



More than 250 women with disabilities in Pakistan received dignity kits through STEP with the support of UNFPA © STEP Pakistan

# Asia and Pacific Region

## COVID-19 Situation Report No. 5

United Nations Population Fund



Reporting Period: 1 - 30 June 2020

### Regional Situation

- With over 600,000 confirmed cases, India continues to see a rapid rise and has the highest number of COVID-19 cases in the region. Iran, Pakistan, Bangladesh and Indonesia continue to experience increase in new cases.
- Maldives has the highest number of COVID-19 cases per million population in the Asia Pacific region, although new cases are now decreasing.
- In countries with fragile health systems, refugees and displaced populations are extremely vulnerable. More than 46 cases have been confirmed in the overcrowded Rohingya refugee camps of Cox's Bazar in Bangladesh.
- Countries in the region are responding to natural disasters in addition to the pandemic, including India, Bangladesh, Philippines, Indonesia, Vanuatu and Timor-Leste.

### UNFPA Response Highlights

- **At least 68,655 youth have received support through youth health lines** in Afghanistan (15,300), Bangladesh (4,642), India (19,640), Lao PDR (25,000) and Nepal (4,073).
- **46,515 women and adolescent girls have received dignity kits** in Bangladesh, Cambodia, Indonesia, Lao PDR, Mongolia, Myanmar, Nepal, Sri Lanka, Timor-Leste, Maldives, Philippines, Papua New Guinea, Pakistan and in the Pacific. The majority of kits have been customised for the COVID-19 context with additional protective items and information on available GBV services.
- **At least 15 country offices and the Pacific Sub-regional Office (PSRO) are investing in GBV capacity building** of health and social workers, case managers, counsellors, social mobilisers and/or Government staff.

### Situation in Numbers



**1,446,955** Confirmed COVID-19 Cases



**45,046** COVID-19 Deaths

Source: WHO 2 July 2020

### Key Population Groups



**50 M** Pregnant Women



**1 B** Women of Reproductive Age

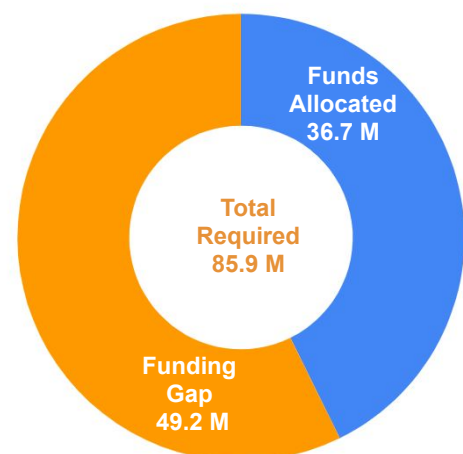


**965 M** Young People (age 10-24)



**347 M** Older Persons (age 65+)

### Funding Status for Region (US\$)



Right: 17 women and 13 adolescent girls in quarantine centers in Susta, Nepal, received dignity kits.

Far right: A woman receives a dignity kit following floods in Hera, Timor-Leste,



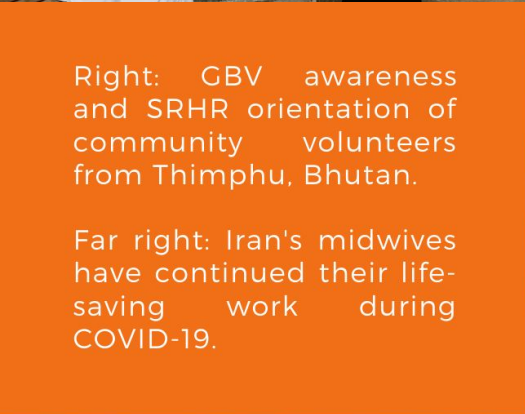
Left: Midwife Zahra provides services to women at a family health house in Bamyán, Afghanistan.

Right: Malani Rathanayaka, a Sri Lankan midwife of 20 years, ensures women have access to services during the pandemic.



Left: Mobile health camp for elderly in Bihar, India.

Far left: Zarmina, a young widow, receives psychosocial support and health services in Khyber Pakhtunkhwa, Pakistan.



Right: GBV awareness and SRHR orientation of community volunteers from Thimphu, Bhutan.

Far right: Iran's midwives have continued their life-saving work during COVID-19.



Left: Pacific island youth express their voices through an online survey on how COVID-19 has influenced their lives.

Right: UNFPA Malaysia is supporting an assessment of SRH and GBV implications and facility readiness.



# Regional Response Summary

## Coordination

### National level

- UNFPA's activities are in support of government response plans and are conducted in partnership with the UN country team, humanitarian country team and/or disaster management team. Activities are coordinated through national and sub-national coordination mechanisms, including through the cluster/sector system where activated.
- UNFPA leads or co-leads the GBV and/or SRH sub-sectors/clusters or working groups, as well as co-leads selected pillars of the UN's framework for the socio-economic response to COVID-19 in several countries.

### Regional level

- UNFPA co-leads the regional ad-hoc protection against sexual and exploitation abuse (PSEA) task team, with dedicated emphasis on supporting inter-agency coordination on PSEA during COVID-19 response.
- UNFPA co-leads the UNiTE working group on eliminating violence against women and the Risk Communication sub-group on Vulnerable and Marginalised Populations.
- UNFPA is an active member of several regional interagency working groups, including the COVID-19 Working Group, Gender in Humanitarian Action Working Group and the Logistics Working Group.
- UNFPA hosts the inter-agency Regional Emergency GBV Advisor (REGA) team. In June, the team reached 172 emergency responders with remote capacity building sessions on 'GBV in Emergencies Basics' delivered in collaboration with the International Council of Voluntary Agencies and World Vision International.

### Pacific sub-regional level

- The UNFPA Pacific Sub-regional Office (PSRO) is co-leading the mental health and psychosocial support (MHPSS) cell and co-leads the health services delivery cell.

## Continuity of SRH interventions, including protection of health workforce

All 22 UNFPA country offices in Asia Pacific and the PSRO are supporting continuity of SRH interventions by:

- **Ensuring the continuity of and access to quality lifesaving SRH information and services** for women, adolescents and youth.
- **Supporting national- and local-level planning, coordination and monitoring** to ensure access to SRH services. This includes advocacy, provision of technical and programmatic assistance as well as information management support.

In addition:

- 19 country offices and the PSRO are **strengthening operational and logistics support to global supply chains**, including provision of personal protective equipment (PPE) to health workers and ensuring the supply of modern contraceptives and other commodities.<sup>1</sup>
- 10 country offices and the PSRO are **investing in SRH capacity building**, including training frontline health workers and partners on maternal and newborn health services, including infection prevention and control.<sup>2</sup>

## Country examples:

- **Afghanistan:** UNFPA has deployed four psychosocial support counselors to the Herat Maternity hospital and the Kabul COVID-19 hospital to provide psychosocial support to pregnant women.
- **Bangladesh:** 200 female commercial sex workers received relief services from the Government as a result of advocacy from UNFPA's implementing partner Light House through support from UNFPA. Services included provision of medicine for sexually transmitted infections and screening for cervical cancer through the Civil Surgeon Office.

<sup>1</sup> Afghanistan, Bangladesh, Cambodia, DPRK, India, Indonesia, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Timor-Leste and Viet Nam

<sup>2</sup> Bangladesh, India, Indonesia, Lao PDR, Mongolia, Myanmar, Pacific Sub-Regional Office, Pakistan, Papua New Guinea, Timor-Leste and Viet Nam



**7,000**

**young people will  
be reached  
nationwide.**

## **COMPREHENSIVE SEXUALITY EDUCATION THROUGH E-LEARNING**

In Mongolia, marginalised young people, including children of herder families, young people with disabilities, ethnic minorities and young people living in remote areas with limited access to technology, were unable to access an effective health education programme inclusive of comprehensive sexuality education during the first period of the COVID-19 lockdown.

UNFPA is part of a UN joint project with UNICEF and UNESCO supporting the Government in its e-learning education sector interventions to ensure continuity, inclusiveness and accessibility of quality comprehensive sexuality education for all young people. Content for comprehensive sexuality education will be strengthened to ensure accessibility to young people with special needs. Offline learning content will be distributed to young people without access to e-learning.

Comprehensive sexuality education enables young people to protect their health, well-being and dignity. As programmes are based on human rights principles, they also advance gender equality and the rights and empowerment of young people.

### Continuity of SRH interventions, including protection of health workforce

#### Country examples continued:

- **China:** Continued technical support to uphold the strengthened health system capacity to ensure accessibility and availability of SRH services during potential future outbreaks of COVID-19.
- **DPRK:** Ongoing consultations with the Ministry of Public Health and the National Coordination Committee to ensure the uninterrupted supply of life-saving SRH commodities.
- **India:** 219 outreach health workers trained on SRHR-HIV integration in partnership with the HIV Alliance and Gujarat State AIDS Control Society.
- **Iran:** Online training workshops on HIV prevention among women, men, adolescents and youth most at risk.
- **Lao PDR:** 24 youth volunteers from the Lao Youth Union, the Vientiane Youth Centre and the National University of Laos trained on leading actions for mitigating the impacts of COVID-19 on adolescents and youth.
- **Maldives:** Findings from UNFPA Maldives' analysis of the impact of COVID-19 on maternal health and family planning show that the numbers of pregnancies and births are expected to increase due to the pandemic and the associated lockdown. UNFPA has provided policy recommendations to strengthen SRH programmes to ensure improved and accessible SRH services.
- **Mongolia:** Adolescents and youth are receiving online counseling, including provision of information on SRH, family planning and mental health.
- **Myanmar:** Elderly people are most vulnerable to COVID-19, yet often do not receive adequate care and support. Together with the Department of Social Welfare, UNFPA provided 85 ageing homes with hand sanitizers, surgical masks, soap, antiseptic disinfectant and infrared thermometers.
- **Pakistan:** Women Friendly Health Spaces for Afghan refugees in Balochistan, Khyber Pakhtunkhwa and Sindh continue to provide case management, referral, and basic GBV and SRH services including care for pregnant women, emergency obstetric and newborn care, postpartum care, family planning and prevention of sexually transmitted infections.
- **Pacific Sub-regional Office:**<sup>5</sup> Continued support to the Ministries of Health in ensuring continuity of essential services through dedicated antenatal and postnatal care facilities, mobile clinics and recruitment of retired midwives.
- **Philippines:** UNFPA supported the Condom Hero Programme, a community initiative that provides free condoms to people affected by quarantine measures through delivery via bicycles.

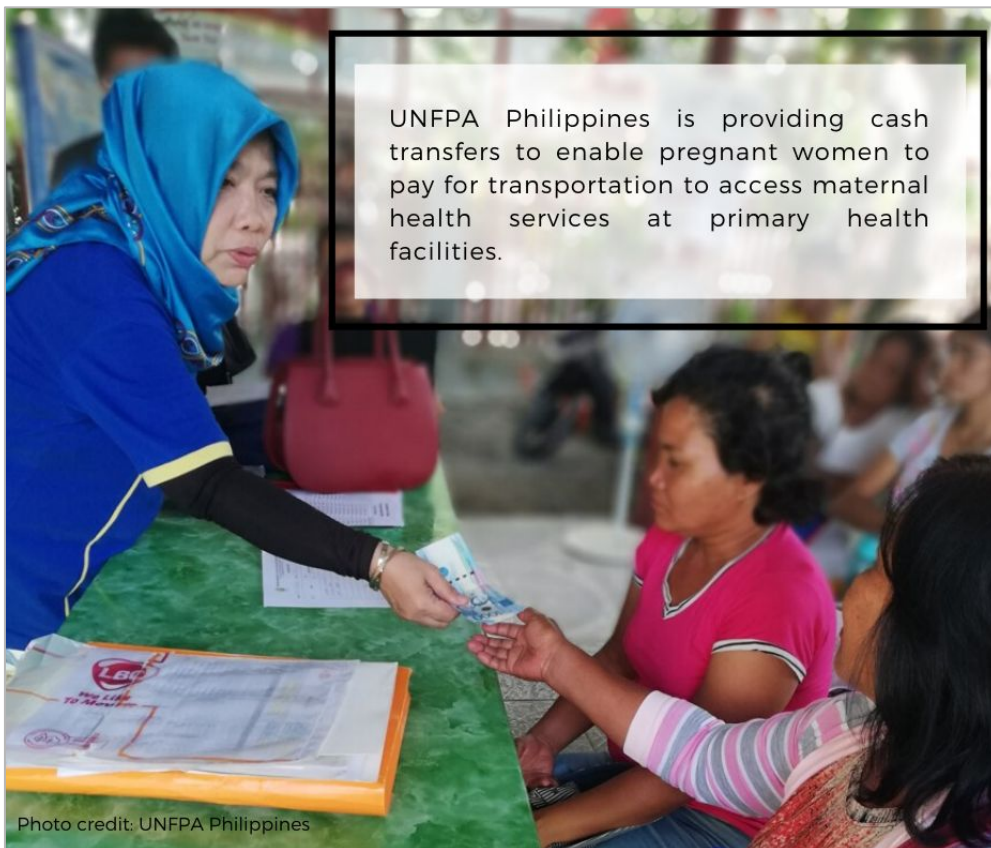


Photo credit: UNFPA Philippines

<sup>5</sup> Fiji, Kiribati, Federated States of Micronesia, Palau, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu



## ENSURING CONTINUITY OF LIFE-SAVING GBV SERVICES

Recognising the increased risks of GBV during the COVID-19 outbreak, UNFPA Myanmar has invested in the continuity of critical and life-saving GBV response services such as GBV case management, psychosocial support and temporary safe houses/shelters for survivors of GBV.

UNFPA has developed guidance on GBV service provision to provide practical tips to partners to continue provision of life-saving GBV interventions while minimising the risk of infection. UNFPA has developed guidance on GBV referrals to guide non-GBV actors. Existing GBV referral pathways are regularly updated to reflect the rapidly changing availability of services for GBV survivors and to facilitate timely provision of and referral to services.

UNFPA and the Department of Social Welfare conducted an online training for 90 case managers on basic psychosocial support as well as training for 50 safe house and helpline staff on addressing GBV in humanitarian settings, basic psychosocial support and self-care. The health sector response to GBV has been supported through training of 35 staff from Global Fund partners and 220 nurses and midwives on GBV, guiding principles and referrals.

To ensure a comprehensive GBV response, UNFPA has set up a MHPSS roster team which has provided training to more than 350 people on psychological well-being, basic psychosocial support skills, online psychoeducation and psychological first aid and self-care.

MYANMAR

Photo credit: UNFPA Myanmar

### Addressing Gender-Based Violence

UNFPA Country Offices are addressing GBV by:

- **Supporting national strategies and response plans** to strengthen GBV prevention and response services through technical and programmatic assistance.<sup>6</sup>
- **Investing in capacity building of GBV response service providers, including health practitioners**, to provide timely, quality and confidential services to survivors of GBV.<sup>7</sup> Topics include adapting to remote service delivery modality for case management, psychosocial support, updating referral mechanisms and safe and ethical data gathering.
- **Ensuring the continuity and accessibility of lifesaving GBV services** for women and adolescent girls. This includes medical support, psychosocial counseling, hotlines, shelters, one-stop crisis centres, case management, dignity kit distribution and referrals.<sup>8</sup>
- **Leading or co-leading inter-agency coordination mechanisms for GBV** risk mitigation and response in emergencies.<sup>9</sup>

Regional level:

- **UNFPA APRO (through the kNOwVAWdata Initiative), UN Women and WHO jointly developed "[Data Collection on Violence against Women and COVID-19: Decision Tree](#)"** to guide UN, national statistical offices, policymakers and researchers on when and how to best collect data on women's experiences of violence as well as on their access and use of services without compromising their safety during the COVID-19 pandemic.

### Country examples:

- **Afghanistan:** With support from UNFPA, the Family Response Unit and Criminal Investigation Department provides GBV case management mentorship during the COVID-19 pandemic in the Balkh Province.
- **Bhutan:** A GBV awareness and sensitisation package was integrated into the accelerated Guardian of Peace National Volunteer training programme. 2,950 trainees (2,350 male and 600 female) received the training.
- **Cambodia:** Dignity kits were provided to 250 women in Battambang Province to support their immediate hygiene and protection needs.
- **India:** UNFPA and UNICEF held consultations with Civil Society Organisations in Rajasthan to strengthen the reporting of child marriage and violation of child rights during the COVID-19 pandemic.
- **Indonesia:** Findings of an online survey conducted by UNFPA Indonesia's Youth Advisory Panel show that 38% of respondents feel unsafe in their environment.
- **Malaysia:** GBV referral pathway has been updated to better support migrants and refugees, including updates to enable reporting of violence through embassies, employers and NGOs.
- **Nepal:** Establishment of tents to shelter and protect women and children at the holding area and transit quarantine in Trinagar, Kailali.
- **Pacific Sub-regional Office:** Inclusion of GBV, mental health and psychosocial support messaging as part of an information and support package is being developed to support Faith Based Organisations and church leaders, in partnership with WHO.
- **Pakistan:** Provision of psychosocial support through community midwives. Two teams, each including a physician and a Lady Health Visitor midwife, are training community midwives in psychosocial support and preventive health actions in Balochistan.
- **Papua New Guinea:** Provision of psychosocial support to GBV survivors through a counseling hotline that will enable GBV survivors from remote areas to access counseling services.
- **Philippines:** A nationwide community based peer-mentoring system was established by the Philippine Commission on Human Rights to collect data on needs faced by women with disabilities.
- **Viet Nam:** UNFPA, along with sister agencies, launched a new UN project to address GBV during COVID-19.

<sup>6</sup> Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Iran, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand and Timor-Leste

<sup>7</sup> Bangladesh, Bhutan, India, Indonesia, Lao PDR, Fiji, Maldives, Mongolia, Myanmar, Pacific Sub-Regional Office, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste, Thailand and Viet Nam

<sup>8</sup> Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Iran, Lao PDR, Maldives, Malaysia, Mongolia, Myanmar, Nepal, Pacific Sub-Regional Office, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand, Timor-Leste and Viet Nam

<sup>9</sup> Afghanistan, Myanmar, Bangladesh (national GBV cluster and Cox's Bazar GBV sub-sector); India (UN sub group on GBV), Indonesia, Iran, Lao PDR, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and the Pacific region



**"As a midwife, I feel proud because I can save many lives of both mothers and newborns"**

**Ite Khatun, midwife  
Cox's Bazar**

# MIDWIVES SAVE LIVES WHILE BRAVING COVID-19 IN COX'S BAZAR

Over 46 cases of COVID-19 have been confirmed in the densely populated and overcrowded Rohingya refugee camps of Cox's Bazar. Physical distancing is extremely challenging. Humanitarian needs are high.

22 UNFPA supported health facilities that serve both Rohingya and host communities continue to provide comprehensive SRHR services that include 24/7 emergency obstetric and newborn care. UNFPA is deploying 126 additional midwives. Clad in gloves, masks, goggles, and gowns, the midwives are our frontline heroes. They are braving the COVID-19 outbreak to ensure that every child birth is safe and that no mother dies while giving life.

Isolation areas have been set up for managing COVID-19 cases in selected health facilities.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/云报告?reportId=5\\_19725](https://www.yunbaogao.cn/report/index/云报告?reportId=5_19725)

