

This report, which focuses on the recent surge in COVID-19 cases in Rakhine, is produced by OCHA Myanmar covering the period of 10 to 31 August, in collaboration with Inter-Cluster Coordination Group and wider humanitarian partners. The next report will be issued on or around 18 September.

HIGHLIGHTS

- A total of 393 locally transmitted cases have been reported across Rakhine between 16 August and 1 September, bringing to 409 the number of cases in 16 townships since 18 May. Across the country, 887 cases, six fatalities and 354 recoveries have been reported.
- The recent surge in local transmission includes COVID-19 positive cases among the personnel of the United Nations agencies and international non-governmental organizations (INGO).
- No cases have been reported in camps or sites for internally displaced people (IDPs) as of 31 August, while displaced persons who had been in contact with COVID-19 confirmed cases were placed in quarantine and tested.
- Sittwe General Hospital, where most COVID-19 confirmed cases are being treated, remains the primary treatment facility for Rakhine. Efforts to increase treatment capacities continue.
- The Rakhine State Government has introduced various COVID-19 measures since 16 August, including a state-wide “stay-at-home” order and other measures aimed at preventing the local transmission.
- Humanitarian actors are assessing the impact of the recently introduced COVID-19 measures on operations, including COVID-19 preparedness and response activities.



SITUATION OVERVIEW

409

Cases in Rakhine

16

Townships

393

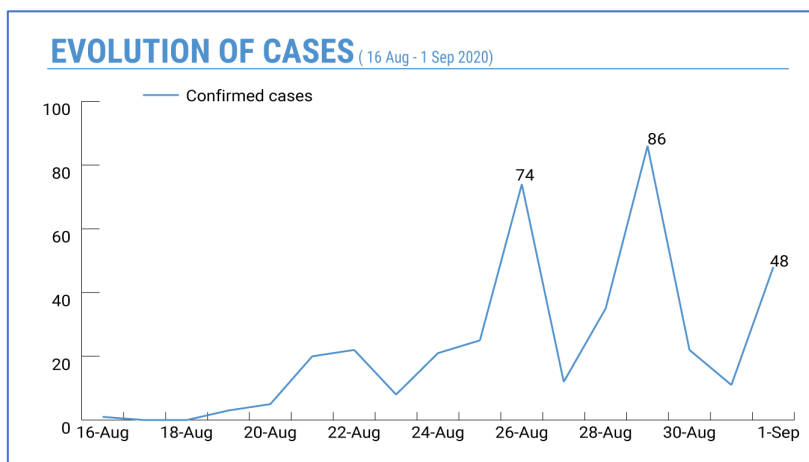
Locally transmitted

887

Cases countrywide

157K

Total tests conducted countrywide



SURGE IN LOCAL TRANSMISSION: Since 16 August, when the Ministry of Health and Sports (MoHS) confirmed a new COVID-19 case in Sittwe - the first case of local transmission reported in almost a month country-wide - the number of locally transmitted cases has continued to increase in Rakhine State. Since 18 May, a total of 409 cases have been reported across Rakhine, including 14 with international travel histories. Between 16 August and 1 September, 393 locally transmitted cases were reported in 16 townships of Rakhine State, with most cases reported in Sittwe. On 31 August, the MoHS reported 107 COVID-19 cases – the highest reported in a single day so far – most of which locally transmitted. As of

31 August, there had been no confirmed COVID-19 case in camps or sites for IDPs. Countrywide, there have been 887 cases, six fatalities and 354 recoveries.

TESTING CAPACITY: A laboratory in Sittwe General Hospital (SGH) is operating two 16-modules GeneXpert machines and one 2-modules GeneXpert machine with a maximum testing capacity of up to 100-110 tests per day. On 22 August, GeneXpert machine, as well as ventilators and laboratory staff comprising of technicians, microbiologists and anesthetists, arrived in Sittwe. The establishment of a PCR testing machine in Sittwe is foreseen as part of the COVID-19 Emergency Relief Plan (CERP). Specimens are currently tested and confirmed in Sittwe before being approved by the National Health Laboratory (NHL) in Yangon.

Nationwide, seven laboratories, including NHL, are operational in Yangon, Mandalay, Nay Pyi Taw, Mawlamyine and Kengtung cities, testing between 1,100 and 2,000 specimens per day. A total of 157,843 tests had been conducted as of 31 August; however, the total number of people who have been tested is not available. Over 7,600 “persons under investigation” have been tested so far.

CONTACT TRACING AND QUARANTINE: A total of 50 persons in seven IDP camps in Sittwe and Pauktaw townships are considered primary contacts of COVID-19 confirmed cases and are currently in quarantine. A total of 27 IDPs in Sittwe camps had tested negative as of 26 August while testing for IDPs in Pauktaw camps is ongoing. On 28 August, the health authorities in collaboration with an international organization went to Sin Tet Maw IDP camp in Pauktaw and Baw Dar Li village to take swabs from primary contacts in the two locations. The team also plans to take swabs from other camps in Pauktaw within the next few days. All primary and secondary contacts have been placed in facility or home quarantine, but delays in testing these contacts have been reported.

TREATMENT CAPACITY: The SGH has expanded its capacity from an initial 50 inpatient beds to 100 for COVID-19 treatment and remains the primary designated treatment facility for Rakhine and as of 31 August, 203 people with COVID-19 confirmed cases were being treated at the SGH, according to the MoHS, while 30 people were reportedly being treated in Sittwe Nursing School, which has 40 inpatient beds available. The Sittwe Traditional Hospital (with a capacity of 50 beds) and Sittwe University are being considered as potential additional treatment facilities. Additionally, some 10 beds in Thet Keh Pyin Sub-center and 20 beds in Thet Keh Pyin Station Hospital in Sittwe are available for treatment for the IDPs. Across other townships, COVID-19 confirmed cases were being treated in respective township general hospitals, with Kyaukpyu General Hospital hosting the majority (58 persons) as of 31 August. According to local and government sources, there were 795 beds available for COVID-19 treatment across 15 townships, with over 340 of them occupied, as of 31 August.

GOVERNMENT COVID-19 MEASURES: The Government at Union and State levels has issued the following orders and measures since the recent locally transmitted cases in Rakhine on 16 August.

<ul style="list-style-type: none"> • A “stay-at-home” order, initially issued for Sittwe on 20 August and for Kyaukpyu, Ann, Toungup and Thandwe townships on 26 August, was extended to the entire Rakhine State on 27 August. 	<ul style="list-style-type: none"> • Assistance to IDP camps is to be handed over to IDP camp management committees or Ward/Village-tract administrators or IDP camp management, and not directly to the beneficiaries.
<ul style="list-style-type: none"> • A 9pm-4am curfew in Sittwe Township, effective from 21 August through 21 October. 	<ul style="list-style-type: none"> • In Mrauk-U, suspension of visits to 13 villages by humanitarian organizations.
<ul style="list-style-type: none"> • Humanitarian staff travelling to Yangon from Rakhine State by air are to undertake a 14-day hotel quarantine upon arrival and two swab tests during quarantine. Those with negative PCR results will undertake an additional 7 days in home quarantine. People travelling from Sittwe by land are to be quarantined for 14 days upon arrival; swabs are to be taken and tested twice. 	<ul style="list-style-type: none"> • Foreigners traveling to Rakhine for urgent matters in order to implement activities in Rakhine State and who are cooperating with the Government must commit to stay for two months. After they leave, they are to be quarantined for 14 days upon arrival. Swabs are to be taken and tested twice at their own cost.
<ul style="list-style-type: none"> • Dining-in is prohibited for all restaurants in Sittwe Township, the Sittwe main market is closed and only the food market is open. 	<ul style="list-style-type: none"> • All government and private schools nationwide, including some 400 government schools in Rakhine, are to be closed as of 27 August until further notice.

<ul style="list-style-type: none"> • All people who have travelled from Rakhine State to other regions/states since 10 August are to contact health authorities for medical examination and 21-day facility quarantine. 	<ul style="list-style-type: none"> • Further extension of the temporary entry restriction for travelers from all countries, which includes the suspension of issuance of all types of visas and visa exemption services, until 30 September.
<ul style="list-style-type: none"> • Extension of the suspension of international flights at the Yangon International Airport until 30 September. 	<ul style="list-style-type: none"> • Most airlines suspended air travel to Sittwe but KBZ Airlines and Myanmar National Airlines will continue to fly to Sittwe on a reduced schedule.

PREPAREDNESS AND RESPONSE BY HUMANITARIAN PARTNERS: The surge in locally transmitted cases since 16 August has had an impact on the continuity of humanitarian operations. The activities of the two UN agencies and 11 INGOs with personnel who tested positive have been suspended until primary and secondary contacts of confirmed cases test negative after a 21-day quarantine. As a preventive measure, a few humanitarian partners have temporarily reduced their activities and limited the scope of their operations. Humanitarian actors, including health workers undertaking essential activities, are required to undergo testing before being able to access IDP camps and displacement sites. Unless they are included among those prioritized, this may hamper the provision of life-saving assistance to people in need in a timely manner. Additionally, since 21 August, only essential life-saving humanitarian assistance (defined by the Rakhine State Government (RSG) as food assistance, COVID-19 response, healthcare, water and latrines) would be allowed and other projects, meetings and activities would be prohibited until the COVID-19 outbreak is contained. The RSG later agreed that the distribution of non-food items (NFIs), masks and some communicating with communities (CwC) activities could also continue. Below is a summary of an initial sectoral analysis on the impact on operations due to the measures noted above and in the section under “Government COVID-19 Measures”.

- **Camp management activities** in camps are suspended, including some ‘Communication with communities’ activities, complaints response mechanisms, household list updating, and COVID-19 awareness-raising activities. Camp management agencies (CMAs) are monitoring services and situations in the camps either remotely or through camp-based staff. While camp-based staff are permitted to continue their activities, movements across camps are curtailed.
- **Nutrition partners** have temporarily suspended some nutrition activities, such as Outpatient Therapeutic Programs and Infant and Young Child Feeding counselling in central Rakhine townships. The Rakhine nutrition sub-sector is coordinating with its partners for the continuation of life-saving nutrition services, such as the treatment of acute malnutrition in IDP camps, which assist some 8,850 nutrition beneficiaries.
- **Health partners** have temporarily suspended all non-essential health activities, including capacity building and awareness raising. Almost all mobile clinic services in central Rakhine have been temporarily suspended until partners receive clearance from State-level authorities after testing of staff. Health partners report delays in procurement of COVID-19 supplies due to global shortages and logistics challenges. Partners are monitoring possible interruptions of emergency referrals.
- **Protection partners** have temporarily suspended all activities deemed as “non-essential”, including general and child protection activities. Women and girls are not expected to attend the activities in Centres for Women and Girls given the “stay-at-home” instruction in place across the state.
- **All schools** that were opened by Ministry of Education between 21 July and 25 August, according to MoHS guidelines, were closed again on 26 August until further notice. Education partners note a significant three months’ delay to the traditional beginning of the academic year. Temporary learning spaces have also not yet opened.

An in-depth analysis on the impact of operations and efforts to prioritize response continue. Meanwhile, humanitarian partners continue to adapt programming and enable continuation of service delivery, where possible. Below is an initial summary of efforts undertaken to date. A detailed analysis will be available in due course.

- **Food Security partners** have been able to continue providing food assistance, in close coordination with the local authorities and by ensuring relevant precautionary measures in delivery. WFP is working with its township-based staff to ensure delivery of the essential services, including distribution of COVID-19 supplies.
- **Shelter sector partners** are working to define alternative operational modalities using in-camp human resources, including camp-based staff and Camp Management Committees. Some non-food items will continue to be distributed in coordination and together with other essential activities.
- **Protection sector partners** continue limited remote protection monitoring and referral helpline activities. The sector partners reached more than 120 people in Sittwe through an awareness raising session, and distributed soap and fabric masks. The partners are looking into further adapting remote support for beneficiaries into their programming, as well as the possibility of disseminating key messages through the Communications with Communities Working Group in Sittwe.
- **Education-in-Emergency** partners are undergoing program criticality exercises and reviewing ways to continue learning opportunities that would fulfill education's protective and life-saving role for more than 21,000 children who rely on NGO-supported temporary learning spaces in IDP camps.
- **Health partners** are mobilizing additional resources to support the MoHS in containing the ongoing surge in locally transmitted cases in Rakhine. The partners, together and in coordination with other sectors, will also continue distributing masks.
- **Water, Sanitation and Hygiene (WASH)** partners are planning to move items and prepositioned stocks within camps and displacement sites to ensure continuation of service delivery. The partners are also engaging with the camp management agencies to agree on storage of WASH items.

RESOURCE MOBILIZATION (country-wide)

Myanmar Humanitarian Fund (MHF): The selection process for the first Standard Allocation is ongoing, with nine grant agreements already signed, three underway, and two more under technical review. The amount available for the Standard Allocation is approximately US\$7.2 million and will support coordinated humanitarian assistance and protection response in Chin, Rakhine, Kachin and Shan states. The allocation does not include stand-alone COVID-19 interventions, which were already supported through a US\$3.8 million Reserve Allocation in April; however, COVID-19-related actions are being mainstreamed throughout programming, such as the provision of personal protective equipment, hand sanitizers and soaps.

2020 HRP Funding Update: The 2020 Myanmar HRP is currently 41 per cent funded. Of the total contributions of US\$112.3 million, \$27.6 million or 47 per cent of total funding received have been contributions to the COVID-19 Addendum, according to the [Financial Tracking Service](#). Current levels of funding are below those reported at mid-year in recent years and donors are encouraged to sustain and strengthen their support.

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

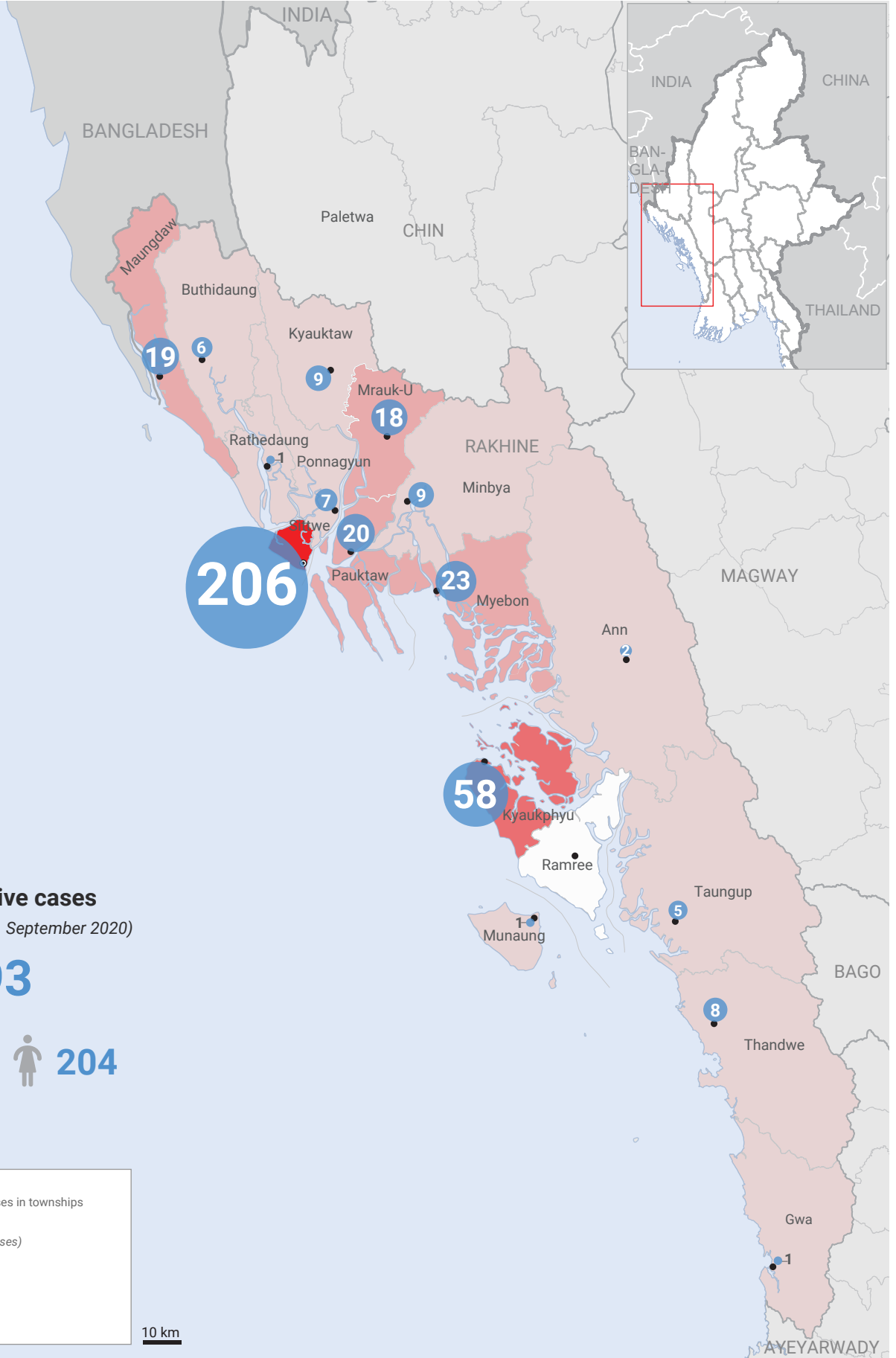


MYANMAR

Tracking Covid-19 in Rakhine State

OCHA

(As of 1 September 2020)



Total positive cases

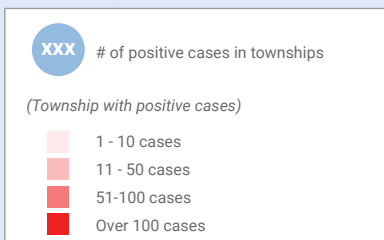
(From 16 August to 1 September 2020)

393

189



204



10 km

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 1 September 2020 Sources: MoHS, UNOCHA