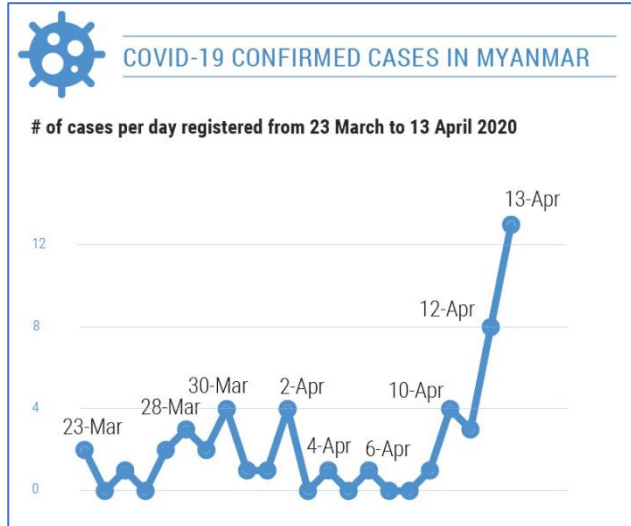


This report is produced by OCHA Myanmar in collaboration with Inter-Cluster Coordination Group and wider humanitarian partners. The next report will be issued on or around 17 April 2020.

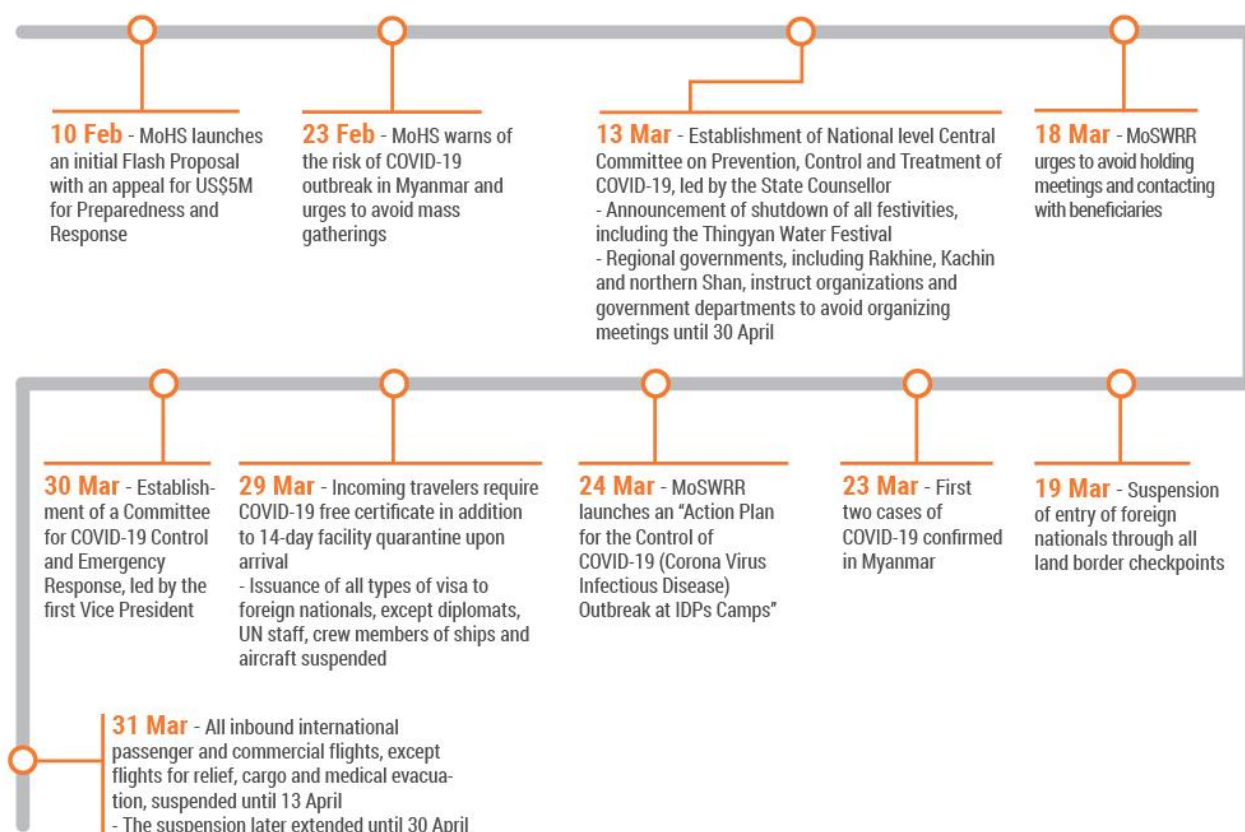
SITUATION OVERVIEW

- As of 13 April 2020, WHO reported 1,699,595 confirmed cases globally and 106,138 deaths across 212 countries/areas or territories. The highest number of cases are reported in Europe (880,106), followed by the Americas (573,940) and Western Pacific (120,365).
- All five countries bordering Myanmar, including China, have reported COVID-19 cases, with 83,485 cases in China, 8,356 cases in India, 2,551 cases in Thailand, 621 cases in Bangladesh, and 18 cases in Laos.
- In Myanmar, 52 cases of COVID-19 have been confirmed (including local transmission) with four deaths. As of 13 April, close to 75,000 people have been quarantined in facilities.
- There has been no case of COVID-19 in camps for internally displaced persons or in communities otherwise affected by conflicts.



NATIONAL PREVENTION AND RESPONSE MEASURES

Since early February 2020, the Government of Myanmar has taken an increasing number of measures to prevent and prepare for a possible outbreak of COVID-19 in the country. These include, among others: scaling up testing, the establishment of coordination platforms to facilitate countrywide preparedness and response planning, and restrictions on international travel and border crossings.



The Ministry of Social Welfare, Relief and Resettlement (MoSWRR) released an “Action Plan for the Control of COVID-19 (Corona Virus Infectious Disease) Outbreak in IDPs Camps” on 5 April, targeting 184,333 IDPs hosted in 128 camps in 24 townships of Kachin, Kayin, Shan and Rakhine states, with the stated objectives of:

- Increasing awareness and knowledge about COVID-19 and encourage good hygiene practices among IDPs staying at camps;
- Making preparations and arrangements in advance for prevention and control of COVID-19 outbreak in camps; and
- Achieving effective coordination of preparations for and response to COVID-19 among stakeholders.

The plan includes a wide range of activities, including awareness-raising among IDPs about how to protect themselves from COVID-19 and how to recognize symptoms, the provision of masks and WASH supplies, and medical surveillance.

NATIONAL TESTING CAPACITY

As of 13 April, 1,156 people had been tested, with a cumulative number of 2,134 tests done across the country. Ultimately, however, the capacity of in-country testing remains limited. Up until mid-February, Myanmar sent samples of suspected COVID-19 cases to Thailand for testing. Since 20 February, the National Health Laboratory (NHL) in Yangon has been equipped with COVID-19 test kits and is the only facility in the country capable of testing for COVID-19, receiving samples from hospitals across the country. As of 5 April, there is an estimated in-country diagnosis capacity of more than 15,000 test kits available at the NHL and current capacity allows for the use of 300 to 500 tests per day. The NHL is expecting an additional testing machine by mid-April 2020, which would increase capacity to run up to 1,000 tests daily, while a new laboratory is being established in Mandalay. The government is procuring 54,000 testing kits, while the United Nations will be delivering 50,000 kits.

RETURN OF MIGRANTS

Returns from Thailand: On 20 March, the government of Thailand announced that it would close its borders and on 26 March, declared a state of emergency. Tens of thousands of Myanmar nationals have returned to Myanmar through regular and irregular border crossings since then. According to the International Organization for Migration (IOM), over 41,500 migrants returned between 22 March and 7 April, mainly from Thailand and through the Mae Sot to Myawaddy border crossing, with the highest numbers of people returning to Bago Region, and Mon, Shan and Kayin states. The real number of returns is reportedly considerably higher, if returns from other countries and through unofficial border crossings are included. Border crossings remain closed except for Three Pagodas, through which 100-200 migrants are returning daily. The Government of Myanmar has asked Myanmar migrants still in Thailand to wait until 15 April to return.

Returns from other countries: Myanmar nationals are also returning by land from China and Bangladesh into Kachin, Shan, and Rakhine states despite restrictions on regular border crossings. In Rakhine, more than 50 Myanmar refugees who had reportedly returned from neighboring Bangladesh by early April have been quarantined in Maungdaw Township.

Quarantine facilities: Returning migrants have been required to quarantine for 14 days upon arrival, a period that has just been extended to 21 days in sites followed by seven days at home. While initial government plans were that migrants would be quarantined in community-based facilities (e.g. schools, monasteries), the majority have been home-quarantining due to insufficient capacity in sites. A total of seven quarantine facilities have been set-up at the border in Myawaddy to quarantine migrants arriving mainly from Thailand. As of 6 April, more than 5,000 quarantine facilities have been established across the country, with about 460 facilities hosting over 7,000 people in Shan, 214 in Kachin hosting close to 5,000 people, 35 in Kayin hosting around 3,000 people and 17 in Rakhine hosting over 330 people. In Magway, Sagaing and Bago, most people are quarantined in facilities, with over 12,500 people in 73 facilities in Magway, over 11,800 people in 1,293 facilities in Sagaing and close to 9,000 people in 1,040 facilities in Bago. Mandalay Region has the third largest number of quarantine facilities, with 933, after Sagaing and Bago.

Returning migrants face a range of immediate health-related and humanitarian needs and challenges, particularly during the initial period of quarantine. Following this period and as the crisis continues, the socioeconomic impacts

on migrants and their families are expected to become increasingly severe due to loss of livelihoods and income, including remittances.

HUMANITARIAN RESPONSE

COORDINATION

The United Nations and Humanitarian Country Team (HCT) have scaled up efforts to coordinate the response in support of the government of Myanmar to strengthen preparedness and response to COVID-19, while continuing to maintain life-saving operations including in displacement camps and camp-like settings. The United Nations Country team (UNCT) and the HCT, supported by smaller core groups of key actors, coordinate throughout the week.

- **Close support to Ministry of Health and Sports (MoHS):** WHO has been providing technical, information management, coordination, financial, and overall strategic support to the MoHS across the major areas of public health preparedness and response to COVID-19. This includes country level coordination, planning, and monitoring, risk communication and community engagement, surveillance, case management, and operations support and logistics.
- **Risk communication:** At the national level, a Risk Communication and Community Engagement (RCCE) group has been established to coordinate COVID-19 RCCE activities conducted by the MoHS and partners. At the State level, the Joint Strategy Team (JST) in Kachin and Shan is bringing together civil society organizations and national actors conducting RCCE and prevention efforts in IDP camps, while the Communications with Communities (CWC) working group in Rakhine is bringing together the UN, INGOs, and national and local organizations to coordinate RCCE in communities and among IDPs in camps.
- **State-level engagement:** Inter-agency COVID-19 Task Teams consisting of key cluster/sector coordinators and partners have been established in Rakhine, Kachin and northern Shan to support coordination among the local partners and government authorities. Their initial focus has been on risk communication targeting IDPs and populations affected by conflict, as well as preparedness and emergency response planning.
- **Returning Migrants Coordination:** IOM is supporting the government to coordinate the response required for the returning migrants. Priorities include the mapping of the existing and planned response and a rapid assessment of the needs, vulnerabilities and plans of the returnees. State/regional-level focal points are being identified among UN agencies to lead local level coordination in support of local governments.
- **Maintaining safe education opportunities:** Education in Emergencies (EiE) Sector partners are adapting their activities to support prevention and control of COVID-19 and continuing coordination with the Ministry of Education to ensure continued learning for children during school closure in conflict-affected areas.

The HCT and the Inter-Cluster Coordination Group (ICCG) are developing a three months COVID-19 Addendum to the existing 2020 Myanmar Humanitarian Response Plan (HRP) to reflect changes in programming and new health and non-health activities made to prepare and respond to a potential outbreak of COVID-19 in conflict-affected communities and IDP sites, and provide emergency assistance to returning migrants across the country. The Addendum includes Logistics/Common Services activities, such as air transport for cargo and personnel, which were not part of the 2020 HRP. The COVID-19 HRP Addendum is complementary to a UN Country-based Preparedness and Response Plan (CPRP) currently being finalized, which focuses on UN support to the MoHS COVID-19 contingency plan.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Since March, the humanitarian community has prioritized and scaled up efforts to engage with communities and IDPs to raise awareness about ways to prevent the spread of COVID-19, while continuing to deliver vital assistance and protection services to people in need in different states. The COVID-19 Task Teams at the State level continue to coordinate RCCE activities on the ground with local partners, including the civil society organizations, with a focus on IDP camps and camp-like sites and communities affected by conflict. Partners have reached out to almost all IDP camps, displacement sites and several villages with key messages on COVID-19 using verbal messages, audio and video clips and printed posters. In addition, a number of humanitarian organizations, including local NGOs, have

commenced house-to-house hygiene promotion activities, including using loudspeakers, radio and the internet. The UN agencies, international and local NGOs, civil society organizations (CSOs) and the Red Cross Movement, are using variety of channels, including social media, to relay messages about risks and promote preventive measures in local languages.

- UNFPA is working with MoHS to incorporate COVID-19 prevention and response information on sexual and reproductive health and rights, gender-based violence and psychosocial support into the mobile applications “Love Question Life Answer (LQLA)” and “Baykin” which specifically target adolescents and youth.
- Two CSOs in Rakhine State have conducted awareness-raising campaigns in 18 IDP sites and eight townships, complementing Department of Disaster Management awareness sessions at IDP camps in Sittwe Township. Similarly, the Lutheran World Federation has conducted COVID-19 awareness programs in Rohingya IDP camps.
- UNHCR has facilitated capacity-building sessions on RCCE for a number of CSOs and partners in Rakhine State. CSOs have conducted COVID-19 awareness raising campaigns in villages and camps including in protracted displacement sites.
- UNHCR has distributed over 1,000 printed Information, Education and Communication (IEC) material to camp management authorities, site focal points, NGOs and CSOs and briefed them on key considerations in risk communication and community engagement.
- IOM, together with CSOs in Shan, Chin and Mon states and Magway and Mandalay regions, with support from LIFT, and in coordination with state and local authorities, is supporting the distribution of hygiene kits/items and RCCE IEC materials to reduce stigma, and has reached an estimated 12,500 beneficiaries so far, primarily migrants returning from Thailand and China.
- In Kachin and Shan states, the Joint Strategy Team (JST) and CSOs have reached thousands of IDPs in camps with vital risk communication and community engagement materials, while the Myanmar Red Cross Society (MRCS) has reached close to 300,000 people across the country with public awareness sessions using a Community Engagement and Accountability (CEA) approach in over 100 townships.
- WFP is disseminating COVID-19 awareness materials during food distributions and conducted a COVID-19 awareness simulation exercise in Sittwe for its staff.

The Government’s risk communication and public awareness campaign is primarily conducted through the State Counsellor’s and MoHS Facebook accounts, as well as direct engagement with communities. The Government is prioritizing risk communication with a focus on migrants returning to Myanmar, as well as among wider public in cities and townships across the country. The MoSWRR and State governments are also engaging with local populations and IDPs to communicate the risks and promote preventive measures in other different languages.

PREVENTION AND RESPONSE

• Rakhine:

- UNICEF has provided hygiene items, soap and sanitary pads to over 730 households in Minbya Township of Rakhine State. Eighteen semi-permanent latrines have been constructed, while various partners held community hygiene awareness sessions, including sanitation activities emphasizing the importance of washing hands with soap.
- The Green Network, a civil society organization, has constructed 38 handwashing facilities and refilled soap gel in 18 new displacement sites and 20 markets in downtown Sittwe.
- UNFPA has distributed 563 dignity kits with basic hygiene supplies to women and girls in Buthidaung Township. Additionally, 154 dignity kits were provided to IDPs from Mrauk U, Kyauwk Taw and Paletwa who are currently residing in two townships in Yangon.
- The Red Cross Movement continues to provide support to health facilities, including the installation of handwashing facilities, water supply, and support and liaison with Township Medical Offices.
- WHO is supporting MoHS in conducting mobile clinic activities to provide essential health-care services to conflict-affected populations in Rakhine.

- **Kachin and Shan**

- The JST Team has provided IEC materials, soap and hand-washing stations to thousands of IDPs in camps in Kachin and Shan states.
- UNFPA has distributed 200 dignity kits with basic hygiene supplies to women at the quarantine facility in Muse, northern Shan.
- The State Health Department (SHD) in Kachin plans to deploy mobile clinics if current facilities are found insufficient to accommodate needs. The SHD also received a mobile office from WFP to respond to the COVID-19 pandemic.
- UNHCR is working with partners to provide material and structural support to equip the quarantine facilities in Kachin. Similar measures are being initiated in northern Shan.
- UNHCR also provided 350 sets of IEC materials and 275 blankets for three quarantine facilities in Myitkyina, Kachin. UNHCR also supported the General Administration Department with a delivery of 100 sets of mosquito nets, blankets and sleeping mats for quarantine facilities. Procurement of 18 units of heavy-duty washing machines is underway for 17 quarantine facilities to allow for proper disinfection of clothes and linen. At the request of the GAD in Sadung town, Waingmaw Township, UNHCR also provided a tent to be used by the health practitioners/volunteers assigned to do the screening at the entrance of quarantine area.

- **Across the country**

- The Livelihoods and Food Security Fund (LIFT) is supporting Karuna Mission Social Solidarity (KMSS), Metta, Land Core Group (LCG), Network Activities Group (NAG), and Gender Equality Network (GEN), in their work to provide access to information on prevention and response to COVID-19, mobilization of local resources and support to civil society organizations, and building relationships with frontline leaders and service providers, which is expected to reach more than 1.5 million people.
- At the request of Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement, UNFPA conducted online training for 90 DSW case managers on basic psychosocial support for gender-based violence survivors and sessions on mental health and psychosocial-related topics. Upon completion, DSW announced the launch of free helpline numbers to provide psychosocial support services for people at the community quarantine centers.
- UNHCR and the Protection Working Group are working on securing the continuation of essential protection services as well as continuing a protection service mapping exercise with the Child Protection Working Group (CPWG) and the Gender-Based Violence Working Group (GBVWG).
- Humanitarian partners are adjusting their delivery modalities to mitigate the risk of introduction or transmission of the virus in vulnerable communities by, for example, combining relief missions and applying a multi-sectoral or multi-partner approach to aid delivery. A guidance note for Child Protection actors has been developed by the CPWG, which is also providing capacity support to partners on mental health, psychosocial support (MHPSS) and case management. The Working Group to date has developed and provided to its members an orientation on the Child Protection in Emergency Strategy for COVID-19 safe activities.
- The WASH Cluster is supporting safe water supply and decent waste management, in addition to the distribution of hygiene kits, in IDP camps. Procurement and distribution are also underway to provide PPE, infrared thermometers and other necessary equipment to relevant health departments and partners.

RESOURCE MOBILIZATION

COVID-19 Addendum to 2020 Myanmar HRP: An addendum to the 2020 HRP is being finalized for an initial period of three months and a target of over 940,000 people, with an initial caseload of 50,000 returning migrants. The COVID-19 Addendum will be reflected in the revised Global HRP scheduled to be ready on 1 May. Financial requirements will reflect activities covered under the existing 2020 HRP for Myanmar as well as additional activities.

CERF and Country-Based Pooled Funds: The Central Emergency Response Fund (CERF) has allocated US\$75 million to the COVID-19 response globally, including a \$20 million allocation (9 April) to WFP for global logistics and medical evacuation services. A total of US\$1.25 million of CERF funding has been received by WHO and UNICEF in Myanmar. The Myanmar Humanitarian Fund (MHF) is currently preparing a US\$2 million allocation (with a contribution of \$1 million by the Access to Health Fund) to scale-up RCCE, prevention and response activities across IDP camps. Close to US\$200,000 has already been reprogrammed for COVID-19 activities by the MHF.

Myanmar 2020 HRP: According to information recorded through OCHA's Financial Tracking Service, nearly US\$20 million has been received or committed to the 2020 HRP, amounting to nine per cent of total requirements. Other humanitarian funding received (outside of the HRP) totals nearly US\$33 million, of which \$12 million contributed to ICRC.

RESOURCES

- [WHO global webpage on COVID-19](#)
- [WHO Regional webpage on COVID-19](#)
- [Global dashboard](#)
- [Ministry of Health and Sports Dashboard](#)
- [Latest SitReps](#)
- [HDX: COVID-19 Global Cases by John Hopkins CSSE](#)
- [MIMU: Information and Guidance from MoHS and WHO](#)
- [RCRC: COVID-19 Weekly Updates, Myanmar](#)

For further information, please contact:

Marie Spaak, Head of Office, spaak@un.org, Tel: +95 1 230 56 82-84

Shelley Cheatham, Deputy Head of Office, cheatham@un.org, Tel: +95 1 2305682, 2305683, 2305684, Ext.108

Valijon Ranoev, Public Information and Advocacy Officer, ranoev@un.org, Cell +95 97 97 00 7815

For more information, please visit www.unocha.org | <https://reliefweb.int/country/mmr> | <https://www.facebook.com/OCHAMyanmar/>