

A psychosocial counsellor provides services to a woman infected with COVID-19 at a hospital in Kabul. The counselling supports people on their road to recovery. © UNFPA Afghanistan

Reporting Period: 1 - 31 October 2020

Regional Situation

- With over 8 million confirmed cases, India continues to have the highest number of COVID-19 cases in the region and second globally.
- The pandemic continues to spread across Asia and the Pacific. India, Iran, Indonesia and Nepal continue to experience a steady increase in new cases.
- Monsoon floods have impacted several countries in the region recently including Viet Nam, Cambodia, Afghanistan, Nepal, Pakistan, the Philippines, India, China, Bangladesh and Indonesia.

UNFPA Results Highlights Jan - Oct 2020

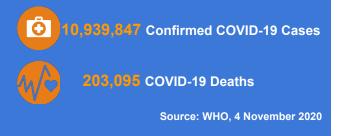
- More than 43 million people reached with SRH/GBV information and awareness activities across the region.
- At least 1,794,611 women of reproductive age reached with SRH services across the region.
- At least 67,421 safe deliveries assisted by UNFPA in Afghanistan, Bangladesh, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Samoa and Vanuatu.
- At least 725,17 people reached with family planning services across the region.
- 54,485 older persons aged 65+ reached with SRH services across the region.
- 7,758 people reached with cash and voucher assistance in Bangladesh, Myanmar and the Philippines.
- At least 241,516 people reached with GBV prevention, risk mitigation and response services across the region.
- At least 368,470 people aged 10-24 years reached with SRH services across the region.

Asia and the Pacific Region COVID-19 Situation Report No. 9

United Nations Population Fund

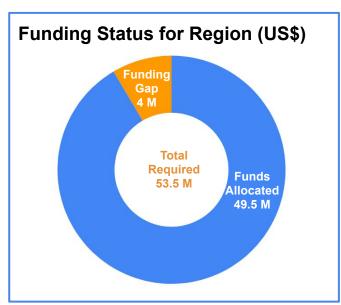


Situation in Numbers



Key Population Groups





This is Sabita Khadka, a midwife in Nepal who is working tirelessly during the COVID-19 pandemic to provide quality care to pregnant women and new mothers.



N95

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 SRH sub-sectors/clusters or working groups in most countries, 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 Protection against Sexual Exploitation and Abuse (PSEA) task team. UNFPA also co-leads the UNITE working group on eliminating violence against women and the Risk Communication sub-group on Vulnerable and Marginalised Populations.
- UNFPA chairs the H6 platform for the countries in the WHO South East Asia region to coordinate support on sexual and reproductive, maternal, neonatal, child and adolescent health. UNFPA is a member of several regional inter-agency working groups, including the COVID-19 Working Group, Gender in Humanitarian Action Working Group and the Logistics Working Group as well as Issue Based Coalitions.
- UNFPA hosts the inter-agency Regional Emergency GBV Advisor (REGA) team. The REGA team supported the Women and Girl's Protection Cluster in Iran to conduct an 'Introduction to GBV risk mitigation' workshop for 15 participants included representatives from Protection, Child Protection, Health, Food Security, WASH and Early Recovery sectors. The REGA team began a three-part training series for the GBV Sub-Working Group members in Pakistan to introduce the Inter-agency Minimum Standards on GBV in Emergencies Programming. In collaboration with the IASC and IOM, the REGA team supported a remote COVID-19 GBV Risk Mitigation Stocktaking Workshop for the region focused on Food Security, Cash and Social Protection sectors.
- UNFPA Pacific Sub-Regional Office¹ co-leads the mental health and psychosocial support cell, the health services delivery cell and telehealth sub 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.
- 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.

In addition:

• 18 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.²

Country examples:

- **Afghanistan:** SRH services have been provided to 22,500 people affected by the crisis in Herat, Kandahar, Nangarhar, Laghman and Kunar provinces since June 2020.
- **Bhutan:** Online monthly consultations with EmONc focal points from 51 hospitals to monitor quality of maternal health care services.
- **Bangladesh**: 197,452 women of reproductive age have been provided with SRH services in Cox's Bazar and areas affected by cyclones and floods in 2020.
- **China:** UNFPA continues to provide technical assistance to various UNFPA Country Offices on the procurement of PPEs for health workers.

² Afghanistan, Bangladesh, Bhutan, Cambodia, DPRK, India, Indonesia, Iran, Lao PDR, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Timor-Leste and Viet Nam

¹ Fiji, Kiribati, Federated States of Micronesia, Palau, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu

UNFPA Mongolia has provided 2,590 Dignity Kits to women and girls who are in mandatory quarantine for COVID-19 prevention and screening.

Continuity of SRH interventions, including protection of health workforce continued.

Country examples continued:

- DPRK: Prepositioned stocks of Oxytocin and Reproductive Health Kits are expected to last until the end of the year supporting over 360,000 pregnant women.
- India: UNFPA continues to undertake health facility visits and have to date visited a total of 57 facilities to monitor the availability and quality of family planning services at the facility and community level in 11 aspirational districts of Odisha and Rajasthan.
- Indonesia: Establishment of a content management platform for 26 digital sexuality education content producers. UNFPA has provided capacity building to content creators to support them in conducting online health campaigns.
- Iran: UNFPA Iran is working with the State Welfare Organization to meet the needs of and ensure the rights and dignity of older persons.
- Mongolia: A first round of monitoring of the sexually transmitted infections surveillance system, including screening of sexually transmitted infections, gynecological conditions and reproductive health, was conducted.
- Nepal: 15,326 women and men have been provided with SRH information, counselling and referral services through helpline services supported by UNFPA.
- Pakistan: UNFPA continues to support health staff through provision of PPE. Close to 50,000 PPEs and hygiene kits have been distributed nationwide. Additional procurement of 200,000 masks is underway.
- Papua new Guinea: Capacity building of 15 frontline workers on infection prevention and control and provision of sexual and reproductive health services in the East New Britain Province.
- Philippines: Reached 2,500 pregnant women with cash and voucher assistance in disaster-, conflict- and COVID-19-affected areas and initiated cash disbursement to 50 traditional birth attendants. Cash for health reduces unsafe delivery practices, increases women's access to life-saving maternal health interventions and serves as a critical social safety net for poor pregnant women.
- Sri Lanka: 10,000 women reached with family planning services and other essential SRH services through collaboration with the Ministry of Health.
- Viet Nam: A smartphone application was developed for piloting telehealth interventions for provision of SRH and family planning services targeting ethnic minorities and migrant workers in six communes of two districts.
- Pacific Sub-Regional Office: A three-day virtual Minimum Initial Service Package (MISP) for SRH in emergencies training was conducted in the Republic of the Marshall Islands. The trainees were selected frontline health care providers and key partners representing the Republic of the Marshall Islands.



preparedness and response. With accurate and easy-to-use baseline data and information, decision makers can respond to disasters and the needs of all impacted populations. © UNFPA Indonesia



In Lao PDR, COVID-19 has impacted women's and girls' access to SRH services. Particularly, women and girls from rural areas have limited means to reach cities for services, and women and girls from ethnic groups are challenged with language barriers for counselling and information.

UNFPA supports the Government of Lao PDR with a range of interventions to overcome service disruptions caused by COVID-19. This includes capacity building of health service providers; provision of telehealth services; expanding the availability of psychosocial support hotlines; and making services available to young people through social media.

Through the unique Noi Yahoo App, comprehensive sexuality education is provided to young people. To ensure that young people without access to social media are reached with information on SRH and GBV, informational videos are also broadcasted through TV.

Between February to July 2020, 270 midwives and health providers were trained on reproductive, maternal, newborn, child and adolescent health services. At least 139,960 pregnant women have received antenatal care services, 71,815 women have been visited for postnatal care services and 542,420 people have received family planning services.

Over 26,800 women and girls have accessed information on SRH/GBV or were provided with psychosocial support from hotlines, staffed with 50 trained counsellors from the Lao Women's Union, the Lao Youth Union and the Vientiane Youth Centers.

The continuity of SRH services and provision of psychosocial support for women and girls upholds their dignity and wellbeing and contributes to their empowerment. When available, these services help women and girls make informed choices about their reproductive health, ensure safe births for pregnant mothers, and help girls stay in school.

LAO PDR

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.³
- Investing in capacity building of GBV response service providers, including health practitioners, to provide timely, quality and confidential services to survivors of GBV.⁴ 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.⁵
- Leading or co-leading inter-agency coordination mechanisms for GBV risk mitigation and response in emergencies.⁶

Country examples:

- **Afghanistan**: 3,500 men and women have received mental health and psychosocial support services in Kabul, Herat and Kandahar provinces.
- **Bhutan**: Conducting mapping of high risk areas of violence to be able to provide shelter management training for monasteries where survivors of violence can be housed. Trainings on counseling and referral mechanisms will be conducted for nuns in the monasteries and a collaboration with the National Taxi Association of Bhutan and Red Cross volunteers have been established for safe transportation of referral cases.
- **Bangladesh**: 156,836 people reached with GBV prevention, risk mitigation and response services in 2020 in Cox's Bazar and other areas affected by floods and cyclones.
- India: 7,878 people trained on various aspects of GBV, including clinical management of rape, and 38,500 nursing school faculty and students trained on addressing GBV, in collaboration with the Indian Nursing Council.
- **Malaysia:** Continued capacity building of GBV service providers including government and NGOs to enable more efficient response to GBV during the pandemic.
- **Maldives**: Providing psychological first aid training to the Ministry of Gender, Family and Social Services.
- **Myanmar:** Adaptation of service provision through existing Women and Girls Centers, Youth Centers and Safe spaces, including support to scale up remote service provision and hotlines as well as regular updates of GBV referral pathways at the state level and of GBV referral guidance at the national level.
- **Nepal**: Continued provision of psychosocial support through 12 dedicated Psychosocial Counsellors providing onsite and remote services at One Stop Crisis Management Centres, isolation centres and quarantine centers.
- **Papua New Guinea:** Promoting psychosocial services provided by a NGO partner through the existing hotline, which is being extended to refugee populations in the Western Province. A psychological first aid training is planned for church partners who support refugees who speak a different language from existing hotline operators.
- **Timor-Leste**: Training of quarantine facility surveillance staff from the Ministry of Health on GBV awareness and referral systems.
- **Pacific Sub-Regional Office:** PSRO, in partnership with Fiji National University and St. Vincent's Mental Health, has established a telehealth platform Veilomani (love in action) to address GBV and mental health needs. The first phase focuses on upskilling for health workers through a foundational GBV course attended by doctors, nurses, psychiatrists, family health practitioners, mental health specialists and community counsellors.

⁶ Arghanistan, 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 ⁶ Arghanistan, 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 results of the sub-sector of the sub-sector is the sub-s

SAVING LIVES USING THE SAFE DELIVERY APP

ERGENCY

COVID-19 restrictions and lockdowns have caused reductions in attendance for antenatal care and deliveries with skilled birth attendants in health facilities, increasing the risk for maternal and newborn mortality and morbidity. Maternity services are not always available, and continuity and quality of these life-saving interventions are being severely impacted.

To mitigate these risks, UNFPA Papua New Guinea, through a DFAT- supported regional initiative across the Asia Pacific, embarked on a roll-out of the Safe Delivery App and conducted a training of 18 midwives and health workers in the Western Province in collaboration with the Maternity Foundation and the UNFPA Asia Pacific Regional Office. The training was conducted virtually through Zoom with in-person support and facilitation from UNFPA Papua New Guinea country office staff.

The Safe Delivery App is a smartphone application that provides skilled birth attendants with direct and instant access to evidence-based and up-to-date clinical guidelines on COVID-19 in pregnancy, infection prevention and control, and basic emergency obstetric and neonatal care.

Less than 24 hours after completing the training, Polycard Iwik, a Resident Medical Officer from the Rumginae Rural Hospital, went back to his workplace and received a woman who presented with an incomplete miscarriage and had developed sepsis. Polycard immediately referred to what had been covered in the training and cared for the woman step by step using the guidance on the Safe Delivery App - saving the woman's life!

PAPUA NEW GUINEA

Impact assessment on the health and socioeconomic impact of COVID-19

Afghanistan, Bhutan, Bangladesh, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste, Viet Nam and PSRO are currently engaged in, or have completed, inter-agency assessments of the socio-economic impact of COVID-19. In many other countries, UNFPA is developing more thematic-specific assessments.

APRO has supported UNFPA country offices modelling the prospective potential impacts of COVID-19 on maternal health and family planning indicators across 21 countries in the region.

Risk communication and community engagement

UNFPA country offices are undertaking SRH and GBV risk communications and community engagement activities adapted to the local context and language. This includes sharing key messages and health education materials, GBV and MHPSS information for women of reproductive age, pregnant women, youth, elderly, people with disabilities, LGBTQI communities, female health workers and internally displaced populations; and supporting toll-free hotlines where people can access accurate information.

Country examples:

- **Bangladesh:** To highlight the pivotal role that young people play in preventing and responding to COVID-19, a talk show was organised in collaboration with Gaan Bangla (music channel) on adolescent and youth mental health. The facebook live talk show was viewed by over 65,000 facebook users across the country.
- **Cambodia:** Social media interventions on SRHR and GBV complement ongoing media campaigns led by the Government.
- Indonesia: Online health campaigns leveraging 26 young influencers specialised in creative digital content production.
- Lao PDR: Conducted awareness campaigns in nine schools covering 1,200 students and 100 teachers raising awareness of COVID-19 and promoting youth action for resilient recovery.
- **Maldives**: Awareness on SRH and GBV integrated in risk communication and community engagement activities.
- **Mongolia**: GBV prevention and awareness raising using online and televised modules on comprehensive sexuality education, including GBV and stress management and a national campaign against domestic violence.
- **Myanmar**: Engagement of young people for COVID-19 response. UNFPA is working with the Ministry of Health and Sports to incorporate COVID-19 prevention and response information on SRHR, GBV and psychosocial support into mobile applications 'Love Question Life Answer' and 'Baykin' targeting adolescents and youth.
- **Pakistan**: Support is being provided to the National Disaster Management Authority for a social media campaign on psychosocial support with a special focus on GBV during COVID-19. Four episodes from 6 animations addressing psychosocial support and GBV issues are disseminated on social media.
- **Philippines**: Radio spots estimatedly reached 11,451 adolescent girls, 10,337 adolescent boys and 25,579 women of reproductive age with information on SRH and GBV. UNFPA furthermore reached 55,386 youth through a community-based mobile SRH, GBV and mental health and psychosocial support information drive.
- **Thailand**: Continued support to the Department of Health and the Royal Thai Obstetricians and Gynaecologists Association to disseminate information and raise awareness targeting pregnant women.
- Viet Nam: Supporting ministries responsible for GBV prevention and response to implement a series of talkshows on domestic violence during COVID-19 to raise awareness on the increased risk of violence against women at home during lockdown and physical distancing periods.
- **Pacific Sub-Regional Office**: Continues to liaise with various Risk Communications and Community Engagement Teams and support with contextualised IEC materials targeting women of reproductive age, female headed households, pregnant women, survivors of GBV and older persons.

Media & Communications

UNFPA raises awareness, shares guidance and showcases achievements through media outreach.

Asia Pacific Regional Office:

- As humanitarian crises escalate, so does child marriage. It's time we reversed this trend (link)
- Mental health, gender equality and human rights: An essential convergence (link)

Bangladesh:

• Including the excluded amidst COVID-19 (link)

Bhutan:

• Pandemic and rising tide of violence increase demand for mental health, psychosocial care (link)

Cambodia:

- UNFPA Cambodia in collaboration with the Reproductive Health Association of Cambodia embarks on a project targeting migrants in Battambang, Siem Reap and Banteay Meanchey provinces (link, link)
- "Women during COVID-19" Social media campaign (link)

India:

• Fielding distress calls from the youth (link)

Indonesia:

- Addressing older persons vulnerability during the COVID-19 pandemic (link)
- Indonesia continues commitment to universal access to family planning services (link)
- A conversation with Dr. Suhariyanto, Indonesia's Chief Statistician (link)
- BPS introduces innovative approach to population census (link)
- UNFPA Indonesia CO Situational Report July-August 2020 (link)
- Safe abortion crucial for women's reproductive health (link)
- Will we ever end violence against women? (link)
- Social media Q&A on COVID-19 and youth (link, link, link link)
- Dignity Kits distribution in Luwu (link)

Mongolia:

- Rio Tinto and Oyu Tolgoi granted 602,000 USD to UNFPA for strengthening COVID-19 preparedness in Mongolia (<u>link</u>, <u>link</u>, <u>link</u>)
- Dignity kits handed over to One Stop Service Centers (link)

Papua New Guinea:

- The Safe Delivery App used to manage a septic miscarriage case (link)
- Latest PPE handover to fight fear of COVID-19 among family health service workers (link)
- Health workers trained on non-scalpel vasectomy (link)
- Event: 'Peaceful Home, Peaceful Community' a panel discussed the causes of violence and issues of emotional intelligence, harmony and mental wellbeing (<u>link</u>)

Philippines:

- Intensified call to address GBV and availability of mental health and psychosocial support (link)
- Campaign on the availability of mental health and psychosocial support for GBV survivors (link)
- Information campaign on young people's sexual health (link)

Sri Lanka:

• Media interviews on GBV during COVID-19 (link, link, link)

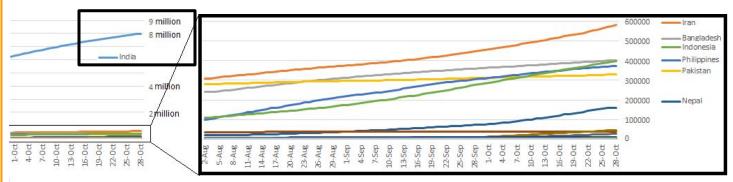
Thailand:

• Launch of survey results of COVID-19 impact on vulnerable youth and panel discussion at the Foreign Correspondents' Club of Thailand (<u>link</u>, <u>link</u>, <u>link</u>, <u>link</u>, <u>link</u>, <u>link</u>)

Confirmed Cases

Number of cumulative cases

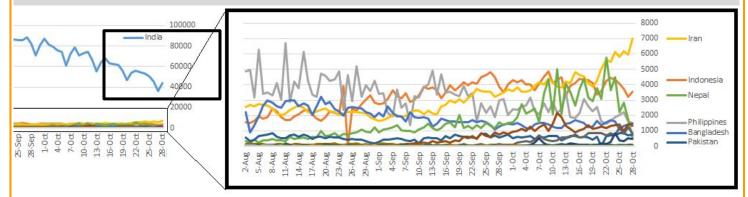
Top 7 countries with highest COVID-19 cumulative caseload in Oct 2020. Duration: Jul - Oct 2020 (WHO, https://covid19.who.int/)



- India has the most cumulative cases in the Asia Pacific region, reaching more than <u>8 million</u> cases alone.
- Iran, Bangladesh, Indonesia and Philippines each has over 350K cases, followed by Pakistan and Nepal.

Number of new cases per day

Top 7 countries with highest COVID-19 daily caseload in Sep 2020. Duration: Aug - Oct 2020 (WHO, https://covid19.who.int/)

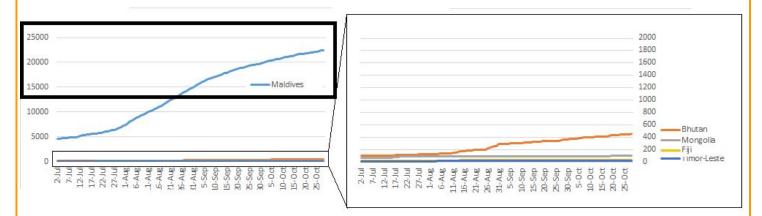


(1) India continues to experience 40K -85K new cases per day despite a down-going trend.

(2) **Iran, Indonesia** and **Nepal** are still seeing sustained numbers of new cases, with 2,000 - 7,000 new cases per day in October, 2020.

Number of cumulative cases per million population

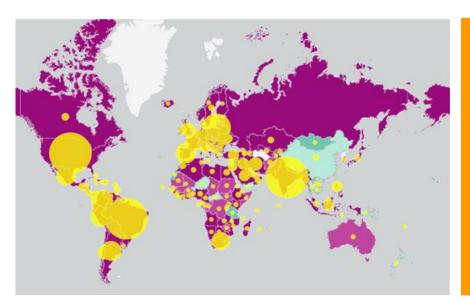
In Asia Pacific countries with small population size (< 5 million), Jul - Oct 2020 (WHO, https://covid19.who.int/)



Among Asia Pacific countries with small population size (< 5 million), **Maldives** has the highest number of cumulative cases per million population (**24,429 cases/ million population**) as of 30 Oct, 2020 (compared to 19,695 cases/million population on 30 Sep, 2020).

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 4 November 2020

Country	Confirmed Cases	Deaths
Afghanistan	41,728	1,544
Bangladesh	412,647	5,983
Bhutan	358	0
Cambodia	292	0
China	92,045	4,746
Democratic People's Republic of Korea	0	0
India	8,313,876	123,611
Indonesia	418,375	14,146
Iran	637,712	36,160
Lao People's Democratic Republic	24	0
Malaysia	34,393	263
Maldives	11,796	38
Mongolia	350	0
Myanmar	55,804	1,307
Nepal	179,614	1,004
Fiji	34	2
Pakistan	336,260	6,849
Papua New Guinea	597	7
Philippines	387,161	7,318
Sri Lanka	11,744	23
Thailand	3,804	59
Timor-Leste	30	0
Viet Nam	1,203	35
TOTAL	10,939,847	203,095



See UNFPA's COVID-19 Population Vulnerability Dashboard for real-time updates