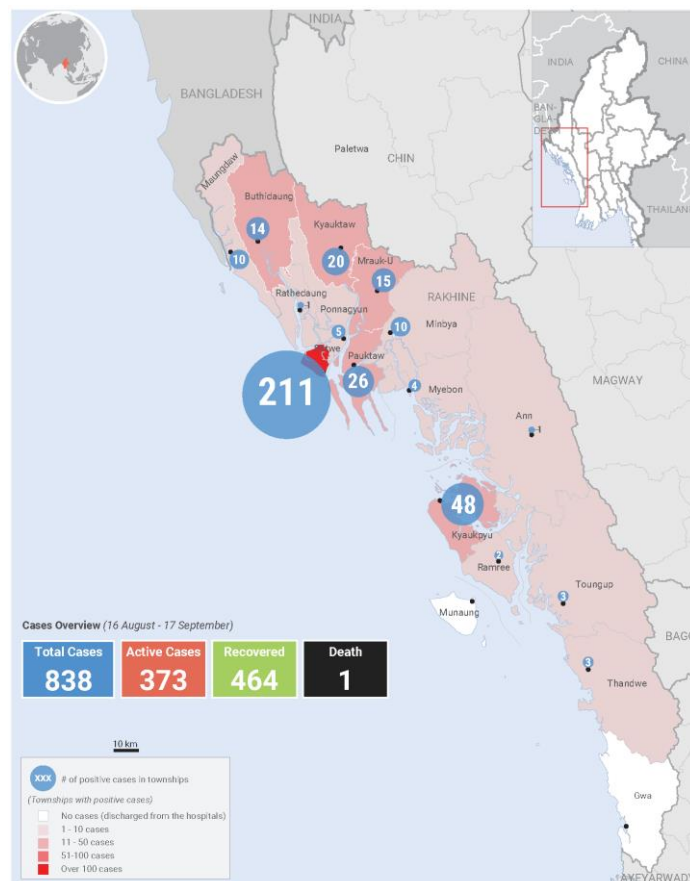


This report is produced by OCHA Myanmar covering the period of 1 to 17 September, in collaboration with Inter-Cluster Coordination Group and wider humanitarian partners. The next report will be issued on or around 1 October.

### HIGHLIGHTS

- A total of 838 locally transmitted cases have been reported across Rakhine between 16 August and 17 September, bringing to 854 the number of cases. Cases of COVID-19 have now been reported in all 17 townships in Rakhine. Across the country, 4,299 cases, 68 fatalities and 944 recoveries have been reported.
- The surge in local transmission includes COVID-19 positive cases among the personnel of two United Nations agencies and 15 international and national non-governmental organizations (NGO), whose activities in Rakhine remain temporarily suspended.
- One person tested COVID-19 positive in the Taung Paw relocation site in Myebon Township on 31 August. Contact tracing, quarantine and other relevant measures have been completed. No additional cases have been reported in camps and displacement sites since then.
- Around 600 humanitarian staff from UN and national and international NGOs are currently in home or hotel quarantine, with many expected to complete their quarantine period in the next few days.
- Testing capacity in Rakhine continues to gradually increase, although the number of contacts currently waiting to be tested is significant.
- Testing is required for all humanitarian staff undertaking lifesaving activities and around 200 humanitarian staff undertaking healthcare activities have already been tested.



### SITUATION OVERVIEW

854

Cases in Rakhine

17

Townships of Rakhine

838

Locally transmitted  
in Rakhine

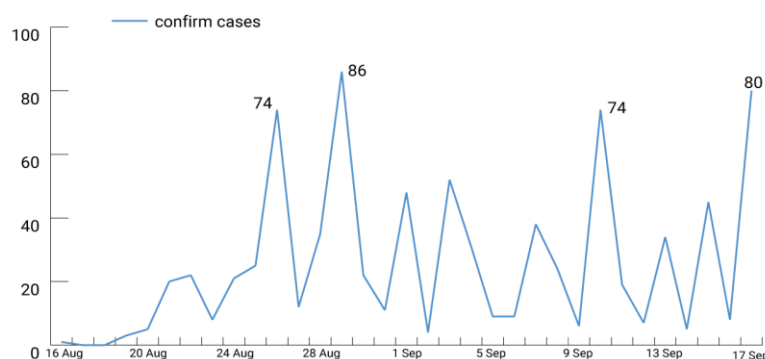
4,299

Cases countrywide

68

Deaths countrywide

### EVOLUTION OF CASES (16 Aug - 17 Sep 2020)



### LOCAL TRANSMISSION IN RAKHINE:

Between 16 August and 17 September, 838 locally transmitted cases, including one fatality, were reported in Rakhine State, which has now seen cases confirmed in all 17 townships. Sittwe Township accounts for the majority of cases (490) followed by Kyaukpadaung (99) and Pauktaw (40). On 31 August, one case of COVID-19 was confirmed in the Taung Paw relocation site in Myebon Township, one of the three camps for internally displaced people (IDP) declared closed by the Rakhine State Government (RSG). The primary contacts

of the person were placed under a home quarantine. No other cases were confirmed in IDP camps or displacement sites. Countrywide, there have been 4,299 confirmed cases, including 68 fatalities and 944 recoveries.

**TESTING CAPACITY:** The Government, with support from national and international organizations, continues to expand testing capacities. In Rakhine State, there are three GeneXpert machines (two 16-module and one 2-module) with a maximum testing capacity of up to 100-150 tests per day in Sittwe; three GeneXpert machines in Kyaukpyu; and three similar machines, one each in Maungdaw, Mrauk-U and Thandwe townships. Swab samples from Ann and Tounghp townships are sent to Pyay General Hospital in Bago Region, where one GeneXpert machine has been allocated. Countrywide, the average daily tests performed are between 3,200 and 3,700, through the COBAS, RT-PCR and GeneXpert platforms in a total of 37 machines across states and regions.

**TREATMENT CAPACITY:** The Sittwe General Hospital (SGH) and hospitals in respective townships across Rakhine State remain primary treatment facilities for patients who tested positive for COVID-19. With a majority of cases in Sittwe, the SGH has expanded its capacity from an initial 50 inpatient beds to 200 for COVID-19 treatment. Additionally, Sittwe Nursing School has 40 inpatient beds available. Other facilities such as a traditional hospital, a university, a health center and a station hospital are serving as treatment facilities in Sittwe for asymptomatic patients with no comorbidities. As of 14 September, a total of 384 active cases were being treated across township hospitals in Rakhine, according to the Ministry of Health and Sports (MoHS).

**TESTING OF HUMANITARIAN STAFF:** Humanitarian staff, including drivers, of organizations implementing lifesaving activities are required to undergo testing before being allowed to access camps, displacement sites and villages. The personnel of organizations who are quarantined as contacts to confirmed cases and have completed quarantined measures must still undergo testing to obtain a certificate from the State Health Department (SHD) before being able to resume activities. The SHD in Rakhine has prioritized mobile health teams for testing and certification to ensure timely resumption of critical healthcare activities. As of 12 September, 190 personnel providing healthcare services in Sittwe Township had been tested. The SHD will prioritize testing of personnel of humanitarian organizations implementing nutrition; water, sanitation and hygiene; and food security activities.

**QUARANTINE AND TREATMENT:** As of 16 September, over 1,780 people were quarantined in 376 facilities across Rakhine State, according to the MoHS. As of the last confirmed figures from 12 September, around 600 humanitarian staff from organizations, who are considered contacts of confirmed cases, had been quarantined and many of them were due to conclude their quarantine period by mid-September. A total of 128 positive cases, including ten humanitarian staff, had been discharged from hospitals in Rakhine State as of 14 September. All people discharged from hospitals are required to undergo an additional 7-day home quarantine.

On 7 September, the MoHS reduced the hospital-based isolation period from 21 to 14 days followed by 7-day home isolation for patients who have “mild and moderate” illness as well as for asymptomatic cases, allowing hospital discharge four days after recovery. All primary contacts to confirmed cases will be tested for the first time on the first day of quarantine measure and the second tests will be conducted within 10-12 days during the quarantine. Persons with international travel history and those in townships with a “stay-at-home” measures put in place will be tested once within 10 and 12 days of quarantine period. If results are negative, persons may leave the quarantine facility but must carry out an additional 7-day home quarantine.

**IMPACT ON OPERATIONS:** The Government measures introduced in Rakhine since 16 August continue to impact the ability of humanitarian partners to respond to the needs. The operations of at least 17 UN as well as national and international NGOs whose staff tested positive remain temporarily suspended while humanitarian response activities of UN and INGOs have been restricted to “lifesaving assistance” only, as defined by the RSG. These include essential food assistance, healthcare, water and sanitation and COVID-19 response, while limited shelter response, mask distribution and communicating with communities have later been added to this list. The resumption of activities of organizations whose staff tested positive is delayed due to the limited testing of humanitarian staff, which is now a requirement for all humanitarian staff accessing camps, displacement sites and the villages affected by conflict.

The humanitarian personnel and partners based in camps have been allowed to continue lifesaving assistance within their specific camp; however, they are unable to move between camps to assist in other locations. The movement of supplies into the camps has also been largely restricted. Civil Society Organizations (CSOs) are generally able to access displacement sites and villages within townships. However, Sittwe-based CSOs that are partnering with UN and INGOs require Travel Authorizations from the RSG Coordination Committee to deliver assistance in IDP camps and displacement sites. In northern Rakhine townships, some partners have reportedly been able to continue distributions and essential activities in some villages.

**SECTORAL ANALYSIS:** Sittwe-based humanitarian organizations, with support from sector and cluster coordinators, have conducted an initial analysis of the operational challenges and the impact of the recently introduced measures and continue to identify critical operations that can be implemented applying the measures put in place by the Government. The below is a summary of the analysis as defined by each sector/cluster:

### Health

- Despite the inclusion of healthcare assistance in the list of “lifesaving assistance” as defined by the RSG, access to health services for IDPs in camps and displacement sites remains disrupted in nine townships (Buthidaung, Maungdaw, Minbya, Mrauk-U, Myebon, Pauktaw, Ponnagyun, Rathedaung and Sittwe) as over 40 mobile clinics are currently suspended and at least 130 healthcare staff are unable to work across Rakhine. While health volunteers are in place within camps, access for external health personnel is needed on a daily basis for health activities identified as critical by health partners, including primary health care, immunization, treatment of chronic diseases and case investigations. In the case of villages and IDP sites, community health workers or township authorities are able to provide limited support.

### Water, Sanitation and Hygiene (WASH)

- Water and sanitation assistance has been temporarily suspended (for 21 days) by a number of partners operating in camps and new displacements sites due to agency staff testing positive for COVID-19 and RSG restrictions. After a week of no activities, partners were allowed to proceed only utilizing camp-based staff. However, activities have been impacted by a variety of measures, such as camp-based staff not being able to move between or in/out of camps, which is required for sludge management, water testing, pump maintenance and infrastructure repair, solid waste management, and distribution of hygiene items. Most WASH activities require technical expertise and staff support from outside the camps for implementation. In addition, activities such as distribution of lime bags, aqua tabs or other WASH-related non-food items require necessary technical expertise as well as access in and out of the camps by drivers or transporters who also need to show proof of negative test results and understanding of COVID-19 risk mitigation measures. Similar issues with capacity and technical knowledge of WASH-related activities are experienced in displacement sites and villages affected by conflict.

### Food Security

- Food assistance is included in the list of “lifesaving assistance” by the RSG. As such, WFP was able to complete its latest round of two-month ration food assistance in IDP camps. WFP also continues to provide food assistance in quarantine facilities in various locations. To enable the next round of distributions, WFP procured personal protective equipment (PPE) for the personnel and is reviewing alternative distribution modalities. At the same time, WFP is looking into expanding its cash-based assistance from October.

### Shelter, Non-Food Items (NFI), Camp Coordination and Camp Management (CCCM)

- Shelter, NFI and broader camp management activities have been impacted by various restrictions mentioned above. Limited shelter activities were allowed to proceed in the Ah Nauk Ywe, Thet Keh Pyin and Ohn Taw Gyi (North) IDP camps, by handing over the materials to the camp-based staff. The cluster partners noted that several key activities could be implemented through camp-based staff, including camp management agencies; however, oversight and support will be required for delivery of supplies and NFIs.

## Protection

- The activities of the organizations within the Protection cluster have been largely suspended. Child and gender-based violence protection services have been identified as essential by partners, and most critical activities can be provided through existing facilities and with remote support where needed. The cluster partners identified that protection activities in IDP camps, with the exception of health services for survivors, can be maintained without frequent external access to camps. While child protection activities have largely been suspended, partners are maintaining channels of communication with government counterparts and field-based staff.

## Education in Emergencies

- The activities of the organizations within the education sector have also been largely suspended due to variety of measures mentioned above. Priority education activities, such as home learning, remote education and support to volunteer teachers, which currently reach 23,000 children and 200 volunteer teachers in IDP camps, can largely be sustained through existing camp-based staff and volunteers. One-off distributions of learning materials may be required in the future and arrangements need to be made for provision of incentive payments to teachers. Education materials are ready to be delivered to camps and distributed by camp-based staff and volunteers, once a means of delivery is identified, possibly in collaboration with partners from other clusters.

## Nutrition

- Nutrition partners identified various priority activities, including management, screening and referral of severe and moderate acute malnutrition cases highlighted as critical. Most sector activities can be implemented through camp-based INGO staff, although there is a need for channels of delivery and possible stockpiling of essential supplies, including for therapeutic and supplementary food. Nutrition cluster partners are developing township-by-township plans for the resumption of services. Some ready-to-use therapeutic food supplies were transported using local trucks, and partners are looking into using this modality for other townships.

## Logistics

- The national supply chain system, especially for Rakhine and Yangon, has been impacted and the movement of commodities and passenger from and to Rakhine State has slowed significantly. However, the delivery and transportation of commodities both by road and waterway can continue by following the government rules and regulations related to COVID-19 response. Local suppliers, contracted transporters and service providers are also working closely with government/local authorities, humanitarian agencies and other stakeholders to ensure regular supplies and deliveries of goods are continued to meet the demands.

## RESOURCE MOBILIZATION (countrywide)

- A total of 14 projects funded by Myanmar Humanitarian Fund Standard Allocation have been finalized. The 2020 Myanmar Humanitarian Response Plan (HRP) is currently 41 per cent funded. Of the total contributions of US\$113 million, \$31 million or 53 per cent of total funding received have been contributions to the COVID-19 Addendum, according to the [Financial Tracking Service](#).

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## Tracking Covid-19 in Rakhine State

(As of 17 September 2020)

