

Asia and the Pacific

8 October 2021

 **9.8** million

Persons of concern

 **4.2** million

Refugees and Asylum seekers

 **3.5** million

Internally displaced persons

 **158,000**  **2.3** million

Returnees

Stateless persons

HIGHLIGHTS

- In Bangladesh, during the month of September, countering the increasing trend in previous months, a significant decrease was observed in the COVID-19 positivity and death rate in both the refugee camps and the host community in Cox's Bazar district.
- In Myanmar, despite declining positivity rates (7% as of 28 September), the COVID-19 situation remains a significant concern across the country. On 28 September, 1,630 new cases were reported, bringing the total number of recorded COVID-19 cases in the country to over 461,000 – an increase of 16 per cent in the number of cases compared to the previous month.

UPDATE ON VACCINATIONS

- On 13 September, the Islamic Republic of Iran set a new record in the number of daily vaccinations, with more than 1,590,200 individuals receiving the vaccine across the country over a period of 24 hours. As a result, over 230,000 refugees and undocumented Afghans have been vaccinated, in line with the inclusive approach of the Government that was announced in August. UNHCR continues to advocate for vaccine donations to Iran so that refugees and undocumented Afghans – who are amongst the most vulnerable in Iran – are not left behind.
- On 28 September, the Humanitarian Buffer application for the Islamic Republic of Iran was approved by the Inter-Agency Standing Committee, which will see 1.6 million doses being shipped to Iran free of charge in October 2021.
- In Bangladesh, following the first round of COVID-19 vaccinations in August, refugees aged 55 years and above received their second dose in September. Of the 36,943 refugees who received their first dose, 33,386 refugees have now received both doses.
- On 27 September, the Ministry of Health in Indonesia issued detailed instructions on COVID-19 vaccinations for refugees through a decree that allows refugees with UNHCR-issued identity documents to access the private sector vaccination scheme as well as the national COVID-19 vaccination scheme, provided that at least 70 per cent of the population in the area that refugees reside have received a first vaccination dose.
- The Hong Kong SAR Government completed the roll-out of free COVID-19 vaccinations for all Unified Screening Mechanism claimants and refugees who had requested a vaccination. Vaccinated persons received a vaccination certificate in keeping with those issued to other Hong Kong residents.

KEY ISSUES

- On 22 September, the WHO Director-General warned that Afghanistan's health system is on the brink of collapse. Women are hesitant to seek care as less female health workers are reporting to work and fewer health facilities are operational. The WHO chief also noted that nine of 37 COVID-19 hospitals have already closed, and that "all aspects" of the country's COVID-19 response have dropped off, from surveillance to testing and vaccination.

- Community-based protection monitoring activities in Afghanistan have also been impacted by recent events in the country, leading to temporary suspension of these activities in some locations. Female staff have therefore been working from home and conducting community-based protection monitoring by phone, which limits the effectiveness of these activities, as only a limited number of female beneficiaries have access to a phone.
- The political situation in Myanmar has impacted heavily on the national COVID-19 response - diminishing testing capacity, quarantine capacities, and essential health services, compounded by the overall health system in the country reaching a point of near complete collapse. This is of particular concern now given the rapid increase in COVID-19 cases reported across Myanmar and reports of variants. Measures to prevent the spread of COVID-19 such as stay-at-home orders, restrictions of movements, closure of marketplaces coupled with the current increase of prices continue to cause significant losses in livelihoods and hamper access to basic services to affected populations across the country.
- In the Philippines, several of UNHCR's persons of concern have expressed concern over their limited financial ability to afford food, medicine and rent. Some have reported homelessness amid the pandemic due to the limited availability of temporary shelters and reduced capacity to pay for rent due to loss of income. Others have raised concerns regarding access to COVID-19 vaccines as well as concerns regarding identity documents required to access the vaccination programmes of local governments.

UNHCR'S RESPONSE

- UNHCR resumed cash-based interventions in September, after the temporary closure of the financial system and banks in the country in August. In Afghanistan, UNHCR provided Cash for Protection (one-time multi-purpose cash assistance to meet basic needs) to 52,346 persons/7,478 households including 11,095 persons/1,585 households in September.
- UNHCR continued providing livelihood opportunities in Afghanistan to around 2,300 persons who have continued with technical and vocational trainings as well as trainings on entrepreneurship. Access to livelihood opportunities is one of the key challenges in Afghanistan, with many households depending on daily wage labour, particularly in the agriculture and construction sectors, to meet their basic needs.
- In Bangladesh, UNHCR continues to support two Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITC) and one Intensive Care Unit (ICU) providing services to both refugees and Bangladeshis. Overall, SARI-ITCs in the camps operated with an average occupancy rate of 37 per cent, down from 57 per cent in August. Patients continue to receive mental health support through psychologists, and their families through psychosocial volunteers.
- Preventative sanitation work and hygiene promotion continues in Bangladesh. In September, over 8,000 hands-free handwashing devices were installed at household level. Over 102,000 Water, Sanitation and Hygiene facilities and public spaces were disinfected. Refugee Hygiene Promotion Volunteers reached some 229,000 refugees with COVID-19 messages, ranging from hygiene practices to mask wearing.
- In Indonesia, on 8-10 September, UNHCR, in collaboration with IOM and UNICEF and the RC's Office, organized a COVID-19 vaccination exercise for refugees at the age 60 and above, and some refugees with comorbidities living in Jakarta and surrounding areas. This vaccination activity which reached nearly 300 refugees, is part of UN Indonesia country team's continuous effort to leave no one behind in the fight against the pandemic. In addition, UNHCR in Indonesia supported good practice on COVID-19 vaccination initiatives by local governments throughout the month of September.

- In Malaysia, to support refugees who have contracted COVID-19, UNHCR prepared pulse oximeters and medicine packs to be distributed to those who need home isolation, as part of a home monitoring programme involving NGO partners and community-based organizations, in line with guidance from the Ministry of Health.
- UNHCR in Malaysia has also intensified efforts in mobilising refugee communities for vaccination with a hotline for refugees to make appointments, aiming to target those who had challenges registering for vaccination or who missed vaccination appointments for various reasons.
- In Sri Lanka, UNHCR, in close collaboration with a partner, provided 250 PPEs to the Ministry of Health, and distributed dry ration parcels to refugees living in Colombo.
- In Myanmar, despite field activities having been curtailed due to various COVID-19 related and other access challenges, in the southeast, UNHCR provided PPE items, including 5,100 masks, 1,100 gloves, and 800 disinfectant/sanitizers, as well as four pieces of medical equipment (e.g., pulse oximeter) to a community-based support group. These were distributed to COVID-19 centres, medical staff, and social support groups in various townships in the southeast, benefitting IDPs and host communities. UNHCR also provided PPEs to 908 households/4,540 individuals in IDP sites in Rakhine State.
- UNHCR in Thailand, with the support of partners, has conducted distributions to support prevention of the spread of COVID-19. Hand sanitisers were distributed to extremely vulnerable refugees in various parts of the country, as well as masks and sanitary materials. In Mae Hong Son, UNHCR distributed hand sanitiser, masks and sanitary pads to over 9,800 individuals.
- In Central Asia, to mitigate the socio-economic effects of Covid-19 and ensure families have the necessary means to cover their most basic needs, UNHCR continues to provide life-saving assistance through CBI regular assistance to the most vulnerable POCs in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan.
- In Tajikistan, UNHCR distributed food and medical kits to 300 vulnerable refugee households with a focus on new arrivals.
- In Nepal, as part of its ongoing COVID-19 response efforts, UNHCR provided cash support in September to UNHCR's persons of concern for use as an emergency buffer to purchase food and household supplies. UNHCR also donated 15 oxygen concentrators to a hospital in Kathmandu on 28 September.
- In India, UNHCR provided emergency food rations and supplies to refugees and asylum-seekers. UNHCR partners have distributed food assistance to 1,976 families in Delhi, 430 households in Mewar, 119 in Punjab, 90 families in Jaipur, 30 families in Pune, 2,419 families in Hyderabad, and 8 families in Bengaluru. UNHCR also provided 126 refugees and asylum-seekers with cash-based assistance to meet their basic requirements of food, rent and medicine.



Refugees receive their COVID-19 vaccinations in New Delhi, India.
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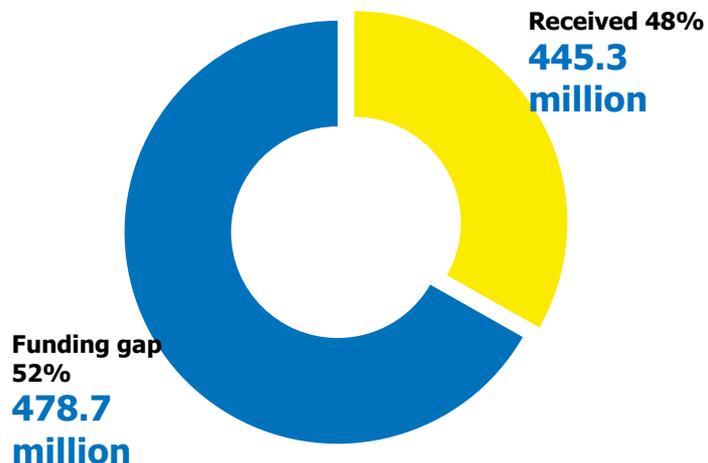
FUNDING NEEDS

About half of UNHCR's COVID-19-related needs have been mainstreamed into its 2021 Global Appeal. However, with the pandemic evolving, and needs still emerging, UNHCR has in addition focused on a supplementary and limited set of activities related to exceptional socio-economic and protection impacts related to COVID-19. These activities focus on individuals who are newly vulnerable due to loss of income or livelihood or were already vulnerable but whose situation has further deteriorated and may need additional support. Specific attention has been paid to activities that focus on women and girls due to heightened gender inequality linked to COVID-19.

USD 469 million has been mainstreamed into the 2021 Global Appeal. USD 455 million are supplementary needs included in **UNHCR's 2021 COVID-19 supplementary appeal**. This brings the total COVID-19-related requirements in 2021 to **USD 924 million**, including **USD 132 million for Asia and the Pacific** (ExCom-approved budget (mainstreamed) of USD 87 million and supplementary budget of USD 45 million).

USD 924M

Requested for UNHCR's global COVID-19 response until the end of 2021 (inclusive of mainstreamed activities and UNHCR's COVID-19 supplementary appeal). Funding received is as of 7 September.



UNHCR is grateful for the support from donors to its COVID-19 response including the **USA, the African Development Bank Group, Canada, the EU, Unilever (UK), Austria, China, Education Cannot Wait, France, UN COVID-19 MPTF, USA for UNHCR, Country-Based Pooled Funds, Germany, and Japan**, among many others. We also appreciate the support from private donors, UN pooled funds, and development partners that provided support for COVID-19 response in the region.

Moreover, we are grateful to donors of unearmarked and softly earmarked contributions to UNHCR, which enable operations in Asia to respond in a timely and flexible manner. These donors include **Norway, Sweden, the Netherlands, Denmark, Germany, France, Switzerland, Ireland, Belgium, Italy**, and private donors in **Spain, the Republic of Korea, Japan, and Italy**, among many others.

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