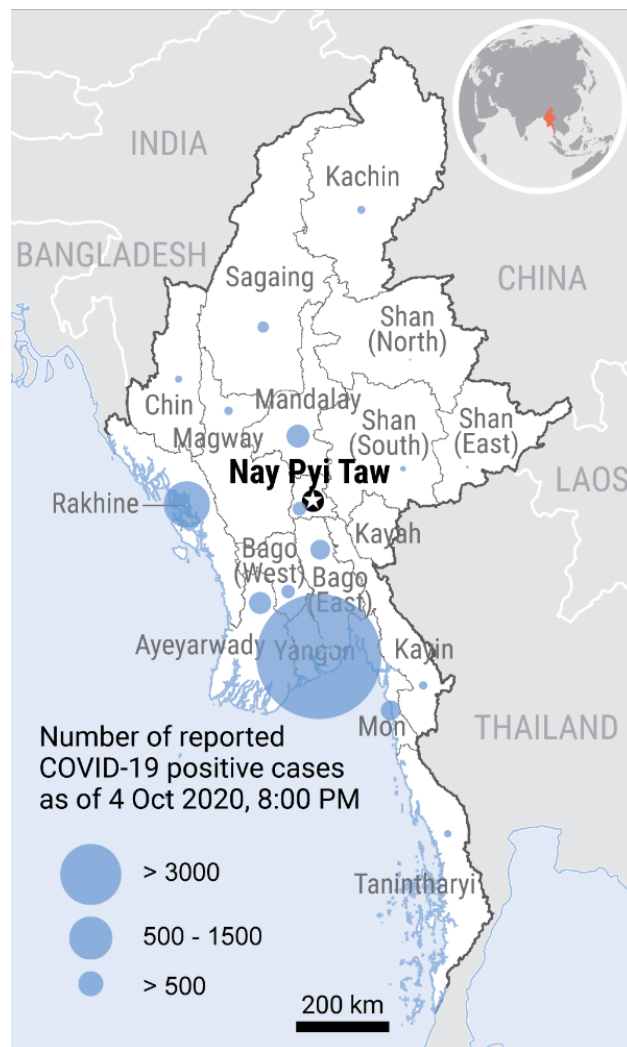


This report is produced by OCHA Myanmar covering the period of 19 September to 4 October, in collaboration with the Inter-Cluster Coordination Group and wider humanitarian partners. This report covers key updates and developments on the humanitarian impact and consequences of COVID-19 in regions covered by the 2020 Myanmar Humanitarian Response Plan and therefore does not provide a full overview of the COVID-19 situation and public health response in all of Myanmar.

HIGHLIGHTS

- The rapid increase in COVID-19 cases in Myanmar and subsequent prevention and control measures continue to limit the ability of humanitarian actors to reach displaced people and other people in need of assistance in Rakhine, Chin, Shan, Kayin, and Kachin states.
- A total of 16,503 cases, including 371 fatalities and 4,795 recoveries, have been confirmed across the country, with a rapid increase in daily reported cases and deaths during the reporting period. On 4 October, 1,294 new COVID-19 cases were confirmed – the highest number reported in a single day so far.
- In Rakhine State, 1,568 locally-transmitted cases have been recorded in all 17 townships between 16 August and 3 October, with most cases reported in Sittwe Township.
- About 400 humanitarian staff members involved in life-saving activities in Rakhine State are expected to undergo swab testing soon as per state government requirements, while tests of 100 staff members have already been conducted.
- Between 22 September and 2 October, field staff from six UN agencies and NGOs obtained travel authorizations from the Rakhine State Government for life-saving activities in Rakhine, while another six organizations have submitted requests for travel authorizations.
- The Government has further expanded and extended precautionary restriction measures in Yangon Region and in other areas until 31 October.
- Humanitarian partners have continued efforts to respond to pre-existing humanitarian needs and to address recently emerging humanitarian needs due to the COVID-19 pandemic.



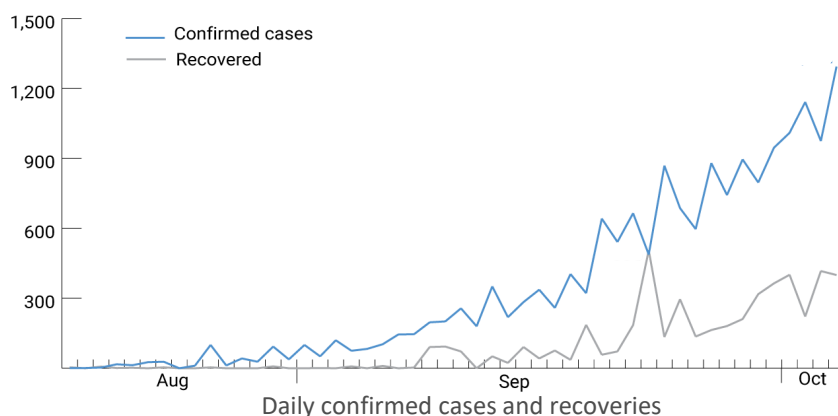
KEY FIGURES (reported by MoHS as of 4 October 2020)

16,503 Cases Countrywide

316K Tests Conducted

371 Deaths

4,795 Recoveries



RAPID INCREASE IN LOCAL TRANSMISSION: Since mid-August, the number of locally transmitted cases continues to increase rapidly across the country, with most cases reported in Yangon Region (over 11,680) followed by Rakhine State (1,568). On 4 October, the Ministry of Health and Sports (MoHS) reported 1,294 COVID-19 cases – the highest reported in a single day so far. Countrywide, there have been 16,503 confirmed cases, including 371 fatalities and 4,795 people who have recovered. In Rakhine State, 1,568 locally transmitted cases, including three fatalities and one case in an IDP camp in Myebon Township, were reported in all 17 townships between 16 August and 3 October. Sittwe Township accounts for the majority of cases (884) followed by Kyaukpyu (225) and Mrauk-U (105).

TESTING CAPACITY: As of 3 October, 316,483 tests have been conducted in Myanmar; however, the total number of tested people is not available. The Government, with support from national and international organizations, continues to expand testing capacities. According to latest available reports, the average daily tests nationally performed are between 3,200 and 3,700, through the COBAS, RT-PCR and GeneXpert platforms with a total of 37 machines across states and regions. In addition, over 400,000 antigen test kits from the Republic of Korea arrived in Myanmar in late September and the Ministry of Health and Sport (MoHS) has reported that hospitals in Yangon Region have started using Rapid Diagnostic Test Kits to conduct COVID-19 testing. In Rakhine State, GeneXpert machines (3 in Sittwe; 3 in Kyaukpyu, and one each in Maungdaw, Mrauk-U and Thandwe townships) have been used to undertake swab testing. Samples from Ann and Toungup townships are sent to Pyay General Hospital in Bago Region, where one GeneXpert machine has been allocated.

TREATMENT AND QUARANTINE FACILITIES: Government general hospitals across regions and states generally host and treat patients for COVID-19. In Yangon Region, Waibargi Special Hospital (90 beds), South Okkalapa Special Hospital (80 beds) and Phaung Gyi COVID-19 Treatment Center (1,200 beds) are the three main facilities. Four additional temporary facilities with a capacity of about 4,050 beds in total across the Yangon Region host and treat less severe COVID-19 cases. In addition, the Myanmar Armed Forces (MAF) reportedly started treating 150 civilians for COVID-19 at its Military Medical Corps Center in Hmawbi Township, Yangon Region, on 25 September.

In Rakhine State, the Sittwe General Hospital (SGH) and other township hospitals are the primary treatment facilities for patients who have tested positive for COVID-19. The Thet Kae Pyin Station Hospital is the primary treatment facility for the IDP camp population. A total of 1,270 beds for COVID-19 treatment were available across Rakhine as of 30 September. As of 2 October, over 350 active cases were being treated in respective hospitals in Rakhine State, while close to 1,200 people had been discharged. The construction of a new quarantine facility in Taung Paw relocation site in Myebon Township was completed on 25 September. The Rakhine State Government (RSG) is planning to construct similar facilities in three camps (Ohn Taw Gyi-North, Ohn Taw Chay and Baw Du Pa) in Sittwe Township.

As of 30 September, close to 5,690 quarantine facilities were operational across the country, hosting over 44,500 people, with the highest number of quarantined people in Bago Region (8,781), followed by Ayeyarwaddy Region (6,262) and Yangon Region (4,618), according to the latest MoHS Situation Report. In Rakhine State, close to 1,650 people were quarantined in 304 facilities. In other conflict-affected areas, over 450 facilities hosted nearly 1,740 people in Shan State, close to 250 facilities hosted 2,480 people in Kachin State, and some 385 facilities hosted over 2,110 people in Kayah State.

TESTING OF HUMANITARIAN STAFF AND TRAVEL AUTHORIZATIONS IN RAKHINE STATE: COVID-19 testing of 400 humanitarian staff members involved in the delivery of life-saving humanitarian assistance (including in food, protection, camp management, water, sanitation, and hygiene sectors/clusters) in Sittwe Township is expected to start during the week of 5 October. Testing of about 100 staff members working in the nutrition sector were being finalized. Additional lists of staff members per sector/cluster requiring testing will be prepared for all townships. These tests are in addition to the first round of COVID-19 testing for staff working for health sector partners in Rakhine State following a decision by the State Health Department to prioritize mobile health teams for testing and certification to ensure the timely resumption of critical healthcare activities.

Each humanitarian organization with staff undergoing a COVID-19 test is now required to submit a request letter to the State Health Department (SHD) and the Township Health Department. Work is ongoing to seek ways to simplify and speed up the issuance of COVID-19 free certificates from the time names are submitted for testing, which can take approximately 15 days in Sittwe and 10 days in other townships.

Between 22 September and 2 October, staff from six UN agencies and NGOs were able to obtain Travel Authorizations (TA) for staff members for certain activities, including: mask production and distribution in camps, risk communications and community engagement, distribution of non-food items, mobile clinic services in camps in Sittwe and urban displacement sites in Rathedaung townships, hygiene kits distribution and provision of WASH activities in displacement sites in Mrauk-U and Minbya townships, a patient referral in Pauktaw Township, and travel of an international staff member to Maungdaw Town. To obtain TAs, all humanitarian organizations were required to submit COVID-19 free certificates and recommendation letters from their respective focal government departments and line ministries. Six other UN agencies and NGOs have submitted requests for TAs, including COVID-19 free certificate and recommendation, and are awaiting approvals.

PREPAREDNESS AND RESPONSE ACTIVITIES

GOVERNMENT PREPAREDNESS AND RESPONSE: The Ministry of Social Welfare, Relief and Resettlement (MoSWRR) continues to provide hygiene items and Personal Protective Equipment (PPE) and undertaking Risk Communication and Community Engagement activities (RCCE) in displacement sites, IDP camps, and communities across the country. Between 27 March and 31 September, the MoSWRR provided nearly 85,220 bottles of hand sanitizer, over 1,125,700 soap bars/pieces, close to 140,330 surgical masks, over 333,400 cloth masks, 5,070 face shields, nearly 600 washbasins, 370 thermometers, and RCCE activities in over 740 IDP camps, displacement sites and communities in Chin, Kachin, Kayin, Rakhine and Shan states. In addition, the MoSWRR has provided cash assistance to households in IDP camps and displacement sites as part of the COVID-19 Economic Relief Plan.

PREPAREDNESS AND RESPONSE BY HUMANITARIAN PARTNERS: While sustaining life-saving humanitarian operations, humanitarian organizations continue to ramp up COVID-19 prevention and response measures for the vulnerable communities and returning migrants, in coordination with the Government and relevant authorities. Below is the summary of ongoing and planned COVID-19 response activities in camps and camp-like settings. Broader efforts, including risk communication and community engagement (RCCE) activities, are outlined in Annex Table 1.

WATER, SANITATION AND HYGIENE (WASH): In Kachin, cluster partners provided nearly 46,100 soap bars, 35,000 Information, Education and Communication (IEC) materials and installed 520 handwashing stations for about 70,400 people in 16 townships, including more than 10,400 IDPs. Additionally, partners distributed soap bars, handwashing facilities and IEC materials to more than 8200 people in Momauk, Mansi and Bhamo IDP camps. In northern Shan, cluster partners provided some 14,040 hand sanitizers, 1,515 handwashing stations, 10 water tanks, 4 latrines, soap bars and IEC materials to more than 80,000 people in 11 townships. In Kayin, partners constructed more than 1,400 handwashing stations in about 20 villages and, in cooperation with MoHS and DoA, provided IEC materials, soap bars and hand sanitizers to nearly 11,000 people in Hpa-An Township. In Chin, partners distributed partners provided soap bars for close to 3,100 people in quarantine centers. In Rakhine, WASH cluster partners provided more than 180,000 hygiene items, 200 soap bars, and constructed 390 handwashing stations for close to 197,500 individuals in 21 protracted IDP camps, 6 displacement sites, 1 public area, 54 villages, 10 quarantine centers and 19 sub-rural health centers in 7 townships.

PROTECTION: In Kachin, cluster partners continued GBV case management, small-scale psychosocial support, safe house and mental health and psychosocial support groups (virtual). GBV partners distributed 2,000 dignity kits to adolescent girls in two townships. Cash interventions for persons with specific needs continued wherever possible. In Rakhine, partners provided case management support to 100 at-risk children. GBV partners provided critical psychosocial support, legal services and remote case management through hotlines. More than 70 dignity kits were distributed to women and girls in 2 IDP sites in Sittwe township. In northern Shan, Child Protection partners

provided remote or in-person case management services, where permitted. Partners prepositioned about 20 Child Friendly Space kits, 260 Child Protection kits, 400 Individual Recreation kits and 500 coloring books and crayons for distribution in three townships. GBV partners provided case management and survivor support services in Women and Girls Centers. More than 1,100 mini dignity kits were distributed to women and girls in quarantine centers and those displaced in Muse Township. **In Kayin**, cluster partners continued integrated support services and clinical care for GBV survivors in clinics. GBV partners also distributed 500 dignity kits to women and girls affected by floods in two townships.

NUTRITION: Nationally, cluster partners pre-positioned anthropometric equipment for nutrition assessments. **In Rakhine**, partners provided essential nutrition services to 8,030 children under 5-years-old and 1,310 pregnant and lactating women, and provided nutrition screening to 5,753 children (6-59 months) during the reporting period. Cluster partners maintained critical and preventive COVID-19 sensitive nutrition services, treatment of acute malnutrition, and distributions of Ready-to-Use Therapeutic Food in camps through camp-based staff. A total of 997 children (6-59 months) with severe acute malnutrition and 1,627 children (6-59 months) with moderate acute malnutrition have been reached by the COVID-19 nutrition response. **In Kachin**, cluster partners provided COVID-19 sensitive preventive nutrition services to a total of 4,059 pregnant and lactating women and 1,567 children (6-59 months). **In Kayin**, nutrition partners and the State Health Department provided COVID-19 sensitive essential nutrition services to returnees in Hpa-An Township quarantine centers, including for children (under 5yrs) and pregnant and lactating women. Partners also provided COVID-19 sensitive infant and young child nutrition counselling, micronutrient supplementation, and nutrition screening services for 280 mothers. About 1,000 child nutrition bowls were distributed to caregivers of children under 2-years-old.

SHELTER/NFI/CCCM: In Kachin, shelter partners continued shelter renovation, maintenance and care activities, distributions of shelter kits, and installations of solar street lights in some areas. Cluster partners, with prior approval from the members of IDPs and Refugees Relief Committee (IRRC) and Camp Management Committees (CMC), covered camp running costs and maintained CCCM activities and tailored support for Persons with Specific Needs. **In Rakhine**, cluster partners prepositioned stockpiles of non-food items and emergency shelter kits and continued remote site monitoring in areas of new displacement. **In northern Shan**, cluster partners monitored the progress of shelter activities in camps, both physically and remotely.

EDUCATION: In Kachin, education partners are procuring and distributing learning materials for use at home to over 2000 girls and boys. **In northern Shan**, efforts to provide home-based learning are being complemented by the installation of hand-washing basins and WASH in school kits. **In Rakhine**, education partners stand ready to distribute learning materials which contribute to the protection and wellbeing of over 23,000 children once activities resume.

OPERATIONAL CHALLENGES AND IMPACT ON HUMANITARIAN ACTIVITIES

Humanitarian partners in Myanmar reaffirm their commitment to supporting the Government and the people of Myanmar to continue to respond to the pre-existing humanitarian needs and address the recently emerging needs due to the COVID-19 outbreak. Humanitarian partners recognize the need for the Government to put in place measures to prevent the spread of the virus across the country and have been carrying out activities in compliance with COVID-19 prevention measures, including by ensuring physical distancing, personal hygiene and protection.

However, the recent public health measures put in place to prevent the spread of the epidemic are impacting the ability of humanitarian partners to provide critical and life-saving assistance to people in IDP camps, displacement sites, and communities in need. Access to people in need was already severely hampered in many areas by insecurity and increasingly complicated and restricting Travel Authorization procedures.

Given the dependency of displaced people and affected communities on humanitarian assistance and their vulnerability to COVID-19, it is critical that operating modalities are put into place for humanitarian workers that would enable them to sustain humanitarian activities while maintaining the health and safety of staff and

community members through the use of personal protective equipment (PPE) and appropriate infection prevention and control (IPC) measures.

WASH: In **Kachin**, cluster partners re-adjusted ongoing programs in the areas near the China-Myanmar border due to limited access and logistics issues. In **Rakhine**, the transportation of WASH supplies has been largely suspended, creating potential delays in programs in IDP camps and displacement sites. While some partners have pre-positioned supplies for 1 month within IDP camps, this has not been possible in many displacement sites. In **northern Shan**, cluster partners noted increased restrictions on movements and gatherings of people in some IDP camps. Regular monitoring activities are conducted remotely and/or through focal points in camps.

PROTECTION: In **Kachin**, cluster partners again limited the scope of their activities to minimum GBV case management and psychosocial support, mainly through camp-based staff and/or through hotlines. Access constraints and movement restrictions imposed by camps have also presented challenges to programming. In **Rakhine**, partners shifted to remote modalities, continuing monitoring and delivery of essential messaging, while GBV partners scaled down their activities to critical minimum services. In **northern Shan**, despite resumption of regular activities by GBV partners in mid-July, partners again limited the scope of their programming to minimum case management and psychosocial support. All camp- and community-based group activities have been suspended since mid-September.

NUTRITION: In **Kachin**, nutrition partners suspended support group meetings and activities for mothers, while also adjusting other field activities to minimize entries into camps and ensure physical distancing. In **Rakhine**, some cluster partners suspended their activities, or had their activities suspended due to positive COVID-19 cases among humanitarian staff and COVID-19-related restrictions. Mandatory testing for field staff has introduced further delays to the resumption of programs. In **northern Shan** and **Kayin**, cluster partners have suspended field activities and visits to beneficiaries due to COVID-19-related restrictions. In **Chin**, partners have suspended community-level nutrition activities since mid-September.

SHELTER/NFI/CCCM: In **Kachin**, cluster partners adjusted the dissemination of key messages to adapt to restrictions on movements. Partners with access to camps are working to address the gaps in responding to requests for the installation of washbasins and the provision of soap, sanitizers and face masks. In **Rakhine**, broad activity suspensions, movement, and access constraints have delayed cluster activities in IDP camps and displacement sites. However, delivery of Risk Communications and Community Engagement (RCCE) activities continues remotely.

EDUCATION: In **Kachin** and **northern Shan**, there are increased restrictions to travel between townships affecting the ability of partners to provide support for home-based learning. In **Rakhine**, there is little ability to provide critical support to children to re-engage in learning and to re-activate the support network and communication channels provided by education. COVID-19 prevention and control measures have resulted in pre-positioned learning materials being held in warehouses rather than being distributed to children, thus depriving them of access to education and its long-term benefits.

LOGISTICS: Partners reported challenges to movements of humanitarian cargo in and out of **Shan**, with similar restrictions also reported in **Kachin**. Muse-Ruili border crossing point was temporarily closed in mid-September and has re-opened, while the Tamu-Moreh crossing point remains closed and the Myawaddy-Muse border point is only allowing a limited number of trucks to pass through. Partners reported a general increase of price of transportation, as drivers were less willing to undertake trips due to the additional time presented by quarantine measures. At the same time, there has been a significant reduction of the number of trucks by private transporters.

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