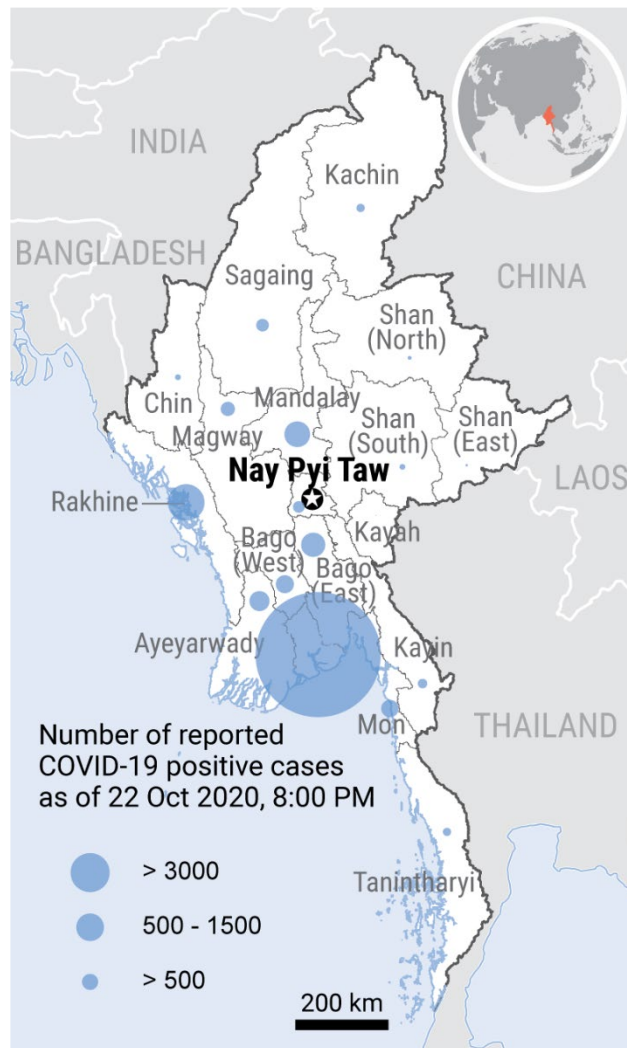


This report is produced by OCHA Myanmar covering the period of 6 to 22 October, in collaboration with the Inter-Cluster Coordination Group and humanitarian partners. Unless otherwise stated, the data presented is updated as of 22 October 2020. This report covers key updates and developments on the humanitarian 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

- A total of 41,008 cases, including 1,005 fatalities and 21,144 recoveries, have been confirmed across the country. On 10 October, there were 2,158 COVID-19 confirmed cases – the highest number reported in a single day so far.
- In Rakhine State, 2,605 locally transmitted cases have been recorded in all 17 townships between 16 August and 22 October, with most cases reported in Sittwe Township.
- For the first time among the population displaced by the ongoing conflict in Rakhine State, two positive cases were reported in displacement sites (in two camps hosting about 500 displaced people) in Kyauktaw Township on 16 October.
- A total of 19 humanitarian organizations have obtained Travel Authorizations (TA) for staff members to carry out life-saving activities in Rakhine State since last September, while TA requests by three organizations are pending.
- Humanitarian partners continue their efforts, despite growing operational constraints, to respond to pre-existing and emerging humanitarian needs due to the COVID-19 pandemic.
- The 2020 Myanmar Humanitarian Response Plan (HRP) is currently 52 per cent funded – US\$143 million received against \$273 million requested. The HRP includes a \$58.8 million COVID-19 Addendum, which has received \$32 million (56 per cent).



KEY FIGURES (reported by MoHS as of 22 October 2020)

41,008

Cases Countrywide

1,005

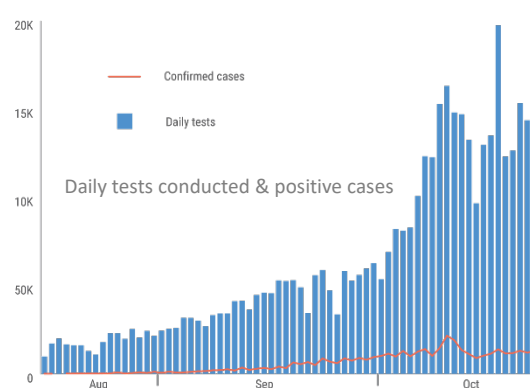
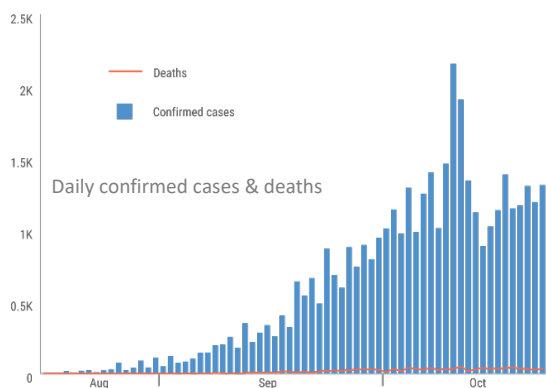
Deaths

21,144

People Recovered

566,222

Tests Conducted



LOCAL TRANSMISSIONS: The number of locally transmitted cases and fatalities continues to rise throughout the country, with the highest cases reported in Yangon Region (30,807) followed by Rakhine State (2,605) and Bago Region (1,779) since 16 August. Up until now, the highest number of cases reported in a single day was 2,158 on 10 October, and the highest number of fatalities reported in a single day was 48 on 11 October, according to the Ministry of Health and Sports (MoHS). Between 6 and 22 October, the average number of daily confirmed cases is 1,307 and the average of daily reported fatalities is 33, while the average of test positivity ratio was 9.6 per cent during the reporting period. As of 22 October, there have been 41,008 confirmed cases countrywide, including 1,005 fatalities and 21,144 recovered people, resulting from a total of 566,222 specimens tested.

In Rakhine State, more than 2,605 cases, including 12 fatalities, reported in all 17 townships since 16 August. Sittwe Township accounts for the majority of cases (1,222) followed by Kyaukpyu (323) and Maungdaw (224). The average of daily confirmed cases during the reporting period is 47, while the highest cases reported in a single day was 238 on 12 October. In other conflict-affected areas, there have been 45 cases in Chin State, 126 cases in Kachin State, 137 cases in Kayin State and 91 cases in Shan State, since 16 August reported by MoHS.

TRANSMISSION IN DISPLACEMENT SITES: For the first time among the population displaced by the ongoing conflict in Rakhine State, two positive cases were reported in two displacement sites in Kyauktaw Township on 16 October. The two patients, including an elderly woman, are under treatment in Sittwe and Kyauktaw hospitals. The two sites in question currently host some 500 IDPs in total and the potential for transmission within these overcrowded sites is high. Two of four IDPs with COVID-19 symptoms in the displacement sites tested negative and no additional cases among the displaced population were reported as of the reporting time. However, a staff member of a humanitarian organization, which has been closely working with the MoHS on the provision of mobile clinic services at displacement sites in Kyauktaw Township, tested positive. Consequently, other staff members of the organization and contacts are now in quarantine. Prevention and control measures have been put into place in the two displacement sites.

TESTING CAPACITY: As of 22 October, 566,222 tests have been conducted in Myanmar. The total number of people tested is not available. The Government, with national and international support, continues to expand testing capacities. The average daily tests performed nationally during the reporting period is 13,726, through the COBAS, RT-PCR, GeneXpert platforms and Antigen Rapid Diagnostic Test (Ag RDT) kits, according to the regular updates by the MoHS. Ag RDTs have been used in Yangon Region since 29 September and in other states and regions since 2 October. Myanmar plans to procure more 400,000 Ag RDT kits from the Republic of Korea, in addition to the first consignment of 400,000 Ag RDT kits in late September. The COVID-19 Economic Relief Plan (CERP) has approved the expansion of three laboratories in Sittwe of Rakhine State, Myitkyina of Kachin State and Magway of Magway Region with RT-PCR platforms.

In Rakhine State, a total of nine GeneXpert machines were allocated in Sittwe, Kyaukpyu, and three other townships. While testing is locally conducted through GeneXpert machines and Ag RDT kits in Rakhine State, swab samples are also dispatched to Yangon for testing. Despite the availability of GeneXpert machines across Rakhine State, the Government testing capacity is still limited. The 3 September instruction from the Rakhine State Government requiring testing for frontline humanitarian workers has added further strain to the already overstretched testing capacity. The priority has been to test humanitarian workers focused on Health, Food Security, Nutrition and WASH sectors while the rest of the sectors are yet to be considered for testing. There are one to three flights per week to transport samples and each flight transports about 500 to 900 samples. The testing policy with the Ag RDT prioritizes symptomatic patients and symptomatic healthcare workers, close contacts to confirmed cases in high prevalence areas, humanitarian workers and truck drivers, and patients suggested by respective specialists. Since 16 May, the prioritized group for RT-PCR testing have included asymptomatic healthcare workers, health staff, and staff of local authorities, as well as volunteers at quarantine centers, patient referral service, and border gates.

TREATMENT AND QUARANTINE FACILITIES: Government general hospitals across regions and states remain the primary treatment facilities for patients contracting COVID-19. With the highest number of confirmed cases,

Yangon Region has nine designated hospitals, seven of which have a capacity of close to 2,070 beds. In addition, the Government has converted a number of available facilities such as stadiums, campuses, convention centers, and housing complexes into COVID-19 treatment/quarantine facilities, with a capacity of more than 8,200 beds in total across the Yangon Region.

In Rakhine State, the Sittwe General Hospital and other township hospitals are the primary treatment facilities to host and treat people who have tested positive for COVID-19. In addition, the Thet Keh Pyin Station Hospital in Sittwe Township is the primary treatment facility for the Rohingya population in IDP camps. Two new quarantine facilities have been constructed in Taung Paw relocation site in Myebon Township and Ohn Taw Chay IDP camp in Sittwe Township, each of which is estimated to be able to host up to 50 people. The Government is also planning to construct similar facilities in two camps (Ohn Taw Gyi-North and Baw Du Pa) in Sittwe Township. As of 20 October, a total of 577 beds were available across the state and 570 beds were occupied by active cases.

As of 19 October, more than 6,000 quarantine facilities were operational across the country, hosting over 61,500 people, with the highest number of quarantined people in Yangon Region (13,179), followed by Ayeyarwady Region (12,328) and Bago Region (10,837), according to the latest MoHS. In Rakhine State, 1,565 people were quarantined in 269 facilities. In other conflict-affected areas, nearly 550 facilities hosted nearly 2,780 people in Shan State, over 300 facilities hosted around 2,890 people in Kachin State, and over 230 facilities hosted close to 1,880 people in Kayah State.

TRAVEL AUTHORIZATIONS FOR HUMANITARIAN STAFF: A total of 19 humanitarian organizations in Rakhine State have obtained Travel Authorizations (TA) for staff members to carry out activities identified as life-saving by the state government, including mobile clinic services, emergency medical referral, WASH, hygiene kit, risk communication and community engagement, nutrition and food distribution since 22 September. One organization also obtained a TA for camp-based staff to carry out activities beyond this life-saving definition, including construction on temporary schools and shelters in camps. Meanwhile, TA requests by three organizations are pending. The Rakhine State Government and the Coordination Committee (CC) are gradually allowing the resumption of humanitarian activities beyond immediate life-saving assistance, with strict instructions to observe and follow MoHS COVID-19 preventive measures. However, many of the humanitarian needs remain unaddressed, including in seven IDP camps where people have had no access to mobile clinics for two months.

All partners who had requested to carry out distribution activities were specifically informed in the TA approval letter to hand over supplies to the Township Management Committees (TMC) and/or Camp Management Committee (CMC). Advocacy with the government is continuing so that partners can resume direct implementation of their activities. Meanwhile, an operational guidance document has been developed with humanitarian partners for individual organizations to assess the risks and risk mitigation measures when implementing humanitarian activities under the current COVID-19 restrictions imposed.

On 12 August, relevant Government departments were instructed to allow no more than 1,000 Myanmar nationals and 200 foreigners to enter Myanmar on flights, per week. In early August, a new procedure for the weekly relief flights was established, requiring line ministries' approval of passengers on flights, as well as approval of the manifest five days before the flight. There have been major inconsistencies in applying the procedure across ministries, with some confirming permission within 48 hours, others requiring up to 3 weeks, and others suspending the issuance of letter altogether. The temporary suspension of support letters for humanitarian personnel entering the country or issuance of new visas has had a direct impact on the capacity of partners to conduct critical humanitarian programs and to support COVID-19 response. Advocacy is currently ongoing with relevant line Ministries to urgently resume and/or expedite the processing of visa requests and issuance of line Ministry entry permission support letters for essential personnel of its UN and INGO partners, to support the continuity of the humanitarian response. Clear guidance from the Ministry of Foreign Affairs to all line Ministries is urgently needed in support of the issuance of visas and entry permission letters for essential personnel of INGOs, to support the national response to the COVID-19 emergency.

PREPAREDNESS AND RESPONSE ACTIVITIES

PREPAREDNESS AND RESPONSE BY HUMANITARIAN PARTNERS: While sustaining life-saving humanitarian operations, humanitarian organizations continue COVID-19 prevention and response measures for vulnerable communities and returning migrants in coordination with the Government and State-level authorities. Ongoing and planned COVID-19 activities in IDP camps, displacement sites, and camp-like settings by cluster/sector are summarized below.

HEALTH: Across all conflict-affected areas, health partners continued Risk Communication and Community Engagement (RCCE) activities and supported MoHS and Ethnic Community-based Health Organizations in distributing PPE, gloves, infrared thermometers, surgical masks, N95 masks, goggles, gowns, hand sanitizers and soap, chlorine and bleaching powders, pamphlets and posters. In **Kachin, Rakhine and northern Shan** in particular, partners provided capacity building, psychosocial support, laboratory samples transportation, referral of suspected cases and facilitated the operational costs of quarantine centers. In **Rakhine**, partners also provided support at Thet Kel Pyin hospital with medical supplies and equipment, capacity building and case management. Partners also provided financial support for disease surveillance at points of entry/quarantine facilities in **Kayin State**.

NUTRITION: In **Chin, Kayin and northern Shan**, nutrition partners distributed 11,000 masks and 600 child nutrition bowls to promote infant and young child feeding practices. Additionally, partners conducted a monitoring visit to IDP camps in Namtu Township, while providing micronutrient supplementation services to more than 3,120 children and distributing 34,000 information, education and communication (IEC) materials in **northern Shan**. In **Kachin**, partners provided preventive nutrition services to nearly 940 pregnant and lactating women. In **Rakhine**, nutrition partners continued the distribution of monthly essential nutrition supplies and ready-to-use therapeutic food in seven townships. More than 2,130 pregnant and lactating women and 100 children under 5-years old received preventive and essential nutrition services. Movement of supplies has gradually resumed through local service providers.

EDUCATION IN EMERGENCIES: Sector partners are distributing home-based learning materials to children to support their re-engagement in learning, and their mental and emotional wellbeing, reaching about 12,000 children in the first round of distribution in **Kachin and northern Shan**. Partners continue working with the Ministry of Education to ensure that displaced and conflict-affected children, including in those in Rakhine and Chin states, are given due consideration in plans to support children to engage in learning while staying at home.

SHELTER/NFI/CCCM: In **Kachin**, cluster partners continued shelter interventions, including renovation, care and maintenance in some areas, in addition to distribution of shelter kits wherever accessible. Additionally, partners provided cash distributions towards camp running costs, camp coordination and camp management activities and tailored support for persons with specific needs in both NGCA and GCA. In **Rakhine**, partners were able to complete some of the ongoing shelter constructions, while continuing remote monitoring of displacement sites and repositioning non-food item stockpiles and emergency shelter kits. In **northern Shan**, cluster partners continued remote monitoring of shelter interventions.

PROTECTION: In **Chin**, child protection partners are planning to provide psychosocial support to more than 290 children in Paletwa and Samee towns. In **Kachin**, cluster partners continued GBV case management, small-scale psychosocial support, safe house and mental health and psychosocial support groups. GBV partners distributed close to 840 dignity kits to adolescent girls in two townships. In **Kayin**, GBV partners continued integrated sexual and reproductive health and rights, GBV protection and mental health and psychosocial support services and clinical care for GBV survivors. One-to-one awareness sessions are possible for those who visit health facilities. In **Rakhine**, child protection partners provided capacity building, MPHSS, psychosocial support remotely as well as through case / incentive workers. MHPSS services are available, and helpline is disseminated again to encourage beneficiaries to access the services. Partners continued working with the Department of Social Welfare to ensure displaced and conflict affected children in camps and villages are given due consideration in current COVID-19 situation. Child protection partners continued to provide COVID related awareness raising sessions remotely (i.e;

SMS message/phone call) and through community resource groups and home-based approaches (i.e; home visit, small group, megaphone, individual level). Child protection partners provided psychosocial support to fourteen people in two townships, while continuing remote case management in villages and camps. GBV partners provided critical services mostly through helplines, including psychosocial support, legal services and remote case management. Some of the partners who provide healthcare services through mobile clinics were able to resume quality GBV services as well. Some 70 dignity kits were distributed in displacement sites and quarantine centers in two townships. In **Shan**, child protection partners are planning to distribute masks, hand gel, PPE sets, quarantine kits, soap, buckets and plastic cups in camps and villages in four townships. GBV partners continued case management and survivor support services through Women and Girls Centers, case workers in camps and a GBV hotline. More than 190 mini dignity kits were distributed to women and girls in quarantine centers, with an additional 500 kits distributed to displaced women in Kyaukme Township.

OPERATIONAL CHALLENGES AND IMPACT ON HUMANITARIAN ACTIVITIES

A number of challenges continue to delay humanitarian operations carried out by the sector partners in all conflict-affected areas, and/or areas where migrant returnees are hosted in quarantine facilities. The following operational challenges reportedly remain unchanged:

- Ongoing insecurity in conflict-affected areas
- Access/movement restrictions
- Stock shortage and limited supplies
- Increased material costs
- Logistic constraints
- Unclear or overly complex bureaucratic processes
- Restrictions on border crossings
- Natural hazards
- Telecommunication challenges

HEALTH: In **Kachin**, **Rakhine** and **northern Shan**, the frequency of mobile clinics and routine services in operational areas is reduced. In **Rakhine**, health services, provided through camp- and site-based volunteers, are limited to basic care. In **Chin** and **Kayin**, implementation of some activities was modified to observe public health infection prevention and control measures.

NUTRITION: Across **all conflict-affected areas**, nutrition partners suspended field and program-based visits, trainings and/or community-level activities due to the rise of COVID-19 local transmissions. In **Rakhine**, nutrition partners face challenges and delays related to COVID-19 preventive measures and testing of humanitarian staff. Additionally, cluster partners indicated that some activities in Buthidaung and Maungdaw townships were suspended following the identification of positive cases among the community and partners' staff.

EDUCATION: In **nearly all locations**, learning spaces remain closed and children have little access to homes-based learning materials. In **Rakhine** and **Chin**, more than 23,000 children in protracted IDP camps, as well as thousands of other displaced and conflict-affected children, are in danger of being left behind.

SHELTER: In **Kachin**, **Rakhine** and **Chin**, cluster partners continued remote site monitoring where access was not available. In **Kachin**, there have been challenges in responding to requests for installation of washbasins and provision of non-food items due to restrictions on movements in and out of IDP camps. In **Rakhine**, distributions and other necessary support have been suspended or delayed due to assistance being limited to life-saving activities and the ongoing restrictions on access to camps.

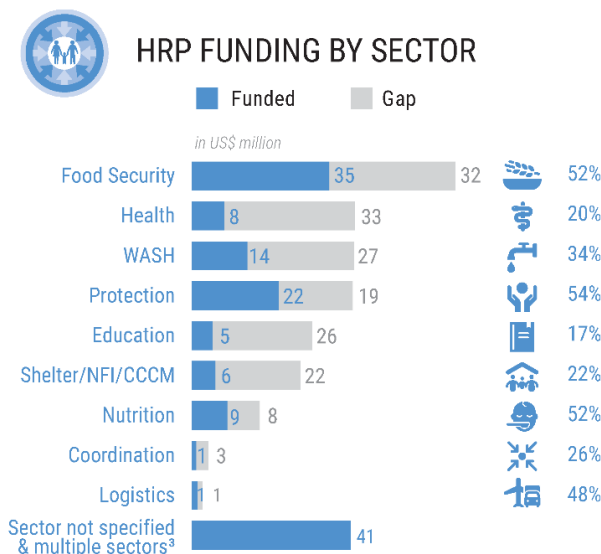
PROTECTION: Across **all conflict-affected areas**, protection partners have suspended or limited some activities, with face-to-face support and group activities at Women and Girls Centers affected the most. In **Chin**, child friendly spaces remain closed and child protection partners continue their activities through mobile teams. In

Kachin, some GBV partners were able to conduct awareness sessions through camp-based volunteers, as group activities are suspended. In **Rakhine**, GBV partners scaled down their service provisions, continuing the critical minimum services remotely. Child Protection partners reported that remote psychosocial support can be provided for and referral mechanisms can respond only to high risk cases. In **Shan**, GBV case management and support activities are mainly provided through helplines. Child protection partners reported challenges in delivering interventions in villages and camps due to access restrictions.

LOGISTICS: Partners reported continued challenges to movements of humanitarian cargo due to inconsistent requirements across states and regions for testing drivers and helpers, certificate validity and quarantine. At the same time, there is an ongoing reduction of the number of trucks by private transporters, with partners reporting potential bottlenecks due to limited movements of humanitarian supplies.

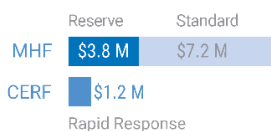
RESOURCE MOBILIZATION (countrywide)

HUMANITARIAN FUNDING: The 2020 Myanmar Humanitarian Response Plan (HRP) is currently 52 per cent funded with US\$143 million received against \$273 million requested. The HRP includes a **\$58.8 million COVID-19 Addendum, which has received \$32 million (56 per cent)** thus far. The total funding received for humanitarian action in Myanmar, including funding outside the appeal (\$70 million received), stands at \$213 million. As of 20 October, the Myanmar Humanitarian Fund (MHF) has received \$16.7 million in contributions from 11 donors, which is slightly higher than last year (\$16.6 million). A total of 24 projects, including COVID-19 related activities, under two (Reserve and First Standard) allocations are being implemented by 20 direct partners and 33 sub-partners, targeting over one million vulnerable people in conflict-affected areas. A Second Standard Allocation of \$5 million is being prepared to be launched by the end of October 2020. ([Download Funding Snapshot](#))



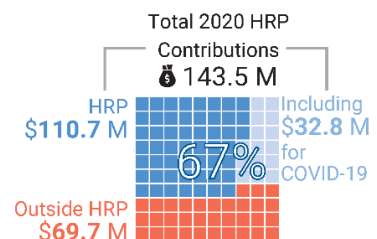
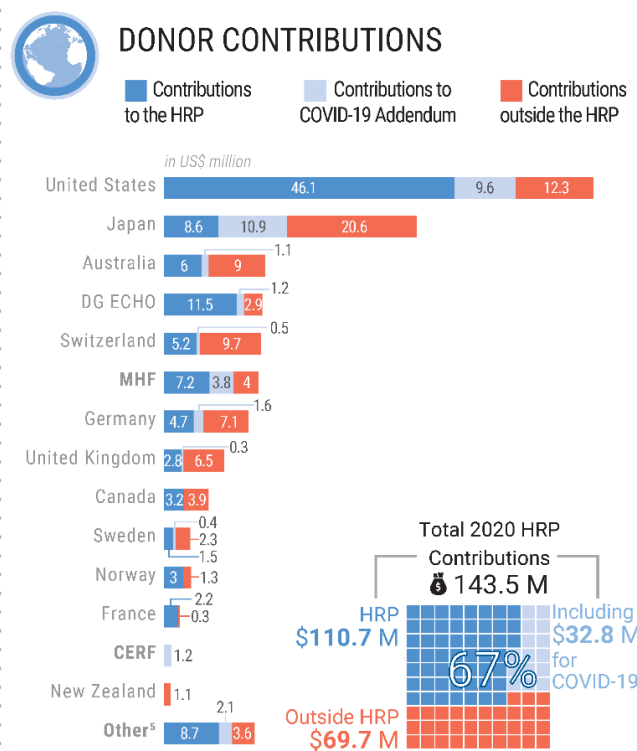
3. Disaggregated data by sector was not available at the time of reporting.

CERF and MHF⁴ allocations up to 30 September 2020



The COVID-19 Addendum to the 2020 Myanmar HRP has mobilized \$32.8 million in contributions, covering 56 per cent of its requirements at the time of reporting.

4. The Myanmar Humanitarian Fund (MHF) is a country-based pooled fund managed by OCHA Myanmar.



5. "Other" includes other contributions and lateral transfers from UN agency headquarters to their country offices.

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