Field Hospital in Ukhiya will provide COVID-19 treatment for Rohingya refugees and local Bangladeshis.

In Cox's Bazar, Bangladesh, 29 Rohingya refugees have so far tested positive for COVID-19, 23 are in isolation and 156 are in quarantine. Testing has increased to an average of 258 per day (previously under 200). Health sector partners are working to strengthen the home-based care system and increasing testing capacity. Overall, there have been 702 positive COVID cases reported in Cox's Bazar district as of 31 May 2020 (cumulative, includes host community and Rohingya refugees). Five UNHCR staff in Cox's Bazaar are reportedly showing significant COVID symptoms, test results pending, while 15 other UN staff and 20 NGO staff who work in the camps have been confirmed as positive cases. Movements have been increasingly restricted since the emergence of the first COVID-19 cases in refugee camps.

Soap and sanitizer (valued at over USD 1 million) donated by Unilever have been sent to operations in Asia. The majority of the products will go to Bangladesh, Myanmar, Indonesia, and India, and some to Malaysia, Nepal and Pakistan.

Highlights by country

South-West Asia

Afghanistan

 The COVID-19 outbreak in Afghanistan is unfolding during the flood season which is further complicating the response and depleting in-country supplies. More than 39,000 people have been affected by floods, landslides, and avalanches and over 71,000 individuals have fled their homes due to conflict since January 2020.

Islamic Republic of Iran

 UNHCR is closely liaising with the UN Procurement Working Group and international NGOs to map local market capacity for supplementary hygiene products as well as on measures to overcome challenges in local procurement, especially related to quality assurance.

Pakistan

- Cash distribution for vulnerable Afghan refugees as part of the COVID-19 response is ongoing in several locations. As of 21 May 2020, a total of 663 refugee families received cash assistance. UNHCR plans to provide one-time cash assistance of PKR 12,000 (approximately USD 72) to 36,568 households. Alongside the start of the cash distribution process, entry and verification based on vulnerability assessments continued in all UNHCR offices in Pakistan with support from partners.
- To support preventive measures, assessments have been completed for upgrading and enhancing WASH in refugee village health and education facilities. Work is now commencing in several locations as UNHCR has identified contractors that have been allowed by the Government to resume work. Hygiene and WASH upgrades are expected to be completed in time for the reopening of the schools, currently scheduled for July.



 UN agencies in Pakistan (including UNHCR, IOM, UNICEF, WHO, WFP, UN Women, UNFPA, and FAO) presented their COVID-19 response programs to the Chairman of the National Disaster Management Authority (NDMA) in support of the Government's overall response. UNHCR highlighted its contribution and the socio-economic impact assessment and emphasized the inclusion of refugees in socio-economic plans.

South Asia

India

 The "COVID-19 Immediate Socio-Economic Response by the UN System in India" was submitted by the Resident Coordinator to the Vice Chairman of NITI Aayog (a policy think tank of the Government) on 27 May. UNHCR contributed significantly to this document, and the next steps will focus on transforming the immediate response into a full recovery plan, in line with the Global UN framework for the immediate socio-economic response to COVID-19.

Sri Lanka

UNHCR provided PPEs for the Department of Immigration and Emigration on their request. UNHCR received a further request for medical equipment from the Infectious Diseases Hospital, the main centre for COVID-19 patients. Meanwhile, as curfew has been lifted in Colombo and Gampaha districts, partners now have more access to visit and monitor communities of persons of concern.

South-East Asia

Bangladesh

• In the Rohingya camps in Bangladesh, child labour, domestic violence, child marriage and interpersonal disputes among community members are on the rise. In Teknaf, in addition to children working in the salt fields, it was also observed that adolescent boys were travelling to Teknaf port in search for jobs. In the light of rising instances of child marriage in particular, UNHCR together with Save the Children International, conducted a refresher training session for 7 block leaders regarding the prevention of early marriage.

Myanmar

• The pandemic has highlighted the weakness of the public health system in Myanmar, which is disproportionately impacting conflict-affected, stateless, and impoverished families. Sustained migrant returns to various parts of Myanmar continues, placing pressure on the state and regional capacity to respond. It has not been feasible to conduct rapid needs assessments in all locations yet, and needs are likely to be higher than currently reported. With migrant returns expected to rise, the needs in community-based quarantine facilities are extremely high and expected to increase considerably once subsequent waves of movement commence.

Malaysia

- There is a great need for free or affordable testing in Malaysia as this is becoming a requirement for refugees and asylum-seekers looking to re-enter employment and, in some cases, to extend their housing rental agreements. Capacity for free testing is stretched, and those who can produce documentation from their employers on this requirement should be prioritized.
- UNHCR has been discussing with education partners how to ensure continuity of education during the COVID-19 movement control order in the country and afterwards. This included discussions on blended education options with a focus on better supporting online learning through teacher training, the provision of equipment that is pre-loaded with lessons to enable offline learning, the usage of social media platforms to maintain communication with students, and the establishment of a repository of teaching and learning materials that will be available for all learning centers.

Thailand

Data collection for the UNHCR-led Rapid Needs Assessment/Post Distribution Monitoring exercise
has been completed in urban areas, in which 180 heads of asylum-seeker and refugee households in
Bangkok and Chonburi were interviewed.



• In the Thai-Myanmar border camps, 4,100 cloth masks were produced through a joint UNHCR/ACTED programme and were distributed to persons of concern. An additional 5,000 masks are ready for distribution.

Philippines

- The Government and UN agencies in the Philippines are concerned about reported cases of SGBV related to stigma over COVID-19. UNFPA has offered to provide surge capacity training while UNHCR is willing to provide technical support.
- UNHCR provided technical assistance in drafting a governmental memorandum circular pertaining to the inclusion of refugees in the local response and programmes related to COVID-19. The Department of the Interior and Local Government will disseminate the memorandum for compliance by local government units.

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 requirements per country to support COVID-19 preparedness and response in the region are as follows.

Afghanistan: USD 11,085,150 | Islamic Republic of Iran: USD 16,199,400 | Pakistan: USD 19,256,030

Bangladesh: USD 25,487,008 | Myanmar: USD 8,900,000 | Indonesia: USD 3,536,871 | Malaysia: USD

4,526,273 | Philippines: USD 450,000 | Thailand: USD 2,139,090

India: USD 2,077,500 | Nepal: USD 1,461,200

Kazakhstan: USD 270,000 | Kyrgyzstan: USD 470,000 | Tajikistan: USD 440,000



UNHCR set up hand-washing facilities in front of a government hospital in Nangahar to help people protect themselves from the spread of COVID-19.



UNHCR continues to be grateful for the robust support from donors on the COVID-19 response including the Governments of Australia, Canada, Denmark, Germany, Ireland, Japan, Norway, Sweden, UK, USA, 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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