


Asia and the Pacific


16 September 2020

 **9.5** million
Persons of concern

 **4.4** million
Refugees and Asylum seekers

 **3.2** million
Internally displaced persons

 **137,489**
Returnees

 **2.3** million
Stateless persons

Highlights by country

South-West Asia

Afghanistan

- The ICU facility in Kabul (known as IQARUS) is now functional, with two ICU beds and 8 isolation wards and will also offer COVID-19 testing for staff members. The facility was set up within three weeks.

Islamic Republic of Iran

- UNHCR's persons of concern are reporting increasing difficulties in meeting the costs of internet and cell phones/IT equipment needed for children to continue their education. UNHCR is exploring ways to engage on this issue strategically to provide connectivity as well as equipment.

Pakistan

- UNHCR is preparing for the planned re-opening of schools this month. In partnership with local education partners, UNHCR has begun teacher training for the reopening of schools in Khyber Pakhtunkhwa (KPK) and Balochistan. The content of the training is aligned to the provincial guidelines for safe school reopening. In KPK, additional sensitization sessions were conducted for school management committees. In addition, UNHCR is investing resources in upgrading the WASH facilities in schools including hand washing facilities and latrines. Lastly, UNHCR is procuring hand sanitizers and disinfection supplies for schools in refugee villages.
- As of 8 September, 38,555 vulnerable Afghan refugee families have been identified to receive UNHCR's emergency cash assistance through Urgent Money Orders issued by Pakistan Post. Of this number 30,017 families have already collected their cash. UNHCR expects to distribute the emergency support to up to 70,000 vulnerable refugee families.

South-East Asia

Bangladesh

- UNHCR continues to support preventative sanitation works and hygiene promotion in Cox's Bazar, installing some 70,000 household level tippy taps, setting up almost 15,000 hand washing devices at latrine blocks, providing bath and laundry soap rations multiple times to 191,786 refugee households, and providing female hygiene kits to 127,217 female refugees, among many other WASH and hygiene promotion activities.
- As part of an initiative targeting vulnerable households impacted by reduced livelihoods opportunities due to COVID-19, UNHCR partners in Bangladesh have completed the distribution of vegetable seeds to 6,909 refugee households and provided training to 2,919 refugee households on vegetable production. The distribution of organic fertilizer and other materials (watering cane, sacks) also started. Meanwhile, in recent weeks, 700 Bangladeshi families have received cash assistance within the COVID-19 response. Cumulatively 5,200 host community families have benefitted from such assistance to date.
- WHO, UNHCR, IOM and SCI have conducted a training on home-based care for camp coordinators. Additional community health capacity has been repurposed to support active surveillance and strengthening of essential health service delivery that was disrupted during the lockdown. A total of 1,416 community health workers have been trained on home-based care. Once a patient is identified,

s/he will receive counselling on testing, quarantine and isolation facilities and will be referred to health facilities where necessary. The cumulative number of patients identified with mild symptoms since the introduction of the system is 20,699, and another 114 patients were identified with moderate/ severe symptoms. As a result, 9,815 persons were referred to health facilities.

Myanmar

- As part of its contribution to the Government of Myanmar to bolster national response efforts, UNHCR handed over physically 10 of the 18 portable ventilators donated to the Ministry of Health and Sports on Friday, all of which are destined for affected townships in Rakhine State.
- In Rakhine State, there has been a significant increase in transmission of COVID. On 2 September, authorities in all townships in Rakhine, reportedly imposed a 9pm-4am night-time curfew for two months, until 2 November. All other measures introduced by Government since 16 August remain in place, including a state-wide “stay-at-home”. A similar directive was issued for seven townships in Yangon Region on 1 September, and further extended to 21 townships on 9 September..
- The situation presents a serious challenge in terms of protection for persons of concern, including access in camps, other displacement settings, and stateless villages, to carry out regular as well as COVID-19 activities. The Rakhine State Government have restricted activities to lifesaving only, namely food, health, and WASH related to COVID, with protection and Shelter/NFIs not included in the designated sectors. In IDP camps, Camp Management Authorities (CMA) continue their limited activities with camp-based staff. NFIs are not allowed to be transferred to camps, even for quarantine facilities. There is a risk that CMAs may become overwhelmed in the absence of support from partner organisations. UNHCR is seeking openings to advocate for emergency NFI distributions while the risk of discrimination against persons of concern also continues to be an issue.
- Conditions in quarantine facilities are challenging and the capacity of the Sittwe General Hospital and smaller hospitals in Maungdaw and Buthidaung townships is extremely stretched. Local authorities are nonetheless expanding treatment capacity by designating public buildings for use in the response including a nursing school and Sittwe University. Non-COVID health activities for partners (including mobile clinics) are not allowed to function in IDP camps. This poses further risks to Rohingya community members who cannot move out of camps.
- In the North East, activities have been scaled down. For example, site assessments for durable solutions have been suspended, along with most missions.

Thailand

- In response to the increase in cases across the Myanmar border, UNHCR and partners have strengthened public awareness activities by sharing prevention messages using public address (PA) systems in several camps and developing messaging on the need to remain vigilant, to not leave the camp (due to risk of detention due to increased border controls), to wear masks, wash hands, practice social distancing, report for screening if they or anyone they know has recently entered the camp from outside, and to visit the health unit if they develop fever or respiratory symptoms.

East Asia and the Pacific

Japan

- Six selected communities of UNHCR's persons of concern have benefited from an emergency cash grant project (total approximately USD 76,000) implemented by a public welfare foundation. Although the foundation is the government's project partner for official refugee assistance, this project was implemented independent of the government's assistance.

Republic of Korea

- UNHCR and civil society in the Republic of Korea continue to call for inclusion of persons of concern in all government responses. The various government emergency cash payments, notably those paid at local level, to help people cope with the COVID-19 economic fallout, have partly included persons of concern thus far. NGOs working with UNHCR played a key role in identifying cases most in need and strived to distribute some in-kind assistance.



UNHCR Afghanistan provided 170 computers, laptops and printers to the Ministry of Refugees and Repatriation (MoRR) to help strengthen coordination and outreach with 34 Provincial Directorates to provide services for returnees, IDPs and host communities.

Funding needs

UNHCR's revised COVID-19 emergency appeal was launched on 11 May, in line with the Global Humanitarian Response Plan (updated on 17 July). 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 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.

Contacts

Hyeon Cho, Donor Relations Officer, Regional Bureau for Asia and the Pacific, chohy@unhcr.org