



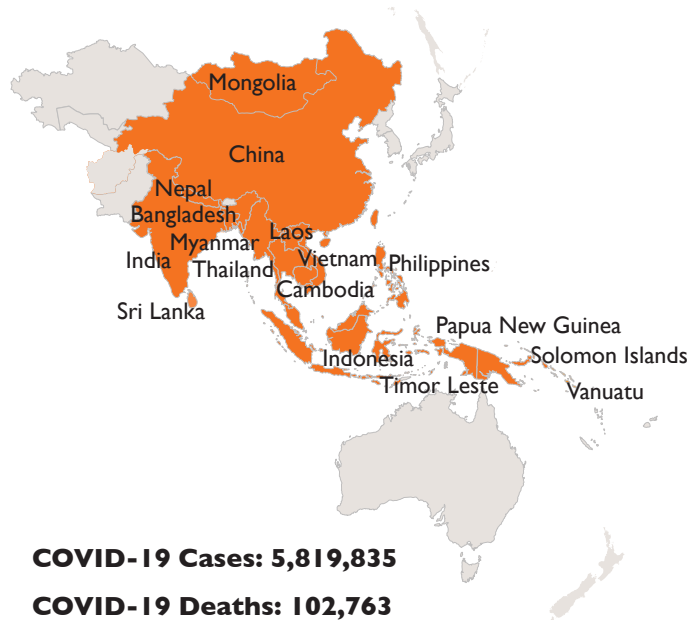
COVID-19 Emergency Response

Asia Pacific Regional Situation Report

Situation Report #19 | 17 September 2020



World Vision is responding to the impact of COVID-19 in 17 countries in the Asia Pacific, especially in places where children and families are most vulnerable.



(COVID-19 case and death figures for 15 countries with available data. Source: WHO, 14 September 2020)

People Reached



13,946,101



Men 3,805,680

Women 4,043,595

Children 6,097,003



Boys 3,075,838

Girls 3,020,988

(Based on figures as of 11 September 2020)

The COVID-19 pandemic has already claimed over 920,000 lives¹ globally and is expected to trigger the deepest global recession since the end of World War II.² It continues to severely weaken the finances of middle and low-income countries already grappling with pre-existing vulnerabilities, especially in the Asia Pacific.

In estimated regional impact figures, under the best to the worst-case scenario, with a colossal estimated economic loss of over US\$15 – 42 billion across developing Asia (excluding China)³, the response to the COVID-19 crisis is expected to erode local resources funding Sustained Development Goals (SDGs)⁴. Recent climate events such as Cyclone Amphan and others in this disaster-prone region are further hindering economic growth and exacerbating food security in the Asia Pacific. COVID-19 is much more than a health crisis. It is a humanitarian crisis, and Asia's children, especially the most vulnerable, are on the brink of severe hunger, increased disease, physical and emotional safety risks. The impact on Asian societies can be catastrophic.

World Vision launched its humanitarian response in January 2020, as confirmed COVID-19 cases increased in China. As the virus spread across the region, governments started taking drastic public health measures to protect their citizens. Children were among the most affected by the lockdown restrictions and socio-economic impact. World Vision scaled up its emergency response to include the 17 countries in the Asia Pacific.

Currently, most Asia Pacific field offices have entered the recovery phase of the response. For example, World Vision is distributing "Back to School Kits" in Mongolia to support school resumption. However, World Vision is still closely monitoring the COVID-19 spike in the Philippines, Indonesia, and India, and will make adjustments as necessary.

¹ <https://covid19.who.int/>

² <https://www.worldbank.org/en/publication/global-economic-prospects>

³ <https://www.adb.org/sites/default/files/publication/571536/adb-brief-128-economic-impact-covid-19-developing-asia.pdf>

⁴ <https://www.unescap.org/blog/financing-sdgs-covid-19>

Key Concerns

World Vision updated its [Regional Recovery Report](#) to cover 402 communities from 13 countries. Nearly 6,000 people, including children, families, and vulnerable group representatives, participated in an assessment from May-July 2020. The assessment revealed that:



More than 69% of parents and caregivers confirmed that their livelihoods were either moderately, fully, or severely affected by the COVID-19 pandemic. Daily wage workers, the largest segment of many Asian economies, are the hardest hit.



Loss of livelihood is of utmost concern for the rural and urban poor, which in turn negatively affects all the other aspects of child well-being including, access to food and nutrition, access to healthcare and essential medicines, access to hygiene and sanitation facilities, and child protection and safety. 84% of urban respondents indicated loss of jobs or experienced income reductions.



Loss of livelihood is forcing parents and caregivers to take desperate measures that are negatively impacting children's well-being. 27% of parents/caregivers shared that the stress on families related to loss of income, lack of school, and change of children's behaviour during quarantine has contributed to children experiencing physical punishment and emotional abuse. However, 25% of all children (39% of children in urban areas) confirmed that caregivers had used physical or psychological punishment.



6 Months On

On March 11, 2020, the World Health Organisation declared COVID-19 a pandemic. Within hours, World Vision launched the largest global emergency response ever in its 70 year history.

Working closely together with governments, partners, supporters, and communities at all levels from grassroots to global, World Vision has worked to limit the spread of disease and reduce its impact on the most vulnerable children and families. Across the Asia Pacific, World Vision:

- Adopted both traditional and innovative digital engagement approaches to ensure that even the most vulnerable can access necessary information, especially during times of travel restrictions, lockdowns and quarantine. Aside from face-to-face methods and printed materials, World Vision used phone/SMS, radio/PA system, social media, online apps, and other mass media to share important health messaging. Case studies are captured [here](#).
- Produced locally appropriate community engagement materials on COVID-19 in partnership with the ministries of health, social welfare and education. Such materials, translated into local languages, are culturally acceptable and relevant to the locations where they have been developed. World Vision communicated and engaged with communities remotely with materials that helped to disseminate COVID-19 preventive messaging, and address child protection issues that are prevalent within the community. They were shared during meetings, through distribution packs, as posters and through social media platforms such as WhatsApp, Facebook, WeChat, and Instagram. The Information Education Communication (IEC) and Behavioural Change Communication stories are captured [here](#).
- Addressed child protection and psychosocial support needs via both direct and indirect community engagement. Remote management was quickly adopted to continue child monitoring and follow up in countries like India, China and Indonesia. The story, 'Staying connected in the time of Corona' from India is posted [here](#).
- Expanded local partnering with community health workers by providing protective gear for outreach, hygiene items for households, and updated information and resources to conduct education and awareness-raising. World Vision also partnered with faith leaders of various religions and other influential stakeholders to support positive messaging and behaviour change by providing training and materials. The collaboration with trusted local partners, who have a better contextual understanding and have trusted relationships with local communities, has given World Vision access to provide continuous support and sensitisation to families when access is restricted. A story from Bangladesh found [here](#) and a story from the Philippines found [here](#).
- Engaged with various clusters, working groups and government disaster management committees. By working with INGO and UN partners and networks, World Vision has advocated for the needs of children and families to prompt changes in policies. For example, World Vision, as a member of the National Action and Coordination Group in Sri Lanka, appealed to the Government Media Unit for addressing the gap in the COVID-19 risk communication strategy. The group called for catering to the needs of hearing-impaired children and people, which resulted in the inclusion of sign language in the government's sensitisation programmes and preventive messages on TV.
- Maximised cash and voucher programming so that families play a lead role in their recovery and have the power to choose which basic needs they would like to prioritise, address and provide for children, while restoring their dignity in the process. Aside from unconditional cash and service vouchers, World Vision also uses livelihood cash voucher programming interventions to support other sectoral needs. For example, in Mongolia, World Vision contracted members of a producer group to build latrine and hand-washing facilities to improve the sanitation and hygiene condition of selected vulnerable families. Apart from meeting immediate needs in the relief phase, cash and voucher programming will be scaled up to support early recovery.

Rohingya women thread their own protection from COVID-19

Stories from the frontlines

Coping with the COVID-19 pandemic is an unprecedented challenge for even the most seasoned community leaders. For Hajera, 35, a mother of four children, it's the opportunity of a lifetime to serve her people and save lives here in the world's largest refugee camp, Cox's Bazar, Bangladesh - home to almost 860,000 Rohingya Muslims.

Hajera is one of just a handful of women leaders in this sprawling, makeshift city where she and her family have lived since fleeing violence and persecution in Myanmar three years ago.

Being a woman leader in the conservative, patriarchal Rohingya culture is tough at the best of times. Women are usually excluded from leadership roles. Low levels of literacy, particularly among women, and gender norms restrict many women from being out in public spaces or from taking public roles.

As a majhi (local leader), Hajera helps ensure the safety of more than 81 people who live in her block. Her role is to act as a liaison between refugee families and the Bangladeshi officials who run the camp. She coordinates services that the refugees receive from NGOs, such as food assistance and the distribution of goods. She also mediates domestic disputes and advises the many people who come to her with personal problems.

Even before the first case of COVID-19 hit the refugee camp in May, Hajera was already making prevention a priority.

"I first heard about COVID-19 at a majhis' meeting," says Hajera. "After the meeting, I discussed the issue with volunteers in my block and started disseminating messages among all residents."

World Vision teams working in the camps equipped Hajera and her volunteers with information. "WorldVision staff made us aware of about the symptoms of COVID-19 such as high fever, cough, respiratory complications, throat and chest aches," says Hajera. "They informed us about how it spreads in the

human body and transfers from person-to-person. They asked us to follow health precautions, maintain social distancing, avoid big gatherings to keep protected and safe."

As of 30 August, over 100 Rohingya refugees had tested positive for COVID-19, with six deaths to date, according to the World Health Organization. Although the number of cases seems relatively low given the camp's population, the risk of infection is high in the cramped, overcrowded conditions. Social distancing here is almost impossible given the overall population density of 40,000 people per square kilometre.

Following prevention guidelines in day-to-day life can be difficult, admits Hajera. Refugees come in close contact when they queue for food assistance or fill buckets at the community water point. Most families share a latrine with up to 20 people.

Despite the challenging context, "We are maintaining social distancing, staying three feet away from one another and frequently washing our hands with soap for 20 seconds," reports Hajera.

"We bathe properly after returning home from outside, and we wash our clothes with detergent. We are also following the government's health guidelines closely."

Hajera understands the importance of wearing face masks. "I must take precautions to protect my children and family members from this infectious virus. We must use face masks when we go outside."

Face masks have been in short supply in the camps since the crisis began. UN agencies and NGOs, including World Vision, have struggled to meet the daily demand for enough disposable masks for almost 1 million people.

To help Rohingya families stay safe, World Vision began training refugee women to sew re-usable cloth masks, as part of a USAID-funded project. As of 31st August 2020, 97 trainees have produced 22,390 cloth masks to be distributed to families in the camps.

"At this moment of crisis, the face masks are life-saving for us," says Hajera. "My family and I, and all the others in my block feel blessed to receive them. We are really happy."

25 August 2020 marked three years since more than 740,000 Rohingya Muslims fled mass atrocities in Myanmar. Today, an estimated 860,000 Rohingya are still living in limbo in the world's largest refugee camp in Cox's Bazar, Bangladesh. It's unlikely that conditions will be conducive for them to return home to Myanmar any time soon. Without citizenship in Myanmar or recognized refugee status in Bangladesh, the Rohingyas' future remains uncertain at best. Protecting the rights and well-being of these vulnerable Rohingya children and their families has remained World Vision's top priority again this past year.





RESPONSE GOAL

To limit the spread of COVID-19 and reduce its impact on vulnerable children and families

Strategic Objectives



1. Scale up preventive measures to limit the spread of disease



2. Strengthen health systems and workers



3. Support for children impacted by COVID-19 through education, child protection, food security, and livelihoods



4. Collaborate and advocate to ensure vulnerable children are protected

OBJECTIVE 1: Scale up preventive measures to limit the spread of disease



5,712,249

People reached through promotion of preventive behaviours



1,822,142

Information, education, and communication materials printed and distributed



3,997,257

Community members provided preventive materials



1,315,672

Handwashing supplies distributed



1,676,275

Comprehensive hygiene kits distributed



4,929

Cleaning kits distributed to vulnerable communities



13,790

Community-level public handwashing stations established or maintained



706

Water, sanitation, and hygiene facilities constructed or rehabilitated



4,643

Faith leaders disseminating preventive measures

(Based on figures as of 11 September 2020)

OBJECTIVE 2: Strengthen health systems and workers



13,000

Community health workers trained and supported



79,784

Medical personnel provided personal protective equipment (PPE)



3,040,873

Masks distributed, including to health facilities, health workers and communities



682,557

Glove sets distributed, including to health facilities, health workers and communities



1,939

Medical facilities assisted



104,230

Disinfectant kits distributed to health care facilities



9,781

People supported with the securing of safe quarantine and/or isolation spaces



286

Quarantine and isolation spaces supported, rehabilitated or set-up



1,373

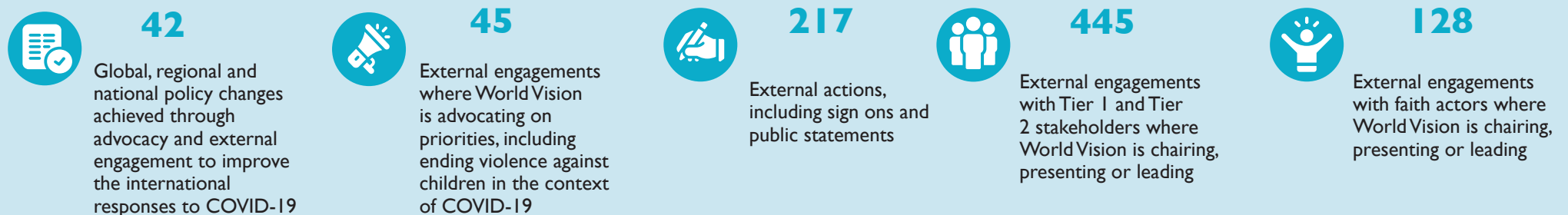
People provided transportation support

(Based on figures as of 11 September 2020)

OBJECTIVE 3: Support for children impacted by COVID-19 through education, child protection, food security, and livelihoods



OBJECTIVE 4: Collaborate and advocate to ensure vulnerable children are protected



*Examples of Tier 1 and Tier 2 stakeholders include WFP, WHO, Global Fund, UNICEF, UNHRC, UNOCHA, and national governments

(Based on figures as of 11 September 2020) 5



In Myanmar, a World Vision supported women's vocational group is learning online using Zoom on how to make quilin, an earring accessory. The aim of this activity is to provide income generating opportunities for women and youth.
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